Department of Veterans Affairs
Fiscal Years 2022-28 Strategic Plan

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LETTER FROM THE SECRETARY

When someone signs up to serve our country in the military, we make them a simple promise: if you serve us, we will serve you when you transition out of the service. That promise dates back to President Lincoln's second inaugural when he charged a wounded Nation to care for those "who shall have borne the battle" and for their families and survivors. That promise echoes into today when President Biden reminds us that our Nation's "most sacred obligation" is to prepare and equip the troops we send into harm's way and to care for them and their families when they return home. There is no more noble mission in this country than keeping that fundamental, enduring promise and it is our job at the U.S. Department of Veterans Affairs (VA) to do exactly that.

Today, VA is keeping that promise by providing more care, more services and more benefits to more Veterans than ever before—but, of course, we cannot stop here. We need to fight every day to build a stronger, better VA for Veterans, their families, caregivers and survivors because they deserve nothing less than the very best.

This strategic plan guided by VA's four fundamental principles—access, advocacy, outcomes and excellence—sets VA's four strategic goals to achieve by 2028.

1. VA will consistently communicate with our customers and partners to assess and maximize performance, evaluate needs and build long-term relationships and trust;
2. VA will deliver timely, accessible and high-quality benefits, care and services to meet the unique needs of Veterans and all those we serve;
3. VA will build and maintain trust with Veterans, their families, caregivers and survivors—as well as our employees and partners—through proven stewardship, transparency and accountability; and
4. VA will strive toward excellence in all business operations—including governance, systems, data and management—to improve experiences, satisfaction rates, accountability and security for Veterans.

These goals will drive everything we do, beginning with our core responsibilities of providing Veterans with timely, world-class health care; to ensuring that they and their families have access to the benefits they earned; and finally, to honoring our Veterans with a final resting place that is a lasting tribute to their service and sacrifice.

This strategic plan will help us execute our mission of serving Veterans, their families, caregivers and survivors as well as they have served us. We will stop at nothing to meet our goals and in doing so we will keep our promise to all those we serve.

I fully embrace this mission as does VA's workforce. May God bless our Nation's troops, Veterans, their families, caregivers and survivors and may we always give them our best.

Denis McDonough

Contents

LETTER FROM THE SECRETARY i

INTRODUCTION 1

VA'S FOUR FUNDAMENTAL PRINCIPLES 3

ABOUT VA 4

ORGANIZATION 5

CORE VALUES, CORE CHARACTERISTICS AND CUSTOMER EXPERIENCE PRINCIPLES 8

Core Values 8

Core Characteristics 9

Customer Experience Principles 9

ABOUT OUR VETERANS 10

VA FY 2022-28 STRATEGIC PLAN 12

STRATEGIC GOAL 1: VA consistently communicates with its customers and partners to assess and maximize performance, evaluate needs and build long-term relationships and trust. 15

STRATEGIC OBJECTIVE 1.1: (Consistent and Easy to Understand Information) VA and partners use multiple channels and methods to ensure information about benefits, care and services is clear and easy to understand and access. 15

STRATEGIC OBJECTIVE 1.2: (Lifelong Relationships and Trust) VA listens to Veterans, their families, caregivers, survivors, Service members, employees and other stakeholders to project future trends, anticipate needs and deliver effective and agile solutions that improve their outcomes, access and experiences. 18

STRATEGIC GOAL 2: VA delivers timely, accessible, high-quality benefits, care and services to meet the unique needs of Veterans and all eligible beneficiaries. 22

STRATEGIC OBJECTIVE 2.1: (Underserved, Marginalized and At-Risk Veterans) VA emphasizes the delivery of benefits, care and services to underserved, marginalized and at-risk Veterans to prevent suicide and homelessness, improve their economic security, health, resiliency and quality of life and achieve equity. 23

STRATEGIC OBJECTIVE 2.2: (Tailored Delivery of Benefits, Care and Services Ensure Equity and Access) VA and partners will tailor the delivery of benefits and customize whole health care and services for the recipient at each phase of their life journey. 35

STRATEGIC OBJECTIVE 2.3: (Inclusion, Diversity, Equity, Accessibility (I-DEA)) VA will enhance understanding of Veteran needs and eliminate disparities and barriers to health, improve service delivery and opportunities to enhance Veterans' outcomes, experiences and quality of life. 49

STRATEGIC OBJECTIVE 2.4: (Innovative Care) VA will improve understanding of Veteran specific illnesses and injuries to develop and adopt innovative new treatments that prevent future illness and enhance Veteran outcomes. 53

STRATEGIC OBJECTIVE 2.5: (Value and Sustainability) VA, with community partners, will deliver integrated care and services, balancing resources to ensure sustainability while continuing to deliver value and improve health and well-being outcomes of Veterans. 61

STRATEGIC GOAL 3. VA builds and maintains trust with Stakeholders through proven stewardship, transparency and accountability. 68

STRATEGIC OBJECTIVE 3.1: (VA is Transparent and Trusted) VA will be the trusted agent for service and advocacy for our Nation's heroes, caregivers, families, survivors and Service members to improve their quality of life and ensure end of life dignity. 68

STRATEGIC OBJECTIVE 3.2: (Internal and External Accountability) VA will continue to promote and improve organizational and individual accountability and ensure a just culture 70

STEWARDSHIP GOAL 4. VA ensures governance, systems, data and management best practices improve experiences, satisfaction, accountability and security. 74

STEWARDSHIP OBJECTIVE 4.1: (Our Employees Are Our Greatest Asset) VA will transform its human capital management capabilities to empower a collaborative culture that promotes information sharing, diversity, equity and inclusion and a competent, high-performing workforce to best serve Veterans and their families. 74

STEWARDSHIP OBJECTIVE 4.2: (Data is a Strategic Asset) VA will securely manage data as a strategic asset to improve VA's understanding of customers and partners, drive evidence-based decision-making and deliver more effective and efficient solutions. 78

STEWARDSHIP OBJECTIVE 4.3: (Easy Access and Secure Systems) VA will deliver integrated, interoperable, secure and state-of-the-art systems to ensure convenient and secure access and improve the delivery of benefits, care and services. 82

STEWARDSHIP OBJECTIVE 4.4: (Evidence Based Decisions) VA will improve governance, management practices and make evidence-based decisions to ensure quality outcomes and experiences and efficient use of resources. 88

APPENDICES 98

Appendix A: VA Quadrennial Strategic Planning Process and Stakeholder Consultations 98

Bottom-Up Approach 98

Top-Down Leadership Input 101

Stakeholder Consultation 101

Appendix B: FY 2022-23 Agency Priority Goals 103
Appendix C: Strategic Plan Environmental Influences and Supporting Data 107
External Influences 107
Internal Influences 111
Appendix D. FY 2022-28 Learning Agenda 128
Background and Approach 129
Topic Selection Criteria 129
Learning Agenda Topics 132
VBA Learning Agenda 133
VHA Learning Agenda 146
Appendix E: FY 2022-28 Capacity Assessment 160
Background and Approach 161
Current Evaluation/Evidence-Building and Use Activities 161
Obtaining Insights about Evidence/Statistics/Evaluation/Research Capacity Across VA 165
Capability Gap Findings 167
Capability Gaps 168
Gap Fill Activities 173
Addenda to Appendix E: Capacity Assessment Detail 180
Addendum A: VA Department-wide 180
Addendum B: Veterans Benefits Administration 187
Addendum C: Veterans Health Administration 192
Addendum D: Overview of VA Evaluation Activities 200
Appendix F: Strategic Planning and Risk 203
Appendix G: Acronym Glossary of Terms 206
Appendix H: Veteran Experience Office Journey Maps 211
Appendix I: VA FY 2022-28 Strategic Plan Poster 213
Appendix J: References 214

INTRODUCTION

On March 4, 1865, during his second inaugural address, President Abraham Lincoln described his vision for national reconciliation and mission to bind the wounds and heal a Nation torn apart from a lengthy civil war. In 1959, President Lincoln's immortal words became the motto of the Veterans Affairs Administration, now the U.S. Department of Veterans Affairs (VA or Department), and stand today as a solemn reminder of VA's commitment to care for those injured in our Nation's defense and the families of those killed in its service.[1, 2]

VA Mission Statement: To fulfill President Lincoln's promise, "To care for him who shall have borne the battle and for his widow and his orphan."

Figure 1. President Abraham Lincoln and Union Soldiers during the Civil War (1862). (Alexander Gardner/Library of Congress). McPherson, James M. Smithsonian Magazine (January 9, 2009). https://www.smithsonianmag.com/history/lincoln-as-commander-in-chief-131322819/.

VA carries out four specific missions to fulfill President Lincoln's promise:

Veterans Health Care: VA's Veterans Health Administration (VHA) is the largest integrated health care network in the United States, with 1,294 health care facilities serving over 9 million enrolled Veterans each year. VA provides Service members with a seamless transition from their U.S. Department of Defense (DoD)-provided health care into the VA system of care.

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[1] (Department of Veterans Affairs n.d.). *About VA.* https://www.va.gov/about_va/.

[2] (Department of Veterans Affairs n.d.). The Origin of the VA Motto: Lincoln's Second Inaugural Address.

Veterans Benefits: Veterans can receive a range of benefits and services that help them transition back to civilian life. Through the Veterans Benefits Administration (VBA), VA helps Service members transition out of military service and assists with education, home loans, life insurance and much more.

National Cemeteries: The National Cemetery Administration (NCA) ensures those who served this Nation are never forgotten. NCA provides dignified burial services for Veterans and eligible family members by maintaining cemeteries as national shrines and providing lasting tributes that commemorate their service and sacrifice to our Nation.

The Fourth Mission: VA's "Fourth Mission" is an operational capability that leverages VA's personnel, equipment and infrastructure to support greater resource sharing across Federal departments and agencies. By providing expanded Federal government emergency response capacity, VA improves the Nation's preparedness and resilience to a broad range of threats and hazards during war or national emergencies in accordance with Presidential Policy Directive/PPD-8[3] and the National Preparedness Goal.[4] In support of the Fourth Mission, VA maintains capabilities and develops plans for supporting Federal response activities and processes.

Our Department remains fully committed to fulfilling the sacred obligation that we have to those who serve in uniform.

~VA Secretary Denis McDonough[5]

This document presents VA's Strategic Plan for fiscal years (FY) 2022-28 and describes the important support VA's three Administrations (VHA, VBA and NCA) and Staff Offices will provide to Veterans, Service members, families, caregivers and survivors as we strive to achieve the very best outcomes for them. The strategic plan highlights the mission-focused outcomes VA intends to accomplish to improve the quality of life, outcomes and experiences for Veterans, Service members, their families, caregivers and survivors. The Plan also describes the stewardship goal and objectives VA seeks to attain to improve operations and management functions ensuring the most effective use of taxpayer resources and sustainability for future generations of Veterans. Moreover, it reinforces a commitment to a culture of interoperability that promotes a consistently positive and seamless Veteran experience with VA. By aligning business, data, and information, systems and technology VA ensures the right information and services securely and reliably reach the right person, at the right time and in the best manner to make timely, informed decisions and to enable actions.

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[3] (The White House 2011). Presidential Policy Directive/PPD-8. https://www.dhs.gov/xlibrary/assets/presidential-policy-directive-8-national-preparedness.pdf.

[4] (Department of Homeland Security 2015). *National Preparedness Goal*. https://www.fema.gov/sites/default/files/2020-06/national_preparedness_goal_2nd_edition.pdf.

[5] (Department of Veterans Affairs n.d.). I CARE (May 19, 2021). https://www.va.gov/icare/index.asp.

VA'S FOUR FUNDAMENTAL PRINCIPLES

The VA Secretary's 4 fundamental principles and characteristics informed development of VA's 4 strategic goals, 13 strategic objectives and 75 strategies described in this strategic plan. Each strategy aligns to one or more principles and connects to other strategies to ensure a comprehensive approach to improving outcomes and experiences throughout a Veteran's life journey, starting from the Veteran's or Service member's first contact with VA, during military service and transition to civilian life and through end of life. The Secretary's fundamental principles lead and manage VA in alignment with VA's ICARE Core Values, Core Characteristics and Customer Experience Principles[6, 7] to ensure the delivery of quality and timely benefits, care and services to Veterans, their families, caregivers, survivors and Service members.

Advocacy—Access—Outcomes—Excellence

1. Advocacy—VA will be the Nation's premier **advocate** for Veterans, their families, caregivers and survivors.

2. Access—VA will provide **timely access to VA resources**: world-class health care, earned benefits and a **final resting place** as a **lasting tribute** to their service.

- Deliver benefits, care and services to our most **vulnerable Veterans.**
- Reduce Veterans' **homelessness** and **suicide.**
- Ensure access to **educational** opportunities, **training** and **jobs** worthy of the Veteran's skills and service.
- Provide **care in their homes** when Veterans need it and the training, support and resources our **caregivers** need.

3. Outcomes—Veteran outcomes will drive everything we do.

- Leverage **data, informatics** and **evidence** to understand outcomes.
- Measure the **quality** and **effectiveness** of benefits, care and services and **Veterans' experiences** and **satisfaction.**

4. Excellence—VA will seek **excellence** in all we do for Veterans.

- Leverage the strength and **diversity** that defines our Veterans, our **workforce** and our country.
- Ensure every Veteran is afforded **access** to VA's capacity and resources.
- Ensure diversity, **equity** and **inclusiveness** are fundamental to everything we do.
- VA **welcomes all Veterans**, including women, Veterans of color and lesbian, gay, bisexual, transgender, queer and other identities (LGBTQ+).[8]

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[6] (McDonough, Denis 2021). "Restoring Faith and Rebuilding Trust" (March 25, 2021). The House Committee on Veterans' Affairs.
[7] (Department of Veterans Affairs 2021). Vantage Point. *A message from VA Secretary Denis McDonough* (February 9, 2021). https://blogs.va.gov/VAntage/84509/message-va-secretary-denis-mcdonough/.
[8] LGBTQ+; the "+" represents identities beyond the conventional ones.

- Ensure every person feels **safe, free of harassment and discrimination** in VA facilities.

Beyond these four fundamental principles, VA also will:

- Improve **management** and **accountability.**
- **Customize care** to meet specific needs.
- Ensure **racial justice** and an **equal chance** for opportunity.
- Reduce **staff shortfalls**, **leadership gaps.**
- Continue to **build Veteran trust** in VA.

ABOUT VA

VA is committed to serving Veterans, their families, caregivers and survivors throughout their life journey. To do so, VA's 3 Administrations and 23 major Staff Offices deliver benefits, care and services to improve well-being, outcomes and memorialization services to honor Veterans' sacrifice and contributions to the Nation. Furthermore, VA partners with families and caregivers to provide the best care and address the unique needs of our Veterans.

About VA	Quantity
1. Full Time Employees (as of Quarter (Q)4/FY 2021)	398,444
2. Health Care Professionals Rotating Through VA (Academic Year 2019-20)	118,012
3. Total Unique Patients Treated (FY 2020)	6.45 Million (M)
4. VA Supervised Life Insurance Policies (as of Q3/FY 2021)	5.28 M
5. Active VA Guaranteed Home Loans (as of Q3/FY 2021)	3.55 M
6. Face Amount of Insurance Policies Supervised and Administered by VA (as of Q3/FY 2021)	$1.21 Trillion
	Data Source Rows 1-6[9]
7. Interments in VA National Cemeteries (FY 2020)	126,884
8. Headstones and Markers provided (FY 2020)	315,388
9. Presidential Memorial Certificates issued (FY 2020)	547,019
	Data Source Rows 7-9[10]

VA's Staff Offices provide a variety of services to the Department that enable accomplishment of the mission including information technology, human resources management, strategic planning, Veterans outreach and education, financial management, acquisition and facilities management.[11] The Board of Veterans' Appeals (Board) conducts hearings and renders appeals decisions for benefits and services on

[9] (Department of Veterans Affairs 2021). National Center for Veterans Analysis and Statistics (NCVAS). *VA Benefits & Health Care Utilization* (July 15, 2021). https://www.va.gov/vetdata/pocketcard/index.asp.
[10] Office of Plans and Policy, NCA.
[11] (Department of Veterans Affairs n.d.). About VA. (May 2019).

behalf of the Secretary. VA also has offices and programs that focus on marginalized, underserved and at-risk Veterans, such as the Center for Minority Veterans and Center for Women Veterans and programs focused on mental health and suicide prevention, eliminating homelessness and fostering Veteran success through Veteran Readiness and Employment (VR&E) to ensure we accomplish our mission and deliver the benefits, care and services Veterans earned and need.

ORGANIZATION

VA's Central Office (VACO) is in Washington, DC, and field facilities are throughout the Nation as well as in the U.S. territories and in the Philippines. Veteran programs are delivered by VA's three major Administrations: VHA, VBA and NCA. The Administrations and Staff Offices work together to consistently deliver high-quality benefits, care and services that improve outcomes for Veterans, their families, caregivers, survivors and Service members and accomplish our mission through routine day-to-day operations and during national emergencies, such as natural disasters, pandemics, terrorism and war.[12]

Figure 2. Convalescing soldiers performing needlework as occupational therapy at Walter Reed Army Hospital, Washington, D.C. (c.1918). https://www.va.gov/history/features/016_VBA_100.asp?fbclid=IwAR3DCDbISl0L34UcoX11PvKIbHw6fFEjbpFdMv1AP9wxwNFypPR__VYcDRA.

[12] (Department of Veterans Affairs n.d.). About VA: Organization.

VA remains committed to strengthening the health care system, expanding access and pushing the boundaries of what is possible in serving our Nation's Veterans.

~VA Secretary Denis McDonough.

Veterans Health Care: VHA is the largest integrated health care network in the United States with 1,294 health care facilities supporting over 9 million enrolled Veterans and delivering health care to over 6 million Veterans each year. VA 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.

VHA Continuum of Care Classification	No. of Stations
VA Medical Center (VAMC)	171
Health Care Center (HCC)	12
Multi-Specialty Community-Based Outpatient Clinics (CBOC)	202
Primary Care CBOC	520
Other Outpatient Services	379
Residential Care Site	9
Extended Care Site	1
Total	1,294[4]

VA carries out four specific health-related missions: health care, education, research and emergency response. Services and benefits are provided through a nationwide network of VA Medical Centers, inpatient and outpatient sites of care and over 990 Community Access Points. In addition, VA has 3 Veterans Crisis Line (VCL) call centers and the Veterans Combat Call Center as well as access to Readjustment Counseling Services provided through 318 Vet Centers which includes 83 Mobile Vet Centers, 55 mobile sites (not mobile Vet Centers) and 4 unclassified stations.[13]

[13] (Department of Veterans Affairs 2021). VAST Counts and Changes Report.

Veterans Benefits: Service members, Veterans, their families, caregivers and survivors can obtain a range of benefits through VBA to improve their economic security and quality of life. VA helps Service members transition out of military service and delivers a variety of benefits to Veterans and their families that include compensation, pension, fiduciary services, educational opportunities, VR&E services, the VA Home Loan Guaranty benefit and life insurance. Services are provided from 56 Regional Offices and the National Capital Region Benefits Office (NCRBO), 142 additional out-based offices at which VR&E operates and 133 Integrated Disability Evaluation System (IDES) offices at military installations located within and outside the continental United States (VR&E operates at 71). VA offers support through the Transition Assistance Program (TAP) at 300 military installations and 93 VetSuccess on Campus (VSOC) sites are operated by VR&E at colleges and universities;[14, 15] in addition to support services provided from 2 Education Regional Processing Offices, 6 Fiduciary Hubs, 3 Pension Management Centers, 1 Insurance Center and 8 Regional Loan Centers.

National Cemeteries: NCA ensures those who served this Nation are never forgotten. NCA provides dignified burial services for Veterans and eligible family members and maintains cemeteries as national shrines to provide lasting tributes that commemorate their service and sacrifice to our Nation.[16] NCA provides eligible Veterans with burial options at national cemeteries and grant-funded state Veterans' cemeteries; headstones

[14] Veterans Benefits Administration. Veterans Benefits Administration Progress & Results Webcast: For End of Fiscal Year 2018 (October 16, 2018), p. 7.
[15] Veterans Benefits Administration (2018). VBA Education Service Quarterly Webinar, p. 8.
[16] (Department of Veterans Affairs n.d.). National Cemetery Administration (May 21, 2021).

and markers; Presidential Memorial Certificates; and medallions. Memorial benefits and services are provided at 155 National Cemeteries and 119 Veterans Cemetery Grants Program funded state, Tribal and territorial cemeteries.[17]

CORE VALUES, CORE CHARACTERISTICS AND CUSTOMER EXPERIENCE PRINCIPLES

VA's five, "**I CARE**" core values underscore the obligations inherent in VA's mission and define who we are, our culture and how we care for Veterans and eligible beneficiaries. Our values are more than just words—they affect outcomes in our daily interactions with Veterans, eligible beneficiaries and our VA colleagues and partners.

Core Values

Integrity, **C**ommitment, **A**dvocacy, **R**espect and **E**xcellence

Taking the first letter of each word—Integrity, Commitment, Advocacy, Respect, Excellence—creates a powerful acronym "**I CARE**" that reminds each VA employee of the importance of their role in this Department. These core values come together as five promises we make as individuals and as an organization to those we serve.

***Integrity*:** Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

***Commitment*:** Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

***Advocacy*:** Be truly Veteran-centric by identifying, fully considering and appropriately advancing the interests of Veterans and other beneficiaries.

***Respect*:** Treat all those I work with and serve with dignity and respect.

***Excellence*:** Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership and accountable for my actions, willing to admit mistakes and rigorous in correcting them.

Please visit VA's ***I CARE*** website for more information.[18]

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[17] Office of Policy and Planning, NCA, June 2, 2021.
[18] (Department of Veterans Affairs n.d.), I CARE.

My promise to Veterans remains the same: to promote, preserve and restore Veterans' health and well-being; to empower and equip them to achieve their life goals; and to provide state-of-the-art treatments.

~VA Secretary Denis McDonough[19]

Core Characteristics

VA's Core Characteristics define what we stand for and what VA strives to be as an organization. They embody the qualities of VA employees to support VA's mission and commitment to Veterans, their families and beneficiaries. The Core Characteristics are: Trustworthy, Accessible, Quality, Innovative, Agile and Integrated.[20, 21]

Trustworthy: VA earns the trust of those it serves—every day—through the actions of all employees.

Accessible: VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.

Quality: VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people.

Innovative: VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement and adapts to remain at the forefront in knowledge, proficiency and capability to deliver the highest standard of care and services.

Agile: VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries and Service members.

Integrated: VA links care and services across the Department; other Federal, state and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA's relationship with DoD is unique and VA will nurture it for the benefit of Veterans and Service members.

Customer Experience Principles

VA will provide the best customer experience in its delivery of care, benefits and memorial services to Veterans, Service members, their families, caregivers and survivors. All VA employees are guided by VA's Core Values and Characteristics[22] and Customer Experience Principles to deliver exceptional customer experiences. Customer experience

[19] (House Committee on Veterans Affairs 2021). Statement of the Honorable Denis McDonough Restoring Faith by Building Trust—VA's First 100 Days.
[20] (Department of Veterans Affairs n.d.). I CARE Core Values and Characteristics.
[21] VA Directive 0010, VA Customer Experience. https://www.va.gov/vapubs/search_action.cfm?dType=1.
[22] (Department of Veterans Affairs 2021). https://www.va.gov/icare/core-values.asp (September 8, 2021).

is the product of interactions between an organization and a customer over the duration of their relationship. VA measures these interactions through Ease, Effectiveness and Emotion, all of which impact the overall trust the customer has in the organization.

Ease: VA will make access to care, benefits and memorial services smooth and easy.

Effectiveness: VA will deliver benefits, care, memorialization and services to the customer's satisfaction.

Emotion: VA will deliver benefits, care, memorialization and services in a manner that makes customers feel honored and valued in their interactions with VA.

VA will use customer experience data and insights in strategy development and decision-making to ensure that the voice of Veterans, Service members, their families, caregivers and survivors inform how VA delivers benefits, care, memorialization and services.

ABOUT OUR VETERANS

Veterans are individuals who have served in one of the eight uniformed services and meet the length of service and character of discharge requirements prescribed by law: Army; Marine Corps; Navy; Air Force; Space Force; Coast Guard; some members of the Public Health Services and the Commissioned Officer Corps of the National Oceanic and Atmospheric Administration (NOAA); as well as eligible members of the Reserve and National Guard components; World War II Merchant Mariners; certain members of the Philippine Armed Forces; and other groups designated by DoD. When the term "Veteran" is used in this VA Strategic Plan, it includes all who are eligible for VA benefits, care, memorialization and services.

VA also provides benefits and services to eligible survivors, spouses, dependents and dependent parents of Veterans, as well as caregivers of certain disabled Veterans. Service members in an active-duty status also may be eligible for certain VA benefits and services which include, but are not limited to, Service members' Group Life Insurance, Traumatic Injury Protection, GI Bill, Education and Career Counseling, the VA Home Loan program and certain medical services. The Journeys of Veterans Map highlights different life stages Veterans may experience and particular moments that matter most to them during their journey.[23]

[23] See Appendix H of Journey of Veterans Map.

The following table shows the number of living Veterans and their use of certain VA benefits, care and services.

VA Benefits and Health Care Utilization	Quantity
1. Estimated population of living Veterans (as of Q4 FY 2020)[24]	19.5 Million (M)
2. Estimated population of spouses and dependent children of living Veterans (as of September 30, 2019)	23.1 M
3. Total estimated recipients or potential recipients of Federal Veterans' benefits based on resident population of the United States, Puerto Rico, U.S. Island areas and U.S. citizens living abroad (13% of the U.S. population of 333.4 M)	13% or 43.2 M
Data Source Rows 1-3[25]	

[24] Living Veterans in the United States, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands.

[25] (Department of Veterans Affairs 2021). VA FY 2022 Budget Submission. Supplemental Information & Appendices, Volume 1 of 4. p. 17. https://www.va.gov/budget/docs/summary/fy2022VAbudgetVolumeIsupplementalInformationAndAppendices.pdf.

VA Benefits and Health Care Utilization	Quantity
4. Projected number of living Veterans in 2028	16 M
5. Estimated number of female Veterans	2.03 M
6. Percentage of Veterans age 65 or older (as of Q2 FY 2021)	46.1%
7. Total enrollees in VA health care system (FY 2020)	9.16 M
8. VA Education Beneficiaries (FY 2020)	875,060
9. Veteran Amputees Utilizing VA Health Care (FY 2020)	96,681
10. Veterans Receiving VA Disability Compensation (as of Q2 FY 2021)	5.14 M
11. Veterans Rated 100% Disabled (as of Q2 FY 2021)	909,033
12. Veterans Receiving VA Pension (as of Q2 FY 2021)	203,330
13. Veterans in Receipt of Individual Unemployability Benefits (as of Q2 FY 2021)	373,843
14.Surviving Spouses Receiving Dependency Indemnity Compensation (as of Q2 FY 2021)	433,756
15. Veterans Compensated for PTSD (as of Q2 FY 2021)	1,215,905
16. Veterans Participating in Veterans Readiness & Employment (Chapter 31) Benefits (FY 2020)	123,490
Data Sources Rows 4-16[26]	
17. Survivors of deceased Veterans receiving survivor benefits (either dependency and Indemnity Compensation or death pension payments)	605,000
18. Dependency and Indemnity Compensation (DIC)[27]	446,000
19. Home Loan guaranty[28]	18,300
20. Survivors' Pension[29]	159,000
21. Education utilization for Veterans' survivors/dependents[30]	279,857
Data Sources Rows 17-21[31]	

VA FY 2022-28 STRATEGIC PLAN

VA is committed to improving outcomes, access and the quality of life for Veterans, their families, caregivers and survivors. We advocate for Veterans and seize opportunities that

[26] (Department of Veterans Affairs 2021). VA Benefits & Health Care Utilization (April 21, 2021).
[27] Survivors of Veterans who died from service-related conditions; 96% are surviving spouses, 3% are surviving children, 1% are surviving parents.
[28] The number of active loans held by Surviving Spouses as of July 2021. The data point is the number of active loans for Surviving Spouses from program inception to July 18, 2021.
[29] Pension for low-income Survivors of Veterans with war-time Service. WWII 112,108, Korean War 50,550; Vietnam War 29,500; Gulf War 2,728; Other 864: period of service includes survivors of those from the War with Spain (Apr. 1898 to Aug. 1898); Mexican Border Period (May 1916 to Apr 1917); and WWI (Apr. 1917 to Nov. 1918).
[30] Scholarships to Survivors of Veterans who died in service after September 11, 2001.
[31] (Department of Veterans Affairs 2020). On Memorial Day VA Honors All of the Survivors of Those Who Have Served and Died.

address the challenges impacting their lives today while preparing for emerging threats and the rapid pace of change. The VA FY 2022-28 Strategic Plan describes our approach to ensure Veterans receive timely benefits, care, memorialization and services and ensures we deliver quality experiences and customer satisfaction that surpass expectations today and into the future.

The strategic plan has 4 strategic goals, 13 objectives and 75 strategies that are specifically designed to drive achievement of VA's mission and the Secretary's fundamental principles. The strategic plan reinforces VA's communications from the Administrations and Staff Offices to deliver clear and consistent messages. This message demonstrates our appreciation for each Veteran's sacrifice and service and our commitment to improving their health, well-being and economic security. Goals, objectives and strategies guide the Department and ensure a unified effort towards achieving VA's mission.

The strategic plan also includes performance milestones for each strategic objective. These performance milestones describe the desired state of affairs at the end of this strategic plan and help us understand our progress and when the necessary work is completed. Performance milestones demonstrate through evidence that we have achieved the strategic objective or that more work is still needed.

While developing this strategic plan, VA conducted more than 50 interviews with senior leaders across VA, with other Federal agencies, Veteran Service Organizations (VSOs) and Congress that have equities with VA and Veterans. Examples of the stakeholders interviewed include U.S. Social Security Administration, U.S. Housing and Urban Development (HUD)/Ginnie Mae, HUD/Veterans Affairs Supportive Housing (VASH), U.S. Office of Personnel Management (OPM), National Institute of Health (NIH) and National Institute of Mental Health (NIMH), U.S. Small Business Administration (SBA), U.S. Department of Agriculture (USDA), U.S. Department of Labor (DOL), U.S. Department of Education (DOE) and DoD. VA also interviewed Congressional members and nine VSOs. Areas where inputs from these "Stakeholder consultations" changed direction of the plan are highlighted with the icon.

VA Learning Agenda and Capacity Assessment

The Foundations for Evidence-based Policymaking (EBP) Act of 2018[32] (P.L. 115-435, the "Evidence Act") requires VA to create an "evidence-building plan" (i.e., Learning Agenda and Capacity Assessment) and incorporate them in the strategic plan. VA's Learning Agenda identifies strategic and operational policy questions that VA must address and informs the strategic plan (OMB A-11, page 4 of Section 290).[33] VA's Capacity Assessment describes the "coverage, quality, methods, effectiveness and

[32] (115th Congress 2021). Foundations for Evidence-Based Policymaking Act of 2018.
[33] OMB Circular A-11 (April 2021). a11.pdf (whitehouse.gov).

independence of the statistics, evaluation, research and analysis efforts" (OMB A-11, pages 6-7 of Section 290) and it also informs the strategic plan.

This document presents the alignment of the VA FY 2022-28 Strategic Plan to VA's FY 2022-28 Learning Agenda and FY 2022-28 Capacity Assessment. Priority questions in the Learning Agenda are aligned to specific strategies in Objectives 1.2, 2.1, 2.2, 2.3, 2.4 and 4.4 to ensure VA will improve outcomes for underserved, marginalized and at-risk Veterans. The Capacity Assessment describes VA's ability to perform evaluation and evidence building activities and identifies gaps that VA must address. Six Strategic Objectives (2.1, 2.2, 2.3, 2.4, 2.5 and 4.4) align to the Capacity Assessment. VA developed three strategies for Objective 4.4, (4.4.7, 4.4.9 and 4.4.10) to address capability gaps and improve our performance and the effectiveness of our evaluation and analytical efforts.

STRATEGIC GOAL 1: VA consistently communicates with its customers and partners to assess and maximize performance, evaluate needs and build long-term relationships and trust.

GOAL DESCRIPTION

Goal 1 ensures communications are clear and messages are consistent across VA and the ecosystem of Veteran-supporting partners. VA delivers information to Veterans the way the Veteran wants to receive it, so Veterans understand their eligibility for benefits, care, memorialization and services and how to access the benefits they earned. This goal ensures VA knows Veterans, understands their needs and how the benefits, care and services we deliver impacts their lives. Goal 1 enables VA to connect with Service members early in their military careers to establish long-term relationships with them. VA will maintain that relationship as the Service member transitions to Veteran status and support their families, caregivers and survivors as they transition through each phase of their life journey.

STRATEGIC OBJECTIVE 1.1: (Consistent and Easy to Understand Information) VA and partners use multiple channels and methods to ensure information about benefits, care and services is clear and easy to understand and access.

STRATEGIC OBJECTIVE DESCRIPTION

Objective 1.1 describes VA's approach to delivering information and communicating with Veterans, their families, caregivers, survivors, Service members, employees and other stakeholders to ensure the information they need is readily available, accessible to all and easy to understand. VA uses customer feedback and individual/aggregated data to understand population groups and proactively distribute tailored information that meets the needs of recipients to ensure equitable access so that all Veterans feel welcomed and valued.

1.1 Co-Leads	1.1 Performance Milestones
• Veterans Experience Office (VEO) • Office of Public and Intergovernmental Affairs (OPIA), National Veterans Outreach Office	Desired outcomes for communications. • Veterans are more informed and understand their eligibility for benefits, care, memorialization and services.

In order to fulfill our country's most sacred obligation, every decision I make will be guided by whether it increases Veterans' access to care and benefits and improves outcomes for them.

~VA Secretary Denis McDonough.[34, 35]

STRATEGIES

Strategy 1.1.1: (VA Welcomes all Veterans) *VA proactively distributes information and resources at every phase of the Veteran life journey, or as needed when circumstances change, to inform and welcome all Veterans and ensure resources are easily accessible.*

VA Principles
- ✓ VA Welcomes ALL Veterans
- ✓ Excellence

VA communicates via social media networks, mail, email, telephone, text, outreach events and online platforms and delivers step-by-step guidance, checklists and updates on new programs, processes and policy revisions that address all Veteran issues, including the civilian-military divide and stigma associated with mental health conditions.

Consistent communications and information sharing begin at military service and continue throughout the Veteran's life. Service members, Veterans, eligible family members, caregivers and survivors receive guidance during the military-to-civilian transition, pre-separation, post-separation, receipt of initial or revised service connection rating, decisions from the Board, change in priority group designation, when they reach a certain age or as circumstances change to ensure information and resources are readily available to make informed decisions.

Strategy 1.1.2: (Equitable Access) *VA and the ecosystem of partnerships communicate in a variety of languages and in various ways to ensure equitable access to information and resources and support those with physical and/or intellectual disabilities.*

VA Principles
- ✓ Veteran Experience
- ✓ Veteran Outcomes

VA collaborates with partners to understand and share communication preferences of Service members, Veterans, their families, caregivers and survivors and tailors outreach to meet their needs and preferences. VA customizes all forms of communications for groups and individuals whose primary language is not English and individuals with hearing, vision and/or speech impairments. Multi-channel two-way communications allow recipients to easily provide feedback with recommendations that enhances VA's understanding of needs and experiences, ensures equitable access and improves the

[34] (House Committee on Veterans Affairs 2021). Statement of the Honorable Denis McDonough Restoring Faith by Building Trust - VA's First 100 Days.
[35] The Biden Plan to Keep Our Sacred Obligation to Our Veterans. https://joebiden.com/veterans/.

quality of benefits, care and services provided especially to at-risk, underserved[36] and marginalized[37] Veterans.[38]

VA offers multilingual customer experiences to meet the needs of a diverse Veteran population and provides a variety of options to receive information that ensures families, caregivers and survivors get the information they need in a manner that is easy to understand. Communications, such as emails, text messages and direct/postal mail, are written in a variety of languages with customers in mind and delivered to meet the needs and preferences of the recipient. Enhanced partnerships expand VA's ability to ensure messages and information about benefits are easy to understand and that customers can reliably access resources and easily connect with VA representatives and partners for further guidance and support.

VA and ecosystem partners that support Veterans ensure websites, web-based applications, attached files and other published documents are written in plain language and follow the Plain Writing Act of 2010[39] to improve transparency and accessibility. VA and partners will use human-centered design (HCD) as a best practice and ensure accessibility to individuals with disabilities as Section 508 of the Rehabilitation Act requires.[40, 41] Furthermore, VA educates employees on communication approaches to deliver accurate and consistent information, benefits, care and services to Veterans, Service members and their support networks of families, caregivers and survivors.

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[36] "The term 'underserved communities' refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social and civic life, as exemplified by the list in the preceding definition of 'equity.'" (Executive Order 13985 Advancing Racial Equity and Support for Underserved Communities Through the Federal Government 2021) (January 25, 2021).

[37] (Merriam-Webster Dictionary n.d.). Marginalize means to "relegate to an unimportant or powerless position within a society or group."

[38] (Executive Order 14058 Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government 2021). 2021-27380.pdf (federalregister.gov).

[39] (111th Congress 2010). Public Law 111-274, Plain Writing Act of 2010.

[40] (Federal Communications Commission n.d.). Section 508 of the Rehabilitation Act 29 U.S.C. § 794d.

[41] (Executive Order 14058 Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government 2021). 2021-27380.pdf (federalregister.gov).

Strategy 1.1.3: (Veteran Insights) *VA uses proactive and consistent communications enable customer feedback and recommendations to enhance understanding of Veterans to improve access, experiences and quality of services.*

VA Principles
- ✓ Veteran Experience
- ✓ Veteran Outcomes

VA incorporates customer feedback to improve VA processes and operations. VA leverages customer interactions and enterprise data to ensure common information is current and readily available for employees during any interaction with Service members, Veterans, their families, caregivers and survivors. Customer communications and Veteran data enable the efficient and effective delivery of benefits, care, memorialization and services and improve analysis, outreach campaigns and initiatives.[42]

STRATEGIC OBJECTIVE 1.2: (Lifelong Relationships and Trust)

VA listens to Veterans, their families, caregivers, survivors, Service members, employees and other stakeholders to project future trends, anticipate needs and deliver effective and agile solutions that improve their outcomes, access and experiences.

STRATEGIC OBJECTIVE DESCRIPTION

Objective 1.2 ensures VA consults stakeholders and uses HCD practices to understand needs, preferences, customer experiences and satisfaction and how benefits, care and services impact the lives of Veterans, their families, caregivers, survivors and Service members. VA expands stakeholder consultations to include cohorts outside the traditional Veteran population, such as employees, clinicians receiving training at VA facilities, financial and educational institutions that deliver various benefits and State, Tribal, territorial and private facilities that partner with NCA to provide memorialization services. VA will make it is easy for stakeholders to provide feedback and leverage their responses to drive change across the ecosystem of partners that improves performance, access, the quality of experiences and customer satisfaction.

STRATEGY AND LEARNING AGENDA ALIGNMENT

Strategy 1.2.1: (Improved Understanding) aligns with VBA Learning Agenda Question 3a: Understanding Military Sexual Trauma (MST) Survivor Experience: How can VBA, working together with VHA and other stakeholders, better understand when MST survivors are not optimally served and/or negatively impacted when interacting with VBA.

[42] (116th Congress (2019-2020) 2020). Public Law 116-213, Department of Veterans Affairs Website Accessibility Act of 2019.

Strategy 1.2.1: (Improved Understanding) ensures VA uses HCD, journey maps and data to understand and improve experiences and satisfaction for all Veterans.

1.2 Co-Leads	1.2 Performance Milestone
• VEO • NCA, Office of Finance and Planning (OFO) • VBA, Office of Policy and Oversight (OPO)	VA customer experience characteristics. • Ease: Veterans have easy access to services they need. • Effectiveness: Veterans get the services they need. • Emotion: Veterans feel respected and valued. • Trust: Veterans trust VA to fulfill our country's commitment to Veterans.

STRATEGIES

Strategy 1.2.1: (Improved Understanding) *VA understands customers and all Veteran cohorts to improve experiences and trust.*

VA Principles

- ✓ Data, Informatics, Evidence
- ✓ Veteran Outcomes

VA integrates HCD, customer experience data and the Journeys of Veterans Map[43] in Departmental policies, plans and processes to develop a comprehensive understanding of all customer cohorts and sub-populations, which include women, minorities, American Indian and Alaska Native (AIAN) Veterans, families, caregivers, those with physical and/or intellectual disabilities, older Veterans, MST survivors, LGBTQ+ persons, VA employees and other stakeholders.[44] HCD and journey maps allow VA to understand customer pain points and bright spots to improve VA's service design and delivery based on what matters most to Veterans and reduce burdens accessing available resources.[45]

VEO and Human Resources and Administration/Operations, Security and Preparedness (HR&A/OSP) have partnered to lead VA's effort to establish a world-class employee experience (EX). Ultimately, VA efforts to improve EX will directly impact the customer experience (CX) for Veterans, their families, caregivers and survivors, consistent with VA's I CARE Core Values, Core Characteristics and Customer Experience Principles. VEO and HR&A/OSP are leading the effort to create the Federal government's first-ever EX Journey Map. Modeled after the Journey of Veterans Map, the Journeys of VA Employees Map[46] captured over 11,000 insights from a diverse set of VA employees (Wage Grade-Senior Executive Service, clinical, frontline, clerical, etc.) in 33 geographic areas. This effort identified 5 "phases" and 30 Moments that Matter (bright spots and pain points) a

[43] Journeys of Veterans Map is accessible in Appendix H and at https://www.blogs.va.gov/VAntage/wp-content/uploads/2020/02/Veteran-Journey-Map.pdf.

[44] (Department of Veterans Affairs 2021). VA's Customer Experience Institute (VACXi).

[45] (Executive Order 14058 Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government 2021). 2021-27380.pdf (federalregister.gov).

[46] Journeys of VA Employees Map: https://www.va.gov/ve/docs/VAEmployeeExperienceJourneyMap.pdf.

VA team member may encounter, from interest in employment with VA through retirement. The purpose of this effort is to catalyze action through analysis of insights and align what we do with the needs and expectations of those who work with us.[47]

VA will also leverage population-level statistics and analytics to review and analyze data to project trends, anticipate demand and understand the impact to the organization. This understanding allows VA to provide guidance to employees and customers to ensure the consistent delivery of information related to benefits, care and services. The resulting data and information enable VA to use evidence to understand experiences and anticipate needs and proactively share information that ensures Service members, Veterans, their family members, caregivers and survivors understand options.

Learning Agenda

Understanding Military Sexual Trauma (MST) Survivor Experience**:** 3a. How can VBA, working together with VHA and other stakeholders, better understand when MST survivors are not optimally served and/or negatively impacted when interacting with VBA?

- VBA, VHA, VEO and partners will collect the demographic data needed and use HCD, Journey Mapping, Customer Persona Development and statistical analyses to define MST Journey Map to gain a better understanding of the MST survivor population and improve their outcomes and experiences.

Strategy 1.2.2: (Interactive and Customer-centric) *VA's automated, easy to use, flexible and interactive customer-centric feedback system and process connects the Department to all cohorts of customers to understand needs and the impact of benefits, care, memorialization and services on their economic security, health, quality of life outcomes and dignity of end of life.*

VA Principles

- ✓ Veteran Outcomes
- ✓ Quality and Effectiveness

VA engages employees, Service members, Veterans, their families, caregivers and survivors, other customers, government partners, VSOs, small businesses and other non-governmental partners to understand the impact of benefits, care and services on customers and identify gaps that must be addressed. Consistent and proactive customer engagement during policy development will improve VA's understanding of how policies, processes and practices impact customers and enable VA to revise them as needed prior to and following implementation.

[47] [47] (Executive Order 14058 Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government 2021). 2021-27380.pdf (federalregister.gov).

Strategy 1.2.3: (Quality and Performance) *VA and partners use customer feedback and insights to understand the quality of experiences and services provided and evaluate performance against benchmarks to determine training needs to improve communications and performance.*

VA collaborates with partners that deliver benefits, care and services to Veterans and develops exceptional training programs to leverage technology and strong practices to improve customer service, experiences and satisfaction. These programs ensure employees and partners understand communication and performance requirements to improve Veteran outcomes and comply with VA standards.

VA Principles

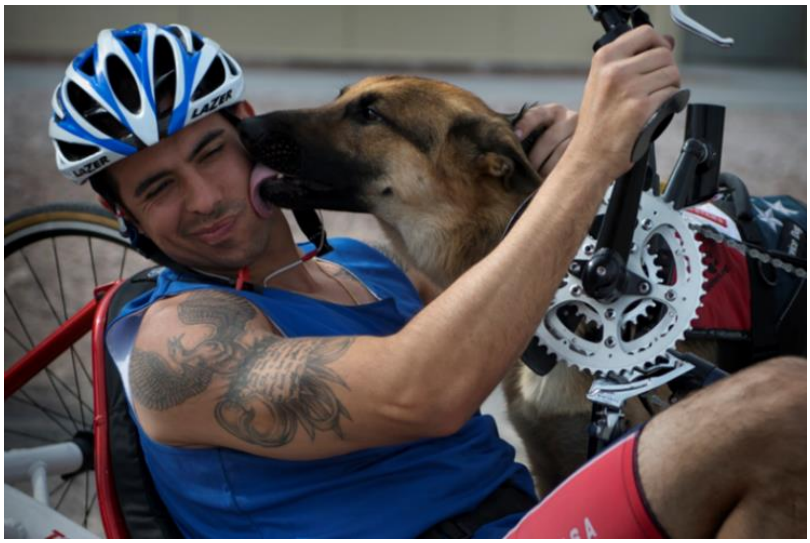
- ✓ Quality and Experience
- ✓ Veteran Outcomes
- ✓ Veteran Satisfaction

STRATEGIC GOAL 2: VA delivers timely, accessible, high-quality benefits, care and services to meet the unique needs of Veterans and all eligible beneficiaries.

GOAL DESCRIPTION

Goal 2 ensures access to resources and tailoring the delivery of benefits and customizing care, memorialization and services to foster equity and promote independence and optimal outcomes and well-being for Veterans, their families, caregivers, survivors and Service members. This is the largest goal in the VA FY 2022-28 Strategic Plan with 5 objectives and 32 strategies that describe our approach or what VA will do to achieve the objective. VA and the ecosystem of partners must work together to understand the needs of Veteran groups and deliver benefits, care and services that address the unique needs of individual Veterans. A thorough examination of Veteran cohorts helps VA identify potential trends, innovations and emerging treatments that might impact Veterans at different phases of their life journey. Trend analysis improves our understanding of underserved, marginalized and at-risk Veterans to promote equity and access to resources. VA is committed to delivering value to all Veterans and improving their economic security, health and quality of life.

This strategic plan and VA's FY 2022-28 Learning Agenda are aligned and focused on improving outcomes and quality of life for underserved, marginalized and at-risk Veterans. Learning Agenda priority questions enhance our understanding of challenges to improve care and services for our most vulnerable Veterans. Each Learning Agenda question is aligned directly to a strategy and priority questions span four of the five Goal 2 Objectives (except Objective 2.5). Learning Agenda questions and strategies are complementary; the Learning Agenda improves VA's understanding of the specific challenges that vulnerable Veterans might face and supports strategies to achieve the desired outcome described in the strategic objective. Detailed information on Learning Agenda priority questions is provided in the relevant strategic objectives.



STRATEGIC OBJECTIVE 2.1: (Underserved, Marginalized and At-Risk Veterans) *VA emphasizes the delivery of benefits, care and services to underserved, marginalized and at-risk Veterans to prevent suicide and homelessness, improve their economic security, health, resiliency and quality of life and achieve equity.*[48, 49]

STRATEGIC OBJECTIVE DESCRIPTION

VA is focused on addressing needs and improving economic security, quality of life and independence for Veterans who need us most—our at-risk, marginalized and underserved Veterans, their families, caregivers, survivors and Service members. Objective 2.1 ensures VA programs, initiatives and the ecosystem of partners support the whole person and address mental health and suicide, homelessness and other challenges impacting Veterans' well-being. This objective ensures reliable access to benefits, care and services and promotes improved outcomes for Veterans living in rural areas, women, minorities, American Indian and Alaska Native, severely wounded, ill and injured, those with physical and/or intellectual disabilities, LGBTQ+ Veterans, transitioning Service members and those at-risk for food insecurity. HCD best practices will enable VA to deeply understand the needs and experiences of these populations.

Figure 3. The New Orleans, Louisiana VA Medical Center.

[48] (Executive Order 13985 Advancing Racial Equity and Support for Underserved Communities Through the Federal Government 2021). "The term 'equity' means the consistent and systematic fair, just and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality." (January 25, 2021).
[49] The Biden Plan to Keep Our Sacred Obligation to Our Veterans. https://joebiden.com/veterans/.

STRATEGY AND LEARNING AGENDA ALIGNMENT

Three strategies in Objective 2.1 align to two VHA and two VBA Learning Agenda priority questions to understand specific challenges related to mental health and suicide risk, the military-to-civilian transition and employment and access to care for underserved Veterans. Research to address Learning Agenda questions and the implementation of each strategy will enable VA to drive change to achieve the objective and improve outcomes for Veterans, their families, caregivers, survivors and Service members.

Strategy 2.1.1: (Mental Health and Suicide Prevention) aligns with VHA LA Question 3 Suicide Prevention**:** What strategies work best to prevent suicide among Veterans? Strategy 2.1.1 includes three strategies specifically designed to reduce Veteran suicide. **Universal** strategies to reach all Veterans. **Selective** strategies to target Veterans who may be at increased risk for suicide. **Indicated** strategies to connect with a smaller segment of Veterans at elevated risk of suicide or mental illness. VHA Learning Agenda strategies include Caring Contacts/Caring Letters, which provide messages to individuals at risk of suicidal behavior. Caring Contacts/Caring Letters aim to evaluate the effects of messages sent to VCL callers to increase VA's knowledge of care utilization, mental health outcomes and suicidality and identify facilitators and barriers to program implementation.

Strategy 2.1.1 also aligns to VBA's LA question for Disability Benefits Questionnaires (DBQs) 1c Can Disability Benefits Questionnaires (DBQs) be updated to improve data capture capabilities for tracking at-risk Veterans with a reported level of risk for suicide? VA will expand Veteran demographic data on benefits recipients for use in many types of studies to understand the technical capability and whether VA can use the tool to improve understanding of Veterans at-risk for suicide. Additional data categories could include race/ethnicity, familial status, housing status, sexual orientation and gender identity.

Strategy 2.1.7: (Military-to-Civilian Transition) aligns to VBA's Learning Agenda question for Evaluation of Transition Assistance Program 2a: To what extent is VA's Transition Assistance Program (TAP) supporting the transition needs of newly separated Veterans? This strategy ensures VA and partners provide holistic assessments and transition support to understand "economic well-being" starting 1 year before transition and continuing at specific intervals for 1 year post transition. The Learning Agenda examines the transition process and the impact of multiple changes to the Service member or Veteran's life. The Learning Agenda and Strategy 2.1.7 ensure Service members experience a seamless transition from military service to civilian life and promote economic security for Veterans.

Strategy 2.1.8: (Rural Veterans) aligns with VHA's Learning Agenda Question 1 Access to Care**:** What are the ways VA can ensure that Veterans have access to timely care in their preferred setting? VHA implemented two strategies to increase access and deliver quality care to Veterans. The Medical Scribes Pilot Program aims to provide assistants to aid medical providers and increase their productivity. The second strategy implements a study to understand primary and mental health care shortage areas and develop action plans to address shortages. Strategy 2.1.8 ensures that VA expands partnerships,

addresses workforce disparities and invests in new models of care for Veterans in underserved areas to ensure access to quality care.

STRATEGY AND CAPACITY ASSESSMENT ALIGNMENT

Five strategies in objective 2.1 align specifically to VA evaluation activities or studies described in Addendum D of the Capacity Assessment:

Strategy 2.1.1: (Mental Health and Suicide Prevention) aligns to one evaluation activity or study:

- Evaluating the Use of Peer Specialists to Deliver Cognitive Behavioral Social Skills Training.

Strategy 2.1.3: (Homelessness) aligns to two VA evaluation activities or studies:

- Capturing the Dynamics of Homelessness through Ethnography and Mobile Technology.
- Assessing an Initiative to Facilitate Long-Term Financial and Housing Stability in Vulnerable Veterans.

Strategy* 2.1.4: *(Minority Veterans) aligns to one evaluation activity or study:

- Social and Behavioral Determinants of Health in High-Risk Veterans.

Strategy 2.1.5: (Special Emphasis Groups) aligns to two VA evaluation activities or studies:

- Clinical care needs and experiences for patients with spinal cord injury identifying as LGBT.
- Addressing Intimate Partner Violence Among Women Veterans.

Strategy 2.1.6: (Women Veterans) aligns to one evaluation activity or study:

- MyPath. A Patient-Centered Web-Based Intervention to Improve Reproductive Planning for Women Veterans.

2.1 Co-Leads	2.1 Performance Milestones
• VHA, Office of Mental Health and Suicide Prevention • VBA, OFO	Desired outcomes for underserved, marginalized and at-risk Veterans. • Eliminate Veteran homelessness. • Improve Veteran mental health and reduce Veteran suicide. • Improve Veteran economic security and reduce poverty. • Improve equity and access to benefits, care, memorialization and services for marginalized, underserved and at-risk Veterans. • Improve access to Mental Health and Specialty Care. • Increase specialty care appointments completed within 30 days.

STRATEGIES

Strategy 2.1.1: (Mental Health and Suicide Prevention) *VA engages Veterans and Service members and delivers services and practices that promote lifelong well-being and resilience to improve mental health, reduce Veteran suicide and empower and equip them to achieve their life goals.*

Stakeholder Consultations

Capacity Assessment

VA Principles

- ✓ Suicide Prevention
- ✓ Caregivers
- ✓ Access to Resources

VA's Office of Mental Health and Suicide Prevention (OMHSP) deploys a robust, public health approach to provide mental health care and suicide prevention services to all Service members and Veterans who need it, in the right time and right place and deploys technology to reach Veterans in remote and isolated communities. Such efforts are designed to reduce Veteran suicide through partnerships with the community to implement tailored, local prevention plans and evidence-based clinical strategies for intervention informed by the VA/DoD Clinical Practice Guideline on the Assessment and Management of Patients at Risk for Suicide.[50] Our comprehensive public health approach operationalizes the 2018 National Strategy for Preventing Veteran Suicide[51] through a long term strategy, Suicide Prevention 2.0 initiative (SP 2.0) and a short-term strategy, Suicide Prevention Now initiative (Now). SP 2.0 focuses on clinically based and community-based prevention, intervention and postvention strategies over a 6-year period while the Now initiative rapidly identifies and addresses key priority areas focused on advancing and enhancing Veteran suicide prevention efforts more immediately.

VA proactively engages family members and caregivers about available resources and how to support Veterans in engaging in care. VA adopted an approach that combines universal, targeted and selective strategies to engage Veterans and their families. **Universal Strategies** to reach all Veterans include communication campaigns that shifted from driving awareness-focused site visits to reaching people where they are by completing a viewing of our in-platform awareness message video. **Selective Strategies** target Veterans who may be at increased suicide risk or at increased risk of burden related to mental illness due to various stressors. **Indicated**

[50] (Department of Veterans Affairs; U.S. Department of Defense 2019). VA/DoD Clinical Practice Guideline: Assessment and Management of Patients at Risk for Suicide.
[51] (Department of Veterans Affairs 2018). National Strategy for Preventing Veteran Suicide 2018-2028.

Strategies target a smaller segment of Veterans at elevated risk of suicide or escalation in mental illness.

VA and trusted partners implement comprehensive, nationwide efforts to increase mental health literacy and connection to care to decrease any stigma associated with seeking help as part of our mission to promote, protect and restore Veterans' health and well-being. VA proactively informs family members about available resources and how to support Veterans in engaging in care and uses Mental Health Peer Support Specialists to foster a sense of belonging, empower individuals to seek help, enhance resiliency and ease transition from military service.

The Office of General Counsel (OGC) partners with VHA to expand the medical-legal partnerships (MLP) located within VA across the country. VA's MLPs provide legal services to Veterans and their families in housing, employment and education, access to benefits, income and family law issues. Access to MLPs have shown that Veterans who received legal services at an MLP experienced significant mental health improvement, as well as improvements in their housing and income. The MLP program combines the expertise of VA staff and health care clinicians who understand the health issues that are unique to, or common for, Veterans, with the knowledge of lawyers who understand the complexities of laws and policies that affect Veterans.

Learning Agenda

Suicide Prevention: VHA Question 3: What strategies work best to prevent suicide among Veterans?

VA performs proactive outreach and implements communication strategies to address suicide prevention through Caring Contacts/Caring Letters:

- Caring Contacts/Caring Letters are brief, personal, non-demanding follow-up messages sent to Veteran patients after they receive care to decrease suicide attempts. VA sends follow-up communications (letter and digital) to Veterans who don't need to receive care at a VA facility or who call the VCL and choose to identify themselves to the call responder. VA is evaluating the approach in other Veteran populations, including those seen in VA emergency departments.

Disability Benefits Questionnaires (DBQs): VBA question 1c: Can Disability Benefits Questionnaires (DBQs) be updated to improve data capture capabilities for tracking at-risk Veterans with a reported level of risk for suicide?

- VBA will leverage DBQs to incorporate additional data sources and demographic categories as needed and track at-risk Veterans with a reported level of high acute (defined) and intermediate acute (defined) risk for suicide. The Learning Agenda question will enable the use of evidence and data to improve VA's understanding of these at-risk Veterans.

Inextricably linked to caring for and supporting Veterans and their families is legal access … That's why VA's legal clinics and Medical Legal Partnerships are fundamental to caring for Veterans and their families.

~VA Secretary Denis McDonough.[52]

Strategy 2.1.2: (Severely Wounded, Ill and Injured) *VA and the Defense Department Medical Centers of Excellence partner to share best practices, including evaluations and treatments and ensure a seamless transition for severely wounded, ill and injured Service members between DoD and VA.*

DoD clinicians share information and complete a "warm hand-off" with VA clinicians for transitioning Service members with serious illness, injury, wounds or other disability to improve their outcomes and ensure quality of life. VA requires employee training and provides resources to support the delivery of benefits, whole health care and services to at-risk customers who may need more support, including Service

VA Principles

- ✓ Customize Care
- ✓ Access to Resources
- ✓ Caregivers

[52] (Department of Veterans Affairs 2021). Remarks by Secretary Denis R. McDonough.

members and Veterans with treatment resistant conditions, comorbid disorders, serious mental illness and severely wounded, ill and injured Veterans and their caregivers.

VHA is implementing a national Care Coordination and Integrated Case Management (CC&ICM) program to integrate and streamline care of Veterans with complex needs. CC&ICM aims to improve delivery of health care services by ensuring care coordination across all settings while reducing waste, decreasing costs and improving Veteran satisfaction.

Strategy 2.1.3: (Homelessness) *VA will strengthen and build partnerships across Federal, state, local, Tribal, territorial and private sector organizations and provide integrated support to homeless Veterans that ensures homelessness is prevented, curtailed and non-recurring.*

Capacity Assessment

VA Principles
- ✓ Reduce Homelessness
- ✓ Timely Access

VA's priority for Veterans and their families who are homeless or at risk of becoming homeless is to help them obtain permanent and sustainable housing with access to high-quality healthcare and supportive services. VA's MLPs will improve housing conditions or prevent foreclosure or eviction to help Veterans and their families avoid homelessness and ensure homeless services and outcomes are equitable and targeted to address the needs of the most vulnerable. Moreover, VA ensures homeless Veterans receive the same end of life dignity as other Veterans. VA will work closely with HUD and the U.S. Interagency Council on Homelessness to develop and operationalize joint strategies that involve an all-of-government approach to ending homelessness among Veterans.

Strategy 2.1.4: (Minority Veterans) *All Veterans receive equal access and service regardless of race, origin, religion, gender or sexual identity.*

Capacity Assessment

VA Principles
- ✓ Minority Veterans
- ✓ Advocacy
- ✓ Equity

VA advocates for minority Veterans and serves as facilitator, change agent and strategic thinker to foster inter- and intra-agency cooperation and implement policies and programs that ensure equity and improve outcomes and experiences for minority Veterans. The Center for Minority Veterans (CMV) conducts and sponsors appropriate social and demographic research to understand the needs of minority Veterans and publicizes results of medical research of significance to minority Veterans. CMV will leverage opportunities to conduct innovative participatory cohort

research on this Veteran population to understand the impact of social determinants of health on access to care and health outcomes.

Strategy 2.1.5: (Special Emphasis Groups) *VA improves environments of care and addresses equitable access and the unique needs of LGBTQ+, women, racial, ethnic, religious and/or cultural minorities, those with physical and/or intellectual disabilities, American Indian and Alaska Native Veterans and homeless Veterans to ensure all Veterans feel welcome and valued.*

Stakeholder Consultations

Capacity Assessment

VA ensures a welcoming and inclusive environment in which Veterans feel safe physically, mentally, socially and emotionally. Points of care are modern and inviting and an expert workforce delivers care options designed to meet Veterans where they are in their health journey. VA provides standard and complementary types of care and ensures equitable access to a full range of experts and specialists to meet the heath care needs of each unique Veteran.

VA Principles

- ✓ LGBTQ+
- ✓ Equity
- ✓ Inclusiveness

VA will enhance outreach and data collection for sexual orientation and gender identity for LGBTQ+ Veterans, women, minorities, MST survivors, Veterans with physical and/or intellectual disabilities and homeless Veterans. Enhanced outreach and data collection also will improve VA's sensitivity to religious differences and understanding of the needs of deported and international Veterans to ensure all Veterans receive the benefits, care, memorialization and services they earned.

Strategy 2.1.6: (Women Veterans) *VA transforms the culture to ensure women Veterans feel safe and welcome wherever they seek assistance and care.*

Capacity Assessment

VA strives to understand and address the diverse needs of women Veterans, which include LGBTQ+, minority, those with physical and/or intellectual disabilities and rural populations to improve their access to quality benefits, care, memorialization, services and outcomes. VA also will ensure a safe, welcoming and harassment-free experience and healthy and supportive environment

VA Principles

- ✓ Women Veterans
- ✓ Equitable Access
- ✓ Safe/Harassment Free

for women Veterans regardless of where they receive care.

Strategy 2.1.7: (Military-to-Civilian Transition) *VA provides holistic assessments of medical, mental, vocational, educational and economic well-being for all transitioning Service members, Veterans, their families and caregivers to improve their economic security, health and quality of life outcomes.*

VA Principles

- ✓ Military to Civilian Transition
- ✓ Education, Training, Jobs
- ✓ Access to Resources

VA collaborates with TAP and interagency partners including DoD, DOL, Department of Homeland Security (DHS) (Coast Guard), DOE, SBA and OPM to educate transitioning Service members, Veterans, their families and caregivers about VA benefits and services 365 days prior to separating, 365 days post-separation and beyond. Support services are based on needs identified for specific life domains: Housing, Benefits, Medical/Health, Employment and Education. Coordination of VA health care can start prior to military separation through the VA Liaison and Post-9/11 Military2VA Case Management Programs.

VBA's Office of Outreach, Transition and Economic Development (OTED) supports Economic Development Initiatives (EDI) to enhance Veteran experience beyond separation. OTED coordinates with VBA regional offices, State Departments of Veterans Affairs, DOL, regional organizations, non-governmental organizations and industry leaders and hosts EDI events in economically distressed locations with high Veteran populations, defined as Qualified Opportunity Zones by the Internal Revenue Service. These events connect economically disadvantaged Veteran populations with networking opportunities to improve their economic wellbeing and provide them with access to VA benefits and services.

Newly separated at-risk Veterans and their families receive consistent and caring support services and accurate information on benefits and resources available from VA and partners. VA Solid Start (VASS) prioritizes contact to Veterans who had a mental health appointment in their last year of active-duty service and provides a warm hand-off to the VCL and Supportive Services for Veteran Families regardless of their character of discharge (such as Less than Honorable Discharge). VASS representatives meet individually with Veterans at three key intervals (90, 180, 365 days post separation) to help Veterans understand their benefits and connect them with resources. VHA Care Coordination and Intensive Case Management will be important for newly separated military transitioning Veterans who have intensive needs due to complex illnesses or injuries.

Learning Agenda

Evaluation of Transition Assistance Program: VBAs Learning Agenda question focuses on the military to civilian transition. 2a. To what extent is VA's Transition Assistance Program (TAP supporting the transition needs of newly separated Veterans?

- Service members transitioning from military-to-civilian life often experience a variety of challenges, including residential moves and adjusting to new surroundings, changes in household makeup, new jobs or potential periods of unemployment, or service related illness or injury. VA will provide accurate VA benefits and services information and connect transitioning Service members to comprehensive transition support starting 365 days pre separation through 365 days post separation to help them achieve civilian success.

Strategy 2.1.8: (Rural Veterans) *VA increases access to virtual and in-home health care and promotes Federal and community care solutions to improve well-being for Veterans in underserved rural areas.*

VA's Office of Rural Health (ORH) will expand partnerships with government, private sector organizations and commercial providers to leverage available facilities and resources and improve access to care and services. VA and partners collaborate to develop a strong Veterans transportation system to better serve Veterans and their families in the communities where they live, enhance research, develop innovative new models of care for Veterans' who live in rural communities and support initiatives that reduce rural health care workforce disparities.

VA Principles

- ✓ Access to Resources
- ✓ In Home Care
- ✓ Staff Shortfalls

To enhance rural Veterans' access to care, VA leverages partnerships with other Federal agencies and community partners in a variety of ways. These collaborations with the USDA, U.S. Department of Commerce (DOC) and U.S. Department of Health and Human Services (HHS) (including Indian Health Services (IHS)) facilitate nationwide adoption of rural provider training programs, rural workforce recruitment programs and the facilitation of access to virtual and in-person care for rural Veterans. VA actively participates in the administration's Rural Prosperity and

Rural Health Interagency Policy Committees and the White House Council on Native American Affairs to work with partners across the country on these rural access programs.

ORH's enterprise-wide initiatives and promising practices demonstrate its commitment to increase access and deliver care the way Veterans prefer to receive it and improve well-being and ensure rural Veterans thrive.[53]

VHA also grants Full Practice Authority (FPA) to Advanced Practice Registered Nurses (APRN)[54] to increase Veteran access to care. Data demonstrate that FPA for APRNs has a positive impact on wait times in Mental Health, Specialty Care and Primary Care.[55]

Learning Agenda

Access to Care: VHA Question 1: "How can VA ensure that Veterans have access to timely care in their preferred setting?"

- VHA launched a 2-year pilot program in emergency departments and specialty care clinics to provide medical scribes to providers. VHA will evaluate the impact of the scribes program on clinical efficiency, patient and provider satisfaction and identify differences between VA and contract-hired scribes.
- VHA collaborated with other research and operations offices and developed scoring algorithms to identify underserved VA medical facilities in primary care and mental health services. The algorithms are used to update an annual list of underserved facilities. Each year, the top 20 underserved facilities are required to develop an action plan explaining how they intend to improve Veteran access to care at their facilities.

[53] (38 United States Code § 7308 - Office of Rural Health 2006).

[54] (38 CFR § 17.415 - Full practice authority for advanced practice registered nurses. 2016).

[55] Ruggs, D. et al. 2021. A preliminary evaluation of full practice authority of advance practice registered nurses in the Veterans Health Administration. https:// Nurse Outlook: Mar-Apr 2021;69(2):147-158. doi 10.1016/j.outlook.2020.11.005. Epub 2020 Dec 30.

Strategy 2.1.9: (American Indian and Alaska Native Veterans) *VA consults with government partners and Tribes and incorporates their input into policies and programs to ensure American Indian and Alaska Native (AIAN) Veterans have access to and receive earned benefits, care, memorialization and services.*

VA builds productive, comprehensive relationships and partners with Tribal governments, Federal agencies; (e.g., HHS/IHS, U.S. Department of the Interior, HUD, U.S. Department of Agriculture (USDA), DoD and other organizations to understand customer experiences and coordinate outreach efforts and service delivery options for AIAN Veterans living in rural and urban areas.[56] VA will develop a measurable, achievable enterprise-wide roadmap for evaluating and addressing the unique needs and circumstances of this Veteran population.

VA Principles

- ✓ American Indian/Alaska Native Veterans
- ✓ Equitable Access
- ✓ Measure Outcomes

Figure 4. Active-duty members, Veterans and civilians from Texas and members of the Traditional American Indian Society Honor Guard perform a gourd dance, a traditional American Indian ceremony in which the ground the dance is held on is blessed, Sept. 30.

[56] (Executive Order 14058 Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government 2021).

Strategy 2.1.10: (Nutrition and Food Services) *VA identifies Veterans and transitioning Service members at-risk for food insecurity and connects them to resources, assistance programs and education to improve their health and well-being.*

The VA Nutrition and Food Services (NFS) program office implements the White House executive focus area of "Health and Well-being," within the White House office of Joining Forces. Through work in an Interagency Policy Sub-council, NFS supports transitioning military families with clinical referrals and expands nutrition resources and support services, education and staff training.

VA Principles

- ✓ Excellence
- ✓ Access to Resources

The NFS program office partners with other Federal agencies (USDA and DoD), research offices, VA programs and non-governmental organizations to address food insecurity and nutrition. NFS and partners coordinate nutrition care by using electronic health records (EHR) to screen Veterans for food insecurity, providing clinical referrals in primary care and other care settings and expanding nutrition resources, support services, education and staff training.

STRATEGIC OBJECTIVE 2.2: (Tailored Delivery of Benefits, Care and Services Ensure Equity and Access) *VA and partners will tailor the delivery of benefits and customize whole health care and services for the recipient at each phase of their life journey.*

STRATEGIC OBJECTIVE DESCRIPTION

Objective 2.2 describes how VA will expand partnerships and use them as a force multiplier to enhance our capabilities and capacity to deliver quality benefits, care and services that improve the lives of Veterans, their families, caregivers, survivors and Service members based on the five domains of Social Determinants of Health (where people are born, live, work, attend school and play).[57, 58] VA will provide Veterans with final resting places and lasting tributes that commemorate their service and sacrifice to our Nation. We also will strengthen partnerships across the ecosystem of Veteran supporters and advocate for Veterans to facilitate the transition from military service to education, employment or entrepreneurship and support our aging Veterans, their families and caregivers. VA leverages technology to modernize the appeals process,

[57] (Department of Health and Human Services n.d.). Social determinants of health are related to the risks and opportunities associated with where people are born, live, work, attend school or church, it is their environment that impacts quality of life and outcomes.
[58] (Department of Veterans Affairs n.d.). Veterans Health Administration.

ensure easy access to secure VA systems and deliver benefits, health care and services the way Veterans want to receive them.

STRATEGY AND LEARNING AGENDA ALIGNMENT

Two strategies in Objective 2.2 align to the Learning Agenda and efforts to understand specific challenges related to transition, post-military employment and access to care for underserved Veterans.

Strategy 2.2.3: (Telehealth/Connected Care) aligns with VHA Learning Agenda priority Question 1 for Access to Care**:** What are the ways VA can ensure Veterans have access to timely care in their preferred setting? Both the strategy and the priority question will improve access to healthcare for Veterans. Strategy 2.2.3 describes how virtual health technologies and devices deliver convenient, trusted, anytime and anywhere access that empowers Veterans to take charge of their own care needs. Connected care addresses geographic barriers and expands VA's clinical capacity and delivers more comprehensive in-home services. For example, Veterans can use VA's digital portal to select their preferred communication channel and connect with VA staff members and health care professionals. Understanding VHA's Learning Agenda question ensures VA identifies Veterans with limited access to health care services and leverages telehealth to address shortages of mental, primary and specialty health care and ensure equitable access to VA care and services.

Strategy 2.2.6: (Job Readiness and Placement) aligns with Learning Agenda question 2a: Evaluation of Transition Assistance Program and VBA's efforts to understand the military-to-civilian transition and the impact to Service members and recently transitioned Veterans: To what extent is VA's Transition Assistance Program (TAP) supporting the transition needs of newly separated Veterans?

Strategy 2.2.6 promotes the building of high-performing partnerships to enhance Veteran job readiness and placement. VA provides skills assessments, resume writing assistance, job training, employment accommodations and supports entrepreneurship and Veteran-owned businesses. VA understands industry trends and shares information to prepare Veterans for emerging job and business opportunities. VBA's Learning Agenda could drive research discoveries to understand how multiple moves and continuous change during the military-to-civilian transition impact a Veteran's or Service member's ability to obtain or maintain employment and how transition might influence their health and well-being.

STRATEGY AND CAPACITY ASSESSMENT ALIGNMENT

Three strategies in Objective 2.2 align specifically to VA evaluation activities or studies described in Addendum D of Appendix E (Capacity Assessment):

Strategy 2.2.3: (Telehealth/Connected Care):

- Spanish Online & Telephone Intervention for Caregivers of Veterans with Stroke.
- Effect of Medication Management at Home Via Pharmacy Home Televisits.

Strategy 2.2.4: (Aging, Frail and End of Life Veterans of All Ages):

- Outpatient Palliative Care and Prescribing Safety and Quality at End-of-Life.
- Preventing Loss of Independence through Exercise in Community Living Centers (PLIE-CLC).
- Effect of Patient Priorities Care Implementation in Older Veterans with Multiple Chronic Conditions.

Strategy 2.2.5: (Families and Caregivers):

- Home Excellence Research and Outcomes Center to Advance, Redefine and Evaluate Non-Institutional Caregiving (HERO CARE).

2.2 /Co-Leads	2.2 Performance Milestones
• VBA, OPO • NCA, OFO • Office of the VA Secretary (OSVA)	Desired outcomes for Veterans. • Improve quality of life for Veterans based on the five domains of Social Determinants of Health: - Economic stability and consistent income. - Access and quality of education and schools. - Access to quality, comprehensive health care. - Safety and health of neighborhood and environment. - Social and community support and interactions. Improve Veteran well-being. • Honor, respect and care for Veterans and their families at the final phase of their life journey: - Provide reasonable access to VA national or grant-funded state, territorial or Tribal cemeteries. - Maintain high standards of appearance and perpetual care for those interred and future generations of visitors.

STRATEGIES

Strategy 2.2.1: (VA Advocates for Veterans) *VA collaborates across the ecosystem of partners and fiercely advocates for all Veterans to improve their outcomes, equity and quality of life.*

VA Principles
- ✓ Advocacy
- ✓ Timely Access

VA serves as the Nation's premier advocate for Veterans, their families, caregivers, survivors and Service members and ensures the best possible care and services are delivered either from VA or the community. To accomplish this, VA builds partnerships to leverage shared resources and deliver quality benefits, whole health care and accessible services the way Veterans want to receive them to improve experiences, well-being and outcomes.

Figure 5. The Secretary of VA advocates for Veterans, their families, caregivers, survivors and Service members.

VHA is committed to pursuing public-private partnerships (P3s) and exploring new and innovative ways to support the mission. To meet large scale and complex challenges requiring cross-sector solutions and collaboration, VHA's National Center for Healthcare Advancement and Partnerships engages P3s that leverage the full range of our Nation's talent, ingenuity and commitment to action to not only further VA's mission and principles but also build capacity and create platforms for sharing resources to better serve Veterans, their families, caregivers, survivors, Service members and other beneficiaries. Enhancing community partnerships is an important part of providing excellent customer service, restoring public trust and delivering personalized, proactive, patient-driven health care.[59]

Strategy 2.2.2: (Whole Health) *VA empowers employees to deliver high-quality whole health care that equips Veterans and supports their health and well-being by addressing what matters to them most.*

VA Principles

- ✓ Veteran Outcomes
- ✓ Timely Access
- ✓ Veteran Experience

VHA's Office of Community Care will complement Whole Health and provide Veterans with access to care from community providers through the Community Care Network (CCN). The CCN is a high-performing network of community providers that serves as a seamless extension of VA's own network of facilities. The CCN provides an important supplement to VHA's care delivery system and a unified experience for Veterans.

This supplemental form of access is integrated within VHA's internal medical services and acts as the central integrator to coordinate care and enhance access to comprehensive health care that improves quality of life for Veterans. Once enrolled in VA health care, VA connects Veterans and Service members to Patient

[59] (Department of Veterans Affairs 2021). The National Center for Healthcare Advancement and Partnerships Serves Veterans Through Partnership.

Aligned Care Teams (PACT) to ensure patient-driven, proactive, personalized, team-based care focused on wellness and disease prevention that improves satisfaction and health care outcomes for Veterans and Service members.

Strategy 2.2.3: (Telehealth/Connected Care) *Transformative virtual health technologies and programs deliver secure, convenient, trusted, anytime and anywhere access to care for Veterans enhancing the accessibility, capacity, quality and experience of VA health care for Veterans, their families, caregivers and survivors.*

Stakeholder Consultations

Capacity Assessment

VA empowers Veterans to take control of their own health journey, providing digital tools to support self-management and connecting Veterans and their caregivers to VHA clinical staff using virtual care technologies. VA's virtual health technologies create a digital "front door" at http://www.VA.gov that offers a single, equitable entry point and integrated experience to welcome Veterans and support them as they manage their VA benefits, their health and health care.

VA Principles

- ✓ Veteran Outcomes
- ✓ Veteran Experience
- ✓ Timely Access

VA promotes ongoing digital modernization and provision of a harmonized on-line experience for Veterans. This experience allows Veterans to easily interact with VA and choose their preferred communication channels to connect with VA staff members and health care professionals to ask questions, receive care, schedule and manage appointments, update health records, monitor medications, refill prescriptions and more. VA will ensure telehealth and connected care technologies are developed and implemented with cybersecurity and privacy requirements prioritized to reduce risks to Veterans taking advantage of these expanded options to care.

Connected care through telehealth increasingly allows VA to deliver care for Veterans in a more integrated manner, to include supporting Veterans in their homes and local communities. It also removes geographic barriers to health care access and expands VA's clinical capacity across the health care delivery network (e.g., tele-critical care, tele-stroke clinical resource hubs, expert consultation centers,[60] store and forward telehealth

[60] https://fas.org/sgp/crs/misc/R45834.pdf.

programs and clinical contact centers). Connected care enhances VA's ability to deliver consistent and comprehensive services to Veterans regardless of their location.

For example, connected care securely delivers services and self-management tools directly to a Veteran's home, using VA-issued or Veteran-owned devices, to enhance the accessibility of care. These services can be augmented by remote physical examination tools (e.g., digital stethoscope) and touchless sensing technologies that capture biometric data (e.g., heart rate, respiratory rate) to provide a more comprehensive remote assessment and better understand patient status between encounters with the healthcare team. Connected care and modern scheduling workflows allow Veterans to invite family members, caregivers or other members of their support system to attend both telehealth and in-person appointments to enhance outcomes and satisfaction for Veterans and those who care for them and improve the experience for Veterans and VA staff.[61,62]

VA has long been considered a national leader in telehealth and expanding our telehealth capabilities is an essential part of our ongoing strategy to increase Veteran access to care.

~VA Secretary Denis McDonough[63]

Learning Agenda

Access to Care: VHA Question 1: What are the ways VA can ensure Veterans have access to timely care in their preferred setting?

- VA implemented the "Anywhere to Anywhere" initiative to increase the use connected care. VA will study and implement various forms of connected care to reach underserved Veterans and optimize VA's ability to deliver trusted care, anytime and anywhere. VA will increase investments in connected care infrastructure and continue efforts to expand the general knowledge base about connected care, the VHA supply of health care, Veteran needs and preferences for health care and the best approaches to address them all.

[61] (Department of Veterans Affairs n.d.). VA Connected Care: Expanding Veteran Access to Care Through Virtual Technologies.
[62] (Department of Veterans Affairs n.d.). How Telehealth Works.
[63] (House Committee on Veterans Affairs 2021). Restoring Faith by Building Trust: VA's First 100 Days.

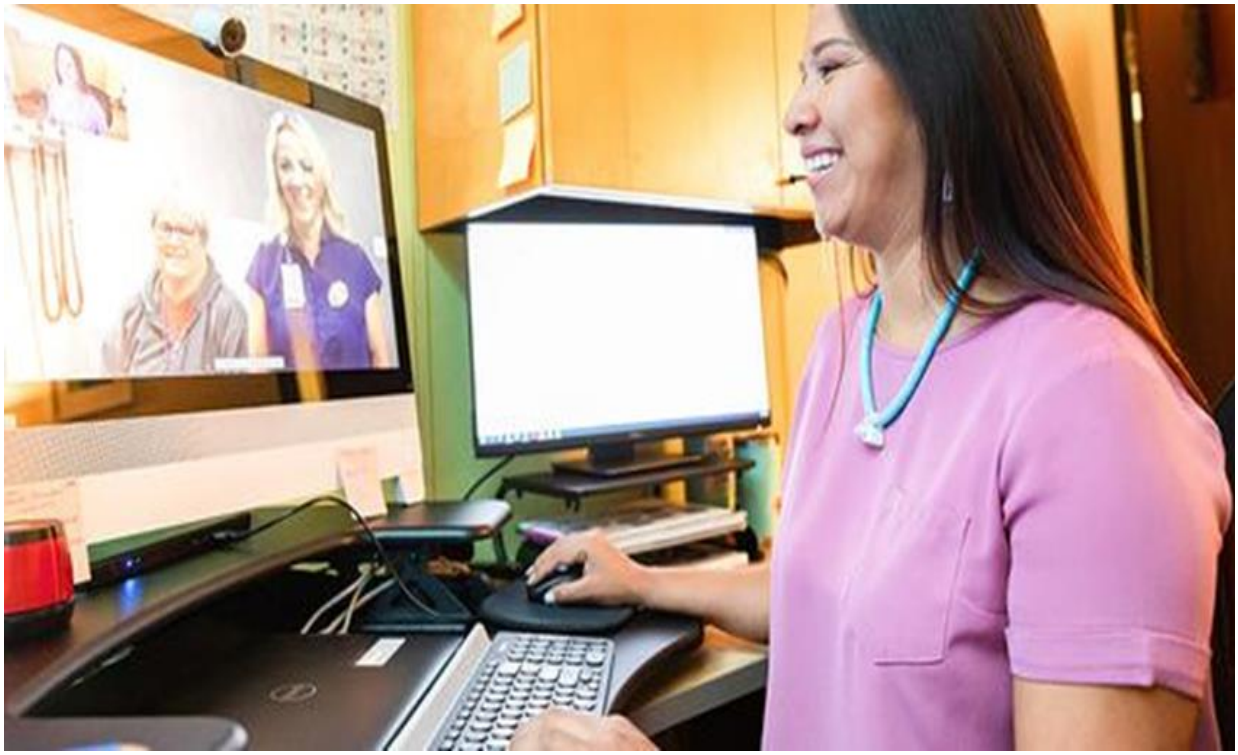


Figure 6. Native American, rural Veterans connect with a nurse.

Strategy 2.2.4: (Aging, Frail and End of Life Veterans of All Ages) *VA and ecosystem partners deliver long-term support services to help Veterans thrive.*

Stakeholder Consultations

Capacity Assessment

VA delivers Long-Term Services and Supports (LTSS), which include home care related services and nursing home care, to eligible aging, frail and end of life Veterans of all ages. These Veterans represent all genders, ethnicities, rurality, at-risk, underserved, marginalized and special emphasis populations, homeless and Veterans with various medical conditions. VA's Aging in Place initiative increases access and availability to Home and Community Based Services (HCBS) to allow Veterans to live either at home or in the least restrictive environment possible. VA also provides high-quality nursing home care for those Veterans who require it.

VA Principles

- ✓ Customize Care
- ✓ Caregivers
- ✓ Timely Access

The VHA Office of Geriatrics & Extended Care (GEC) will implement six main strategies to prepare for projected trends and an increasing number of Veterans in need: (1) Expand Home and Community-Based Services (HCBS) for improving Aging in Place, (2) Modernize Systems for Health Aging, (3) Modernize and Improve Facility-Based Care, (4) Improve Access with Technology, (5) Increase Geriatric Expertise and (6) Develop Data Definition and Processes. These six strategies address the recommendations and challenges of the aging population and health care identified during internal and external

evaluations conducted by the Institute of Medicine, the U.S. Government Accountability Office (GAO) and the National Academy of Medicine.[64]

VA will strengthen Veteran Community Partnerships (VCP), a national initiative to ensure all Veterans and their caregivers have access to the widest range of choices and services. VCP is a joint project of VHA's GEC, the VHA National Center for Healthcare Advancement and Partnerships, Rural Health, Mental Health, Care Management and Social Work, Center for Development and Civic Engagement and Caregiver Support. VCPs are coalitions of Veterans and their caregivers, VA facilities, community health providers, private sector organizations and government agencies working together to foster, seamless access to and transitions among the full continuum of care and support services in VA and the community.[65]

VA and the community of partners support Veterans with complex long-term care needs and their caregivers. Supportive services include transportation or ride share, meals-on-wheels, home based primary care, daily telephone or in-person wellness checks, respite, adult day health care and skilled nursing services from a Community Living Center (CLC), State Veteran Home or community nursing home.

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[64] (Institute of Medicine 2008). Retooling for an Aging America: Building the Health Care Workforce. The National Academies Press. https://doi.org/10.17226/12089; (U.S. Government Accountability Office February 2020). VA Health Care: Veteran's Use of Long-Term Care is Increasing and VA Faces Challenges in Meeting the Demand; GAO-20-284. https://www.gao.gov/assets/gao-20-284.pdf; (Fulmer 2021). Terry et al. "Actualizing Better Health Care for Older Adults: Commentary describes six vital directions to improve the care and quality of life for all older Americans." Health Affairs.

[65] (Department of Veterans Affairs 2021). Veteran Community Partnerships.

Figure 7. 2019 Veterans Day ceremony at the World War II Memorial in Washington, D.C.

Strategy 2.2.5: (Families and Caregivers) *VA delivers quality services and promotes the health and well-being of Veterans' eligible family members, survivors, caregivers and Service members.*

Capacity Assessment

Research indicates that there are 5.5 million military caregivers in the United States and of that, 1.1 million provide care for Veterans and Service members. VA provides education, resources, supportive services, programs and service excellence to caregivers who improve the lives of our Nation's Veterans. VA will partner with DoD, the Veteran caregiver community and other organizations with interests in research on caregivers or caregiving to understand challenges and develop practical solutions that improve the financial security, experience, outcomes and quality of life for Veterans, Service members and their caregivers.

VA Principles

- ✓ Families/Caregivers
- ✓ Access to Resources

Veterans deserve access to educational opportunities, training and jobs worthy of their skills and service so that they can strengthen our communities and country with their leadership.

~VA Secretary Denis McDonough.[66]

Strategy 2.2.6: (Job Readiness and Placement) *VA builds high-performing, integrated partnerships with Federal, state, territorial, local, Tribal and community agencies and organizations to enhance Veteran job-readiness, placement and Veteran entrepreneurship.*

VA Principles

- ✓ Training, Education, Jobs
- ✓ Access to Resources

OTED will proactively foster inter- and intra-agency cooperation with USDA, DoD, DOL and other Federal organizations, State agencies and non-governmental organizations to help transitioning Service members, Veterans and eligible beneficiaries find job skills training, educational opportunities and suitable employment to preempt or mitigate potential socio-economic risks. The Personalized Career Planning and Guidance (PCPG) program provides tailored education and career services, including resume writing, interview skills and referrals to VA and community resources unique to the participant's career and education goals. Beneficiaries can expect a detailed skills assessment identifying areas of career and/or educational development. Each transitioning Service member will receive a detailed action plan to achieve their personal goals.[67]

The Education Service (EDU) delivers GI Bill benefits to improve the civilian workforce's skillsets by expanding opportunities for Service members, Veterans and eligible family members to pursue their academic goals. This effort enhances the Nation's economic strength with innovative programs like the Edith Nourse Rogers STEM Scholarship and the Veteran Employment Through Technical Education Courses (VET TEC) pilot program that support employment in high demand fields, enriching lives by giving beneficiaries the tools they need to further their education and lead fulfilling careers. Additionally, in 2021, VA successfully launched the Veteran Rapid Retraining Assistance Program (VRRAP) established by the American Rescue

[66] (McDonough, Denis 2021). Remarks by Secretary Denis R. McDonough.
[67] (Department of Veterans Affairs 2021). Veterans to Benefit from Personalized Career Planning and Guidance.

Plan Act (P.L. 117-2).[68] VRRAP offers education and training for high-demand jobs to Veterans who are unemployed because of the COVID-19 pandemic. VRAP covers education and training programs approved under the GI Bill and Veteran Employment Through Technology Education Courses (VET TEC) that lead to high-demand jobs. These include associate degrees, non-college degrees, and certificate programs.[69]

Through the VR&E Service, participants also receive job training, employment accommodations, resume development and job seeking skills coaching from VA counselors via tele-counseling as well as VetSuccess on Campus (VSOC) sites across the country. VSOC Counselors provide PCPG for Service members, Veterans and eligible dependents to help them pursue their education and employment goals.

VHA's Compensated Work Therapy (CWT) program provides evidence-based and evidence-informed vocational rehabilitation services to help Veterans prepare, obtain and maintain suitable employment. CWT develops partnerships with business, industry and government agencies to refer Veteran candidates for employment and provides labor and employment support to Veterans and employers.[70]

The Office of Small and Disadvantaged Business Utilization (OSDBU) supports entrepreneurship and the use of Service-Disabled Veteran-Owned Small Businesses (SDVOSB) and Veteran-Owned Small Businesses (VOSB) in the VA procurement process as a prime or subcontractor. As the VA liaison to the Small Business Administration, OSDBU is collaborating with SBA to implement recent legislation mandating the transfer of the SDVOSB and VOSB verification function, sharing information on the process and providing technical assistance. (All of OSDBU's other functions, including those mandated by the Small Business Act are to remain within VA.) Finally, OSDBU also provides training on becoming procurement ready and hosts multiple events throughout the year that enables SDVOSBs and VOSBs to gain access to VA and private sector procurement decision makers.

VA shares its understanding of industry trends with Veterans, so they are prepared for potential employment options and business opportunities. VA's expanded referral network improves opportunities for employment, education, entrepreneurship, internships and training for new and growing occupational fields. These opportunities will improve economic security and financial well-being of Veterans and their families.

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[68] American Rescue Plan Act of 2021. Public Law 117–2; March 11, 2021. https://www.congress.gov/117/plaws/publ2/PLAW-117publ2.pdf.
[69] Veteran Rapid Retraining Assistance Program (VRRAP) (February 14, 2022). https://www.va.gov/education/other-va-education-benefits/veteran-rapid-retraining-assistance/.
[70] (Department of Veterans Affairs 2020). Compensated Work Therapy.

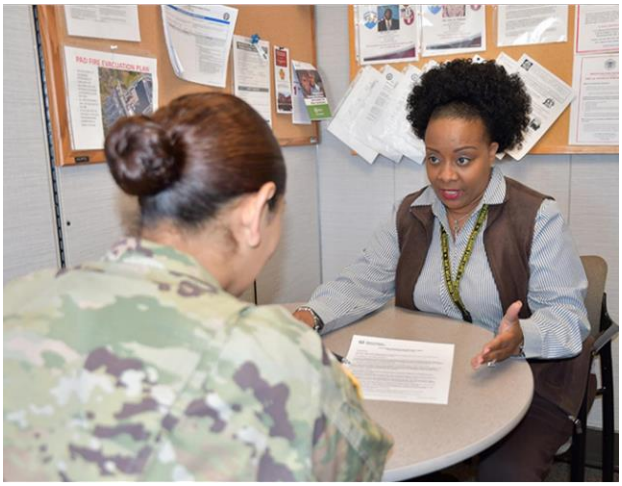
Learning Agenda
Evaluation of the Transition Assistance Program: 2a: To what extent is VA's Transition Assistance Program (TAP) effectively supporting the transition needs of newly separated Veterans? • OTED is responsible for the VA/DOD Military to Civilian Framework (M2C Ready) post-separation goals which is to connect newly separated Service members to eligible benefits, services and resources they earned.

Strategy 2.2.7: (VA and DoD Collaboration) *VA and DoD strengthen their partnership and provide a single system experience of lifetime services that delivers customer satisfaction, quality outcomes and value to Veterans, Service members, their families, caregivers and survivors while improving efficiencies.*

VA Principle

- ✓ Access to Resources
- ✓ Data and Evidence
- ✓ Veteran Outcomes

VA and DoD's integrated, Service member/Veteran centric approach anticipates needs and provides consistent access to quality care, services and comprehensive benefits across both departments. VA and DoD share data and knowledge to continuously improve the effectiveness of health promotion strategies, build and automate tools and processes to improve efficiency, accuracy and operations and transfer the burden of benefits administration from Service members and Veterans to VA and DoD. Improving claims processes ensures a seamless experience for Service members seeking VA disability benefits prior to discharge Expanding interagency partnerships with DoD, other Federal and State government agencies and private organizations provides access to transition assistance services and programs at multiple stages throughout the Service member/Veteran journey ensuring an easy and personalized transition from military-to-civilian life and improved outcomes for Veterans.



VA and DoD's joint, evidence-based approach to integrated operations and resource sharing eliminates duplication to gain efficiencies, realizes cost savings and ensures accessibility to manage the financial and medical care workload and achieve better outcomes for Service members and Veterans. This approach includes VA's enterprise adoption of the same logistics system used by DoD to provide a single, integrated, end-to-end health care logistics

information system to improve patient safety, access and the quality of care provided.[71]

Strategy 2.2.8: (Decision Reviews and Appeals) *VA decision reviews and appeals decisions for Veteran benefits, care and services are fair, consistent and timely.*

VA Principles
- ✓ Access to Resources
- ✓ Excellence

VA prioritizes the resolution of legacy appeals while conducting Appeals Modernization Act (AMA) decision reviews and appeals to ensure Veterans and their families receive decisions in a timely manner. Under AMA, Veterans may choose from one of three lanes to have their review and decision on appeals arising out of VHA, VBA, NCA or OGC: (1) supplemental claim, (2) higher-level review or (3) appeal to the Board. If a Veteran chooses to appeal to the Board, he or she can choose from one of three dockets: (1) direct review, (2) evidence submission or (3) hearing requests.

VA is modernizing the decision review and appeals process through enhancements in virtual tele-hearing technology, process improvements and stakeholder collaboration/partnerships. To help Veterans and their families choose the review or appeal option that best suits their needs, VA will provide clear and concise information regarding for stakeholder options.

Strategy 2.2.9: (Veteran Disability) *VA modernizes the VA Schedule for Rating Disabilities (VASRD) to incorporate medical and scientific advancements and objective criteria for a more accurate basis of evaluations for disability compensation.*

VA Principles
- ✓ Veteran Outcomes
- ✓ Access to Resources

VASRD governs evaluations assigned for service-connected disabilities and updated criteria allows for disability ratings based on the current level of disability through the different severity levels or stages of the disability in a Veteran's lifetime. Modernizing the VASRD will result in evaluations for service-connected disabilities that reflect modern medicine, benefits that adequately compensate for loss in earning capacity based on a more contemporary assessment of disability and employment, the addition of necessary conditions and the removal of obsolete conditions.

[71] (Department of Veterans Affairs and Department of Defense Joint Executive Committee n.d.). Department of Veterans Affairs and Department of Defense Joint Strategic Plan Fiscal Years 2019-2021.

VA is piloting a comprehensive military exposure model to consider possible relationships of in-service environmental hazards to medical conditions to lower the burden of proof for Veterans impacted by exposures and accelerate the delivery of health care and benefits they need. The new model will continue to leverage scientific findings from the National Academies of Science, Engineering and Medicine available and relevant scientific research data, surveillance of Veterans' health outcomes, and adding the review of VA claims data and military environmental research for trends and identify new concerns.[72]

Figure 8. Camp Butler National Cemetery, Springfield, Illinois. https://www.cem.va.gov/cems/nchp/campbutler.asp.

Strategy 2.2.10: (Memorial Services) *VA honors and memorializes Veterans in a dignified and respectful manner.*

NCA provides Veterans and eligible family members with final resting places in national shrines and with lasting tributes that commemorate their service and sacrifice to our Nation. VA's Veterans Cemetery Grants Program enables VA to assist States, U.S. territories and federally recognized Tribal governments establish new Veteran's cemeteries and expand or improve existing Veterans'

VA Principles

- ✓ Dignified Resting Place/Lasting Tribute
- ✓ Access to Resources

[72] (Department of Veterans Affairs 2021). VA pilots evaluation model to determine potential exposure to environmental hazards while serving. November 11, 2021. https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5739.

cemeteries to complement VA's 155 national cemeteries and provide gravesites for Veterans in areas where VA's national cemeteries cannot fully satisfy their burial needs.[73]

NCA also conducts outreach efforts to increase awareness among Service members, Veterans, family members and caregivers of VA interment and memorial benefits and the Veterans Legacy Memorial (VLM) application. VLM supports and promotes the Veterans Legacy Program to provide historical information about Veterans interred or inurned in VA's National Cemeteries. NCA's Legacy webpage (VLM) is a public facing website that commemorates our Nation's Veterans through the discovery and sharing of their stories.[74]

STRATEGIC OBJECTIVE 2.3: (Inclusion, Diversity, Equity, Accessibility (I-DEA)) *VA will enhance understanding of Veteran needs and eliminate disparities and barriers to health, improve service delivery and opportunities to enhance Veterans' outcomes, experiences and quality of life.*

STRATEGIC OBJECTIVE DESCRIPTION

Objective 2.3 expands VA's understanding of Veterans to customize care and meet the specific needs of individual Veterans and underserved communities. This expanded understanding will enable VA to address inequity, health disparities and barriers to access and opportunities. VA will weave the principles of Inclusion, Diversity, Equity and Accessibility (I-DEA) into the fabric of our mission and create an organization where all employees support the cultural transformation to a VA that is more inclusive, diverse, equitable and accessible to all, especially those from underserved communities.

- ***I****nclusion* means that every individual who enters a VA facility feels safe, included and valued. VA will treat all Veterans, employees, families, caregivers, survivors and Service members with dignity, integrity and respect.
- ***D****iversity* means that VA strives to leverage the strength and uniqueness that defines our Veteran and other beneficiary populations, our VA workforce and our country. VA welcomes all Veterans and other beneficiaries and appreciates the differences, qualities and attributes that make everyone unique.
- ***E****quity* means VA intentionally commits to consistent and systematic fair, just and impartial treatment of all individuals and a just distribution of tools and resources to give everyone, including those who belong to marginalized and underserved communities, what is required to enjoy a full, healthy life.
- ***A****ccessibility* means eliminating and reducing barriers in a physical or electronic space and actively opening opportunities and points of service to all, regardless of their geographic location to safeguard VA's most vulnerable Veterans' and ensure access to care and services.

[73] (Department of Veterans Affairs n.d.). Veterans Cemetery Grants Program.
[74] (Department of Veterans Affairs 2019). Veterans Legacy Program.

STRATEGY AND LEARNING AGENDA ALIGNMENT

Strategy 2.3.1: (Equity to Marginalized and Underserved Communities) aligns to one VHA and one VBA Learning Agenda priority question. VHA question for Access to Care: 1: What are the ways VA can ensure Veterans have access to timely care in their preferred setting?

VBA LA question for Equity Assessment–Advancing Equity to Underserved Populations: 1a: Are there observed differences in the access to and administration of Pension benefits for underserved communities?

Strategy 2.3.1 ensures VA knows all Veterans (LGBTQ+, women, minorities, rural, those with physical and/or intellectual disabilities and other underserved, marginalized and vulnerable Veterans) and expands medical capacity, capability and graduate education to address Veterans' health equity and barriers to care. VA will expand partnerships and leverage innovation and emerging methodologies to understand needs and address changing demands. Every employee and partner will deliver care and services to meet the needs and preferences of Veterans, their families, caregivers, survivors and Service

members. Learning Agenda research aims to help VA learn more about VHA's supply of health care, Veterans' demand for health care and the best approaches to address both.

STRATEGY AND CAPACITY ASSESSMENT ALIGNMENT

One strategy in Objective 2.3 aligns to VA evaluation activities/studies described in Addendum D of the Capacity Assessment: ***Strategy 2.3.2: (Health Equity and Disparities):*** Racial Bias in a VA Algorithm for High-Risk Veterans.

2.3 Co-Leads	2.3 Performance Milestones
• Office of the VA Secretary (OSVA) • VHA, Office of Health Equity (OHE)	Desired outcomes for I-DEA. • Identify disparities and barriers to opportunities and care (establish baseline) with equity assessments. • Remove barriers to opportunity. • Eliminate health disparities and barriers to care.

STRATEGIES

Strategy 2.3.1: (Equity to Marginalized and Underserved Communities)
Policies and programs address persistent, systemic inequity and barriers to benefits, care, memorialization and services for marginalized and underserved communities to strengthen the experience and improve outcomes for all Veterans.

VA Principles
- ✓ Equity/Inclusiveness
- ✓ Access to Resources
- ✓ Veteran Outcomes

VA and the ecosystem of partners deliberately and consciously change the way benefits, care, memorialization and services are delivered to marginalized and underserved communities. Every employee and partner will share the responsibility to improve the way we interact with teammates, Veterans, their families, caregivers, survivors and Service members and deliver care and services to meet their needs and preferences. VA identifies data and defines measures to recognize barriers to health outcomes, gaps in benefits, care, memorialization and services and risks to underserved and marginalized Veterans. VA also will examine existing policies, organizational culture, employee training and strategic communications to ensure a safe and harassment free environment and foster a sense of belonging among all Veterans. VA conducts equity assessments to identify and understand gaps in services and develop tools and institutional access points for organizations representing marginalized and underserved communities to ensure all Veterans have easy and consistent access to VA's capacity and resources and the highest quality of service.[75]

[75] (Executive Order 13985 Advancing Racial Equity and Support for Underserved Communities Through the Federal Government 2021).

Learning Agenda

Access to Care: VHA question 1: What are the ways VA can ensure Veterans have access to timely care in their preferred setting?

VA will focus mitigation strategies in three areas to deliver care and services to underserved communities: personnel-focused (recruit and retain high-need providers), telehealth-focused (increase telehealth capacity) and infrastructure-focused (increase physical space, as needed). VA will leverage these studies to address equity and access to care for underserved and marginalized communities.

Equity Assessment and Advancing Equity to Underserved Populations: VBA question 1a: Are there observed differences in the access to and administration of Pension benefits for underserved communities?

- The VA Pension program provides monthly payments to wartime Veterans who meet certain age or disability requirements and who have income and net worth within certain limits. This priority question will improve VA's understanding of access to and the administration of Pension benefits for underserved communities to alter policies and procedures and improve equity.

Strategy 2.3.2: (Health Equity and Disparities) *VA is improving health equity and reducing disparities to care to ensure access to high-quality care for all Veterans.*

Capacity Assessment

VA's Office of Health Equity (OHE) is addressing the social and economic determinants of equity which impact access and quality care, including income, education, life experience, social context, perceived discrimination and even methods of care delivery. OHE continues to implement targeted initiatives designed to accelerate the analysis and improvement of health equity outcomes among Veterans, particularly in response to disparities identified during the COVID-19 pandemic.

VA Principles

- ✓ Equity
- ✓ Timely Access
- ✓ Veteran Outcomes

Strategy 2.3.3: (VA Knows All Veterans) *VA endeavors to understand all Veteran demographic groups to ensure diversity, inclusion and equity and tailor delivery of benefits, care and services to improve their health outcomes.*

VA Principles

- ✓ Equity/Inclusiveness
- ✓ LGBTQ+
- ✓ Timely Access

VA partners with academic affiliates, research affiliated government and nonprofit organizations to increase participation in research studies and access to clinical trials for at-risk, marginalized and underserved Veterans to ensure equity and improve their clinical outcomes. VA also effectively engages all Veterans, such as those in rural areas, minorities, women, LBGTQ+, those with intellectual and/or physical disabilities and other underserved Veteran populations to address health disparities and barriers to care.

The transformation of VA health care to achieve a safer, sustainable, greener, person-centered national health care model requires that VA leverage innovations in medical technology and clinical procedures.

~VA Secretary Denis McDonough[76]

STRATEGIC OBJECTIVE 2.4: (Innovative Care) *VA will improve understanding of Veteran specific illnesses and injuries to develop and adopt innovative new treatments that prevent future illness and enhance Veteran outcomes.*

STRATEGIC OBJECTIVE DESCRIPTION

Objective 2.4 and the strategies associated with it ensure VA will leverage innovation and research findings to improve operations, experiences, satisfaction and outcomes for customers. This objective reflects top cross-cutting research priorities that informed Learning Agenda questions based on VHA research (suicide prevention and opioid pain treatment) funded through the VHA Office of Research and Development (ORD) including

[76] (House Committee on Veterans Affairs 2021). Restoring Faith by Building Trust: VA's First 100 Days.

the more rapid translation of effective programs based on research findings into routine care settings. VA will develop and implement innovative treatment modalities and pilot community-based interventions to end Veteran suicide and leverage innovative technologies to expand access to virtual and in-home care. In addition, VA aspires to leverage innovation and knowledge translation to improve the quality of care and services delivered to Veterans and develop pain management treatments that prevent and alleviate Opioid Use Disorder (OUD).

STRATEGY AND LEARNING AGENDA ALIGNMENT

Strategy 2.4.1: (Innovative Community-Based Interventions) and VHA Learning Agenda Question 3 Suicide Prevention: What strategies work best to prevent suicide among Veterans?

Strategy 2.4.1 ensures VA improves collaboration and partnerships to identify innovative new treatments that prevent suicide among Veterans and Service members. Key VHA Learning Agenda strategies are based on the ORD research roadmap for suicide prevention, which includes the study of strategies to determine the most effective interventions and the translation strategies to implement and sustain them. Notably, Strategy 2.4.1 includes Caring Contacts/Caring Letters, which provides communication strategies that leverage medical record data to connect with Veterans and assess outcomes including all-cause mortality, inpatient psychiatric admissions, outpatient mental health visit days, emergency department visits, missed appointments and suicide attempts.

Strategy 2.4.3 (Opioid Use Disorder) and VHA Learning Agenda Question 2: Pain Management and Opioids: What are the ways VHA can provide clinically appropriate pain management to Veterans while simultaneously decreasing dependence on opioids?

Strategy 2.4.3 drives improved collaboration across the ecosystem of partners to leverage shared data, randomized clinical trials and other research findings derived from ORD-supported studies to enhance our understanding of existing and potential treatments for chronic pain and OUD. VHA's Learning Agenda will implement the Stratification Tool for Opioid Risk Mitigation (STORM) to inform VHA's best practice guidelines on pain management. Research discoveries may lead to alternative treatments that alleviate chronic pain and reduce the risk of OUD.

Strategy 2.4.4: (Military Environmental Exposure) aligns to two VHA Learning Agenda questions for Military Environmental Exposure*:*

4. To what extent have toxic military exposures harmed Veterans during their period of service harmed Veterans, especially with regard to latent or chronic adverse health effects?

5. What are the best strategies to implement state of the art evaluation and care models to provide effective care for Veterans exposed to burn pit smoke and other military-related airborne hazards?

Strategy 2.4.4 and Learning Agenda questions 4 and 5 expand research and drive improved collaboration among VA research partners to identify the necessary information to associate Veterans' illnesses to exposure to environmental hazards during military service. This collaboration will improve VA's understanding of military-related exposures and the impact to Veterans' health to ensure VA delivers the benefits, care and services Veterans earned that improves their quality of life, health and well-being.

STRATEGY AND CAPACITY ASSESSMENT ALIGNMENT

Evidence and evaluation efforts across VHA are widespread with no single organization directing or coordinating activities. VA's Capacity Assessment describes basic science, clinical, rehabilitation and health services research evaluations to inform policies and programs, advance knowledge and generate evidence to improve Veterans' health and well-being. Clinical and/or research-focused evaluation generates evidence and operations-focused quality improvement evaluation assesses the effectiveness and sustainment of new programs or policies in real-world settings.

All four strategies in Objective 2.4 align to evaluation activities or studies in Addendum D of VA's Capacity Assessment:

Strategy 2.4.1: (Innovative Community-Based Interventions) to develop innovative treatment modalities, pilot community-based interventions and to spread strong practices across the enterprise:

- The research study identified in the Capacity Assessment (Addendum D) also will drive achievement of strategy 2.4.1: Evaluating the Use of Peer Specialists to Deliver Cognitive Behavioral Social Skills Training.

2.4.2: Strategy 2.4.2: (Innovation, Emerging Methods) to implement innovative research in the discovery and clinical effectiveness of novel treatments and their implementation and impact on Veteran health.

Strategy 2.4.3: (Opioid Use Disorder) to implement randomized clinical trials and other studies, share data and use research findings and evidence to inform pain management guidelines for VA, DoD and community practitioners. Four evaluation studies include:

- Long-Term Opioid Therapy: Screen to Evaluate and Treat (Opioid-SET).
- Complementary and Integrative Health for Pain in the VA: A National Demonstration Project (NIH-VA-DOD Joint Initiative).
- Targeting Barriers to Pain Self-Management in Women Veterans: Refinement and Feasibility of a Novel Peer Support Intervention (Project CONNECT).
- Risks of Cannabis Use Among Veterans on Long-term Opioid Therapy.

Strategy 2.4.4: (Military Environmental Exposure): Collaborative Specialty Care for Gulf War Illness.

2.4 Lead	2.4 Performance Milestones
• VHA, Office of Research and Development (ORD) • VHA, Innovation Ecosystem • VHA, Office of Mental Health & Suicide Prevention	Desired outcomes for innovation. • Develop and disseminate innovative new and/or potential treatments for Opioid and Substance Use Disorder. • Integrate innovative technologies to expand care modalities and improve care delivery outcomes. • Develop and implement a system to specifically address the health concerns of Veterans who experienced military environmental exposures.

STRATEGIES

Strategy 2.4.1: (Innovative Community-Based Interventions) *VA and partners provide innovative and state-of-the-art mental health care to prevent suicide and promote Veterans' and Service members' health outcomes and quality of life.*

Capacity Assessment

VA's Office of Mental Health & Suicide Prevention (OMHSP) provides technical assistance and engages VA's Centers of Excellence, including the National Center for Post-Traumatic Stress Disorder,[77] VA

VA Principles
- ✓ Suicide Prevention
- ✓ Veteran Outcomes

[77] (Department of Veterans Affairs n.d.) National Center for Post Traumatic Stress Disorder (PTSD).

Center for Integrated Healthcare (CIH)[78] and the Mental Illness Research and Education and Clinical Center[79] to develop innovative treatment modalities, pilot community-based interventions and to spread strong practices across the enterprise. Using both formal and informal community partnerships, OMHSP will implement evidence-based clinical strategies for interventions that connect and engage Veterans through multiple touch points. This model strengthens VA's focus on high-risk individuals in health care settings to meet Veterans where they live, work and thrive. VA provides a continuum of forward-looking outpatient, residential and inpatient mental health services across the country to ease Service members' transition back into civilian life and provide continued support over their lifetime.

Learning Agenda

Suicide Prevention: VHA question 3. What strategies work best to prevent suicide among Veterans?

VA's Learning Agenda prioritizes suicide reduction research and emphasizes the need for program evaluations to improve suicide prevention for Veterans. Research will help VA identify clinical interventions to reduce suicide risk and the best modalities to deliver VHA suicide prevention health care. Two studies align to this strategy to build evidence for the suicide prevention Learning Agenda question:

- The Randomized Evaluation of Caring Letters initiative will evaluate the effectiveness of Caring Letters among VCL callers, assessing the impact on clinical outcomes and VA utilization rates by comparing the contact group with rates from a comparable historical cohort of Veteran callers to the VCL, as well as sustainability of implementing and maintaining the VCL Caring Letters project.
- Through the Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) initiative, VHA will leverage predictive modeling and medical records data to identify Veterans who are at highest statistical risk for suicide in the next month. Coordinators and providers will work with the Veteran to determine if enhanced care would be effective.

"We will continue to invest and share resources with community organizations who are in the fight against Veteran suicide and in data-driven, evidence-based, results oriented initiatives known to help reduce suicide."

~VA Secretary Denis McDonough[80]

[78] (Department of Veterans Affairs n.d.) Center for Integrated Healthcare.
[79] (Department of Veterans Affairs n.d.). Mental Illness Research, Education and Clinical Center.
[80] (House Committee on Veterans Affairs 2021). Restoring Faith by Building Trust: VA's First 100 Days.

Strategy 2.4.2: (Innovation, Emerging Methods) *VA incorporates emerging and innovative methods and technologies to better understand needs and improve the delivery of benefits, care and services to Veterans, Service members, their families, caregivers and survivors.*

Capacity Assessment

VA Principles
- ✓ Excellence
- ✓ Veteran Outcomes

The VHA Innovation Ecosystem (VHA IE), ORD, the Office of Academic Affiliates (OAA) and ORD's Quality Enhancement Research Initiative (QUERI) enables the discovery, evaluation and dissemination of mission-driven health care innovation to advance care delivery and service. VHA's ORD funds innovative research in the discovery and clinical effectiveness of novel treatments and their implementation and impact on Veteran health. ORD QUERI drives the implementation of effective innovations into real-world practice including telemedicine outreach for PTSD, supportive housing and patient-aligned care teams for Veterans experiencing homelessness, home-based cardiac rehabilitation program, caregiver support programs, collaborative care for women Veterans and lung cancer screening.[81]

VHA drives the application of emerging technologies, such as 3D printing, genomics, robotics, Artificial Intelligence, personalized medicine, virtual reality and augmented reality to improve outcomes and expand access to virtual and in-home care (e.g., telemedicine or telehealth, laboratory services) and regularly reevaluates performance to understand the efficacy of these innovations. VA measures outcomes from implementation of innovations to better replicate strategies that promote the best care and improve health and well-being for more Veterans.

VA works with public health partners (Centers for Disease Control, (CDC)/HHS, state and local public health departments) to identify and respond to infectious diseases and non-communicable diseases of public health importance among Veterans. Partnerships to prevent such illnesses through ongoing surveillance, health promotion, moderation of social or environmental factors, emerging pathogen, disaster preparedness, vaccination and rapid diagnosis and treatment of such illnesses will improve public health and outcomes for Veterans.

[81] https://www.gao.gov/products/gao-20-211.

Strategy 2.4.3: (Opioid Use Disorder) *VA partners to identify Veterans and Service members vulnerable to opioid use disorder and develops personalized interventions to prevent or address adverse outcomes from opioid-related dependency and improve Veterans' health and quality of life.*

Stakeholder Consultations

Capacity Assessment

VA Principles

- ✓ Customize Care
- ✓ Veteran Outcomes

The physical and psychological stressors unique to military service and the transition from military to civilian life are associated with risk for Opioid Use Disorder (OUD) among Veterans and Service members. VA and the ecosystem of partners will collaborate to perform randomized clinical trials and other studies to develop and implement innovative pain management treatments and share data to understand the impact of existing and potential treatments (including medication-based ones) for chronic pain and OUD. Research findings and evidence will inform pain management guidelines for VA, DoD and community practitioners as well as optimizing implementation strategies to expand access to treatments that improve outcomes for Veterans and Service members.

Learning Agenda

Pain Management and Opioids: VHA question 2: "How can VHA provide clinically appropriate pain management to Veterans while simultaneously decreasing dependence on opioids?"

VHA's Learning Agenda implements three strategies derived from the ORD research roadmap on opioid/pain treatment to better understand pain management and opioid use and identify evidence and evidence gaps:

- STORM uses case reviews and a stepped-wedge cluster randomized design to help clinical providers identify Veterans vulnerable to negative opioid-related outcomes and provide personalized interventions. The STORM randomized program evaluation pulls demographic, diagnostic, pharmacy and health care utilization data to assesses Veteran mortality and opioid-related injuries, using case reviews and a stepped-wedge cluster randomized design.

Strategy 2.4.4: (Military Environmental Exposure) *VA and partners pursue research and implement studies to establish a holistic approach for military toxic exposure presumption and deliver benefits, care and services that improves quality of life for Veterans.*

Capacity Assessment

VA Principles

- ✓ Access to Resources
- ✓ Data and Evidence
- ✓ Veteran Outcomes

VA is fully committed to providing benefits, health care and services to Veterans exposed to environmental hazards during their service to the Nation. For medical conditions that develop after military service, particularly in areas of

environmental exposure, the information needed to connect these conditions to military service is often incomplete. We need additional research and discovery to address knowledge gaps and incomplete scientific and medical evidence to establish a comprehensive understanding of in-service exposures and determine whether they caused a particular condition or conditions. VA is committed to working with partners such as DOL, the National Cancer Institute, NIH and the National Academies of Sciences, Engineering and Medicine and others across the research spectrum to actively build relationships and investigate additional science for exposure issues. These issues loom large for all Veterans whose exposures to airborne and other environmental hazards may result in unknown long-term health impacts.[82]

Learning Agenda

Military Environmental Exposure: VHA question 4: To what extent have military environmental exposures harmed Veterans during their period of service harmed Veterans, especially with regard to latent or chronic adverse health effects?

Military Environmental Exposure: VHA question 5: What are the best strategies to implement state of the art evaluation and care models to provide effective care for Veterans exposed to burn pit smoke and other military-related airborne hazard?

VHA's Learning Agenda questions are derived from the ORD Military Exposure Research Program (MERP), which will focus on generating and translating evidence-based knowledge for Veterans with toxic exposure. The Learning Agenda questions will address:

- Toxic environmental exposure during military service to understand exposure-related concerns of deployed Veterans.
- Access to ongoing research and data investigating the associations between toxic exposures and the long-term health effects to evaluate best practices and inform an evidence-based approach for optimizing health.
- Identifying the representational cohort of Veterans exposed is essential to conducting successful program and policy evaluation.
- VA collaboration teams will document best practices, create dashboards for metrics and facilitate best practices implantation across identified medical centers.

[82] Statement of Denis McDonough Secretary of Veterans Affairs Department, Before the Senate Committee on Veterans' Affairs, U.S. Department of Veteran Affairs Budget Request for FY 2022 (June 16, 2021). https://www.veterans.senate.gov/download/061621-va-testimony-mcdonough.

Figure 9. The War Related Illness and Injury Study Center offers Veteran education classes via telehealth on chemical exposure subject. Find out more: https://www.warrelatedillness.va.gov/.../VEC_Flyer.pdf. Retrieved from https://www.facebook.com/VeteransHealth/photos/10158748518870774.

STRATEGIC OBJECTIVE 2.5: (Value and Sustainability) *VA, with community partners, will deliver integrated care and services, balancing resources to ensure sustainability while continuing to deliver value and improve health and well-being outcomes of Veterans.*

STRATEGIC OBJECTIVE DESCRIPTION

Objective 2.5 ensures the long-term sustainability of VA for future generations of Veterans. VA measures the quality of services provided based on outcomes to Veterans, Service members and their eligible beneficiaries and provides value to Veterans today and in the future. VA understands trends and projects needs to prepare for future demands and shifts resources to align investments with demographics and geographic locations. VA expands partnerships across government and private sector organizations to enhance our ability to deliver benefits, care, memorialization and services every day and in times of crisis.

STRATEGY AND CAPACITY ASSESSMENT ALIGNMENT

VA's Capacity Assessment describes ORD's efforts to accelerate adoption of evidence into practice, fund its clinicians or doctoral-level employees to conduct rigorous research across the translation spectrum, from basic biomedical research to rehabilitation, clinical and health services research. These efforts align to ***Strategy 2.5.3: (Enhanced Medical***

Capacity and Capability) to increase Veterans' access to high-quality clinical trials and advance research to improve quality of life and outcomes for Veterans.

2.5 Lead	2.5 Performance Milestones
• VHA, Center for Care and Payment Innovation	Desired outcomes for value and sustainability: • Improve health outcomes for Veterans and other beneficiaries. • Improve collaboration and coordination across the health care ecosystem. • Increase efficiencies and reduce health care costs.

With the Veteran at the center of their own care, VA will work to achieve the right balance between care provided in the community and care provided through VA to ensure Veterans have timely access to the highest quality health care services.

~VA Secretary Denis McDonough[83]

STRATEGIES

Strategy 2.5.1: (Direct/Community Care Access) *VA will carefully balance personalized care that meets the needs and preferences of Veterans and other beneficiaries with the capacity available through VA's direct care system, our Community Care Network and government, academic and other strategic partners.*

VA Principles

- ✓ Access to Resources
- ✓ Excellence
- ✓ Improve Management

VA serves as the coordinator of Veterans health care and collaborates with partners to ensure the timely access to quality preventive, acute and chronic care whether provided within or outside VA. Key components of access include the time it takes to receive care in the VA system and in the community and barriers and accelerators to receiving care, such as distance, the availability of technology and ensuring a culturally competent experience in the community.

VA understands each Veterans health care history and projects their needs to prepare for future demands for health care services and ensures convenient access, quality experiences and improved outcomes for Veterans. VA aligns points of care and services with projected needs across Veteran demographics and geography and considers risks to sustainability to deliver value to Veterans and ensure future generations of Veterans are also provided with a range of integrated health care options and the opportunity to choose the care they trust throughout their lifetime. The Care Coordination & Integrated Case

[83] (House Committee on Veterans Affairs 2021). Restoring Faith by Building Trust: VA's First 100 Days.

Management (CC&ICM) program will collaborate with Community Care Network to integrate Veteran care.

We need to tackle longstanding issues that are essential to the Department's ability to sustainably and effectively execute its mission.

~VA Secretary Denis McDonough[84]

Strategy 2.5.2: (Sustainability) *VA understands future trends to optimize the Veteran health care system and shares resources which include staffing, space, infrastructure and technology to provide quality and accessible health care that improves outcomes for Veterans and other beneficiaries while ensuring effective use of taxpayer funds and sustainability for future generations of Veterans.*

VA Principles

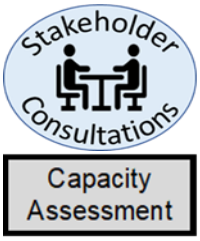
- ✓ Management
- ✓ Veteran Outcomes
- ✓ Access to Resources

VA understands the continuing evolution of Veteran health care and major trends and events in the national and global health ecosystem and aligns health care and service investments with projected Veteran care needs across demographics and geographic locations. As Veteran needs, preferences and populations shift over time, VA will identify strategic opportunities to align resources with Veteran needs and increase health care access points in locations where the demand for VA health care services is not being met.

[84] (House Committee on Veterans Affairs 2021). Restoring Faith by Building Trust: VA's First 100 Days.

VA will actively manage resources to recognize potential savings and leverage efficiencies to ensure investments improve innovation, the employee experience and deliver value to Veterans.

Strategy 2.5.3: (Enhanced Medical Capacity and Capability) *VA will enhance the Nation's innovation, research, medical and allied health care capacity and capability to educate and train the next generation of health care practitioners and ensure Veterans and other beneficiaries' equitable access to the Nation's top health, academic and research professionals.*



Capacity Assessment

VA Principles

- ✓ Access to Resources
- ✓ Veteran Outcomes
- ✓ Pandemic

VHA's Office of Academic Affiliations (OAA) will create new VA post graduate residencies for Medical Doctors and Doctors of Osteopathic Medicine[85] and establish new partnerships with academic affiliates, professional and nonprofit organizations and all licensed allied health care professionals (Doctor of Philosophy, Registered Nurse, Doctor of Nursing Practice, Registered Pharmacist, Doctor of Acupuncture and Oriental Medicine, Doctor of Psychology, etc.) to encourage clinical professionals to work for VA and expand training and education opportunities to meet the growing health care needs of Veterans and the Nation.

OAA will work to establish new partnerships with health care and government organizations, such as the American Association of Colleges of Nursing[86]/Commission on Collegiate Nursing Education[87] and Allied Health Professionals[88] to identify, understand, treat and prevent diseases and disorders. New collaborations with government organizations, such as the Centers for Disease Control and Prevention's Center for Emerging and Zoonotic Infectious Diseases[89], DHS, HHS and local U.S. Public Health and Community Health Services are critically important to protecting the health of Veterans and defending the Nation from future pandemics and bioterrorism.

[85] (Department of Veterans Affairs 2021). Office of Academic Affiliations, To Educate for VA and the Nation.
[86] (American Association of Colleges of Nursing n.d.). About AACN.
[87] (American Association of Colleges of Nursing 2021). https://www.aacnnursing.org/CCNE.
[88] (Association of Schools Advancing Health Professionals 2020). https://www.asahp.org/what-is.
[89] (Centers for Disease Control and Prevention n.d.). https://www.cdc.gov/ncezid/dpei/eip/index.html.

ORD will continue to make substantive progress toward an enterprise-wide approach to advancing its three strategic priorities: increasing Veterans' access to high-quality clinical trials, increasing the substantial real-world impact of VA research and putting VA data to work for Veterans. In addition, we will advance research on our cross-cutting priorities: suicide prevention; pain management and opioid use; traumatic brain injury (TBI); posttraumatic stress disorder (PTSD); Gulf War illness and military exposures; and precision oncology.

The VHA Simulation Learning, Evaluation, Assessment and Research Network (SimLEARN) will ensure Veterans have access to the Nation's top healthcare professionals through workforce education and training efforts, including cross-cutting training, knowledge management and learning delivery and infrastructure initiatives. SimLEARN will enhance the capabilities of frontline staff through the coordination of all national VHA simulation-based clinical education products and activities and supporting enterprise level innovative healthcare solutions that advance the standard of clinical learning and simulation.

I am committed to protecting VA's workforce and those interacting with the workforce while ensuring continuity of mission critical and essential services as part of the Nation's overall response and preparedness efforts.

~VA Secretary Denis McDonough[90]

Strategy 2.5.4: (Emergency Management/Fourth Mission) *VA uses its vast infrastructure, technology and resources, geographic reach, deployable assets and health care expertise to significantly contribute and support the Federal emergency response and recovery efforts in times of national emergencies and natural disasters.*

VA Principles

- ✓ Veteran Outcomes
- ✓ Access to Resources

As part of VA's Fourth Mission, VA aligns its facilities, infrastructure, policies, processes, programs and systems to provide mission assurance of care, services and force protection of people and assets while building a culture of readiness, accountability and resilience. In addition, VA will support and partner with other agencies and organizations working with Veterans at the Federal, state, local, Tribal and territorial levels on a day-to-day basis and in times of crisis to ensure continuity of operations and the consistent delivery of benefits, care, memorialization and services to Veterans and other beneficiaries.

[90] (House Committee on Veterans Affairs 2021). Restoring Faith by Building Trust: VA's First 100 Days.

Figure 10. Along with administering health care, benefits and Veterans' cemeteries, VA's Fourth Mission is to respond to disasters and national emergencies. Learn how VA supports emergency management, public health, safety and homeland security efforts. https://www.va.gov/vhaemergencymanagement.

Strategy 2.5.5: (Value-Based Health Care) *VA's value-based health care model ensures hospitals/health care systems and clinicians deliver personalized services, team-based care and enhanced care coordination and ensures compensation is based on reduced costs, improved efficiencies and health outcomes for Veterans and other beneficiaries.*

VA Principles

- ✓ Access to Resources
- ✓ Veteran Outcomes
- ✓ Management

VA is uniquely positioned in the U.S. health care system to serve as a payer and provider of services. The VHA Center for Care and Payment Innovation (CCPI) is responsible for the implementation and evaluation of care and payment innovation, authorized by section 152 of the VA Maintaining Internal Systems & Strengthening Integrated Outside Networks Act of 2018 (MISSION Act), codified at 38 U.S.C. § 1703E (as implemented by 38 C.F.R. § 17.450). Through this authority, CCPI leads national initiatives to test and implement value-based care models and reduce expenditures while preserving or enhancing the quality of care furnished by the Department. Through its approach, CCPI works to improve Veterans' access to care and services; improve quality, timeliness and patient satisfaction; and create cost savings for the Department.

VHA's Health Services Research & Development (HSR&D) program, under ORD, notably through the Center of Innovation for Veteran-Centered and Value-Driven Care is driving the move towards value-based health care and focusing on:

- Promoting Veteran-centric care and improving patient experiences in VA healthcare and community settings.
- Advancing value-driven care by providing Veterans the highest quality care at lowest financial burden.

The Innovation Ecosystem's Center for Care and Payment Innovation is leading national initiatives focused on innovative value-based payment models. Value-based care is defined as health outcomes achieved per dollar spent and ensures VA uses evidence to assess the quality of health care delivered. Performance is based on reduced costs and improved efficiencies and health outcomes for Veterans and other beneficiaries. VA and operational partners will emphasize quality and high-value care to promote more impactful outcomes for Veterans, including perceptions that care is more patient-centered, increased engagement with health care, self-care and improving perceived stress, which indicates improvements in overall well-being.

VA will leverage comparative effectiveness research for a faster, cost-efficient way to determine whether a treatment is effective and how the effectiveness varies for Veterans with complex chronic conditions. It compares existing treatments to see what works best and what poses the greatest benefits and harms for different patients or patient groups. Statistical research assists our other high-value research goals. This effort includes developing a new generation of statistical methods to better identify the patient, provider and system characteristics associated with higher costs, developing innovative theoretical concepts for measuring cost and adapting existing statistical methods to new uses to understand the comparative effectiveness of difficult research questions.[91]

[91] (Department of Veterans Affairs n.d.). Advancing Value-Driven Care.

STRATEGIC GOAL 3. VA builds and maintains trust with Stakeholders through proven stewardship, transparency and accountability.

GOAL DESCRIPTION

Goal 3 ensures VA's culture of accountability drives ethical behavior and trust across the organization and throughout the ecosystem of partners. VA listens to Veterans, other beneficiaries and employees and serves as their trusted agent. Veterans, their families, caregivers, survivors and Service members trust VA to deliver timely, high-quality benefits, care, memorialization and services. Employees trust VA to uphold our core values and customer experience principles and swiftly address ethical failures and breach of trust.

STRATEGIC OBJECTIVE 3.1: (VA is Transparent and Trusted) *VA will be the trusted agent for service and advocacy for our Nation's heroes, caregivers, families, survivors and Service members to improve their quality of life and ensure end of life dignity.*

STRATEGIC OBJECTIVE DESCRIPTION

VA serves as the trusted agent for Veterans, other beneficiaries and employees and sets the standard of performance that others aspire to achieve. VA willingly and routinely shares performance information publicly and actively solicits feedback from Veterans, their families, caregivers, survivors and Service members to ensure transparency and improve performance.

3.1 Co-Leads	3.1 Performance Milestones
• Office of Enterprise Integration (OEI) • VEO	Desired outcomes for transparency and trust: • Veterans trust VA. • Increase information sharing and performance reporting to improve transparency. • Improve employees' and Veterans' satisfaction with VA integrity.

STRATEGIES

Strategy 3.1.1: (Voice of Veterans) *VA actively incorporates the voice of the Veteran obtaining their insights to improve services, transparency of outcomes and trust.*

VA Principles
- ✓ Excellence
- ✓ Trust
- ✓ Veteran Outcomes

VA is committed to fostering an inclusive environment where the experiences, perspectives, talents and ideas of our diverse Veteran population are valued. VA will use the best practices of HCD to enable Veterans to easily voice their opinions, raise concerns, report violations and provide other types of valuable input. Incorporating the voice of the Veteran also enables VA to bring together local communities, Federal, state, territorial and Tribal officials to answer questions; connect Veterans, Service members, families, caregivers and survivors to available resources; and deliver the benefits, care, memorialization and services they earned and deserve.

Strategy 3.1.2: (Transparency) *VA publicly shares information to demonstrate performance when compared to industry standards and partners to increase community awareness, transparency and public information sharing.*

VA Principles
- ✓ Excellence
- ✓ Trust

VA expands outreach to inter- and intra- agencies, VSOs and Veterans to ensure transparency and strengthen intergovernmental partnerships and collaborations. Partnerships with law enforcement agencies will increase transparency, cooperation and VA's capabilities to support programs and lines of business (LOB) to detect and prevent fraud, waste and abuse (FWA). Examples of LOBs include VBA Services such as Compensation & Pension (C&P), Loan Guaranty, VR&E, Education and Insurance.

Increased scope and capabilities will also benefit many VBA initiatives which include C&P efforts for insider threats & disability, Predictive Fraud Prevention Model Enhancements, a pilot for VBA's new FWA preventive data analytics lab and the National VBA Call Center Enhanced Security for the detection and prevention of FWA.

The independent Office of Inspector General (OIG) will publish all reports in accordance with law and privacy requirements to ensure transparency, promote proper stewardship of taxpayer resources and positively impact the delivery of benefits, health care and services to Veterans, their families, caregivers, survivors and Service members.

STRATEGIC OBJECTIVE 3.2: (Internal and External Accountability) *VA will continue to promote and improve organizational and individual accountability and ensure a just culture.*

STRATEGIC OBJECTIVE DESCRIPTION

VA's culture of integrity and no reprisal philosophy ensures individual and organizational accountability and proper stewardship of resources. Employees, contractors and third-party providers are trained properly and understand expectations for their performance and behavior and standards are fairly enforced internally and externally across the ecosystem of partners. VA provides a safe environment to disclose allegations of misconduct or other wrongdoing and employees feel protected from whistleblower retaliation. Employees are confident VA will support their ability to speak up and swiftly and fairly hold individuals accountable for misconduct, fraud, waste and abuse and non-VA entities held accountable to strict criteria to protect Veterans and other beneficiaries.

3.2 Co-Leads	3.2 Performance Milestones
• VHA, Office of Integrity and Compliance • Office of Accountability & Whistleblower Protection (OAWP) • Office of Management (OM), Office of Business Oversight (OBO)	Desired outcomes for accountability: • Reduce fraud, waste and abuse (FWA). • Employees feel safe from retaliation. • VA holds employees and external partners accountable for standards.

STRATEGIES

Strategy 3.2.1: (Internal, External Accountability) *VA ensures leaders, employees and external partners understand standards and VA rewards and disciplines fairly and equitably to ensure accountability and improve performance and customer service outcomes.*

VA Principles
- ✓ Trust
- ✓ Quality/Effectiveness
- ✓ Accountability

VA sets quality and performance standards to provide oversight and guide operations and regularly reports the outcomes of our efforts across the ecosystem of partners and to VA governance boards to improve performance. Employees, contractors and third-party providers are appropriately trained and held accountable to VA standards and VA maintains sound fiscal stewardship to optimize resources and improve outcomes for Veterans, their families, caregivers, survivors and Service members.

Strategy 3.2.2: (Protecting Whistleblowers) *VA promotes accountability by protecting whistleblowers.*

VA Principles
- ✓ Accountability
- ✓ Trust
- ✓ Excellence

VA's Office of Accountability and Whistleblower Protection (OAWP) trains employees and stakeholders about whistleblower rights and protections, provides advice to the Secretary to enable a transparent culture for employees, conducts investigations and makes recommendations for discipline to promote accountability for whistleblower retaliation. All VA supervisors are accountable through the performance management system to promote an environment where employees are encouraged to raise concerns. [92]

Strategy 3.2.3: (Culture of Integrity) *VA promotes a "duty to speak up," "no reprisal" philosophy and leverages internal controls to ensure transparency, accountability and proper stewardship of resources.*

VA Principles
- ✓ Accountability
- ✓ Trust
- ✓ Excellence

VA's culture of integrity builds off the Federal employee's Code of Conduct and emphasizes VA's responsibility to operate with the highest principles and ethical business standards in service of VA's missions, including our everyday interactions with one another. Establishing a culture of integrity also means promoting ongoing and comprehensive feedback to allow for early identification of problems to address them immediately. A culture of integrity and "no reprisal" philosophy promotes accountability, consistency and proper stewardship of resources by employees and contractors to further high-quality benefits, care and services to Veterans, their families, caregivers, survivors and Service members.

VA continues to establish standards and processes that have integrity and monitor their implementation with robust internal controls, oversight and governance. VA strengthens a culture of integrity and improves data and reporting structures to identify and address known risks and issues. VA continues to strengthen its capacity to monitor for fraud, waste and abuse as part of a broader commitment to challenge each employee and operational unit throughout the Department to serve with the highest of integrity and manage their responsibilities within their span of control and level of authority. Collectively, these actions also demonstrate VA's commitment to address the issues identified in GAO's High Risk Report, including addressing inadequate oversight and accountability.

[92] 115th Congress. S.1094, Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017. https://www.congress.gov/bill/115th-congress/senate-bill/1094.

Strategy 3.2.4: (Fraud, Waste and Abuse) *VA swiftly addresses allegations of fraud, waste and abuse and systems and processes allow for easy identification, remediation, reporting and suspension or even debarment.*

VA leverages internal controls to ensure the integrity of financial and non-financial data and promote transparency, consistency and accountability. VA acquisitions and logistics ensure fiscal accountability and prompt reporting to prevent fraud, waste and abuse. OIG investigates allegation or indications of misuse of VA-appropriated funds to ensure responsible use of taxpayer resources and advance efforts to hold responsible individuals accountable.[93]

VA Principles

- ✓ Excellence
- ✓ Accountability
- ✓ Management

Strategy 3.2.5: (Organizational and Individual Accountability) *VA ensures audits, inspections, reviews and investigations improve organizational and individual performance and promote accountability.*

VA will leverage OIG audits, inspections, reviews and investigations to detect mismanagement, misconduct, corruption and other criminal behavior and hold employees, contractors and others accessing VA resources accountable. VA will use the findings from OIG efforts to understand root causes, develop and implement new procedures, practices and measures to address them and report our progress towards improving programs and services for Veterans. Furthermore, the GAO high risk list will help VA understand potential vulnerabilities within the organization to prevent, avoid or mitigate emerging risks.

VA Principles

- ✓ Accountability
- ✓ Trust
- ✓ Veteran Outcomes

OIG trains its employees to perform objective, independent criminal and administrative investigations, inspections, reviews and audits and adhere to the highest standards of performance to ensure accountability and transparency and positively impact the delivery of benefits care and services to Veterans, their families, caregivers, survivors and Service members.

OAWP conducts fair and unbiased administrative investigations for matters that involve allegations of senior leader misconduct, neglect of duty and poor performance that involve matters outside of routine performance management and makes recommendations that are fair and equitable. OAWP issues reports, makes and tracks recommendations and other data from internal and external auditing and investigative functions to understand trends and support advice to the Secretary on matters that involve accountability.[94]

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[93] (Department of Veterans Affairs 2021). Office of Inspector General. Strategic Plan 2018-2022 Update. (February 28, 2021).

[94] 115th Congress. S.1094, Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017. https://www.congress.gov/bill/115th-congress/senate-bill/1094.

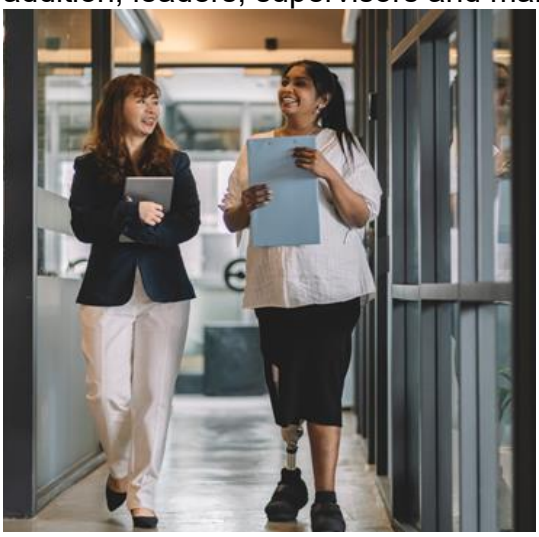
VA's Office of General Counsel (OGC) will continue to oversee VA's Agency Ethics Program and provide legal review and advice related to Department leaders and employees' participation in activities and organizational operations. OGC also manages the Accreditation and Discipline Program and will ensure non-VA entities seeking to assist Veterans with their benefits adjudication process meet strict criterion to protect Veterans and their families and increase trust in VA. OGC also ensures timely and fair investigations and adjudication of tort claims regarding personal injuries to a Veteran alleged to have resulted from VA provided health care and non-health care related claims involving VA property and employees.

Strategy 3.2.6: (Constructive Accountability) *VA's consistent focus on the positive aspects of accountability enables collaborative relationships and principled work environments for employees and VA customers.*

VA Principles

- ✓ Trust
- ✓ Veteran Outcomes

VA leaders, supervisors and managers work with employees to establish clear expectations that encourage initiative, creativity, innovation and risk-taking to instill confidence and enhance employee satisfaction. In addition, leaders, supervisors and managers reliably follow up to ensure consistent feedback and support the employee's journey. Employees learn from their accomplishments and the ability to learn from mistakes, which increases their trust in VA and instills a greater sense of accountability. Ultimately, positive accountability fosters safe environments, improves morale and increases employees' commitment to the mission which will enhance trust in VA among Veterans, their families, caregivers and survivors as well as employees and the ecosystem of Veteran supporting partners.[95]



[95] https://www.opm.gov/policy-data-oversight/performance-management/reference-materials/more-topics/accountability-can-have-positive-results/.

STEWARDSHIP GOAL 4. VA ensures governance, systems, data and management best practices improve experiences, satisfaction, accountability and security.

STEWARDSHIP GOAL DESCRIPTION

Goal 4 ensures VA manages resources as strategic assets, to include people, infrastructure, data and technology and leverages governance, evidence, best practices and management principles to improve performance and outcomes for Veterans and other beneficiaries. VA applies a customer-centric approach to all activities, aligning and measuring activities to ensure they enhance the experience, ease of access and security for Veterans, other beneficiaries VA employees and partners. This stewardship goal improves our internal operations and describes the safeguards we will establish to execute mission related activities. Objective 4.4 addresses gaps identified in the FY 2021-28 Capacity Assessment and ensures VA complies with the Evidence Act.

Goal 4 has four objectives and each one has a distinct focus to ensure we deliver benefits, care and services that improves outcomes for Veterans, their families, caregivers, survivors and Service members and use resources effectively, efficiently and wisely to sustain VA for future generations of Veterans and other beneficiaries:

- Objective 4.1 Human Resources.
- Objective 4.2 Data Management.
- Objective 4.3 Information Technology.
- Objective 4.4 Governance and Management Best Practices.

STEWARDSHIP OBJECTIVE 4.1: (Our Employees Are Our Greatest Asset) *VA will transform its human capital management capabilities to empower a collaborative culture that promotes information sharing, diversity, equity and inclusion and a competent, high-performing workforce to best serve Veterans and their families.*

STEWARDSHIP OBJECTIVE DESCRIPTION

A transformed human capital (HC) management capability is paramount for VA to serve Veterans and other beneficiaries and their diverse needs. The Chief Human Capital Officer advises and assists the Secretary, Assistant Secretary and other VA officials in carrying out responsibilities for selecting, developing, training and managing a high-quality, productive workforce in accordance with merit system principles. The VA Strategic Plan and Human Capital Operating Plan describe actions that will be taken to strengthen improvements to HC management. Our core values, characteristics and customer experience principles are at the center of every decision we make. We will create a safe workplace, free of harassment, discrimination and retaliation. VA will build a

more inclusive and equitable environment for all employees and those we serve. We will empower all employees to work together to address challenges, develop solutions and implement positive change with effective communication and leadership. To do this, our workforce must be agile and prepared to meet the needs of our mission. Transforming VA's HC capabilities will empower and enable a diverse, competent, high-performing workforce that consistently delivers world class services to Veterans and other beneficiaries.

This capability will be achieved by focusing on the six strategies described in this objective.

4.1 Lead	4.1 Performance Milestones
• Human Resources and Administration/ Operations, Security and Preparedness (HR&A/OSP), Management, Planning and Analysis	Desired outcomes for employees: • VA is among the top agencies and best places to work in Federal government. • Emphasizing diversity, equity and inclusion, VA stimulates an innovative and collaborative work environment that results in an enhanced commitment to serving our customers.

I take full responsibility to ensure that our employees have everything they need to carry out the important work before us and that we operate in a culture that celebrates and draws strength from our country's great diversity.

~VA Secretary Denis McDonough[96]

STRATEGIES

Strategy 4.1.1: (Employee Engagement and Labor Relations) *VA empowers employees to serve customers efficiently and effectively and to improve trust.*

VA Principles
- ✓ Quality and Service
- ✓ Data/Evidence
- ✓ Excellence

Organizations that have the highest level of employee engagement are organizations in which employees are empowered to use their talents to enhance the customer experience. VA will be the model employer for the Federal Government by developing a strong, productive and supportive relationship with our partners in labor. VA will use data-informed approaches to help leaders and employees make VA a place where employees want to work and where Veterans want to receive care. We will support servant leadership principles and measure employee workplace experiences through the annual VA All

[96] (House Committee on Veterans Affairs 2021). Restoring Faith by Building Trust: VA's First 100 Days.

Employee Survey (AES) and use the data to focus on employee priorities and recommendations to improve engagement and workforce satisfaction.

Strategy 4.1.2: (Policy Standardization Drives Equity, Diversity and Promotes VA Values) *VA uses standardized human capital policies and practices to drive strategic recruitment, hiring and retention while ensuring a sustained, diverse workforce is in place to support changing needs in a dynamic environment.*

VA Principles

- ✓ Equity, Diversity, Inclusion
- ✓ Quality and Service
- ✓ Management

VA will drive timely development and implementation of policies, processes and human resource (HR) programs across the VA enterprise around all HC functions and capabilities. VA will ensure key HC policies, directives and handbooks are written and updated and effectively communicated on a regular basis. VA HC leaders will leverage standardized policies and practices to support the emerging needs of the workforce and the customers served, including the analysis, development and expansion of standardized VA retention practices, tools and standards. Policies will support equity in recruitment, retention activities, upward mobility and recognition.

Strategy 4.1.3: (Culture of Learning and Leadership Development) *VA's employee development approach fosters a culture of continuous learning, including coaching, mentoring and on-the-job learning.*

VA Principles

- ✓ Excellence/Workforce
- ✓ Quality and Service
- ✓ Management

VA will build a culture that supports continuous learning and professional development in support of the VA mission. Coaching, mentoring and on-the-job learning will accelerate employee development and help employees better perform in their jobs. A comprehensive employee development approach will align organizational growth and demands with employee needs and career paths. Leadership development programs will be inclusive, attracting and developing a diverse candidate pool, ensuring that our talent pipeline for future leaders is comprised of the best and brightest inclusive leaders that foster a diverse, equitable learning culture. The VA Chief Learning Officer (CLO) will work with the VA Talent Development Council to ensure that professional development offerings are appealing to employees and opportunities shared widely across the Department. VA will offer employees a variety of learning opportunities, to include just-in-time training and micro-learning in order to support our diverse and changing workforce.

Strategy 4.1.4: (Workforce Planning and Performance Management) *VA leverages robust planning and defines measurable performance standards to ensure mission alignment and desired outcomes.*

VA Principles

- ✓ Excellence
- ✓ Quality and Service
- ✓ Management

VA will meet mission requirements through robust workforce and succession planning and performance standards that are measurable. VA will ensure that supervisors understand the key role they play in the workforce, succession planning and setting performance expectations and goals for the employees that they supervise. VA's performance appraisal processes will enhance accountability, productivity and performance to recognize high performers.

Strategy 4.1.5: (Conscious Inclusion, Diversity, Equity and Access and a Safe Workplace) *VA cultivates a diverse and inclusive workforce committed to a safe working environment, eliminating all barriers to Equal Employment Opportunity (EEO) and promoting conscious equity in VA.*

VA Principles

- ✓ Diversity/Inclusion
- ✓ Safe/Harassment Free
- ✓ Equal Opportunity

VA will embrace the incredible diversity that defines our workforce, our Veteran population and all of America. We will commit to a renewed focus on equity and inclusion, going beyond our race and gender, to include the diversity of thought and perspective. We will empower all employees to perform to their highest potential by eliminating barriers and biases. VA will communicate effectively and cultivate diverse leadership to promote inclusion, diversity, equity and access principles. We will execute an EEO program that is responsive, unbiased and promotes

civil treatment of all employees to meet the needs of our workforce. We will grow our harassment prevention program into a world class example that includes robust education and ongoing integration into everyday practices. VA will cultivate an environment where people are physically and psychologically safe.

Strategy 4.1.6: (Manpower Management) *Manpower management principles integrate standardization and efficiencies into VA business strategy implementation.*

VA will integrate manpower management principles into VA's business strategies to drive cultural change, standardization and efficiencies through utilization of management tools; manpower planning documents and reports; organizational design; and defensible manpower requirement determination analysis processes. VA manpower tools and related documentation will ensure repeatable, accurate and timely information within resource management and business reference model information systems to support the free flow of evidence-based decision making. Accordingly, the VA's manpower program will inform and integrate with VA's budgetary and fiscal programming processes. The outcome of manpower management will be the nexus between organizational design (efficiency), the HR framework and the budget that will drive a sound requirements-driven process.

VA Principles

- ✓ Excellence
- ✓ Quality and Service
- ✓ Management

STEWARDSHIP OBJECTIVE 4.2: (Data is a Strategic Asset) *VA will securely manage data as a strategic asset to improve VA's understanding of customers and partners, drive evidence-based decision-making and deliver more effective and efficient solutions.*

STEWARDSHIP OBJECTIVE DESCRIPTION

VA will leverage authoritative, high-quality and accessible data to understand critical problems and develop evidence-based solutions that improves operations and outcomes for Veterans and other beneficiaries. VA will implement policies and standards to protect the confidentiality, integrity and accessibility of data. VA and trusted partners collaborate to leverage data as a force multiplier to understand Veterans and other customers and anticipate their needs and preferences. Furthermore, data is the foundation for effective analytics and evidence-based decisions that improve efficiencies, effectiveness, experiences and the quality of benefits, care, memorialization and services VA and the ecosystem of partners deliver.

4.2 Co-Leads	4.2 Performance Milestones
• OEI, Data Governance and Analytics	Desired outcomes for use and data management: • Effective Data Management processes in place. • Information and data are secure and easy to analyze and share with partners. • Employees/partners have easy access to VA's secure data sharing tools.

STRATEGIES

Strategy 4.2.1: (Enterprise Tools and Data Management Instrumentation) *VA maintains, collects, curates and provides enterprise access to quality and trusted authoritative data to accelerate the use of VA data assets via state-of-the-art interoperable data tools and technologies that capture and report performance measures to understand outcomes to Veterans and improve the quality of medical care and programs.*

VA Principles

- ✓ Quality and Service
- ✓ Veteran Outcomes

Through the Data Governance Council (DGC), VA's enterprise data management tools support automation and scaling of data management and governance processes. The future state tools enable and support data security, data traceability and operational and business analytics. Together, these tools support VA's "curate once" vision to ensure

availability of authoritative data for reuse and enable data sharing across Department business lines. The Offices of Enterprise Integration and Information Technology serve as DGC co-chairs. Other DGC members include VBA, VHA, NCA, the Board and the following Staff Offices: Office the VA Secretary; General Counsel; Inspector General; Office of Management; Human Resources & Administration; Operations, Security and Preparedness; Acquisitions, Logistics and Construction; Small & Disadvantaged Business Utilization and Veterans Experience Office.

Strategy 4.2.2: (Data Analytics and Data Science Workforce Development)
Workforce adoption of innovative statistical tradecraft, predictive and geospatial analytics, value management principles and evidence-building analytics improve VA's understanding of trends to project future demand and resource needs and ensure high-quality and consistent delivery of benefits, care and services.

VA Principles
- ✓ Quality and Service
- ✓ Veteran Outcomes
- ✓ Excellence/Workforce

VA's implementation of data science practices and the professionalization of the data science workforce leads to increased authority, oversight and accountability to improve data policy, standards and compliance enforceability. VA's efforts to increase peer reviews and improve the publication requirements for influential information will ensure integrity and improve quality and transparency into the analytic processes used for decision making. These processes will lead to the development of standards and benchmarks which are essential for measuring and evaluating models to ensure they meet critical objectives for functionality, efficacy and objectivity. The use of data science tools and artificial intelligence (AI) will ensure VA employees have the correct information to fulfill our noble mission of delivering the quality health care and benefits Veterans have earned and deserve.

VA has a proud history of leadership with data and health informatics; we have some of the Nation's top data science talent.

~VA Secretary Denis McDonough.[97]

[97] (McDonough, Denis 2021). Remarks by Secretary Denis R. McDonough.

Strategy 4.2.3: (Data Framework) *Data policies are clearly articulated and enforced to improve program performance evaluation, ensure evidence-based decisions and responsible practices whenever Veteran data is accessed or used.*

VA Principles
- ✓ Management
- ✓ Veteran Outcomes
- ✓ Data/Evidence

VA will ensure the establishment and implementation of data policies for curation (identification, retrieval, meta-tagging, standardization, federation, security and access control, audit) and their application through the development and implementation of the Veteran Object Model (VOM) and the VA Business Object Model (BOM). The VOM represents all data and information on the Veteran and the BOM represents the VA's mission enabling and supporting data and information. Together, the VOM and BOM comprise the VA Common Information Model placing the Veteran at the center of VA data and analytics.

This data framework sets the boundary conditions for end-to-end data stewardship program that aligns with the Foundations for Evidence Based Policy Making Act of 2018, Geospatial Data Act and Paperwork Reduction Act. It will facilitate interoperability, linking and dynamic purpose-driven aggregation and the use of automated tools to meet data stewardship program requirements to effectively manage data, develop an enterprise-level master inventory of data and provide knowledge management of analytic models used for intelligence gathering and decision making. These policies ensure accessible, trusted data at the point of service to improve decision making and Veterans' and other beneficiaries' experiences with VA and affiliate partners. The implementation of VA's ethical framework for the ethical sharing of Veterans', other beneficiaries and employees' data with VA ecosystem partners promotes confidentiality, integrity and trust in VA.[98]

Strategy 4.2.4: (Data as a Joint Strategic Asset) *VA and DoD partner to use data as a cross-agency asset to shape policy, enable data driven decisions, create operational efficiencies and achieve data interoperability that improve experiences and outcomes.*

VA Principles
- ✓ Management
- ✓ Quality and Service
- ✓ Veteran Outcomes

VA and DoD will develop a common understanding around joint operations and build a federated approach to data management. The VA/DoD partnership will improve inter-departmental understanding of moments that matter along the Veterans' journey, or the Service member's lifecycle and identify data needed to link Service members and their families to benefits and services earlier in their careers. The integrated VA/DoD model will enable a seamless Service member/Veteran experience and allow both Departments to deliberately design an experience that will leverage operational, functional and experiential data sets.

The data will provide actionable insights and measurable outcomes including increased access, inclusion, equity and well-being with special emphasis on improving a Service

[98] (Department of Veterans Affairs 2021). Ethics Principles for Access to and Use of Veteran Data.

member's transition from military to civilian life.[99] VA and DoD also will enhance the exchange of personnel data between Departments to deliver comprehensive benefits and services and ensure immediate and secure access to reliable and accurate data used in determining entitlements, verification of benefits and Veterans' status.[100]

VA leverages technology to augment care for Veterans within VA health care facilities, in Veterans' homes and anywhere with access to an internet-connected computer, mobile phone or tablet that Veterans choose to receive care.

~VA Secretary Denis McDonough[101]

STEWARDSHIP OBJECTIVE 4.3: (Easy Access and Secure Systems) *VA will deliver integrated, interoperable, secure and state-of-the-art systems to ensure convenient and secure access and improve the delivery of benefits, care and services.*

STEWARDSHIP OBJECTIVE DESCRIPTION

Objective 4.3 ensures technology and systems enable VA and our ecosystem of partners to work together to improve Veterans' and other beneficiaries' quality of life and outcomes. Modern systems and technology serve as another force multiplier that amplifies our efforts and enables us to achieve our mission. Veterans, other beneficiaries, VA employees and partners can access applicable data and systems as easily and securely as possible. This effort requires a commitment to a culture of interoperability that promotes a consistently positive and seamless Veteran experience with VA by aligning business, data and information and systems and technology to ensure the right information and services securely and reliably reach the right person, at the right time, in the best manner to make timely, informed decisions and enable actions. From a technical perspective, all systems are designed and operated with interoperability (one-to-many approach), ease of access and security priorities.

[99] (Department of Veterans Affairs and Department of Defense Joint Executive Committee 2021). VA-DoD Joint Data and Analytics Strategy Plan of Action (As of July 2021), pp. 4-5.
[100] (Department of Veterans Affairs and Department of Defense Joint Executive Committee n.d.). Joint Strategic Plan Fiscal Years 2019-2021, p. 4.
[101] (House Committee on Veterans Affairs 2021). Restoring Faith by Building Trust: VA's First 100 Days.

4.3 Lead	4.3 Performance Milestones
• Office of Information Technology (OIT), Chief Information Officer • OIT, Chief Information Security Officer	Desired outcomes for information technology and security: • Improve customer satisfaction through systems/shared IT services. • Reduce system downtime. • Build and deploy Electronic Health Record Modernization (EHRM.) • Establish an Integrated Veteran Lifetime Record Indicator. • Improve cybersecurity and privacy protections and resiliency. • Improve the Interoperability Maturity posture for the VA. • Information and data are secure and easy to share with partners.

STRATEGIES

Strategy 4.3.1: (Cutting-Edge Technology) *VA capitalizes on cutting-edge technology solutions and state-of-the-art cybersecurity tools to optimize the delivery of care and services to Veterans, reduce costs to the Department and ensure Information Technology (IT) systems and Veterans' and other beneficiaries' data are accessible, secure and resilient.*

VA Principles
- ✓ Quality and Service
- ✓ Timely Access
- ✓ Management

VHA, VBA, NCA and OIT jointly implement the most advanced technology available to provide digital services through a single, integrated and equitable digital platform on VA.gov and the VA mobile app. On-demand customer support channels that work best for customers, including personalized online chat with virtual or live agents[102] deliver safe, secure and quickly accessible services in and out of "brick and mortar" facilities. Capitalizing on new technology moves developing cutting-edge solutions and connecting state of the art medical devices to "where the work is" to the teams that provide health care, benefits and memorial services every day to Veterans and other beneficiaries. Supporting those teams who know best what their challenges are and how to solve them, OIT builds and delivers packaged business capabilities linking data, network and systems with the newest and easiest to use product development platforms.

[102]. (Executive Order 14058 Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government 2021). 2021-27380.pdf (federalregister.gov).

VA uses business risk and value metrics to analyze potential cutting-edge technologies and inform sound decision making for replacing legacy systems with new solutions to achieve a higher return on investment. These solutions offer the highest level of protection and resiliency for VA data and networks with the fewest negative impacts to end user experience, ease of access and interoperability.

Strategy 4.3.2: (Fusion Teams) *Integrated software development, security and operations teams build, test and release software more efficiently, securely, expeditiously and reliably for use by Service members, Veterans, their families, caregivers and survivors, employees and other stakeholders.*

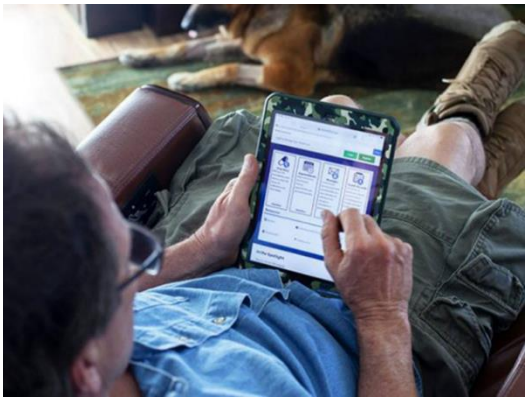
VA Principles
- ✓ Quality and Service
- ✓ Excellence/Workforce

VA implements new technology and integrated solutions and incorporates an agile customer feedback loop to consistently obtain customers' insights on process and technology improvements to design systems that are easy for customers to understand and use and ensure quality experiences.[103] Development, Security and Operations (DevSecOps) is a modern, team-level development approach that avoids wasteful "queue and review" processes. VA engages IT operational disciplines during incremental program planning events and has them deliver work products during development iterations. DevSecOps brings customers directly into development processes, fusing them with the technologists developing their applications. This fusion team approach "shifts to the left" delivery schedules by "building-in" work and decisions up-front, resulting in faster deployments, a greater return on investment and greater customer satisfaction.

Strategy 4.3.3: (Interoperable Systems) *Interoperable systems cross-populate data and allow authorized users to move between systems and seamlessly share data/information for consistent and easy access to secure health and benefits data.*

VA Principles
- ✓ Quality and Service
- ✓ Management

Interoperability enables the right information and services to reach the right person securely and reliably, at the right time, in the best manner to make a timely, informed decision. Part of the requirement to achieve this is technical interoperability. VA systems require interoperability within VA and between VA and external stakeholders such as DoD and commercial partners. VA achieves technical interoperability by ensuring alignment among business, data and system ecosystems. This alignment includes adopting and maintaining industry standards for data elements as well as for



[103] (Executive Order 14058 Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government 2021).

data communications protocols. Collecting and storing data, (to be shared between systems), using secure open standards are key to seamlessness at optimal cost, avoiding proprietary lock-in for storage or formatting. Equally important are creating and maintaining the infrastructure of services and databases that support interoperability. Commercial applications run “on top” of the VA’s infrastructure to share data and information. VA’s underpinning infrastructure is “the foundation” for technical interoperability inside of VA and between VA and its external partners.

VA and the General Services Administrator shall collaborate to provide seamless integration of Login.gov accounts to allow customers to access VA.gov, the VA mobile application and other customer-facing digital products and eliminate outdated and duplicate customer sign-in options.[104] The integration of systems allows for shared IT services that flatten out the architectural framework and minimize sustainment and maintenance costs. VA considers authoritative enterprise data, business architecture and integration as part of any modernization or legacy system decommissioning efforts.

Strategy 4.3.4: (Customer Relationship Management) *VA’s single, comprehensive, robust Customer Relationship Management system houses standardized Service member, Veteran and other beneficiary information.*

VA Principles
- ✓ Management
- ✓ Quality and Service

VA’s Customer Relationship Management (CRM) approach integrates multiple systems to create Veterans’ and other beneficiaries’ profiles that not only support customers seamless on-line navigation through VA’s digital presence but also provide data for predictive and descriptive analysis. The CRM allows data revisions in one place to flow to the other

[104] (Executive Order 14058 Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government 2021).

areas of the system to minimize data management burdens on customers and enable secure information sharing across VA and the network of trusted partners.

Strategy 4.3.5: (Electronic Health Record) *VA's Electronic Health Record integrates clinical information from VA with the DoD, the U.S. Coast Guard and participating community care providers allowing clinicians access to a Veteran's full medical history.*

VA Principles

- ✓ Quality and Service
- ✓ Veteran Outcomes
- ✓ Management

The VA's Office of Electronic Health Record Modernization (OEHRM) will continue leading VA's rollout of this new Electronic Health Record (EHR) software, in coordination with the Federal Electronic Health Record Modernization program office, based on the same commercial off-the-shelf platform currently being deployed by DoD and U.S. Coast Guard, until it is in place at all VA facilities nationwide. The OEHRM deployment strategy divides the VA health care system into similarly sized groups of facilities, known as waves. Each wave will follow the same deployment processes, with many waves being implemented concurrently, requiring OEHRM and its contractors to work on site at multiple facilities simultaneously.

The EHRM deployment strategy will leverage lessons learned from DoD and the previous VA deployments and will integrate end-user feedback. VA's strategy will remain flexible and agile while continuing to consider other factors that might require modifications to the order of facilities that will implement the new EHR solution, while prioritizing patient safety and communications with the appropriate stakeholders (e.g., Veterans, VSOs and oversight bodies).

Our three main transformative projects are the implementation of the Electronic Health Record Modernization (EHRM) project; the replacement of VA's multiple, aging systems to manage its inventory and assets and the adoption of a new financial management system—our Financial Management Business Transformation (FMBT).

~VA Secretary Denis McDonough[105]

[105] (House Committee on Veterans Affairs 2021). Restoring Faith by Building Trust: VA's First 100 Days.

Strategy 4.3.6: (Integrated Finance and Acquisition Management System) *VA's financial and acquisition management system is migrating to a commercial off-the-shelf (COTS) cloud solution, configured for VA to increase efficiencies, streamline processes, automate controls, strengthen decision-making and integrate financial and acquisition activities in real-time.*

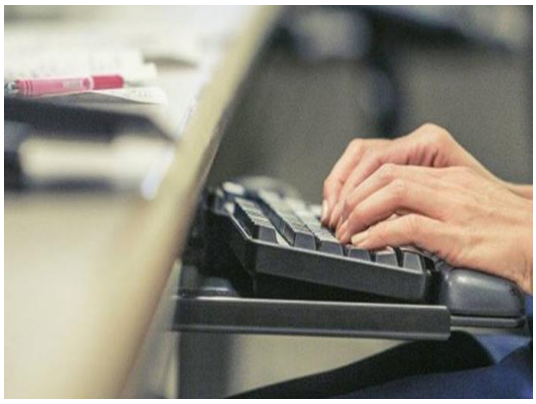
VA Principles
- ✓ Quality and Service
- ✓ Management

VA's integrated Finance and Acquisition Management System (iFAMS) is focused on successfully implementing a modernized, secure, integrated finance and acquisition system across the entire Department. The Financial Management Business Transformation (FMBT) program will improve fiscal accountability to American taxpayers and increase opportunities to improve care and services to those who serve our Veterans and other beneficiaries.

Strategy 4.3.7: (Supply Chain System Modernization) *VA's agency-wide modernization of logistics and support services management systems will integrate supply chain, inventory and procurement data across VA to streamline key functions and standardize operations across business lines.*

VA Principles
- ✓ Quality and Service
- ✓ Management

VA is modernizing the supply chain system to reduce dependency on current aging applications across its health care support lines of business by implementing a single, enterprise-wide solution and decommissioning legacy systems. Core to the modernization effort, VA is adopting the same government off-the-shelf system deployed throughout DoD. The VA Logistics Redesign program management office is partnering with DoD and leading an enterprise-wide implementation starting with VA Medical Centers.



The client/server-based solution provides a centralized, single-point access to real-time VA Enterprise data to manage materials/supply inventories and procurement data and minimize redundancies. A cloud-based version will be available as a shared service from DoD and migrates all legacy applications into a single web-based application. In addition to the supply chain, VA will modernize other enterprise supply chain capabilities such as regional readiness centers and point of use inventory systems.

STEWARDSHIP OBJECTIVE 4.4: (Evidence Based Decisions) *VA will improve governance, management practices and make evidence-based decisions to ensure quality outcomes and experiences and efficient use of resources.*

OBJECTIVE DESCRIPTION

Objective 4.4 ensures VA's governance framework, risk management efforts and use of evidence and program evaluation ensures resources are allocated to drive VA priorities and improve quality of life for Veterans and other beneficiaries. VA proactively and continuously looks for opportunities and threats to ensure best outcomes for Veterans and other beneficiaries, learns from successes and mistakes and uses evidence to make decisions and drive policy change that improves operations, experiences and outcomes. VA will leverage knowledge and ensure consistent and equitable access to VA resources for Veterans and other beneficiaries.

VA's Performance Improvement Officer achieves VA's mission and goals through strategic planning, measurement, analysis, regular progress assessments and the use of data to improve results. The Evaluation Officer leads evidence-building and evaluation activities. The Chief Learning Officer establishes and implements employee learning and development policies, and the Chief Risk Officer assesses risk challenges and opportunities that could affect the achievement of VA goals. The Evidence-based Policy Council and the Investment Review Council allocates resources to achieve VA priorities. The Office of Asset Enterprise Management oversees VA's Strategic Capital Investment Planning (SCIP) process and VA real property, fleet and facility assets to maximize reliability, sustainability, efficiency and effectiveness.

STRATEGY AND LEARNING AGENDA ALIGNMENT

One Learning Agenda priority question aligns to a strategy in Objective 4.4. ***Strategy 4.4.6: (Climate Change)*** complements VBA's question 1b: To what extent will climate change and the financial risks it introduces affect the Home Loan Program and what changes would better integrate climate-related financial risks into VA policies and financial management to mitigate financial risks? ***Strategy 4.4.6: (Climate Change)*** describes VA's efforts to identify vulnerable mission critical functions to review and revise design and operating standards to improve infrastructure efficiency, sustainability and resiliency. VBA's Learning Agenda question 1b addresses climate-induced challenges and the financial risk of climate change on the VA Home Loan Program.

STRATEGY AND CAPACITY ASSESSMENT ALIGNMENT

The Capacity Assessment identified gaps in VA's current ability to perform evidence building and evaluation activities that must be addressed to not only ensure compliance with the Evidence Act but also to institutionalize evidence and evaluation across the

Department. Even though many aspects of VA's FY 2022-28 Strategic Plan will drive the use of evidence building and evaluation activities to improve outcomes for Veterans, their families, caregivers, survivors and Service members, one stewardship objective and three strategies are written specifically to address Capability Gaps identified in the Capacity Assessment. Implementation of Objective 4.4 and Strategies 4.4.7, 4.4.9 and 4.4.10 will ensure evidence drives effective decision-making that results in improved customer outcomes, performance and the most efficient and effective use of resources.

Strategy 4.4.7: (Evidence/Evaluation Practitioners) ensures VA establishes an evaluator job series, provides training to develop a competent workforce and resolves resource uncertainty (employees) to address three gaps identified in the Capacity Assessment:

- Gap #4. Training.
- Gap #5. Evaluation-Related Job Series.
- Gap #6. Resource Uncertainty.

Strategy 4.4.9: (Evidence and Evaluation) ensures VA establishes guidelines, policies, tools and rigor for evidence building and addresses two gaps identified in the Capacity Assessment:

- Gap #1. Expectations of Evidence/Evaluation Use.
- Gap #2. Evidence Environment Complexity.

Strategy 4.4.10: (Knowledge Management) ensures VA establishes knowledge management and institutionalizes practices and systems throughout the Department to address one gap identified in the Capacity Assessment:

- Gap #3. Knowledge Management System.

VBA's Capacity Assessment (Addendum B) aligns with strategies **4.4.7 (Evidence/Evaluation Practitioners)** and **4.4.9. (Evidence and Evaluation).** VBA identified gaps in the inability to collect the right data and perform statistical analysis that significantly impedes evidence-building activities. Implementation of VBA's Learning Agenda, such as the development of outcome metrics for the GI Bill and establishing the Veterans Affairs Life Insurance Program, will lend themselves to improving evidence and evaluation activities. VBA established in-house training courses to improve awareness, statistical analysis and scanning the data environment to support program assessments and the use of data to drive evidence-based decisions and improve outcomes for Veterans.

4.4 Lead	4.4 Performance Milestones
• OEI, Planning and Performance Management	Desired outcomes for evidence-based decisions: • VA uses authoritative data sources to understand and report outcomes. • VA procurements reflect the maximum practicable opportunity as defined by SBA in VA's procurement goals. • Frequency data is used to drive decisions and policy.

STRATEGIES

Strategy 4.4.1: (Governance and Management) *VA matures, strengthens and integrates Departmental planning, risk, performance, governance and management best practices to improve performance across the Enterprise.*

VA Principles
- Veteran Outcomes
- Management
- Quality and Service

VA's governance, policy and decision-making framework ensures coordination, accountability and decision rights and thresholds. Change management and knowledge management principles improve organizational agility, effectiveness, efficiency, performance and trust in VA. Change management ensures the systemic adoptions of improved policies, processes, best practices and systems. Knowledge management improves the creation, retention and dissemination of knowledge to ensure it is decentralized, discoverable and easy to access, up-to-date and used across VA. HCD and other innovative methods enhance personal and digital experiences and improve the delivery of benefits, care and services for Service members, Veterans, their families, caregivers and survivors.[106]

Strategy 4.4.2: (Learning Organization) *VA embodies the disciplines of a learning organization to enhance the delivery of holistic benefits, care and services that improve well-being, resiliency, quality of life, financial security and outcomes for our Service members, Veterans, their family members, caregivers and survivors.*

VA Principles
- Access to Resources
- Excellence/Workforce
- Management

VA as a learning organization reflects a dynamic cycle of information sharing, accessibility, feedback and improvement. It requires VA to commit to high-value employee professional development and establishing and sharing best practices so that the entire Department – and therefore all Veterans and other beneficiaries whom we serve – benefit. Employees are the focus of the learning organization, without whom VA services cannot be provided. This message is captured by the VA Chief Learning Officer's vision that "engaged and developed VA employees will change the lives of Veterans and their families for the better."

[106] (Executive Order 14058 Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government 2021).

VA encourages and supports continuous learning and fosters a leadership-instilled culture of learning, where leadership actionably demonstrates their commitment to employees' professional development. VA considers the future of work and listens to employees to develop workforce flexibilities (i.e., remote work, telework, etc.) that balance mission requirements with employees' needs. Employees have real-time access to knowledge, including access to high-quality, engaging training content in a variety of formats that considers the learner and adjusts for their needs and access to data to support and guide best practices across VA. This effort includes having a Department-wide centralized system of records for training, data and feedback capture (when appropriate) and governance committees to break down silos of training and create data-sharing best practices within the Department.

VA Administrations and Staff Offices will be reviewed and rated (where appropriate) on their commitment to continuous improvement and holistically serving Veterans and other beneficiaries. Veterans, their family members, caregivers, survivors and Service members need to feel engaged in the VA system, where their needs and perspectives are captured, addressed and included in VA's continual cycle of learning and improvement. This effort may include systematically requested feedback and providing access to relevant and high-quality, centralized training materials on topics such as health, benefits and decedent affairs.

Strategy 4.4.3: (Requirements Management) *VA installs a Requirements Management Process to prioritize enterprise requirements and optimize resource allocation to achieve VA outcomes more effectively.*

VA Principles

- ✓ Veteran Outcomes
- ✓ Quality and Service
- ✓ Management

VA's integrated Requirements Management System (iRMS), an enterprise-wide requirements management process, will be a key activity supporting the Department's governance through the Evidence-based Policy Council and the Investment Review Council. Requirements management is the process of documenting, analyzing, tracing, prioritizing and agreeing on requirements and then controlling change and communicating to relevant stakeholders. The iRMS will build upon existing successful requirement-development systems

and fulfillment systems by linking these via enterprise knowledge management. Together, these three elements—requirement development, fulfillment and the enterprise knowledge management—will be linked via an information management system to establish the iRMS.

Furthermore, VA instills tenets of the lifecycle discipline to manage risk, deliver benefits, care and services in a cost effective and timely manner to drive achievement of VA priorities that improve outcomes for Service members, Veterans and other beneficiaries. The acquisition lifecycle framework (Conceptualization, Definition, Development, Delivery and Closeout) will ensure accountability, fiscal stewardship and requirements-based decisions that optimize the use of resources.

Strategy 4.4.4: (Risk Management) *VA will mature and strengthen Risk Management practices to prepare for emerging threats and capitalize on opportunities to better meet Veteran needs.*

VA Principles
- ✓ Quality/Effectiveness
- ✓ Access to Resources
- ✓ Management

VA will leverage enterprise risk management to understand the relative costs, benefits and consequences of both risks and opportunities and the connections and dependencies between activities across the Department. VA will use analytical tools to inform and help leaders visualize the enterprise risk portfolio, respond more rapidly to developing situations and better forecast potential and emerging threats and opportunities. Critical to these efforts is a renewed commitment to the quality, rigor and accuracy of risk assessments and supporting data to ensure a more agile and responsive VA that delivers timely, quality benefits, care and services to Veterans and other beneficiaries.

Continuous environmental scanning ensures awareness of likely or potential future trends in global domains such as economics, international relations, technology, environmental concerns, future of warfighting, health, human capital and other issues of special interest to Veteran populations. These foresight efforts will ensure VA understands the trends and forecasts related to the needs of its customers to proactively deliver the benefits, care and services Veterans, Service members and their eligible beneficiaries earned and need.

Strategy 4.4.5: (Safe and Secure Environment) *VA establishes standards for physical security and cybersecurity to ensure a secure computing environment and a safe and secure environment for Veterans, other beneficiaries, VA employees, contractors and visitors on VA property.*

VA Principles
- ✓ Access to Resources
- ✓ Management
- ✓ Safe/Harassment Free

Keeping pace with Federal initiatives to transform screening processes, VA will ensure that employees and contractors who access VA facilities and IT systems are vetted, identity-proofed, trusted and credentialed at the appropriate level to carry out the work they are assigned. VA also will enhance law enforcement policies and procedures to drive efficiencies and

standardization across the Department, while utilizing Veteran-centric policing concepts and principles and ensuring environments for care and administration are safe, secure and free from the threat of physical danger, harassment or property loss.

Strategy 4.4.6: (Climate Change) *VA continues to expand clean energy, improve efficiency and pursue additional fleet electrification and infrastructure modernization in response to the climate change crisis.*

Climate change is driving widespread changes to both natural and human systems. To address climate-induced challenges, VA will continue its effort to identify mission critical functions at risk with the goal of ensuring sustained operations to support its delivery of benefits and services to Veterans. In support of Executive Order 14008, Tackling the Climate Crisis at Home and Abroad,[107] VA has re-invigorated climate change discussions across the Department.

VA Principles

- ✓ Access to Resources
- ✓ Quality and Service
- ✓ Management

VA will incorporate climate priorities into its infrastructure planning, as well as care and benefits delivery, with the Office of Asset Enterprise Management's Climate Action Plan.[108] This plan draws on VA's ongoing efforts and establishes a pathway for expanding climate adaptation and resilience opportunities Department-wide. As climate risks are identified, VA will review and revise design and operating standards to improve infrastructure efficiency, sustainability and resiliency.

Learning Agenda

VBA's question for Impact of Climate Change on VA Home Loan Program: 1b: To what extent will climate change and the financial risks it introduces affect the Home Loan Program, and what changes would better integrate climate-related financial risks into VA policies and financial management to mitigate financial risks?

- The Learning Agenda question will enable VBA to identify financial risk to the VA Home Loan Program and make changes to support climate improvements. Research also will contribute to VA's understanding of how to adapt for climate change and adjust VA guaranteed loans to avoid impacting the ability of the secondary market to adopt Veteran's home loans.

[107] (Executive Order 14008. Tackling the Climate Crisis at Home and Abroad 2021). Executive Office of the President (January 27, 2021).
[108] (Department of Veterans Affairs 2021). U.S. Department of Veterans Affairs, Climate Action Plan, August 2021. https://www.sustainability.gov/pdfs/va-2021-cap.pdf.

Strategy 4.4.7: (Evidence/Evaluation Practitioners) *VA will develop a competent workforce with the knowledge, skills and abilities to perform evidence building and evaluation activities to generate knowledge for effective decision making that efficiently improves outcomes for Veterans.*

Capacity Assessment

VA Principles

- ✓ Staff Shortfalls
- ✓ Management
- ✓ Excellence/Workforce

VA will engage in robust human capital lifecycle planning to align evidence-builder, user, analyst and evaluator workforce requirements directly with VA's mission. This approach will include hiring, retention, training and development, appropriate credentialling, competency assessments, educational requirements, occupational career maps and the resources needed for practitioners to support all administrative processes. Key stakeholders, to include OEI, HR&A, manpower, finance and other communities, will engage as a collaborative team to develop and improve evaluator work activities throughout VA.

Strategy 4.4.8: (Agile Facilities and Infrastructure) *VA ensures efficient and effective management of VA capital assets to better support employees and serve Veterans and their families where they live.*

Stakeholder Consultations

VA Principles

- ✓ Access to Resources
- ✓ Management
- ✓ Veteran Outcomes

VA's real property management objectives are a critical strategic asset and VA will design facilities to ensure access to, or information about, the full range of VA benefits, care and services are available to support all Veterans.

VA incorporates a value management approach to capital investments through its Strategic Capital Investment Planning (SCIP) process to ensure an agile response to Veterans' and other beneficiaries changing needs and marketplace volatility. SCIP identifies current and future mission requirement gaps, focuses the Department on how capital assets will help meet VA's mission and aligns the resources necessary to meet critical infrastructure needs. The resulting priorities are based on clearly defined standards consistent with projected health care workload and current and future health care practices, considering VA mission delivery requirements.

Through SCIP, VA strives to ensure its owned and leased facilities are modern, right sized and located to best serve Veterans and other beneficiaries. VA will leverage existing private sector capabilities and re-balance its facility portfolio to support virtual care modalities and ensure an agile, flexible and scalable service and benefit delivery footprint. VA aims to leverage facilities wherever appropriate to provide Veterans and

other beneficiaries better access to care to improve outcomes and quality of life, no matter where the Veteran is located.[109, 110]

In addition, VA will build infrastructure using public/private partnerships and leverage enhanced-use leasing to allow greater flexibility in managing underutilized real estate assets to support VA's mission to end Veteran homelessness and the Department's overall asset management program.

Strategy 4.4.9: (Evidence and Evaluation) *VA standards, policies and practices institutionalize expectations for the generation and use of evidence and evaluation and fully integrate evidence and evaluation activities throughout the Department.*

VA Principles
- ✓ Veteran Outcomes
- ✓ Data/Evidence
- ✓ Management

Capacity Assessment

Evidence and evaluation activities will be characterized by equity and independence in the planning and execution stages of such efforts and practitioners shall be able to demonstrate those qualities in their efforts, conduct and outcomes. VA will establish clear guidelines, templates and tools and share preferred practices to generate and select the appropriate evidence approaches depending on the issue, its timeliness, the required rigor of the evidence and its availability. Robust efforts shall be made to ensure that the analytical approaches demonstrate equity in the identification and inclusion of subjects. Also, the approaches shall be available to assess for validity and the findings subject to independent verification. Because of such rigor and transparency, decision-makers and evidence users will have increased confidence in the information they use to guide strategy, policymaking, operations and resource allocation activities at all mission levels across VA.

Strategy 4.4.10: (Knowledge Management) *VA's knowledge management system, policies, standards and practices provide an enterprise-wide solution to leverage information, insights and research findings for evidence building, evaluation and effective decision-making.*

VA Principles
- ✓ Veteran Outcomes
- ✓ Data/Evidence
- ✓ Management

Capacity Assessment

VA's Knowledge Management (KM) system and evidence-based approach ensure transparency and expand evidence building and evaluation activities across the Department. The KM system addresses the requirements for discovery of potential knowledge and appropriate capture into repositories with

[109] M-20-03: Implementation of Agency-wide Real Property Capital Planning. Date Issued November 6, 2019. Details in P-5. https://www.whitehouse.gov/wp-content/uploads/2019/11/M-20-03.pdf.
[110] M-20-10: Issuance of an Addendum to the National Strategy for the Efficient Use of Real Property. Date Issued March 6, 2020. Details on P-8. https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-10.pdf.

specific relevance, context, associations and organization, accessible through search and available for use by practitioners.

One substantive result is the improved use of evidence to make decisions on legislative proposals, budget requests and, in the future, regulatory issuance and more effective use of taxpayer funds. Ultimately, KM will support and enable the evolution of data analytics from stove-piped data without interpretation to data that results in improved understanding and knowledge available across the Federal Government and ecosystem of partners to improve care and services and deliver value that ensures sustainability for future generations of Veterans and other beneficiaries.

Strategy 4.4.11: (Benchmarking) *VA will be the industry benchmark in healthcare, information technology, data management, acquisitions, memorialization and other specialized areas that enable Veterans' and other beneficiaries' resiliency, outcomes, quality of life and dignity.*

VA will measure the quality of outcomes to identify deficiencies and use customer experience and satisfaction scores as performance indicators to improve quality and experiences and hold employees, medical providers and partners accountable for their performance.

VA Principles
- ✓ Quality and Service
- ✓ Veteran Outcomes
- ✓ Excellence

Strategy 4.4.12: (High Reliability Organization) *VA integrates policies, practices and principles of a High Reliability Organization (HRO) to ensure a just culture and equity for Veterans that improves their experience, resiliency, outcomes and quality of life.*

VA Principles
- ✓ Equity
- ✓ Trust
- ✓ Quality/Effectiveness

VA integrates services to reduce unwarranted variation and deliver 21st Century benefits, care and services. VA leaders and employees emulate the characteristics of a "Just Culture" to foster safety and trust by focusing on the delivery of benefits, care and services and applying systems thinking to identify possible causes of failure. VA leaders focus first on the why and the how, not the who, when errors occur and create an environment in which employees feel safe to report harm or near misses with a focus on continuous process improvement. Leaders must fairly distinguish between conduct deserving of discipline versus the much more common unintentional human error due to system and process failures. The journey towards high reliability and a just culture is continuous and requires organizational and individual commitments to succeed. HRO is achieved when employees and leaders feel psychologically safe to openly share strong practices and lessons learned and prevent repeatable errors.

VA modernizes IT systems such as the EHR, financial management and supply chain systems to streamline processes and enable planning and decision-making that improves coordination and the delivery of safe, high-quality benefits, care and services from VA or

trusted partners. VA's efforts will not only improve outcomes for at-risk, underserved and marginalized Veterans but also improve quality of life for all Veterans and other beneficiaries we serve.[111]

[111] https://www.hsrd.research.va.gov/publications/forum/summer20/Forum_summer2020.pdf.

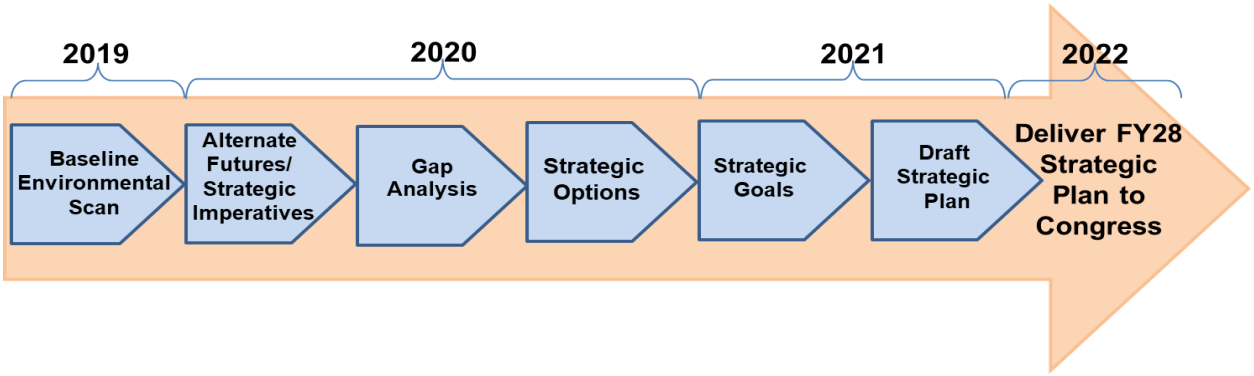
APPENDICES

Appendix A: VA Quadrennial Strategic Planning Process and Stakeholder Consultations

The FY 2022–28 VA Strategic Plan was developed over a 2-year period using a bottom-up and top-down approach.

Developing VA's strategic plan was a collaborative effort. More than 150 subject matter experts from VA's Administrations, Staff Offices, field offices and interagency partners formed the Quadrennial Strategic Planning Process (QSPP) development team. This team developed more than 100 trend papers and conducted ten workshops from October 2019 through January 2021.

The QSPP was the framework used to develop the VA Strategic Plan. The framework consists of six phases. Outputs from each phase become the inputs to the next phase and are all critical for the overall success of the process. The following figure represents the calendar year (CY) 2019–22 QSPP.



Bottom-Up Approach

Environmental Scan: The QSPP process began with a baseline environmental scan. The baseline scan is a process that systematically surveys and interprets relevant data to identify external opportunities and threats that could influence future decisions. In this phase, the QSPP Development Team researched trends and drafted short papers to provide an idea of what the world might look like in 10 to 25 years. VA used the SKEPTIC Model (Social Demographics, Kompetition/Substitution, Economics/Ecology, Political, Technology, Industry and Customer/Citizen) to organize research conducted during this phase. Participants developed more than 100 trend papers and reviewed over 200 other future documents to help identify those things VA must do by 2028 and beyond to meet the needs of Service members, Veterans, their families, caregivers and survivors. Following the completion of trend paper research, the Strategic Planning Service (SPS) reviewed the papers and deconstructed them into "factoids." There were two Environmental Scan Phase Workshops. During the first workshop (January 9, 2020) the

workshop participants familiarized themselves with the "factoids" then arranged them into groups of categories. Working in small groups, they discussed the factoids and then drew conclusions about the relationships among the factoids in each category. Each small group did this with each category of factoid to provide a crowd sourced group of like factoids. From this, the small groups identified patterns of "indicators" that provided an idea of the potential direction VA might need to follow in the future. During the second workshop (January 30, 2020), participants distilled the high-level indicators and ranked them using several pair-wise comparison exercises to determine which indicators had the greatest impacts to VA and Veterans. These indicators became the potential characteristics of drivers of change that were developed in the next QSPP phase.

Alternate Futures/Strategic Imperatives: Alternate futures, or planning scenarios, helped us identify strategic implications so that VA might experience in disparate operating environments. The strategic implications led to the development of strategic imperatives and their attributes. Strategic Imperative are the characteristics VA must emulate by 2028 to succeed in our mission regardless of the operating environment.

The first step in this phase was to finalize the strategic drivers of change using the indicators revealed in the previous workshop. During the February 23, 2020, workshop the participants examined two indicators at a time and imagined what the future might look like. This process resulted in three strategic drivers of change.

Drivers of change are multi-dimensional forces expected to significantly cause or contribute to change; a driver asserts that "this" will cause or affect "that." Drivers of change describe the essence of what is happening in the environment. The strategic drivers of change served as the axis lines to develop three potential alternate future worlds for the year 2035: one optimistic, one pessimistic and one status quo. During the March 10, 2020, workshop, participants used personas developed by Veteran Experience Offices (VEOs) to "live" in each of the future worlds. The VEO personas are composite portraits of real people designed to represent a group of people who currently use, or in the future might use, VA's products or services.[112] For the workshop, participants described their persona's needs, expectations and assumptions and the implications for their persona, VA and Veterans in each world. The results of these descriptions led to VA's strategic imperatives (see the following discussion). Strategic imperatives describe the critical characteristics and behaviors that VA must emulate, and the most important outcomes VA must achieve by 2028; they depict a desired future state and drive the Gap Analysis and Strategic Options phases of the QSPP. They are the foundation of the VA Strategic Plan.

[112] (Department of Veteran Affairs VA Center for innovation 2014). Voices of Veterans: Introducing Personas to Better Understand Our Customers. https://www.va.gov/playbook/downloads/Voices_Of_Veterans.pdf.

VA 2028 Strategic Imperatives

2028 Strategic Imperatives

Empower Veterans' Independence

- Empower and enable Veterans to achieve their lifetime goals.
- Ensure a culture of learning, innovation, high performance and accountability.

Integrated care, benefits, and services improve Veterans' quality of life

- Empower teams and leverage strategic partnerships to transform the delivery of benefits, care, and services to Veterans, their families and caregivers.
- Consistency and corporate accountability improve services and outcomes.

Embrace a digital transformation

- Leveraged technology drives organizational agility and quality customer experiences.
- Reliable data and quality analysis support and inform decision-making.

Gap Analysis: The Gap Analysis phase helped us develop an understanding of the current state of VA and used the approved strategic imperatives as the foundation to develop the desired "to be" or future state of VA. There were two workshops in this phase. During the April 9, 2020, workshop, participants examined the high-level gaps that currently impede VA's ability to achieve the strategic imperatives and identified the differences between the current state (where we are now) and the desired future state (where we need to be). Workshop participants provided thoughts on how the current gaps impede VA from achieving the VA strategic imperatives by examing the imperative attributes using a framework comprised of policies, programs, people and processes. In the next workshop (June 3, 2020) participants prioritized the draft gap statements developed in the previous workshop by using a Likert scale to prioritize using three criteria: impact to Veteran outcomes, impact on trust in VA and impact on VA employees.

The gap statements were reviewed by the Administration and Staff Offices for concurrence and during the Strategic Options phase, we developed high-level approaches that would close the gaps identified during the previous phase, articulating VA's desired outcomes for 2028. This phase defined the desired outcomes for employees, Veterans and ecosystem partners and answered key questions such as, "How do we close the strategic gaps?" "What are VA's desired outcomes by 2028 and what are our options for achieving them?" There were two workshops in this phase (September 17, 2020, and October 7, 2020). During the workshops, participants used the VEO persona to analyze the approved strategic gaps at each phase of the Veteran's Journey Map and then developed options from a specific persona's perspective to

address the needs, wants, struggles and opportunities to improve outcomes for Service members, Veterans, their families, cargivers and survivors. The results of the workshop were then refined and consolidated through multiple reviews, resulting in 23 draft Strategic Options. Strategic Options were reviewed by the Administrations and Staff Offices for concurrence and then approved by the VA Operations Board (VAOB).

Strategic Goals/Objectives: During this phase, we used the outputs from the previous phases and inputs from key internal and external stakeholders to develop VA's draft FY 2028 strategic goals, strategic objectives, strategies and performance goals. There were two workshops in this phase. During the first workshop (December 17, 2020), participants discussed characteristics of strategic options and identified the most important, second most important and third most important characteristics. Then participants moved the most important identified characteristics to the goal position, the second most important to the strategic objective position and the third most important to strategy positions on the exercise template. During the second workshop (January 21, 2021) participants distilled resulting goal, objective and strategy groupings from the previous workshop into their top five. They also identified potential performance goals and milestones for success, the measurable targets to achieve and possible lead coordinating office or co-leads for each strategic objective. Following completion of the workshop, the SPS team coordinated with numerous Staff Offices to develop the specific wording for the goals and strategic objectives and sought specific subject matter experts to develop strategies.

Top-Down Leadership Input

Input from VA senior leadership was provided through concurrence in the Veterans Affairs Integrated Enterprise Workflow Solution (VIEWS) for the strategic imperatives, capability gaps, strategic options, goals and objectives as well as the draft and final plan. SPS used the resulting VIEWS outputs to help develop and modify the Goals, Strategic Objectives and Strategies that are in the plan. The goals and strategic objectives were also briefed at several VAOBs and VA Executive Boards (VAEB) for senior leader input and approval.

Stakeholder Consultation

To develop the plan, we conducted more than 50 interviews with senior leaders across VA, other Federal agencies that have equities with VA and Veterans, Veteran Service Organizations (VSOs) and members of Congress. VA's VSO liaison and Congressional liaison offices assisted with coordinating the interviews. The SPS team developed an extensive compendium document that included the interviewees' responses and an analysis of the results; the team also developed a summary document to help develop the FY 2022-28 VA Strategic Plan. The interview participants from other Federal agencies included:

- U.S. Department of Defense (DoD).
- U.S. Office of Personnel Management (OPM).
- U.S. Department of Agriculture (USDA).
- U.S. Department of Labor (DOL).

- National Institute of Health (NIH)/National Institute of Mental Health (NIMH).
- U.S. Social Security Administration (SSA)
- U.S. Department of Housing and Urban Development (HUD)/Ginnie Mae
- U.S. Department of Education (ED)
- U.S. Small Business Administration (SBA)

The SPS team interviewed the following VSO partners Their feedback shaped the material presented to VA leadership. Several of these groups are focused on supporting underserved and vulnerable Veterans. This is a key criterion for VA's Learning Agenda (Appendix D):

- Veterans of Foreign Wars (VFW).
- Disabled American Veterans (DAV).
- Paralyzed Veterans of America (PVA).
- The American Legion.
- American Veterans (AMVETS.)
- Military Officers Association of America (MOAA).
- National Coalition for Homeless Veterans (NCHV.)
- Minority Veterans of America (MVA).
- Women Veterans Interactive Foundation (WVIF).

Stakeholder consultation interviews informed the development of strategies across all five objectives in strategic goal 2 and several strategies in objective 4.4.

2.1.1: (Mental Health and Suicide Prevention) 2.1.5: (Special Emphasis Groups) 2.1.8: (Rural Veterans) 2.1.9: (American Indian and Alaska Native Veterans) 2.2.4: (Aging, Frail and End of Life Veterans of All Ages) 2.3.1: (Equity to Marginalized and Underserved Communities)	2.4.2: (Innovation, Emerging Methods) 2.4.4: (Military Environmental Exposure) 2.5.3: (Enhanced Medical Capacity and Capability) 2.5.4: (Emergency Management/Fourth Mission) 4.4.2: (Learning Organization) 4.4.6: (Climate Change) 4.4.8: (Agile Facilities and Infrastructure)

We would like to thank all these organizations for their help in making the strategic plan stronger and more inclusive and for helping VA improve outcomes for Veterans, their families, caregivers and survivors.

Appendix B: FY 2022-23 Agency Priority Goals

PLACEHOLDER: An Agency Priority Goal (APG) is a specific, challenging goal that can be accomplished in a two-year period, offering a high priority opportunity for improvement. VA is currently finalizing its FY 2022-23 APGs and will update this table as soon as goal statements and impact statements are completed.

The following table will be updated to provide FY 2022-23 APGs and the alignment to VA's FY 2022-28 strategic objectives.

FY 2022-23 APGs	FY 2022-28 Strategic Objective Alignment
Agency Priority Goal 1. **Goal Statement:**	**STRATEGIC OBJECTIVE**
Agency Priority Goal 2. **Goal Statement:**	**STRATEGIC OBJECTIVE**
Agency Priority Goal 3. **Goal Statement:**	**STRATEGIC OBJECTIVE**
Agency Priority Goal 4. **Goal Statement:**	**STRATEGIC OBJECTIVE**

FY 2022-23 APGs	FY 2022-28 Strategic Objective Alignment
<u>Agency Priority Goal 5.</u> **Goal Statement:**	**STRATEGIC OBJECTIVE**

Placeholder for FY 2022-23 Agency Priority Goals

Placeholder for FY 2022-23 Agency Priority Goals

Appendix C: Strategic Plan Environmental Influences and Supporting Data

To understand the intricacies of VA's future operating environment, the Office of Enterprise Integration (OEI) conducted an environmental scan of primary and secondary research. A diverse group of stakeholders from VA and other Federal agencies examined a variety of issues related to technology, economics, industry, socio-demographics, politics, customer experience and competitive advantage to identify trends that may affect Veterans and VA operations 10, 20 and even 30 years into the future. The research confirmed that VA operations continue to face a challenging operating environment—one intensified by the COVID-19 pandemic. The COVID-19 pandemic forced the Nation to confront the biggest public health challenge in a century, which resulted in major economic and social disruptions and trends accelerating at an unprecedented rate (i.e., digitization, telehealth, managing a distributed workforce, inclusivity and equity-centered design). The information provided in Appendix C supports our focus on the goals, objectives and strategies highlighted in the VA FY 2022-28 Strategic Plan.

External Influences

External influences describe important events or issues occurring outside VA that could impact operations, such as the financial and budgetary implications of the rising cost of Veterans benefits, rapid pace of technology and VA's ability to keep up, growing divide between civilian and military populations and changing demographics of Veterans.

Financial and Budgetary Implications

The U.S. Government's fiscal situation, primarily the size of the Federal deficit and the percentage of funds that must service our debt, could constrain discretionary spending for the foreseeable future and limit benefits and services available to Veterans from other Federal agencies and private sector organizations. After years of expanding growth, VA's budget could plateau or even shrink as military conflicts become less likely. September 2021 marked the 20-year anniversary of the 9/11 attacks. Many Service members who spent most of their careers in a deployed, operational or elevated state of readiness will transition to Veteran status and likely require increased support for service-connected disabilities, for example.

The global scope and operational tempo of U.S. deployments, the nature of each successive wartime conflict and the will to engage in conflicts are constantly changing factors. These factors can contribute to Veterans' high complexity needs such as traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), opioid use disorder (OUD), substance use disorder (SUD), toxic exposures, chronic pain presentations, polytrauma, moral injury and military sexual trauma (MST). The escalating cost of health care, education and other benefits and services is a persisting challenge exacerbated by the continuous evolution of society, for example, the disconnect between military and civilian experience, an aging population, the cost of multiple modernization efforts and

new/replacement buildings (such as medical facilities to meet the evolving needs of Veterans).

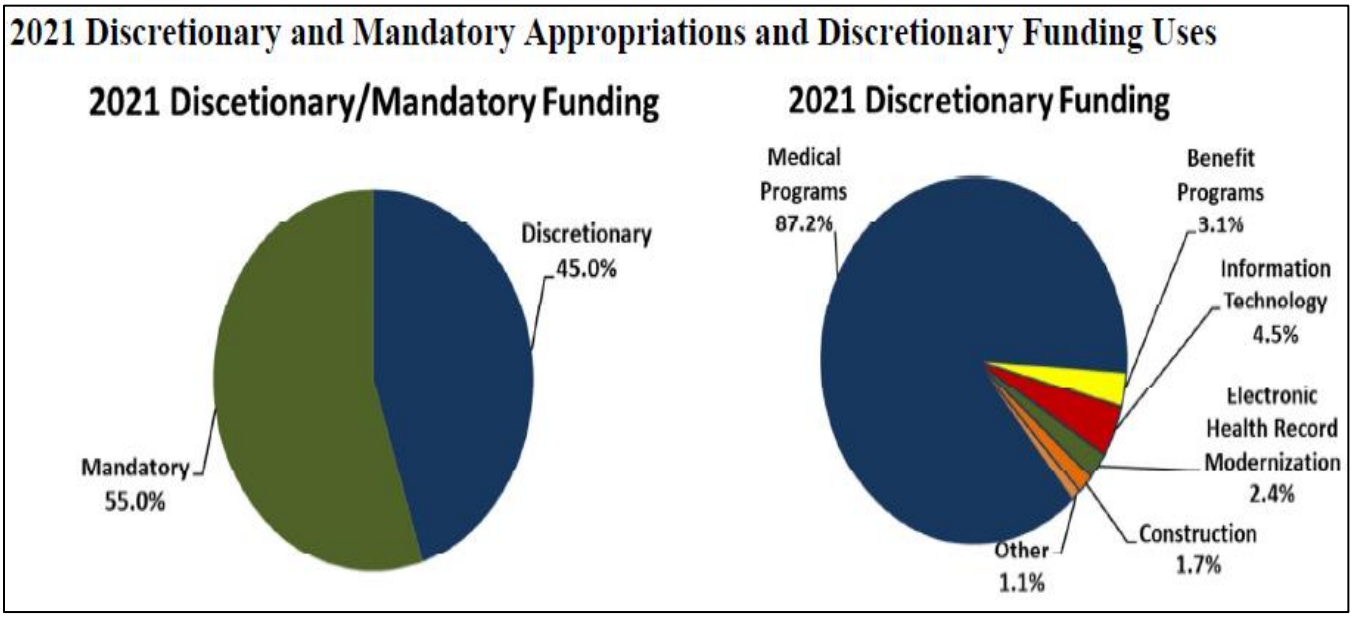
The following chart displays the VA budget for FYs 2011-21, highlighting the split between discretionary and mandatory funding. Since 2017, the budget has increased by $60 billion, or 33%.[113]

Appropriations History

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Mandatory	66.4	65.5	74.8	102.4	95.1	92.5	105.5	112.3	110.9	124.7	133.8
Discretionary	56.3	58.5	61.4	63.4	65.1	70.9	74.3	81.6	86.6	92.0	105.0
Medical Collections (MCCF)	2.8	2.8	2.9	3.1	3.2	3.5	3.5	3.5	3.9	3.9	4.5
Total VA	**125.5**	**126.8**	**139.1**	**168.9**	**163.5**	**166.9**	**183.3**	**197.4**	**201.4**	**220.6**	**243.3**

Mandatory amounts include $15 billion provided by the Veterans Choice Act in 2014, $2.1 billion in 2017 and $7.3 billion in 2018.

Totals may not add due to rounding.

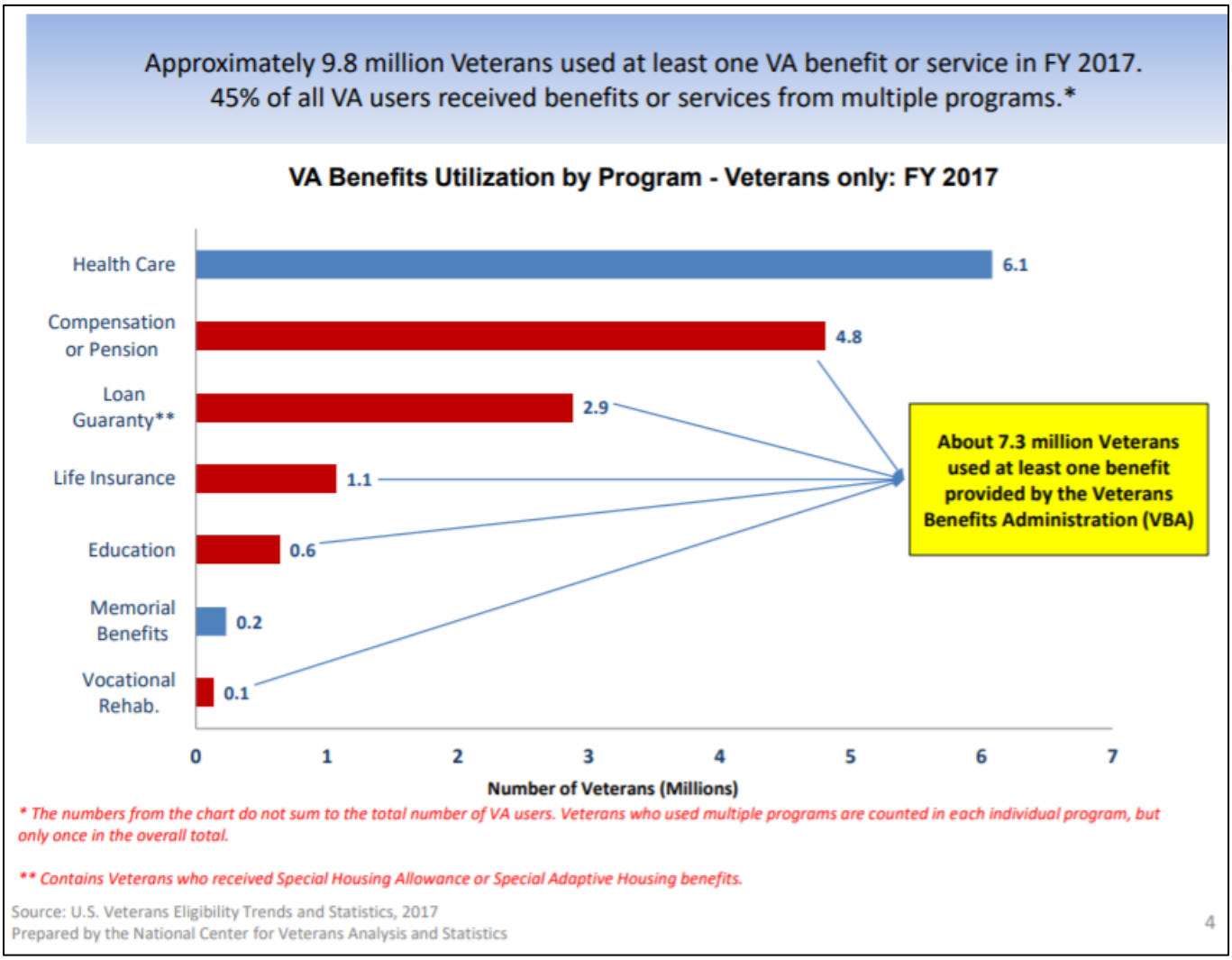


Rising Costs of Veteran Benefits

In the past two decades, VA's budget has more than quintupled; in FY 2001, the budget was roughly $45 billion. For FY 2021, the total was $243 billion. Health Care and Disability Compensation/Pension, the largest programs, increased by 21% and 47%,

[113] (Veterans Administration 2020). Office of Budget.

respectively, between FY 2008 and FY 2017. VA Health Care and Disability Compensation are the two most frequently used programs by our Nation's Veterans. In FY 2017, these two programs alone accounted for 77% of all VA expenditures ($140 billion out of $181 billion). As more post-9/11 Service members become Veterans, these expenses will continue to escalate.



Civilian to Military Divide

Less than 1% of Americans serve in the military compared to 12% of the population during World War II. An increasing divide between civilian and military populations and a potentially emerging "Veteran fatigue" could lead to diminished public and Congressional support for Veterans' programs. A poll in 2018 found that about 42% of American voters were either unaware of the continuing conflicts in the Middle East or convinced the War on Terror was over. An aspect of changing American culture is the increasing divide between those who have served in the military and those who have not. This civilian-

military divide poses significant and often misunderstood challenges when addressing the needs and experiences of Veterans after leaving military service.[114]

Technology

The rapid spread of smartphones, wearable sensors and artificial intelligence (AI) tools offers new opportunities for scaling access to mental health care. The most promising technologies available today may reduce gaps in mental health care as well as inform forthcoming innovations that may transform future care. In addition, new engineering and technological methods may improve the lives of Veterans with prosthetic systems or to activate paralyzed nerves, muscles and limbs.[115]

Veteran Cohorts by Conflict or War

As the nature of war and conflict evolves, so does the nature of the Veteran population. There are significant differences between Veteran cohorts that can be attributed to generational differences as well as the differences in care and benefits offerings by VA and the community. A quick synopsis of the major characteristics of each Veteran war cohort follows:

- **World War II and Korean Conflict Veterans:** 16,112,566 Veterans served during World War II (December 7, 1941, to December 31, 1946) and another 5,720,000 served during the Korean Conflict (June 25, 1950, to July 27, 1953). They are the Nation's oldest Veterans, and all are in their nineties or older. In September 2019, an estimated 389,000 WWII Veterans and 1,165,000 Korean Conflict Veterans were still living.
- **Vietnam Veterans:** 8,744,000 Veterans served during the Vietnam War (August 5, 1964, to May 27, 1975) and approximately 6,262,000 were living in September 2019. They are age 65 years and older and approximately one-third of Vietnam-era Veterans are 70% or more disabled.
- **Pre-9/11 or Gulf War I Veterans:** 6,516,030 Veterans (959,554 females) served during the Pre-9/11 Gulf War era (August 1990 to September 10, 2001). Approximately 1.1 million Veterans deployed to the Persian Gulf region during this time and 763,337 Veterans served in theater during Operations Desert Shield, Desert Storm, or the post-Desert Storm stabilization period (August 1990 to January 1992).[116]
- **Post-9/11 or Gulf War II Veterans:** More than 4.4 million Veterans have served in the military since October 2001. These Veterans are also known as Global War on Terrorism (GWOT) and Gulf War II Veterans. They are the youngest war cohort, more racially diverse than Veterans who served during other eras and more women (33.2% of women Veterans) served during the post-9/11 era than any other period (compared to peacetime: 24.9%; pre-9/11: 23.3%; Vietnam: 13.1%; Korea:

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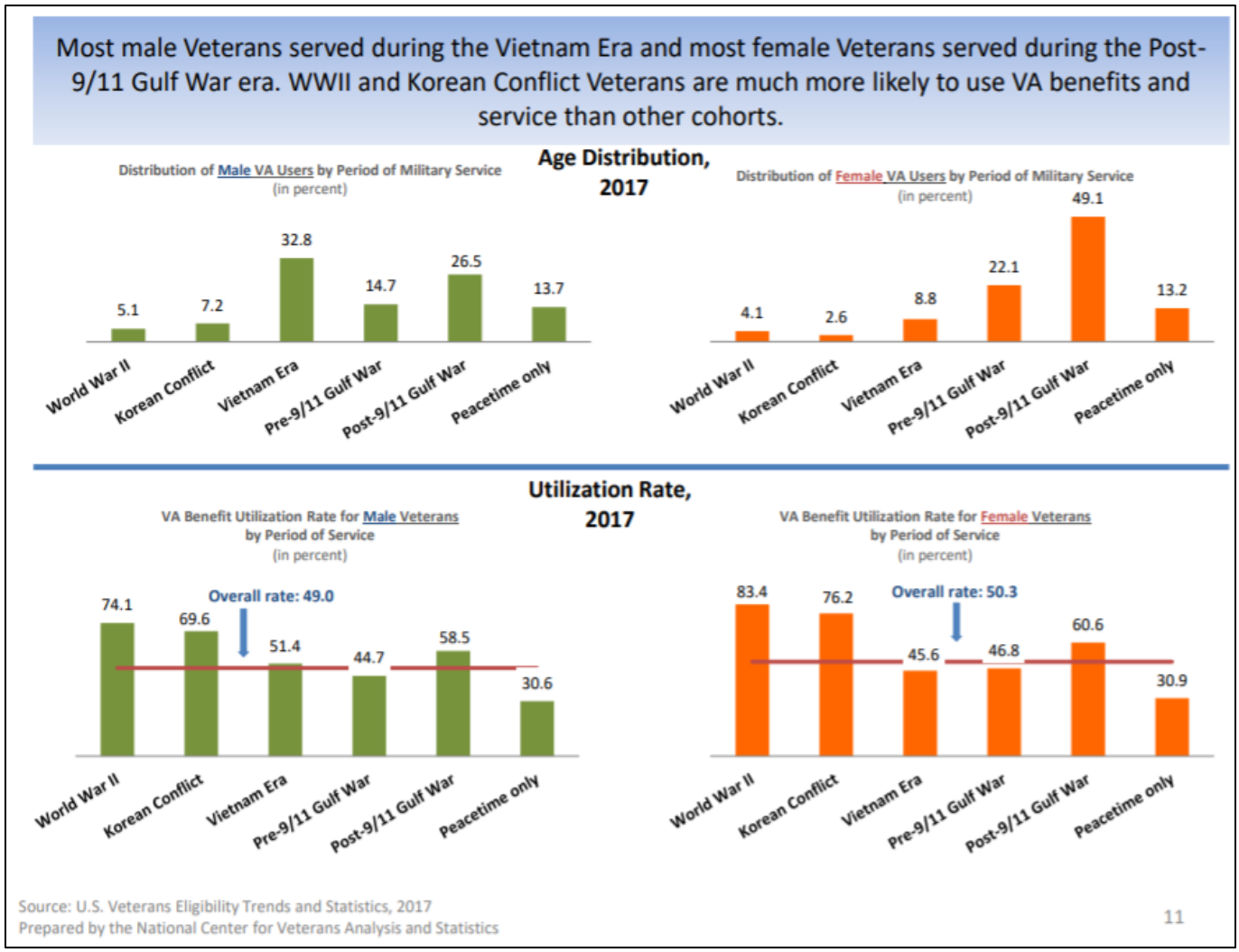
[114] (Carter 2017). Center for a New American Security.

[115] (Doraiswamy 2019). Empowering 8 Billion Minds: Enabling Better Mental Health for All via the Ethical Adoption of Technologies. https://nam.edu/empowering-8-billion-minds-enabling-better-mental-health-for-all-via-the-ethical-adoption-of-technologies/.

[116] (Honoring the 30th Anniversary of the Gulf War n.d.).

3%; and WWII: 2.5%). Nearly half (48%) of all post-9/11 Veterans deployed to Iraq or Afghanistan and many deployed to both nations; and because the GWOT is an ongoing conflict, we expect this cohort of Veterans to grow 25% by 2024 to approximately 5.4 million.[117]



Internal Influences

This section describes VA's fundamental priorities to deliver quality experiences and customer satisfaction and the potential challenges that may impact VA's ability to improve outcomes for Veterans, their families, caregivers and survivors. These challenges include access to benefits, health care, memorialization and services for all Veterans, mental health and suicide prevention, homelessness, providing value and ensuring inclusion, diversity, equity and access to VA resources for underserved, marginalized and at-risk

[117] (Office of Public and Intergovernmental Affairs n.d.). America's Wars.

Veterans. VA must understand these challenges and prepare to address them to ensure Veterans receive the benefits, care and services they earned and deserve.

VA Fundamental Principles

In February 2021, the Secretary of VA was sworn into office and identified the four fundamental principles to improve Veteran outcomes and make VA safe and equitable for all:

- **Advocacy:** VA will be the Nation's premier advocate for Veterans, their families, caregivers and survivors.
- **Access:** VA will provide timely access to VA resources. These resources include home care along with caregiver training and support. This principle also aims to reduce Veterans' homelessness and suicide.
- **Outcomes:** Veteran outcomes will drive everything we do. This principle aims to measure the quality and effectiveness of benefits, care and services and Veterans' experiences and satisfaction.
- **Excellence:** VA will seek excellence in all we do for Veterans. This principle aims to ensure that every Veteran is afforded access to VA's capacity and resources.

Veterans' Access to Health Care

The health care needs of Veterans differ from the health care needs of non-Veterans. Many physicians in the United States are acquainted with health care for Veterans offered through VA, as roughly 70% of current physicians in the United States received some portion of their medical training in VA health care facilities. However, most health care providers do not ask patients about their military service and are not aware of resources available to Veterans and their families. More than half of Veterans in the United States receive some or all their health care from the private sector,[118] and it is unknown if those in the private sector have awareness of military culture or if the Veteran population is well-understood.

Veterans and active-duty Service members are part of a unique culture; it is important for providers to understand this culture to better serve this population.[119] Understanding the unique population that VA serves along with understanding the complexities of the VA system are essential factors to consider when addressing the Secretary's four fundamental principles. Internal influences reveal important issues that impact VA operations such as suicide prevention, health equity, Veteran experience, quality and value of services, maintaining trust in VA and embracing innovative approaches to improve outcomes.

In accordance with the Comprehensive Addiction and Recovery Act, the Creating Options for Veterans Expedited Recovery (COVER) Commission completed its Congressionally mandated tasks and provided recommendations to the President of the United States (POTUS), the U.S. Congress and the Secretary of VA in 2020. The COVER

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[118] (Hunt S.C. 2018). Health Care for Military Veterans.
[119] (Burek 2018). Military Culture: Working with Veterans.

Commission's charge required far-reaching examinations of treatment models used by VA to deliver mental health care to Veterans. Comprehensive, evidenced-based reviews of key treatment modalities, public meetings, site visits to VA facilities and direct conversations with Veterans contributed to the final COVER Commission Report, which identified gaps in the coordination of care for high-risk Veterans. VA has many residential rehabilitation treatment programs (RRTPs) for PTSD, SUDs and homelessness distributed throughout the enterprise that provide critical care for some of the most vulnerable Veterans. However, feedback from Veterans and providers revealed that RRTPs are difficult to access, and Veterans are often referred to community care despite the availability of RRTP beds in neighboring VA facilities.[120]

Value, Quality and Experience

Value-based arrangements are health care payment and delivery models designed to reward health care professionals for the quality of health care provided rather than the quantity of services rendered.[121] Value-based programs are part of a quality strategy to reform how health care is paid for and delivered. According to the Centers for Medicare & Medicaid Services (CMS), value-based programs support better care for individuals, better health for populations and are lower cost.[122] The value-based care model pays providers (hospitals, labs, doctors, nurses and others) based on the health outcomes of their patients and the quality of services rendered. This model differs from the traditional fee-for-service model where providers are paid for each medical service. While quality care can be provided under both models, it's the difference in how providers are paid, combined with the way patient care is managed, that allows for health improvements and savings.

Team-based care is a core element of value-based care. Teams focus on prevention, wellness and coordination throughout the care continuum which are especially important for managing chronic conditions. While not all team members provide direct medical care, they work together with the patient and caregivers to help identify and address everyone's health care needs. Patients are the central part of this team. Providers engage patients, help them solve their own problems and better manage their total health. Open communication and sharing of information among these teams enhances trust and engagement and empowers patients to take better care of themselves between visits.[123]

Health care today lacks strong evidence on what treatments are effective and evidence does not always include the degree to which a treatment is effective for Veterans with complex chronic conditions.[124] Understanding the patient experience is an important step in moving toward patient-centered care. By looking at the interactions that patients have with the health care system as a whole and with doctors, nurses and staff, it is possible to

[120] (Department of Veterans Affairs n.d.). COVER Commission.
[121] (Congressional Research Service 2020). Paving the Way for Value-Based Health Care.
[122] (Centers for Medicare & Medicaid Services n.d.). Value-Based Programs.
[123] (American Hospital Association 2020). Value Initiative Issue Brief: Team-based Care Creates Value.
[124] (Health Services Research & Development n.d.). Advancing Value-Driven Care.

assess the extent to which patients are receiving care that is respectful and responsive to individual preferences, needs and values.[125]

VA is undergoing a major reorganization to transform the way it provides services for its Veterans. This transformation involves legislation such as the VA MISSION Act (Maintaining Internal Systems and Strengthening Integrated Outside Networks). The MISSION Act established the community care program including the coordination of VA and non-VA care, virtual care (e.g., telemedicine), use of value-based payment models and enhancing access and quality care for all Veterans with a special focus on underserved areas. With the implementation of the MISSION Act, Veterans are given more health care options and additional care is being delivered by the community. The MISSION Act is driving the evolution of VHA's role as a health care payor in addition to health care provider for millions of Veterans nationwide.

Mental Health and Suicide Prevention

The Secretary identified suicide as a national health crisis, an epidemic with no single solution that requires the same drive and unified approach that was unleashed during the COVID-19 pandemic. He stated that VA's collective engagement of ideas, services, programs and people needs to be strengthened and unified by a single vision to make substantial progress and end Veteran suicide.[126] The Secretary articulated that VA will unify and augment the management of suicide prevention efforts, ensuring and resources are focused on achieving better outcomes for Veterans and their families, caregivers and survivors.[127]

One-third of Veterans surveyed have experienced suicidal thoughts. Between 2005 and 2016, the suicide rate for Veterans increased 25.9%. In 2016, the suicide rate, adjusted for age and gender, was 1.5 times greater for Veterans than non-Veterans, with an average of more than 6,000 Veteran suicides per year. Despite efforts to improve mental health care for Veterans, this population remains at risk for suicide. On average, 17 Veterans die by suicide every day.[128] Veterans experience mental health and SUDs, PTSD and TBI at disproportionately higher rates compared to their civilian counterparts. Successful Veteran reintegration into civilian life rests upon providing Veterans with training that builds on their military knowledge and skills, finding employment post-separation from service, preventing homelessness and providing mental health programs that promote the transition to civilian life.[129] While the treatment of PTSD largely stems from the mental health system, professionals in other fields also interact with people with a history of trauma and PTSD. These professionals also may cope with their own issues around trauma.[130] According to the Substance Abuse and Mental Health Services

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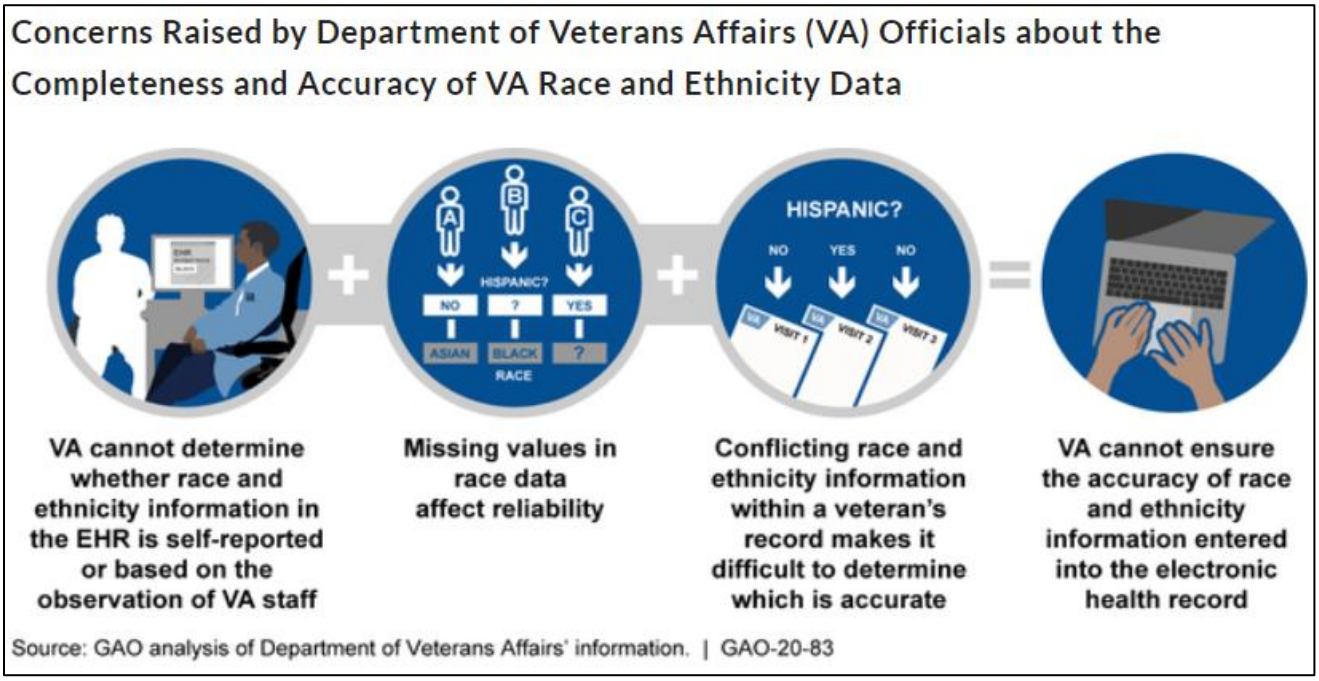
[125] (Agency for Healthcare Research and Quality (AHRQ) 2021 (reviewed)). What Is Patient Experience?
[126] (Veterans Administration 2021).
[127] VAntage Point. va-during-president-bidens-first-100-days. https://blogs.va.gov/VAntage/87928/va-during-president-bidens-first-100-days/.
[128] (VA Office of Mental Health and Suicide Prevention September 2018).
[129] (Olenick 2015). US Veterans and Their Unique Issues: Enhancing Health Care Professional Awareness.
[130] (VA Homeless Programs n.d.). Trauma-Informed Care for Working with Homeless Veterans.

Administration (SAMHSA), trauma-informed care includes having a basic understanding of how trauma affects the life of individuals seeking services.[131]

Inclusion, Diversity, Equity and Accessibility (I-DEA)

The Secretary launched a health equity review of all policies regarding care and services provided to LGBTQ+ and other Veterans and established a 120-day task force to examine diversity, equity, inclusion and accessibility for women, minority and LGBTQ+ Veterans. This culture and inclusion effort aims at making VA safe and equitable for all.[132]



The success of a Veteran's transition is influenced by factors such as their health, employment, housing and financial stability. These factors are known as the social determinants of health (SDOH). While VA provides critical and effective care for Veterans, many SDOH lie beyond the reach of traditional health care systems. Genetic factors and health care access are not the only determinants of an individual's health outcomes. Many populations often face barriers to health in their everyday lives. Social and economic disadvantages such as poverty, lack of educational opportunity, food insecurity and/or neighborhood crime can result in poor health outcomes and health disparities.[133]

It is critical for governments, private businesses, non-profits, community organizations and health care systems to understand SDOH and address challenges related to housing, transportation and social services. Through community health assessments and long-

[131] (VA Health Care n.d.). Trauma Informed Care.
[132] VAntage Point. va-during-president-bidens-first-100-days. https://blogs.va.gov/VAntage/87928/va-during-president-bidens-first-100-days/.
[133] (Social Determinants of Health n.d.).

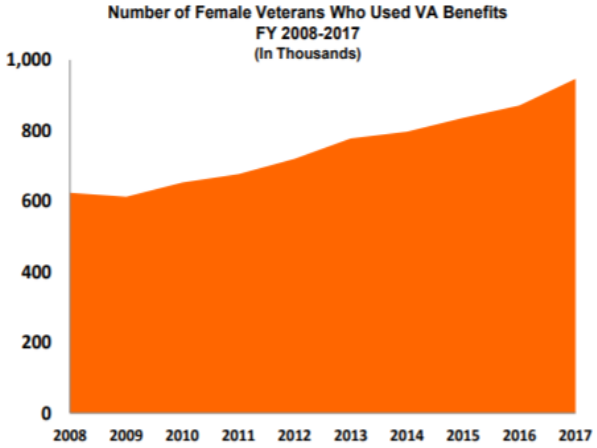
range planning, policy, system, environmental and programmatic changes, SDOH can improve in communities with the poorest health outcomes. A 2019 U.S. Government Accountability Office (GAO) report revealed that Veterans from underserved communities continued to face barriers to accessing VA health services.[134] Challenges in collecting SDOH data are related to patients sharing personal information and linked to the training and resources required to support those engaging directly with patients in data collection.[135]

Women Veterans

The percentage of female Veterans who used VA benefits increased from 36% in FY 2008 to 50% in FY 2017. The corresponding rate among male Veterans in FY 2008 and FY 2017 was 39% and 49%, respectively.[136] The ORH is focused on increasing access to health care for rural women Veterans, which includes telehealth, maternity care, obstetrics, gynecology and mental health care services for women Veterans.[137]

The rate of growth in the number of female Veterans who used VA is over 5 times the rate of growth of the overall female Veteran population.

- Number of female Veteran users increased by 51.8% since 2008 while the total number of female Veterans increased by only 9.8%
- Number of female Veterans grew at an average annual rate of 1.0% between FY 2008 and 2017, while the number who used VA benefits has grown at an average rate of 4.8%
- The utilization rate of VA benefits among female Veterans increased from 36.3% in 2008 to 50.3% in 2017
- Female Veterans made up 9.6% of all users in 2017, up from 7.0% in 2008



Veterans who Used VA Benefits and Services by Gender FY 2008-2017

GENDER	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Number of VA Users	8,964,124	8,579,872	8,789,694	8,908,323	9,061,299	9,240,704	9,350,828	9,526,480	9,669,748	9,828,570
Male	8,340,810	7,967,650	8,137,209	8,231,909	8,341,280	8,463,035	8,554,339	8,690,885	8,798,891	8,882,230
Female	623,314	612,222	652,485	676,414	720,019	777,669	796,489	835,595	870,857	946,340

Source: U.S. Veterans Eligibility Trends and Statistics, 2017
Prepared by the National Center for Veterans Analysis and Statistics

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[134] (Government Accountability Office 2019). VA Health Care.
[135] (Office of Public and Intergovernmental Affairs TF 2021). VA Establishes 120-day Task Force on Inclusion, Diversity, Equity and Access.
[136] (Veterans Benefits Administration n.d.). Women Veterans.
[137] (Office of Rural Health n.d.). Office of Rural Health Programs.

Veteran Homelessness

There are roughly 37,000 homeless Veterans in the United States.[138] The number of Veterans experiencing homelessness increased in FY 2020 even before the effects of the COVID-19 pandemic damaged employment prospects and financial resources for many communities. For the first time since FY 2010, Veteran homelessness among family households did not decline in FY 2020.[139] In addition to the complex set of factors influencing all homelessness (extreme shortage of affordable housing, livable income and access to health care) many displaced and at-risk Veterans live with the lingering effects of PTSD and substance abuse, which are compounded by a lack of family and social support networks. In addition, military occupations and training are not always transferable to the civilian workforce, placing some Veterans at a disadvantage when competing for employment. Research indicates that some Veterans have unrealistic expectations of the transferability of the skills obtained while serving and feel frustrated by having to “start over” in entry-level positions.[140]

Interagency partners have made various program changes in recent years to address challenges that transitioning Service members face in obtaining and keeping meaningful employment. The Veterans Employment and Training Service through DOL facilitates several programs and activities during and after transition that are aimed specifically at helping Veterans and their spouses obtain meaningful employment.[141]

Many Veterans find it challenging to identify support services within their community after they transitioned. Expanded public-private partnerships can reinvigorate local organizations, orchestrate efforts to affect real change and help Veterans navigate a complex bureaucratic landscape. Recent research suggests that Veterans’ families transitioning to civilian life desire program content that includes assistance for family members and children in the form of information, practical skills, support and parenting programs.[142] Listening to the voice of the Veteran provides critical input in shaping the future of transition assistance to ensure that each Veteran has a personal transition success story. A support network of both family and peers is an important foundation for navigating the military-to-civilian transition to ensure a path to whole health and economic stability for those transitioning to civilian life.

Caregivers

VHA serves more than 9 million enrolled Veterans annually. An estimated 25% of enrollees report needing the support of a caregiver. For caregivers, the stress of managing responsibilities, tasks and other needs may take a toll physically, emotionally and mentally.[143] Section 161 of the MISSION Act required VA, in a phased approach,[144]

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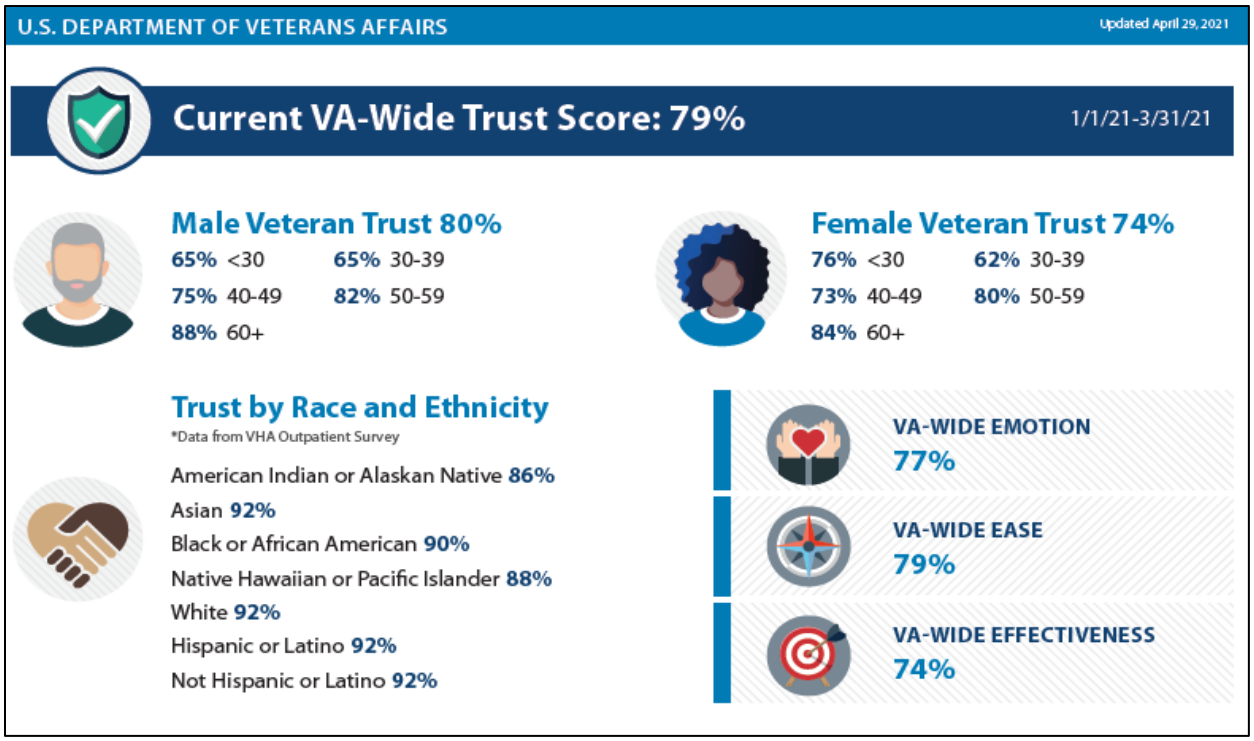
[138] (VA Homeless Programs Office 2019). Point-in-Time (PIT) Count.
[139] (Department of Housing and Urban Development 2021).
[140] (Zogas 2017). Watson Institute of International and Public Affairs.
[141] (Department of Labor n.d.). Veterans' Employment & Training Service (VETS).
[142] (Castro 2017). The State of the American Veteran.
[143] (VA Caregiver Support n.d.).
[144] (38 U.S. Code § 1720G - Assistance and support services for caregivers n.d.).

to expand the Program of Comprehensive Assistance for Family Caregivers of eligible veterans who incurred or aggravated a serious injury in the line of duty before September 11, 2001.

Veterans' Trust in VA

VEO captures and analyzes the voices of Veterans, their families, caregivers and survivors through human-centered design research and VA's Veterans Signals (VSignals) platform. VSignals is a near real-time survey instrument that captures customer sentiment for service recovery and program improvement. Each quarter VSignals surveys approximately 257,000 Veterans with recent interactions VA-wide with claims, appeals, health care, memorials and other services to rate their overall trust in VA. VSignals survey data for Quarter 2 of FY 2021 showed that 79% of Veterans using VA services trusted VA, up from 55% in FY 2016 when VA first started surveying Veterans about trust.[145] The same survey shows that VA's ease of use, effectiveness and its staff's ability to provide an empathetic experience (emotion) increased as well.



UNDERSERVED, MARGINALIZED AND AT-RISK VETERANS

Many Veterans, their families and caregivers face profound challenges connected to their service. In addition to the challenges related to mental health and/or TBI, worldwide deployments to war zones and/or conflict areas may result in health issues related to environmental hazards. Moral injury can occur when someone engages in, fails to

[145] (Department of Veterans Affairs 2021). Veteran Trust in VA.

prevent, or witnesses acts that conflict with their values or beliefs. Examples of events that may lead to moral injury include:

- Having to make decisions that affect the survival of others or where all options will lead to a negative outcome.
- Doing something that goes against your beliefs (referred to as an act of commission).
- Failing to do something in line with your beliefs (referred to as an act of omission).
- Witnessing or learning about such an act.
- Experiencing betrayal by trusted others.[146]

Morally injurious experiences may lead to feelings of moral distress such as guilt, shame and anger. Moral injury is a lasting psychological, spiritual, behavioral or social impact that may result from these experiences.[147]

MST refers to sexual assault or sexual harassment experienced during military service, and it can happen to anyone regardless of gender. MST includes any sexual activity that you are involved with against your will.[148] All of these important areas require an enhanced understanding of trauma-informed care which includes having a basic understanding of how trauma affects the life of individuals seeking services.

There are six health registries for Veterans who have had exposure to certain environmental hazards: Agent Orange, Airborne Hazards and Open Burn Pit, Depleted Uranium Follow-up, Gulf War, Ionizing Radiation and Toxic Embedded Fragments.[149]

Compared to their counterparts, a higher percentage of post-9/11 Veterans used compensation & pension, education, home loan and VR&E benefits. A crucial component of Veteran wellness and successful transition is mental health and suicide prevention. Suicide is a serious public health issue that causes unmeasurable pain to communities, families and individuals nationwide. Engaging community and public-private partners in the transition ecosystem is important to improve and adapt transition assistance.[150]

Special Emphasis Groups

An estimated 1 million lesbian, gay, bisexual, transgender or queer (LGBTQ+) Veterans live in the United States, many of whom take advantage of VA's health services. As a result of stigma, stress and discrimination, LGBTQ+ Veterans face increased health risks and unique challenges in health care.[151]

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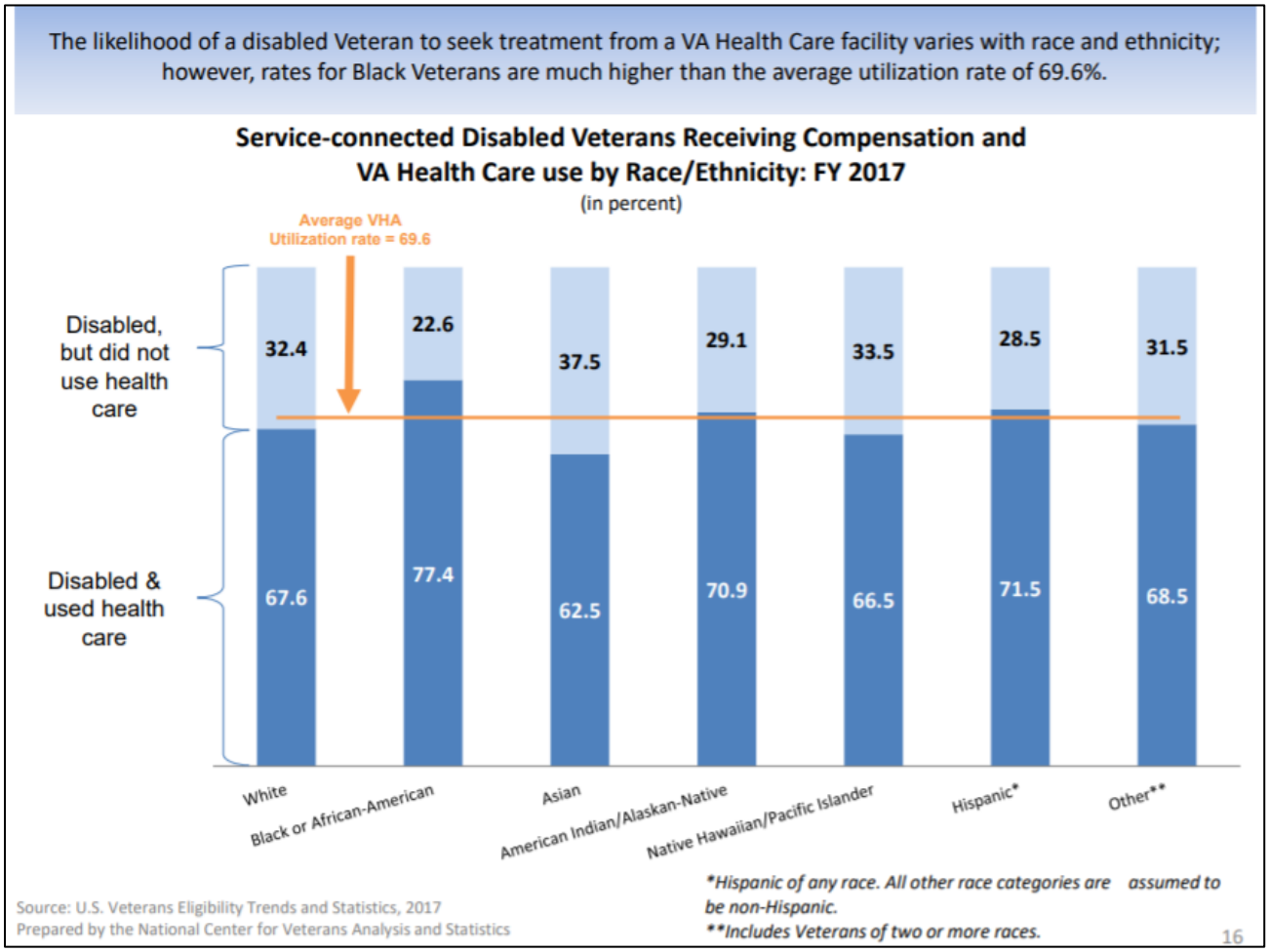
[146] (Norman n.d.). PTSD: National Center for PTSD.
[147] (Griffin 2019). Moral Injury: An Integrative Review.
[148] (VA Health Care n.d.). Military Sexual Trauma.
[149] (Disabled American Veterans (DAV) n.d.). Military Toxic Exposures.
[150] (Veterans Benefits Administration n.d.). The Military to Civilian Transition 2018: A Review of Historical, Current and Future Trends.
[151] (Veterans Benefits Administration n.d.). Lesbian, Gay Bisexual & Transgender (LGBT) Service Members and Veterans.

Over the past 30 years, racial and ethnic minorities have entered the military in increasing numbers.[152] In 2014, minorities comprised 22.6% of the total Veteran population in the United States. By 2040, minorities are projected to make up 35.7% of all living Veterans. VHA serves a Veteran population that is more racially and ethnically diverse and rapidly aging. Equitable access to high-quality care for all Veterans is a major tenet of the VA health care mission.[153]



In 2017, there were 158,217 American Indian and Alaska Native (AIAN) Veterans, of which 65,749 used at least one VA benefit or service. A higher percentage of AIAN Veterans have a disability compared with all other Veterans (38.8% versus 30.2%, respectively). A lower percentage of AIAN Veterans (41.6%) used at least one VA benefit or service compared to Veterans of all other races (52.7%). AIAN Veterans have played a vital role in the United States military for over two hundred years. ORH, IHS, Office of

[152] (Veterans Benefits Administration n.d.). Minority Veterans Program.
[153] (Office of Health Equity n.d.). Social Determinants Fact Sheet v2.

Tribal Government Relations (OTGR) and Office of Community Care (OCC) collaborate to provide oversight and management of the VHA/Indian Health Service (IHS) Memorandum of Understanding, which facilitates programs to increase access to care and services for AIAN Veterans. The VHA/IHS collaboration achieved success in extending telehealth services from VHA to IHS facilities, increasing VHA providers' cultural awareness and expanding the electronic Health Information Exchange for Native Veteran care coordination.[154]

In April 2021, VA conducted tribal consultation focused on updating the 2011 agency tribal consultation policy and has been providing OMB with regular updates regarding revisions to the policy along with an agency tribal consultation plan. In October 2021, the VA Advisory Committee on Tribal and Indian Affairs was formally established and convened its first meeting in January 2022. The Committee has, by statute, responsibility for supporting the agency in its tribal consultation efforts and will be providing input into the final proposed revisions to the agency policy. VA anticipates that the final draft, including input from tribal leaders and the Committee, will be published in the Federal Register late summer of 2022.

Military to Civilian Transition and Reintegration

When Service members transition to civilian life and become Veterans, the transition and reintegration process is often rife with challenges. Some leave the military with service-related disabilities such as PTSD, TBI or depression that further complicates the reintegration to civilian life.

The stigmatization of such unseen disabilities can make transition even more challenging for many Veterans which increases the need for proactive support to transitioning Service members at-risk for suicide, homelessness, unemployment and economic insecurity.

Transitional stress is the heightened amount of stress that Service members experience when they leave active duty for civilian life. Symptoms of transitional stress may include fear and worry about adjusting to a new routine and lifestyle, connecting with family and friends and finding employment. Transitional stress occurs in the initial period when the Service member returns home, whereas mental health disorders such as PTSD, depression and anxiety persist after the initial transition period and may include more severe symptoms. However, the symptoms of transitional stress and these mental health disorders can overlap and be difficult to separate; therefore, transitional stress is often misdiagnosed.[155]

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[154] (National Center for Veterans Analysis and Statistics n.d.). American Indian and Alaska Native Veterans: 2017.

[155] (Mobbs 2018). Beyond War and PTSD: The crucial role of transition stress in the lives of military Veterans. https://www.sciencedirect.com/science/article/abs/pii/S0272735817301836?via%3Dihub.

Figure 11. The transition ecosystem delivers holistic benefits, care and services to Service members and their families at critical stages of their life journey.[156]

Approximately 75% of Service members who separated in 2017 were between the ages of 17 and 34. In 2018, VA revised its Transition Assistance Program (TAP) curriculum to better meet the needs of this younger, more diverse population. Approximately 75% of post-9/11 Veterans are under age 45.

Rural Veterans

Almost a quarter of all Veterans in the United States (4.7 million), return from military careers to reside in rural communities. While Veterans may enjoy the benefits of rural living, they also may experience rural health care challenges that are intensified by combat-related injuries and illnesses. Rural Veterans enrolled in VA's health care system are significantly older than non-rural Veterans: 55% are over the age of 65. This older Veteran population is more likely to suffer from diabetes, obesity, high blood pressure and heart conditions that require more frequent, ongoing and costly care. The younger

[156] (Veterans Benefits Administration n.d.). The Military to Civilian Transition 2018: A Review of Historical, Current and Future Trends. https://benefits.va.gov/TRANSITION/docs/mct-report-2018.pdf.

generation of rural Veterans also experiences multiple medical and combat-related issues, which will require significant on-going access to care. More than 301,000 rural Veterans served in Iraq and Afghanistan. In rural areas, basic levels of health care or preventive care may not be available to support long-term health and well-being. Leveraging partnerships with qualified health centers, critical access hospitals, rural health centers, Tribal health centers and IHS are essential elements of health care delivery in rural communities.[157]

Expanding telehealth is also an essential element, but rural areas are often challenged with limited broadband capacity. ORH continues to work with Federal agencies in the Broadband Interagency Working Group to improve coordination across programs, reduce regulatory barriers to broadband deployment and promote awareness of the importance of Federal support for broadband investments. Working alongside agencies like the DOL, DOC and DOT, ORH works to expand rural broadband access and empower telehealth solutions that connect rural Veterans with needed care.[158]

Aging, Frail and End of Life Veterans of All Ages

According to the U.S. Census Bureau, the U.S. population aged 65 years or older is expected to nearly double over the next 30 years, reaching an estimated 83.7 million by 2050. VA projects the number of VHA enrollees of all ages to decrease slightly, approximately 8%, between FY 2019 and FY 2039, but the number of enrollees aged 85 and older is projected to increase by approximately 38% and women Veteran enrollees aged 85 and older will increase by over 200%.[159, 160, 161]

As Veterans age, VA will provide benefits and services that address a variety of issues including the changing health risks they face, as well as financial challenges through VA benefits and health services. In 2021, VA joined the National Age-Friendly Health Systems Initiative and Committed to Care Excellence for Older Adults.

Becoming an Age-Friendly Health System involves providing four evidence-based elements of high-quality care to all older adults in a health care system. Known as the "4Ms," VA delivers what Matters, Medication, Mentation and Mobility.

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[157] (VA Office of Rural Health n.d.). Office of Rural Health.

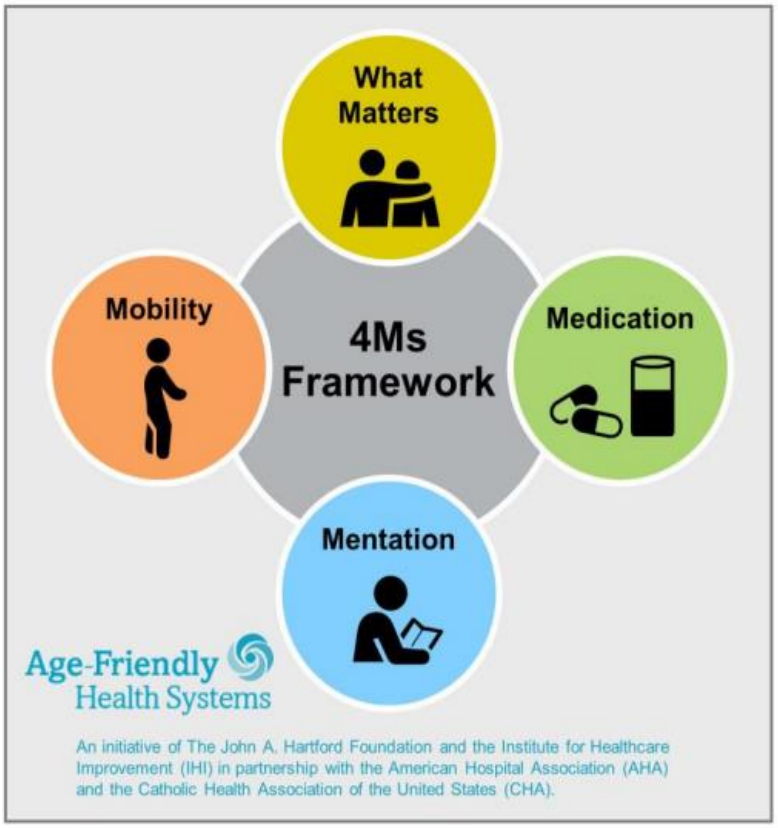
[158] (Office of Rural Health n.d.). Office of Rural Health Programs.

[159] (H. S. Kaye 2012). Gradual Rebalancing of Medicaid Long-Term Services and Supports Saves Money and Serves More People, Statistical Model Shows. Health Affairs, pp. 1195-2003; Medicaid Long Term Services and Supports Annual Expenditures Report: Federal Fiscal Years 2017 and 2018. Mathematica Policy Research.

[160] (Institute of Medicine 2008). Retooling for an Aging America: Building the Health Care Workforce. The National Academies Press. https://doi.org/10.17226/12089.

[161] (U.S. Government Accountability Office February 2020). VA Health Care: Veteran's Use of Long-Term Care is Increasing and VA Faces Challenges in Meeting the Demand. GAO-20-284. https://www.gao.gov/assets/gao-20-284.pdf.

Figure 1. 4Ms Framework of an Age-Friendly Health System



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Growth in the aging population has left health care systems behind as they struggle to establish an Age-Friendly Health System and provide reliable evidence-based care to every older adult at every care interaction. Age-Friendly Health Systems follow an essential set of evidence-based practices, cause no harm and align with the 4Ms to deliver what matters most to older Veterans and their family caregivers. Many VA health systems are on the list of Age-Friendly Health Systems and others are working on implementing the 4Ms to be recognized as Age-Friendly Health Systems.[162, 163]

Aging in Place is an initiative to increase access and availability to Home & Community Based Services (HCBS) to allow Veterans to live at home or the least restrictive environment possible. The delay of prevention of nursing home care with the use of HCBS services has provided significant long-term savings in many state Medicaid programs since the costs of nursing home care are significantly higher than HCBS services.[164]

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[162] (Tinetti n.d.). What Is an Age-Friendly Health System?
[163] (VHA Geriatrics and Extended Care n.d.). VA Age-Friendly Health Systems Initiative.
[164] (Felix HC 2011), (Irvin 2017), (Marek K. D. 2012) (Newcomer 2016), (H. S. Kaye 2009), (H. S. Kaye 2012), (Murray 2021).

The VHA GEC covers care for not only aging Veterans but also provides home care, end of life care and long-term care for Veterans of all ages in all care settings. VCP is a national initiative to ensure all Veterans and their caregivers have access to the widest range of choices and services. VCP is a joint project of VHA's Offices of Geriatrics and Extended Care, Community Engagement, Rural Health, Mental Health, Voluntary Services and Caregiver Support.

VCPs are coalitions of Veterans and their caregivers, VA facilities, community health providers, organizations and agencies that provide seamless access and transitions among the full continuum of care and support services throughout VA and the community. Of 19 million Veterans, 9 million are enrolled in VA health care, 47% of enrolled Veterans are over age 65 and 70% of Veterans receive additional health care from non-VA sources. VCP provides an innovative, flexible, relevant and useful approach that assists a VA facility to establish and nurture community partnerships that facilitates access to and coordination of the broad spectrum of health care needs of all Veterans and their families.[165]

Pain Management and Addiction

On July 22, 2016, President Obama signed into law the Comprehensive Addiction and Recovery Act of 2016 **(P.L. 114-198)**.[166] This is the first major Federal addiction legislation in 40 years and the most comprehensive effort undertaken to address the opioid epidemic, encompassing all six pillars necessary for such a coordinated response: prevention, treatment, recovery, law enforcement, criminal justice reform and overdose reversal.[167]

VHA's Whole Health System transformation expanded complementary and integrative health (CIH) therapies as part of standard medical care. This expansion is being driven by several factors, including mounting evidence of the effectiveness of these therapies for many conditions, increasing demand from Veterans, increasing need to offer non-pharmacologic pain management strategies to counter the opioid epidemic and significant support from Congress and VA leadership. However, continued expansion of CIH therapies require more resources to provide optimal access to meet demand and improved integration.[168] According to the Whole Health System of Care Evaluation—A Progress Report on Outcomes of the Pilot at 18 Flagship Sites—26% of Veterans with chronic pain used complementary and integrative health (CIH) services. There was a threefold reduction in opioid use, from 38% to 11%, among Veterans with chronic pain who used whole health services compared to those who did not.[169] In 2017, 67.8% of

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[165] (National Center for Healthcare Advancement and Partnerships n.d.) Veteran Community Partnerships.
[166] (U.S. Congress 2016). S.524, Comprehensive Addiction and Recovery Act of 2016.
[167] (Congressional Research Service 2016). The Congressional Appropriations Process.
[168] (Office of Health Equity n.d.).
[169] (Bokhour 2021) B.G., Hyde JK, Zeliadt S, Mohr DC. Whole Health System of Care Evaluation- A Progress Report on Outcomes of the WHS Pilot at 18 Flagship Sites. 2020. Veterans Health Administration, Center for Evaluating Patient-Centered Care in VA (EPCC-VA). https://www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/Evidence-Based-Research.asp.

drug overdoses were with prescription opioids. The rate of OUD among VHA patients is seven times higher than that of non-VHA enrollees.[170]

Adding to the complexity of treating pain in Veterans are increasing numbers of Veterans struggling with behavioral and mental health issues related to PTSD and TBI.[171] These conditions are strongly associated with SUDs, as are other problems experienced by returning military personnel, including reintegration stresses, sleep disturbances and violence in relationships.[172] Onset of SUDs also can emerge secondary to other mental health problems associated with these stressors, such as PTSD and depression.[173] Health Care System researchers found that opioids were not superior to non-opioids for improving pain related function over 12 months. In fact, non-opioid medications were more effective than opioids for reducing pain intensity. The results do not support starting opioid therapy for moderate to severe chronic back pain, hip or knee osteoarthritis pain. The study found no advantages of opioids that would outweigh their risk of serious harm.[174]

Substance Abuse

Service members transitioning from active duty to civilian life are at high risk of substance abuse. Some Veterans may turn to alcohol and drug use as unhealthy ways of coping with trauma, anxiety, depression, pain, injuries and other conditions related to their service. Research has found that 46% of Veterans reported alcohol or substance abuse during active duty and 42% reported alcohol or drug use after transitioning to civilian life.[175] Since 2017, a number of initiatives have been spearheaded by VA and Veterans groups to stem the tide of the opioid crisis among Veterans, including new comprehensive prescription guidelines and exploring alternatives to using opioids for pain management.[176, 177] Mindfulness and meditation are a holistic, alternative approach to positively impact pain centers and reduce stress.[178]

An analysis of health insurance claims data published in the online journal *BMJ Open* revealed “diseases of despair” such as substance abuse, alcohol dependency and suicidal thoughts, such behaviors have soared in the United States over the past decade. Between 2015 and 2017, life expectancy fell in the United States, the longest sustained

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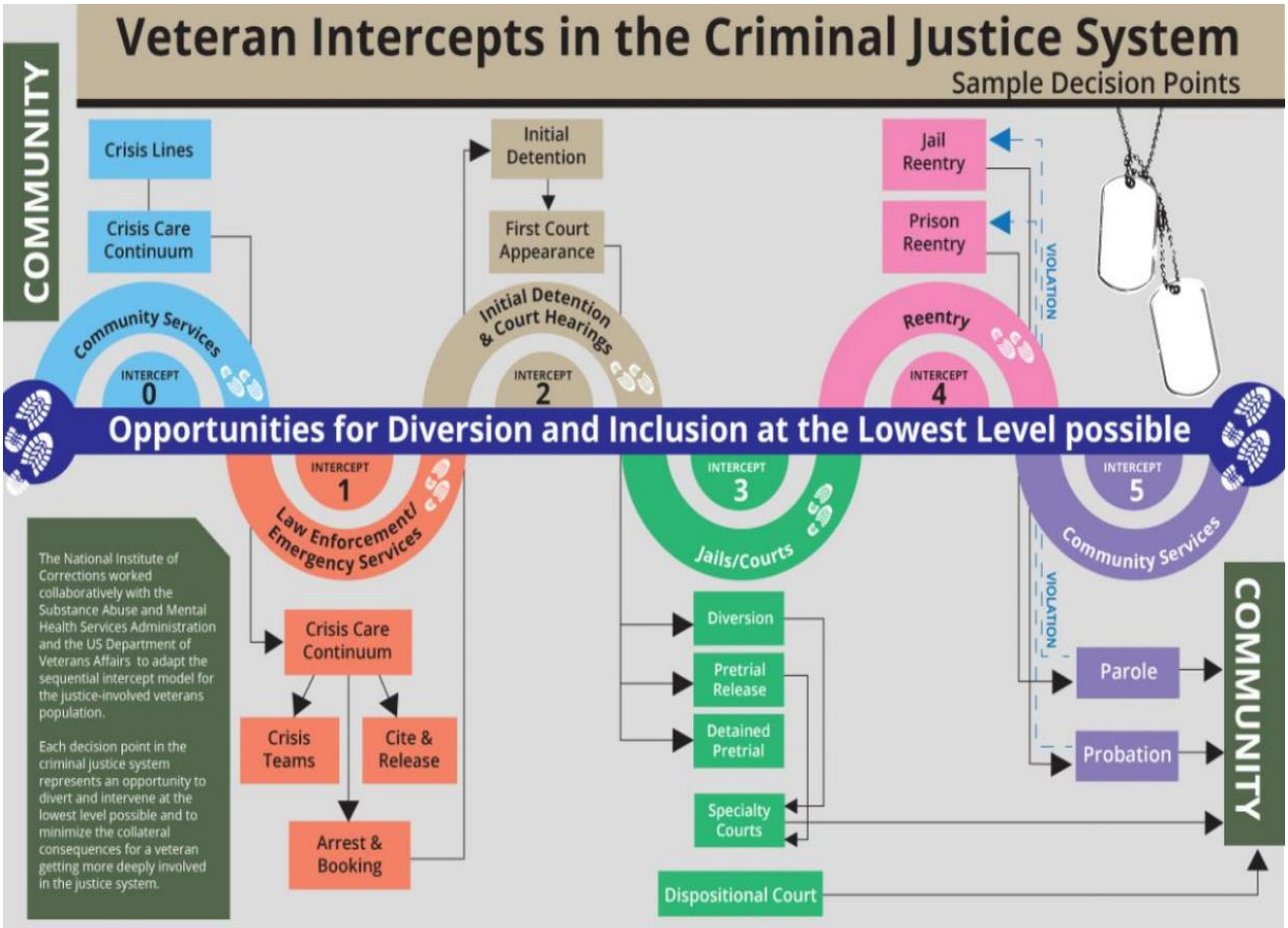
[170] (Zaccheus 2020). Drug Overdose and Suicide Among Veteran Enrollees in the VHA: Comparison Among Local, Regional and National Data.
[171] (Seal 2017). Association of Traumatic Brain Injury with Chronic Pain in Iraq and Afghanistan Veterans: Effect of Comorbid Mental Health Conditions.
[172] (NIDA 2019). Substance Use and Military Life Drug Facts.
[173] (Teeters 2017). Substance use Disorders in Military Veterans: Prevalence and Treatment Challenges.
[174] (Krebs 2018). Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients with Chronic Back Pain or Hip or Knee Osteoarthritis Pain: The SPACE Randomized Clinical Trial.
[175] (Derefinko 2018). Substance Use and Psychological Distress Before and After the Military to Civilian Transition.
[176] (Department of Veterans Affairs n.d.). Opioid Safety Initiative (OSI).
[177] (Veterans Health Administration n.d.). Management of Opioid Therapy (OT) for Chronic Pain.
[178] (Herman, Cost-effectiveness of Mindfulness-based Stress Reduction Versus Cognitive Behavioral Therapy or Usual Care Among Adults With Chronic Low Back Pain 2017).

decline since 1915-18. Deaths among middle-aged white non-Hispanic men and women rose sharply between 1999 and 2015. These premature deaths are largely attributable to accidental overdose, alcohol-related disease and suicide.[179]Despair consists of cognitive, emotional, behavioral and biological domains. Despair also can permeate social relationships, networks, institutions and communities.[180]

Justice-Involved Veterans

Many Veterans return home from deployments with PTSD or other mental health issues. They may feel isolated, lonely or misunderstood. Separated from the military "family" with whom they served, they carry the burden of their service alone and some struggle with how to cope with their feelings. Some self-medicate or act out to ease their pain and some find themselves involved in the criminal justice system.[181, 182]



[179] (Brignone 2020). Trends in the Diagnosis of Diseases of Despair.
[180] (Shanahan 2019). Does Despair Really Kill? A Roadmap for an Evidence-Based Answer.
[181] (Department of Justice 2019). Law Enforcement Officers.
[182] Incarceration can affect a Veteran's eligibility for certain VA benefits or the amount. Additional information on VA benefits and programs for justice-involved Veterans is available at VA's website.

U.S. Department of Veterans Affairs

FY 2022-28 Learning Agenda

Background and Approach

The Foundations for Evidence-Based Policymaking (EBP) Act of 2018 (P.L. 115-435, "Evidence Act") requires cabinet-level agencies including the Department of Veterans Affairs (VA) to create and use Learning Agendas, Annual Evaluation Plans and Capacity Assessments. In guidance documents, the Office of Management and Budget (OMB) specified requirements for these deliverables.

The Learning Agenda and the Capacity Assessment accompany VA's FY 2022-28 Strategic Plan, per statute and OMB guidance. These two documents are appendices in the Strategic Plan.

Since the Evidence Act became law in early 2019, the chartered VA Foundations for Evidence-Based Policymaking Working Group (FEBPWG) has superintended efforts to meet the statutory requirements of the Evidence Act across VA. The FEBPWG has over 190 representatives from the three VA Administrations (Veterans Benefits Administration (VBA), Veterans Health Administration (VHA) and the National Cemetery Administration (NCA)) and Staff Offices supporting implementation of the Evidence Act and EBP principles more generally. Organizations with expertise in evidence-building and evaluation, such as VHA's Office of Research and Development (ORD) and its Quality Enhancement Research Initiative (QUERI), provide critical support to the FEBPWG and assist other work group member organizations to expand and mature capabilities across the Department. In turn, the FEBPWG works to advocate on behalf of Veterans issues by featuring ORD/QUERI's studies in public-facing documents like this Learning Agenda and to assist in coordinating efforts across VA offices. (See VA's Capacity Assessment for additional detail regarding VHA's efforts in evidence-building and -use.)

Formal sessions occur monthly with overran average of 50 attendees and members meet informally in groups several times a week to advance EBP efforts across the enterprise. In addition to the statutorily required deliverables, the FEBPWG has spearheaded the development, implementation and successful use of formal, documented evidence-based best practices (such as strength-of-evidence checklists for use by non-expert program offices) for legislative proposals and budget formulation.

This is VA's first standalone learning agenda document (although VHA for many years has used research agendas as evidence-building plans for its health care studies) and it summarizes the Department's efforts to obtain evidence-based input and insights with findings across the Administrations and the entire enterprise. This Learning Agenda represents the views of self-identified practitioners of data analysis/science and program evaluations.

Topic Selection Criteria

Since the passage of the Evidence Act, VA viewed the opportunity of publicizing its most significant evaluation and research priorities as consistent with its vital mission on behalf of Veterans and their families and welcomes the chance to further advocate for them by focusing attention on important issues.

To maximize the value of implementing the Evidence Act provisions on behalf of Veterans and their families, the VA FEBPWG identified several criteria to determine issues appropriate for the Learning Agenda.

Criterion #1: Existing Lines of Inquiry

VA's current efforts entail hundreds of program evaluations every year, conducted with a variety of means and for many reasons, including statutory requirements. In addition, VHA conducts hundreds of focused evaluations of clinical practices. For the purposes of the Evidence Act, however, this Learning Agenda and associated Annual Evaluation Plans focus on evaluations of policies and programs as defined by OMB guidance in M-20-12. Evaluation practitioners, both in offices focused on research and in program offices responsible for program implementation, focus on existing lines of inquiry embodied in current programs and efforts. Practitioners believe that all areas of national importance currently are being addressed at some point in the evaluation lifecycle.

Moreover, VA seeks to leverage its existing, robust approaches to outreach and in reach about potential studies, data and findings with its many stakeholders, including peer experts within the Federal government (i.e., DoD, HHS and HUD), intergovernmental authorities, the private sector, VSOs and other advocacy and research-based organizations, including the National Academies. VA's Capacity Assessment documents, for example, VHA's existing lifecycle for investigations that maximize diverse inputs as to study topic priorities from across the VA enterprise and elsewhere and which result in effective dissemination of findings. Specific such requirements in the Evidence Act reflect VA's thought-leading approach which has developed over decades.

This initial criterion also highlights areas and topics of on-going interest and concern for which important questions remain to be addressed. Such topics present gaps in knowledge, processes and practices for which the Learning Agenda will focus attention within the VA enterprise, with stakeholders, Veterans and the public.

VA evidence-builders, researchers, evaluators and statisticians look forward to using the dissemination of this Learning Agenda to its many partners to deepen data sharing and topic identification activities documented in VA's Annual Evaluation Plan.

Criterion #2: Mission-focus on Veterans and their Families

VA faces several challenges with respect to our direct mission-driven care and services, as well as our administrative functions. However, VA chooses to focus the initial effort under the Evidence Act on purely Veteran-facing topics. By doing so, efforts to address the requirements of the Evidence Act will stimulate internal VA interest and external stakeholder attention, on the most important issues facing Veterans and their families. In future cycles, VA may choose to expand its focus to include administrative matters such as hiring, placement of facilities, or improving the efficiency of supply chains.

This Veteran-facing aspect requires VA to highlight important gaps regarding vital issues for Veterans, such as suicide, homelessness and opioid addiction – areas in which VA and the rest of government have made substantial progress. However, more needs to be done, but such action requires knowledge that has yet to be uncovered and confirmed.

VA's Learning Agenda therefore focuses on critical gaps in understanding of critical issues for Veterans and their families.

As is further discussed in the FY 2023 VA Annual Evaluation Plan, evidence-builders and evaluators are frequently embedded in the same offices which are responsible for program execution. This characteristic helps to ensure that research priorities are rapidly identified and acted upon, and the findings can be used quickly to adjust practices, processes and policies to best serve Veterans. Also, in this way program offices can rapidly share results with their program and policy collaborators both within VA and elsewhere. This aspect is vitally important to effectively address urgent issues such as suicide prevention, opioid use disorder and homelessness. Those investigations necessary to serve oversight purposes, however, are conducted with greater independence, often by evaluators in different chains of command.

Criterion #3: Underserved and Vulnerable Veterans

Third, VA's Strategic Plan for FY 2022-28 encompasses myriad areas in which VA impacts Veterans—every aspect of the life journeys of our Veterans—requiring a focus on a meaningful subset of our strategic objectives. An immediate consensus emerged in the FEBPWG and across VA: To rally attention and effort to VA's public evaluation activities under the Evidence Act we must focus on the most compelling of our objectives which are enhancing care and services for underserved, vulnerable, at-risk and marginalized Veterans (e.g., those facing addiction, suicide or homelessness. In early deliberations, there was no second-place issue that presented so stark a priority.

Criterion #4: Nomination Using Administration`s' Existing Prioritization

The FEBPWG decided that those individuals who were responsible for carrying out agendas and plans should use their existing, documented priorities (which align to VA's Strategic Plan) to nominate a set of questions and research topics for which critical gaps in knowledge exist. These gaps have been previously identified by VHA and VBA, as they note in the FY 2023 Annual Evaluation Plan. For the purposes of developing this Learning Agenda, the Administrations applied their own criteria and these criteria to prioritize them for inclusion.

Each Administration has its own strategy and business documents that link to the VA strategic plan, and they are familiar with the most significant issues they face that address the criteria. VHA enters the Evidence Act process already recognized as a thought leader in program evaluation and implementation sciences, while VBA begins with a substantial process-analytic foundation but not one focused heretofore on evaluation. Elsewhere in VA there are important pockets of strength in statistics and evidence-building, but there is currently no centralized focus on consistent standards and processes for their work. Therefore, the most coherent proposals for Learning Agenda topics are from VA's two major administrations which, although they are at different maturity levels in evaluation sciences, are the foci for impactful efforts.

This federated approach ensures that policymakers can obtain the most salient findings addressing the most significant issues they are likely to face, while the Administrations pursue questions, they can address in the timeframe of this Learning Agenda and the

associated Annual Evaluation Plans using the current and likely state of knowledge, expertise and analytic capacity they encompass. VA seeks to ensure that findings from specific evidence-building efforts are available to policymakers as soon as they are available to effectively inform decisions, rather than waiting for more evidence to become certain. The federated approach across VA organizations and across evaluations and other evidence-building efforts provides multiple channels for findings to inform decisions.

For example, VHA's long-range plan goals are aligned with overall VA goals for improvement and modernization of Veteran health services and strengthening VHA as a high-reliability organization:

- Make VHA the provider and care coordinator of choice for Veterans;
- Deliver comprehensive and integrated whole health care;
- Innovate as a learning and teaching organization; and
- Increase the effective and efficient use of resources across the enterprise.

Learning Agenda Topics

This Learning Agenda presents VA's specific approaches to identify priority Learning Agenda business or policy questions. Using the term "business" implies that evidence-builders and evaluators are to address not only strictly policy questions—"what" VA should be doing—but also administrative and process issues the resolution of which may be essential to making decisions about policy and management issues—"how" VA is doing business. During FEBPWG's deliberations, VA prioritized evidence-building to address VA's FY 2022-28 Strategic Plan, Strategic Goal 2: "VA delivers timely, accessible, high-quality benefits, care and services to meet the unique needs of Veterans and all eligible beneficiaries," with an emphasis on underserved, vulnerable, at-risk and marginalized Veterans. VA's Learning Agenda questions derive directly from this priority. The Administrations were asked to identify the significant business or policy questions related to such Veterans whose evidence-building findings would be decisive for major policy questions and to do so using existing and expected knowledge, skills and abilities, as well as existing and expected financial resources.

VBA and VHA addressed the following areas for each topic:

Section I: Learning Agenda Questions

Section II: Background and Context

Section III: Required and Existing Evidence

Section IV: Evidence Gaps

Section V: Plan for Progress and Risks

Section VI: Attestation of Available Resources

The Learning Agenda business questions share a focus on medium-term resolution associated with the time horizon of strategic planning rather than urgent responses to emergent issues. Therefore, topics of immediate consequence, such as those concerning the acute phases of the COVID-19 pandemic, are not included, although VA remains

focused on robustly and expeditiously addressing such concerns and in the case of the COVID-19 pandemic, the FY 2023 Annual Evaluation Plan addresses the longer-term impacts of it on patients, practitioners and healthcare systems. Likewise, VA studies multigenerational variables, but in the context of a 6-year cycle that will focus on the medium-term subset of larger issues.

VBA Learning Agenda

VBA's Learning Agenda has a significant focus on military-to-civilian transitions due to the identification of significant research needs in this area. This need was identified by a recent literature review by VHA which included academic articles, Congressional testimony, VA project documentation from the Transition Assistance Program (TAP) and reports from oversight organizations such as GAO, which focused on topics such as military-to-civilian transition; integration and reintegration into civilian social structures; transition stress; community reintegration and support structures; identity and military culture; engagement of Service members and Veterans; and user-oriented design.

Many of the studies reviewed took a qualitative data-gathering approach that involved interviewing small sets of recently transitioned Service members and Veterans to gather direct information about experiences and insights into areas for further research with expanded populations. In addition to explorations of transition within the United States, the literature review included research and studies conducted with transitioning members of the Canadian military and peacekeeping forces, as the Life After Service Survey (LASS) program[5] provides valuable insight on the transition process generally. The review particularly emphasized literature pertaining to Service members and Veterans who serve or have served post 9/11, as these Veterans became civilians relatively recently, and their experiences allow a timely look at the transition process.

In this analysis, VBA discovered the need for additional research focused on the transition needs of younger and female Veterans, whose experiences introduce challenges that differ from other Veterans. The review also identified the need to better understand the applicability of skills obtained from the military experience within the civilian context. Additionally identified needs related to the importance of research which included transitioning Service members as a family unit both pre-and post-separation.

Service members who are transitioning from military to civilian life often experience a variety of challenges, including residential moves and adjusting to new surroundings; new jobs or potential periods of unemployment; and changes in household makeup. Often these changes evoke significant uncertainty in the lives of Veterans, prompting potential unease and anxiety, which can have significant repercussions on their financial situation and emotional well-being.

To fully address the expanding needs of returning and transitioning Veterans, a more holistic examination beyond the diagnosis of post-traumatic stress disorder (PTSD) is

warranted.[183] Numerous studies have identified the prevalence of diagnosed PTSD as having an upper bound of 19% and even this number is questionable due to the quality of the studies.[184] Most importantly, studies have linked individuals who experience transition stress to those who seek treatment for mental and physical health challenges, including suicidal ideation. This group includes Veterans not formally diagnosed with PTSD.[185, 186] A more holistic view of military-to-civilian transition is necessary to understand the factors that contribute to transition challenges and determine the effectiveness of VBA programs to aid Veterans with adjustment to civilian life.

Research indicates that 27% of Veterans state that they struggled with re-entry into civilian life; this number jumps to 44% when the focus is on post-9/11 Veterans.[187] VBA, as part of its Post-Separation Transition Assistance Program (PSTAP) Assessment Outcomes Study Report, identified that over 60% of Veterans surveyed, who participated in the program, agreed or strongly agreed that "The process of transitioning from active duty was more challenging than I expected."[188] Military-to-civilian transition challenges extend beyond PTSD-related concerns. The increased focus on transition stress involves framing that stress and the associated benefits, services and treatments that can help to address it, as a normal part of the transition process.

There are many programs associated with providing support to Veterans and span across organizational boundaries. Within VBA, Outreach, Transition and Economic Development (OTED) has primary responsibility for identifying and addressing post-separation goals of the military-to-civilian transition process, of which a key component is TAP. The modern TAP was established in 1991 to ease the transition of Service members who were involuntarily separated from the military. The program has evolved to serve all eligible transitioning Service members in their transition from military to civilian life with the institution of the Veterans Opportunity to Work (VOW) to Hire Heroes Act of 2011, Public Law (P.L.) 112-56.[189]

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[183] Mobbs MC, Bonanno GA. Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans. Clin Psychology Review 2018, 59:137–144.
[184] Kathryn M. Magruder, MPH, PhD; Derik E. Yeager, MBS. The Prevalence of PTSD across War Eras and the Effect of Deployment on PTSD: a Systematic Review and Meta-analysis. Psychiatric Annals 2009;39(8).
[185] Interian, A. Kline, A Janal, M Glynn, S and Loscanzy, M. Multiple Deployments and Combat Trauma: Do Homefront Stressors Increase the Risk for Posttraumatic Stress Symptoms? Journal of Traumatic Stress 27(1), 90.
[186] Kline, et al. (2010). Effects of repeated deployment to Iraq and Afghanistan on the health of New Jersey Army National Guard troops: Implications for military readiness. American Journal of Public Health (100), 276-283.
[187] Morin R. The difficult transition from military to civilian life. Washington, DC: Pew Research Center. 2011.
[188] U.S. Department of Veterans Affairs, Office of Outreach, Transition and Economic Development, Post-Separation Transition Assistance Program (TAP) Assessment (PSTAP) 2020 Cross Sectional Survey Report.
[189] U.S. Department of Veterans Affairs, Office of Outreach, Transition and Economic Development, Post-Separation Transition Assistance Program (TAP) Assessment (PSTAP) 2019 Cross Sectional Survey Report, p. 8

Military-to-Civilian Readiness Research Paper: The Past, Present and Future of the Transition Process

In 2020, VBA commissioned a research paper, using data gathered from human-centered design studies and strategic assessments that were previously completed.

It examined existing research gathered via a literature review focused on readiness for the shift to civilian life to describe the current transition experience and underscore gaps in the existing process. VBA is continuing to expand the research scope, engage Veterans on their transition concerns and analyze data from internal and external sources to identify additional topics relevant to the transition process. The paper identified topics for future inquiry related to factors that involve, among others, the transition challenges for younger and female Veterans, examining Veterans and their families simultaneously, or as a family unit, both pre- and post-separation and developing a framework for evaluating the efficacy of institutions that promote "Veteran-friendly" programs.[190]

In addition, VBA currently is analyzing the results of the PSTAP study to validate these findings to determine if additional research is necessary.

Section I: Learning Agenda Questions

To develop its learning questions and approaches robustly, VBA held an agency-wide elicitation of learning questions. To aid its Lines of Business and Staff Offices (LOB/SO) in developing its earning questions, VBA hosted trainings that were designed to guide the development of questions and approaches, as well as providing consultative assistance during the developmental process.

VBA chose a decision support approach in its Learning Agenda development by guiding the LOB/SO through exercises designed to determine key questions across four major domains: strategy, policy, resource allocation and program operations. In this manner, VBA believes that focusing evidence on needed leadership decision can improve the quality of decision-making and impart the importance of building evidence in all its programs and operations.

VBA also developed a template (Appendix A) to standardize submissions and help to ensure quality.

Administration leadership then carefully reviewed each submission and selected a subset for this Learning Agenda. VBA will review and track key Learning Questions submitted via internal management review. VBA is developing a monitoring and tracking approach at the enterprise level to examine elements of timeliness, completeness and quality of each Learning Agenda topic.

VBA used a structured template (Appendix A) to support the development of its learning questions. Following are the five learning questions grouped under three high-level categories as follows:

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[190] Demers A. When veterans return: The role of community in reintegration. J Loss Trauma. 2011;16(2):160–179.

1. ***Learning questions focused on underserved and vulnerable Veterans*:**
    a. Are there observed differences in the access to and administration of Pension benefits for underserved communities?
    b. To what extent will climate change and the financial risks it introduces affect the Home Loan Program, and what changes would better integrate climate-related financial risks into VA policies and financial management to mitigate financial risks?
    c. Can Disability Benefits Questionnaires (DBQs) be updated to improve data capture capabilities for tracking at-risk Veterans with a reported level of risk for suicide?
2. ***Learning question focused on the Military-to-Civilian transition process**:*
    a. To what extent is VA's Transition Assistance Program supporting the transition needs of newly separated Veterans?
3. ***Learning question focused on both underserved Veterans and the Military-to-Civilian transition process*:**
    a. How can VBA, working together with VHA and other stakeholders, better understand when MST survivors are not optimally served and/or negatively impacted when interacting with VBA?

Following are the detailed descriptions of the learning questions along with information regarding alignment with VA FY 2022-28 Strategic Plan, background, evidence needed, plan for progress, risks associated and attestation of available resources.

VBA Learning Agenda Question 1a: Equity Assessment—Advancing Equity to Underserved Populations

Section I: Learning Agenda Question

"Are there observed differences in the access to and administration of Pension benefits for underserved communities?"

Alignment to VA FY 2022-28 Strategic Plan

Objective 2.3: (Inclusion, Diversity, Equity, Accessibility (I-DEA)) *VA will enhance understanding of Veteran needs and eliminate disparities and barriers to health, improve service delivery and opportunities to enhance Veterans' outcomes, experiences and quality of life.*

FY 2022-28 Strategic Plan

✓ Strategy 2.3.1: Equity to Marginalized/Underserved Communities

Section II: Background and Context

This question was submitted by the Pension and Fiduciary Service/ 21PF. The VA Pension program provides monthly benefits payments to wartime Veterans who meet certain age or disability requirements and who have income and net worth within certain limits. The purpose of this learning question is to understand if there are observed

differences in the access to and administration of Pension benefits for underserved communities (as defined by section 2(b) within Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government) and, if so, altering policies and procedures with the goal of eliminating differences. The question falls under the categories of “Theory of Change” and “Foundational Research.” Scope is both “Strategic” and “Operational”.

Section III: Required and Existing Evidence

Evidence needed can be categorized as data related to “Policy Analysis” and “Program Evaluation.” Data needed consists of communication methods; number of Pension applicants; number of Pension recipients; reasons for denial of Pension benefits; and demographic data on Pension applicants and recipients. The data identified is maintained by VA’s Corporate Data Warehouse (CDW) and the VA/DoD Identity Repository.

Section IV: Evidence Gaps

Current Veteran demographic data on benefits recipients are not comprehensive enough to use for many types of studies that could address a Learning Agenda question. VBA collects some age, education, gender, income and physical location data in the Annual Benefits Report, but only some race/ethnicity data. Also, items such as familial status, housing status, sexual orientation and gender identity are not identified. As a way to mitigate these previous areas of data limitations, VBA will incorporate additional data sources and demographic categories as needed based on an analysis of its current data.

Section V: Plan for Progress and Risks

VBA’s Pension and Fiduciary Service plans to use existing data and create supplemental data through use of other data or data protocols (e.g., to identify demographics for population being examined). Demographic variable may include race, ethnicity, gender, age and location. VBA will work with internal and external specialists to identify ways to supplement extant data.

Section VI: Attestation of Available Resources

Resources are included within the current staffing/full time equivalent (FTE) plan.

VBA Learning Agenda Question 1b: Impact of Climate Change on VA Home Loan Program – identify climate-related financial risks to the VA Home Loan Program and integrate climate-related financial risk into program management and identify or make changes to the program to mitigate climate-related financial risk.

Section I: Learning Agenda Question

"To what extent will climate change and the financial risks it introduces affect the Home Loan Program and what changes would better integrate climate-related financial risks into VA policies and financial management to mitigate financial risks?"

Alignment to VA FY 2022-28 Strategic Plan

Objective 4.4: (Evidence Based Decisions) *VA will improve governance, management practices and make evidence-based decisions to ensure quality outcomes and experiences and efficient use of resources.*

FY 2022-28 Strategic Plan
✓ 4.4.6: Climate Change

Section II: Background and Context

VA, and particularly the Loan Guaranty Service (LGY), from a policy and financial perspective, wishes to understand how it could adjust aspects of the VA Home Loan Program and its risk management framework so that LGY can adapt to impacts of climate change. In considering such adjustments, LGY must be able to not only understand the impact to Veterans and taxpayers but must also understand the impact of any changes on the secondary market to ensure the VA-guaranteed loan remains a marketable product.

Question type is "Foundational research."

Section III: Required and Existing Evidence

The Evidence types of "Research" and "Policy analysis" will be used. The types of evidence are identified in Section V.

Section IV: Evidence Gaps

Current Veteran demographic data on benefits recipients are not comprehensive enough to use for many types of studies that could address a Learning Agenda question. VBA collects some age, education, gender, income and physical location data in the Annual Benefits Report, but only some race/ ethnicity data. Also, items such as familial status, housing status, sexual orientation and gender identity are not identified. VBA will publish any additional data elements received into existing reporting.

In addition to the evidence gaps related to demographic factors, VA LGY also will be incorporating the work as related to the EO13040 Section 5(c) Task Force.

There is insufficient market analysis; LGY is relying on the contract as outlined in Sections V and VI, to provide data to help drive decisions.

Section V: Plan for Progress and Risks

LGY lacks the historical and current market analysis to make any changes currently. Therefore, LGY, sought out and accepted a contract that will provide them with the

necessary data and recommendations based on the analysis. Evaluation would then be the method.

LGY will analyze the data to determine what changes might be made to the program and its risk management framework and policies to adapt to climate change. LGY also will assess whether the impact of these possible changes would be positive or negative for key stakeholders, including borrowers, taxpayers/the Government, the housing market, etc.

Once LGY completes its assessment of what changes might be incorporated into its policies and/or legal authorities it will develop a plan to update systems and to communicate changes to its stakeholders and staff.

Anticipated challenges:

- How would policy decisions to better manage or mitigate climate-related risks affect access to the home loan benefit?
- What financial impact does climate change have on the 3.5M active loans in the portfolio?
- How would policy decisions to better-manage or mitigate climate-related risks affect the home loan program's cost to taxpayers?
- What decisions are external stakeholders making about investing in VA loans and what decisions are lenders making about borrowers (credit, capacity, collateral and capital)?

Section VI: Attestation of Available Resources

The external contract to conduct a review of available data is funded and any required enhancements to systems/future enhancements would be addressed during the formal budget process.

VBA Learning Agenda Question 1c: Disability Benefits Questionnaires (DBQs)

Section I: Learning Agenda Question

"Can Disability Benefits Questionnaires (DBQs) be updated to improve data capture capabilities for tracking at-risk Veterans with a reported level of risk for suicide?"

Alignment to VA FY 2022-28 Strategic Plan

Objective 2.1: (Underserved, marginalized and at-risk Veterans) *VA emphasizes the delivery of benefits, care and services to underserved, marginalized and at-risk Veterans to prevent suicide and homelessness, improve their economic security, health, resiliency and quality of life and achieve equity.*

FY 2022-28 Strategic Plan

✓ 2.1.1: Mental Health and Suicide Prevention

Section II: Background and Context

VBA's Medical Disability Examinations Office (MDEO) seeks to explore DBQs, update options for XSD driven data capture that could allow for tracking of at-risk Veterans with a reported level of high acute (defined) and intermediate acute (defined) risk for suicide. Data traceability is the ability to ensure that collected data is completely "findable" across the entire landscape. Learning question type is "Foundational Research"—Seeking a better understanding of a technical capability/technology. Scope is "Operational."

Section III: Required and Existing Evidence

MDEO expects this foundational review to include an exploration of the current state of the ability for DBQs to identify at-risk Veterans, identify advances in data collection and mining abilities (data traceability) that are the result of on-going collaborative creation and implementation efforts by MDEO and the Office of Automated Benefit Delivery (ABD), and the relational information regarding currently available at-risk Veteran data. As part of that foundational review, MDEO expects to collect information that will allow for an assessment of the potential impacts DBQ updates may create regarding improvement in capturing related data and data traceability of at-risk Veterans.

MDEO currently collaborates with ABD on DBQ related data improvement efforts (i.e., DBQ content and format, data schemas and information defined in the DBQ Information Exchange Package Documentation (IEPD) with associated data validations, collection, and reporting functionality). Therefore, data and evidence review for this purpose would be minimal, as the mechanisms for review are currently in place and would require limited expansion.

Section IV: Evidence Gaps

Current Veteran demographic data on benefits recipients are not comprehensive enough to use for many types of studies that could address a Learning Agenda question. VBA collects some age, education, gender, income and physical location data in the Annual Benefits Report, but only some race/ ethnicity data. Also, items such as familial status, housing status, sexual orientation and gender identity are not identified.

Mitigation strategy—MDEO expects the foundational review will result in identification of gaps in information that could allow a decision to be made regarding the feasibility of leveraging the DBQ medical data and Veteran specific metadata that is captured as a result of the XSD/IEPD-based responses, in addition to other existing VA approved sources, that may potentially allow for appropriate data mining and traceability across VA systems. The review aims to determine if DBQ updates can be used, with acceptable risk mitigation, to improve our ability to identify more accurate populations, data sets, etc.

Section V: Plan for Progress and Risks

MDEO will utilize the foundational review design to explore the current state of, to include existing information and gaps, as well as planned improvements to, such as the work underway in collaboration with the Office of Automated Benefit Delivery (ABD), data

collection techniques to determine the feasibility of utilizing DBQ updates to contribute to VA's capacity to track at-risk Veterans.

Once MDEO completes the foundational review, it will communicate collaboratively with all VA stakeholders and offices, identified as part of the foundational review, to review and assess outcomes and initiate decision-making processes to determine actions needed, if any.

Anticipated challenges: Any delay to MDEO's current multi-year planning and VBA IT Investment Roadmap, especially the XSD mapping plans, will hinder the ability to complete the research.

Section VI: Attestation of Available Resources

Resources are included in current multi-year planning and VBA IT Investment Roadmap.

VBA Learning Agenda Question 2a: Evaluation of Transition Assistance Program

Section I: Learning Agenda Question

"To what extent is VA's Transition Assistance Program (TAP) supporting the transition needs of newly separated Veterans?"

Alignment to VA FY 2022-28 Strategic Plan

Objective 2.1: (Underserved, Marginalized and At-Risk Veterans) *VA emphasizes the delivery of benefits, care and services to underserved, marginalized and at-risk Veterans to prevent suicide and homelessness, improve their economic security, health, resiliency and quality of life and achieve equity.*

FY 2022-28 Strategic Plan

- ✓ Strategy 2.1.7: Military to Civilian Transition
- ✓ Strategy 2.2.6: Job Readiness/Placement

Objective 2.2: (Tailored delivery of benefits, care and services ensure equity and access) *VA and partners will tailor delivery of benefits and customize whole health care and services for the recipient at each phase of their life journey, including end of life, to ensure equity and address their unique needs, preferences, challenges and goals.*

Military-to-Civilian Transition complements two strategies in the FY 2022-28 Strategic Plan. Strategy 2.1.7 is specific to the Military-to-Civilian Transition: VA and partners provides holistic assessments and transition support to understand "economic well-being" for all transitioning Service members, Veterans, their families and caregivers to improve their economic security, health and quality of life outcomes. Strategy 2.2.6 regarding job readiness and placement for Service members and transitioned Veterans, "VA promotes the building of high-performing partnerships to enhance Veteran job-readiness and placement." VBA's Learning Agenda and strategies 2.1.7 and 2.2.6 will work together to build high-performing partnerships that ensure a seamless transition from military service to civilian life and promote long-term economic security for Veterans.

Section II: Background and Context

OTED's VA TAP is a one-day course called VA Benefits and Services. Led by VA Benefits Advisors, the course helps transitioning Service members understand how to navigate VA and the benefits and services they have earned through their military career. The course offers interactive exercises, real examples and covers important topics like family support, disability compensation, education and health care benefits. Purpose of the question is to evaluate the effectiveness of TAP and to identify any gaps and inform future improvements. Question types can be categorized as "Theory of Change" to ensure VA TAP is achieving the desired outcomes and "Foundational Research" to better understand the transitioning population and their needs. Scope is "Strategic" and "Programmatic" to allow VBA to meet its strategic objectives vis-a-vis transition and make improvements to the programs and activities in the transition space.

Section III: Required and Existing Evidence

Currently, VBA is in the third year of a multi-year analysis known as the Post-Separation Transition Assistance Program Assessment (PSTAP) Outcomes Study. The PSTAP is comprised of two separate survey instruments currently in use (initial study launched in June of 2019) used to assess TAP as well as provide holistic feedback and information used to improve transition and other VA activities.

1. Annual cross-sectional survey of three cohorts that provides a point-in-time set of results across the post-separation space.
2. Annual longitudinal survey of Veterans that "opt-in" to be part of a longer-term study from cross-sectional survey that provides trends over time and more focused investigation. PSTAP reports are located at: VBA's PSTAP Reports.

The PSTAP uses various analytical methods to develop the reports/findings, such as statistical modeling and regression analysis on various sections to determine the relative importance and weight of the information to Veterans. Regression analysis is conducted to identify which courses have the most impact on increasing satisfaction with TAP. An additional regression model is run on the entire respondent population to identify possible demographic differences that may influence satisfaction with TAP. To understand the factors that have a significant impact on the transition of Veterans to civilian employment and their relationship to TAP, a statistical model was built using logistic regression. The model analyzed which challenges were most impactful to Veterans' overall satisfaction with TAP using the question: "Overall, the program was beneficial in helping me gain the information and skills I needed to prepare me for my transition and post-military life."

Section IV: Evidence Gaps

Current Veteran demographic data on benefits recipients are not comprehensive enough to use for many types of studies that could address a Learning Agenda question. VBA collects some age, education, gender, income and physical location data in the Annual Benefits Report, but only some race/ ethnicity data. Also, items such as familial status, housing status, sexual orientation and gender identity are not identified. Mitigation strategy—VBA will incorporate additional data sources and demographic categories as needed based on an analysis of its current data. New data will come from a variety of

internal and external sources, including but not limited to various sections of Public Law 116-315, Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act Of 2020. Specifically, VBA will incorporate data from section 4305, One-Year Independent Assessment of the Effectiveness of Transition Assistance Program, and section 4306, Longitudinal Study on Changes to Transition Assistance Program of the law. In addition, the PSTAP assessments are revised as required and new administrative data from VA, DoD and other external partners are added to the analysis in an ongoing manner and also will be included as they become available.

Factors contributing to the lower life satisfaction scores of African Americans surveyed were captured through the PSTAP Outcomes study. Mitigation strategy—VBA is determining the priority Learning Agenda question or questions needed and the evidence-building strategies needed to answer them. VBA is conducting a root cause analysis to determine what factors may contribute to this outcome.

There is insufficient understanding of the application of skills and attributes gained in the military-to-civilian work-life balance in the years following discharge from military service. Mitigation strategy—VBA is determining the priority learning question or questions needed and the evidence-building strategies needed to answer them.

Improved data on length of military-to-civilian unemployment timeframes. Mitigation strategy—VBA is in the process of working with the Department of Health and Human Services to gain access to the Directory of New Hires and examine the data.

Section V: Plan for Progress and Risks

The PSTAP Assessment consists of two surveys. Those surveys are the Cross-Sectional Survey and the Longitudinal Survey. The Cross-Sectional Survey annually collects information on Veterans who separated 6 months, 12 months and 36 months prior to survey deployment. The survey included 55 questions in 2021. The topics covered by the questions included participation in TAP classes, perceived utility of TAP classes completed by the Veteran and multiple post-transition outcomes organized by subject area. The post-transition outcomes contained five life domains: (1) employment, (2) education, (3) health and relationships, (4) financial circumstances and (5) general satisfaction and well-being. The survey also included two general open-ended response questions that provided Veterans an opportunity to share thoughts about the TAP classes and their transition.

The Longitudinal Survey explores the long-term outcomes of Veterans who completed the Cross-Sectional Survey and approved their participation in the Longitudinal Survey. The Longitudinal Survey includes all three cohorts from the 2019 Cross-Sectional Survey and adds a single cohort (the 6-month cohort) from each subsequent Cross-Sectional Survey. The survey included 57 questions in 2021. It covered topics including perceptions of the utility of the VA TAP Benefits and Services briefings, challenges during the transition process, employment status, education, health and financial status and life satisfaction. Survey questions, when applicable, mirrored the Cross-Sectional Survey to allow for trend analysis in the long-term study. The survey also included one open-ended question to allow Veterans to provide additional insight into their lives over the past 12 months.

The PSTAP study invites approximately 165 thousand participants from the target time from separation for the cross sectional portion and approximately 10 thousand for the longitudinal. The longitudinal participants will increase each year as another cohort is added from the previous year's cross sectional. Participants are provided with a postcard invite to take the survey online, periodic email reminders throughout the execution phase. The survey data is combined with VA and DoD administrative data to build the holistic profile of the respondents and analysis is conducted across all the life domains, outcomes and TAP assessment.

Regression analysis is conducted to identify which courses have the most impact on increasing satisfaction with TAP. An additional regression model is run on the entire respondent population to identify possible demographic differences that may influence satisfaction with TAP. To understand the factors that have a significant effect on the transition of Veterans to civilian employment and their relationship to TAP, a statistical model was built using logistic regression. The model analyzed which challenges were most impactful to Veterans' overall satisfaction with TAP using the statement: "Overall, the program was beneficial in helping me gain the information and skills I needed to prepare me for my transition and post-military life."

Anticipated challenge: Possible need for additional research to supplement and support findings.

Section VI: Attestation of Available Resources

Resources are included in current staffing/FTE plan. The FY23 Budget Submission included resources for this effort.

VBA Learning Agenda Question 3a: Understanding Military Sexual Trauma (MST) Survivor Experience

Section I: Learning Agenda Question

"How can VBA, working together with VHA and other stakeholders, better understand when MST survivors are not optimally served and/or negatively impacted when interacting with VBA?"

Alignment to VA FY 2022-28 Strategic Plan
Objective 1.2: (Lifelong Relationships and Trust)
VA listens to Veterans, their families, caregivers, survivors, Service members, employees and other stakeholders to project future trends, anticipate needs and deliver effective and agile solutions that improve their outcomes, access and experiences.

FY 2022-28 Strategic Plan
✓ Strategy 1.2.1: (Improved Understanding)

Section II: Background and Context
VBA's Strategic Program Management Office (SPMO) seeks to understand MST survivor experience. Strategic Goal—Trust; Veterans trust VBA to deliver benefits that enable success throughout their lives. How can VBA, in coordination with VHA and other stakeholders, better identify perceived and actual pain points (i.e., understand when MST survivors are not optimally served and/or negatively impacted when interacting with VA).

At its initial stage the question falls under the category of “Foundational Research” (to gain a better understanding of the MST survivor population) leading to “Scenario Planning” to understand approaches that better address pain points experienced when MST survivors interact with VA. Scope is “Strategic.”

Section III: Required and Existing Evidence

The evidence types are combination of “Research” and “Policy Analysis.” Required evidence includes the demographics of MST survivors; DoD information on Service member MST survivors’ pain points; VHA data on interaction with MST survivors; and public data on survivors of sexual assault. Available data sources include qualitative and quantitative MST data gathered from Veteran’s surveys (VSignals), internal stakeholder interviews (e.g., MST coordinators) and publications. In addition, journey mapping will be employed as a methodological approach to build foundational evidence, through survivor interviews, on MST survivors' pain points and bright spots regarding their claims experience.

Section IV: Evidence Gaps

Current Veteran demographic data on benefits recipients are not comprehensive enough to use for many types of studies that could address a Learning Agenda question. VBA collects some age, education, gender, income and physical location data in the Annual Benefits Report, but only some race/ ethnicity data. Also, items such as familial status, housing status, sexual orientation and gender identity are not identified. VBA will incorporate existing qualitative and quantitative MST data gathered from Veteran’s surveys (VSignals), internal stakeholder interviews (MST coordinators, Veteran’s Survey Officers), web forums, publications and journals into existing VBA data repositories and make available through existing High-Impact Service Provider reports.

There is insufficient understanding of the application of skills and attributes gained in the military-to-civilian work-life balance in the years following discharge from military service. Mitigation strategy—VBA is determining the priority learning question or questions needed and the evidence-building strategies needed to answer them.

Improved data on length of military-to-civilian unemployment timeframes. Mitigation strategy—VBA is in the process of working with the Department of Health and Human Services to gain access to the Directory of New Hires and examine the data.

Section V: Plan for Progress and Risks

Methods to be used are human centered design, journey mapping, customer persona development and statistical analyses. Results will be documented in a structured manner and made available through targeted stakeholder briefings to organizations in VA. As appropriate, VBA will work closely with Office of Executive Review (OER) and Office of Congressional and Legislative Affairs (OCLA) to disseminate the information to public forums and to Congressional oversight bodies. Data will be controlled and secured in accordance with VA Data Governance directives and VA policy.

Anticipated challenges: Maintaining appropriate Confidentiality of Data. Given the highly sensitive nature of the topic, care will be taken in terms of identification of interview subjects and data collection/dissemination methods. Coordination among stakeholders.

Stakeholders from across VA (potential external stakeholders) will require them to commit resources. Availability of SPMO capacity: To achieve valuable results, SPMO will need to ensure appropriate resources are available.

Section VI: Attestation of Available Resources

VBA will work in concert with Veterans Experience Office (VEO) and VHA, leveraging resources already allocated. A need to justify out-year resources may be required.

Section V: General Challenges

VBA identified in its Learning Agenda questions, challenges specific to the questions submitted. In addition, VBA recognizes the following challenges as general in nature to addressing the Learning Agenda questions:

1. Tracking outcomes of Veterans after completion of benefits. VBA has established communication modes with Veterans while they are applying for a claim or participating in benefits programs. Collecting data regarding the outcomes on Veterans' lives post-benefits delivery will provide insight into the long-term benefits of programs. Developing the communications approach and data collection methods for tracking these outcomes requires effort and resources.

2. Increasing internal understanding of the need to examine Veteran outcomes. As identified in its initial capacity assessment, VBA currently captures and uses evidence to improve operational processes including claims processing. VBA is building the communications and change management needed to build evidence to assess the outcomes and impact of programs.

3. Developing or gaining access to data of Veterans who do not use VBA programs. Veterans who might be underserved by VBA—those who earned benefits but have not taken advantage of them—may have no or limited connection to VBA. VBA must develop the means to understand this population as a way to build evidence.

VHA Learning Agenda

Section I: Learning Agenda Questions

VHA will pursue five Learning Agenda questions/topics with focused studies for each. The questions are:

1. What are the ways VA can ensure Veterans have access to timely care in their preferred setting? (Access to Care pursuant to VA Strategic Goal 2, Objectives 2.1, 2.2 and 2.3.)
2. What are the ways VHA can provide clinically appropriate pain management to Veterans while simultaneously decreasing dependence on opioids? (Pain Management & Opioids pursuant to VA Strategic Goal 2, Objective 2.4.)
3. What strategies work best to prevent suicide among Veterans? (Suicide Prevention pursuant to VA Strategic Goal 2, Objectives 2.1 and 2.4.)

4. To what extent have military environmental exposures during their period of service harmed Veterans, especially regarding latent or chronic adverse health effects? (Environmental Exposure pursuant to VA Strategic Goal 2, Objective 2.4.)
5. What are the best strategies to implement state of the art evaluation and care models to provide effective care for Veterans exposed to toxic burn pit smoke and other military-related airborne hazards? (Environmental Exposure pursuant to VA Strategic Goal 2, Objective 2.4.)

How Learning Agenda Questions Were Chosen

VHA, primarily through ORD and Quality Enhancement Research Initiative (QUERI), uses a lifecycle that was created in 2019 to identify top health care priorities based on the ORD goal of enhancing the substantial real-world impact of research. QUERI further adapted the lifecycle per request from the VHA Governance Board and input from FEBPWG to formalize a process for prioritizing, deploying and reporting on Learning Agenda goals and updating evidence-building activities and evaluation plans on a regular basis. Specifically, QUERI identifies learning agenda questions, evidence building activities and evaluation plans based on multiple sources of stakeholder input (see Figure 1). On occasion, Congress will mandate a priority through legislation or appropriation. Priorities that lead to evidence-building activities including evaluation plans also then undergo standardized peer review processes to ensure independence and integrity of findings.

Figure 1. Lifecycle to Identify & Implement VHA Priority Learning Agenda, Evidence-Building Activities and Evaluation Plans.

The process begins with solicitation of top national evaluation priorities from multi-level stakeholders. Then QUERI, after aligning priorities with VA and VHA strategic goals, releases a request for applications from investigators to operationalize Learning Agenda goals, notably through evidence-building activities and annual evaluation plans. Independent expert reviewers who are determined to be without conflict of interest are assigned to each plan and score and critique them. Certain evidence-building activities and evaluations are approved as high-quality evaluations (approximately 50%) and receive funding; funding decisions are based on the overall quality of the proposal, alignment with priorities and availability of funds. These evaluations are expected to publish results in scientific peer-reviewed journals, which are subsequently tracked in PubMed (National Library of Medicine).

VHA Learning Agenda Question 1: Access to Care

Section I: Learning Agenda Question

What are the ways VA can ensure Veterans have access to timely care in their preferred setting?

Alignment to VA FY 2022-28 Strategic Plan

Objective 2.1: (Underserved, marginalized and at-risk Veterans) *VA emphasizes the delivery of benefits, care and services to underserved, marginalized and at-risk Veterans to prevent suicide and homelessness, improve their economic security, health, resiliency and quality of life and achieve equity*.

FY 2022-28 Strategic Plan

- ✓ Strategy 2.1.8: Rural Health
- ✓ Strategy 2.2.3: Telehealth/ Connected Care
- ✓ Strategy 2.3.1: Equity to Underserved Communities

Objective 2.2: (Tailored delivery of benefits, care and services ensure equity and access) *VA and partners will tailor delivery of benefits and customize whole health care and services for the recipient at each phase of their life journey*.

Objective 2.3: (Inclusion, diversity, equity, accessibility (I-DEA)) *VA will leverage research studies, innovation and partnerships to enhance understanding of Veteran needs and eliminate disparities and barriers to health, improve service delivery and opportunities to enhance Veterans' outcomes, experiences and quality of life*.

VHA Learning Agenda Question 1 **(Access to Care)** aligns to three strategies in the FY 2022-28 Strategic Plan. Strategy 2.1.8 addresses access to care for rural Veterans, "VA increases access to virtual and in-home health care and promotes Federal and community care solutions to improve well-being for Veterans in underserved rural areas." Strategy 2.2.3 is specific to telehealth and connected care for all Veterans, "Transformative virtual health technologies and devices deliver convenient, anytime and anyplace access to the care Veteran's need, when and where they need it." Finally, Strategy 2.3.1 is regarding equity to marginalized and underserved communities, "Policies and programs address persistent, systemic inequity and barriers to benefits, care, memorialization and services for marginalized and underserved communities to strengthen the experience and improve outcomes for all Veterans."

Section II: Background and Context

Most Veterans who are enrolled in VHA care live in areas with limited access to health care services. The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018[191, 192] with increased investments in VHA's telemedicine infrastructure, has increased timely Veteran access to care, particularly for those in underserved regions. Since 2014, VA has seen an increase of 3.4 million appointments and reported over 58 million appointments at VA facilities in FY 2019.[193]

Efforts to obtain decisive evidence in this area will be ongoing with no end date. Rather, each year VHA will learn more about VHA's supply of health care, Veterans' demand for health care and the best approaches to address both.

VA will conduct three studies to build evidence for the access to care Learning Agenda question:

[Note: Each study described below presents its own sections on existing/required evidence and evidence gaps, while the risks and their mitigation for this part of the Learning Agenda are common to the three studies.]

1.1 VA MISSION Act of 2018 Section 401 Underserved Facilities & Populations

Sections III & IV: Required and Existing Evidence & Evidence Gaps

Approximately 16% of Veterans live within primary care shortage areas and 70.2% live in mental health care shortage areas.[194] To address this issue VHA's Office for Veterans Access to Care (OVAC), in collaboration with other research and operations offices, developed scoring algorithms to identify underserved VA medical facilities in both primary care and mental health services.[195] The algorithms are used to update an annual list of underserved facilities, using data collected from VHA data warehouses and community-based sources like the Area Health Resources File. Annually, the top twenty underserved facilities must develop action plans explaining how they will improve Veteran access to care. Future evaluations will more explicitly study the impacts of MISSION 401 on underserved subpopulations and historically marginalized communities (e.g., women Veterans, Veterans of color, rural Veterans), assessing what demographic information is currently available and how resources may be allocated to address gaps and inequities in service.

Section V: Plan for Progress and Risks

In 2019, OVAC submitted the first annual report to Congress that included the action plans from the top seven underserved facilities. The facilities centered their mitigation strategies in three areas: personnel-focused (recruit and retain high-need providers),

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[191] Veterans Access, Choice and Accountability Act of 2014, Pub. L. No. 113-146, STAT. 1754 (2014)).
[192] VA MISSION Act of 2018, Pub. L. No. 115-182, STAT. 2372 (2018).
[193] VA MISSION Act of 2018 section 101: how the law will improve VA's ability to deliver health care to Veterans. Vantage Point (2019)
[194] Ohl, M, Carrell, M, Thurman, A. Availability of healthcare providers for rural Veterans eligible for purchased care under the Veterans choice act. BMC Health Services research. (2018)).
[195] VA MISSION Act of 2018, Pub. L. No. 115-182, STAT. 2372 (2018)).

telehealth-focused (increase telehealth capacity) and infrastructure-focused (increase physical space, as needed). OVAC and its partners will track a variety of metrics constructed using administrative data and site visits and interviews to evaluate the effectiveness of these mitigation strategies at addressing facility-level underservedness. VA will use regression models to control for potential confounding factors and to test the statistical significance of between group differences. This evaluation work will be ongoing beyond FY 2022. The FY 2022 Evaluation Plan and its successors provide further details.

1.2 VA MISSION Act of 2018 Section 507 Medical Scribes Pilot Program
Sections III & IV: Required and Existing Evidence & Evidence Gaps

VHA developed a 2-year medical scribes pilot in VA's emergency departments and specialty care clinics to help improve provider productivity and increase Veterans' access to care.[196] OVAC, in partnership with research offices is evaluating the implementation and impact of the scribes program on clinic efficiency and patient and provider satisfaction, as well as determining differences between VA and contract-hired scribes.

Section V: Plan for Progress and Risks

OVAC anticipates submitting annual reports to Congress on the pilot's progress and impact. VA will collect data for the evaluations through various means including interviews and administrative data. VA will complete this evaluation work in FY 2022 and additional effort is not expected. Further details are in the VA FY 2022 Annual Evaluation Plan. This evaluation was included in these documents as it was congressionally mandated under the VA MISSION Act of 2018 and assessed a critical need linked to access to care and to provider burnout.

1.3 Increasing Use of Telehealth
Sections III & IV: Existing and Required Evidence and the Evidence Gaps

Telehealth is a useful tool to for VHA to improve access to care for Veterans. It allows resources to be distributed based on need, regardless of physical location.

To increase the use of telehealth, VHA's Office of Connected Care implemented the "Anywhere to Anywhere" initiative.[197] The goal is to allow VHA providers to administer care through telehealth services across state lines, increasing Veteran access to quality health care. The VA's Evidence Synthesis Program is assessing the initiative's effectiveness to deliver VA mental and primary health care for Veterans. The researchers found that video treatments and in-person treatments yielded similar outcomes in patient satisfaction, number of sessions completed, cost, effectiveness and other clinically significant measures.

Section V: Plan for Progress & Risks

VA will study various forms of telehealth in the MISSION Act Section 401 evaluation as mitigation strategies for underservedness. Other sections of the MISSION Act, such as

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[196] VA MISSION Act of 2018, Pub. L. No. 115-182, STAT. 2372 (2018)).
[197] Lum, H, Nearing, K, Pimentel, C. Anywhere to anywhere: use of telehealth to increase health access for older, rural Veterans. Public Policy & Aging Report. (2019)).

section 402, also focus on optimizing the use of telehealth within VHA. VA is considering additional evaluation work and will likely identify new projects in upcoming Learning Agenda and Annual Evaluation Plan cycles. For example, a new evaluation was included in the FY 2023 Evaluation Plan that studies the use of telehealth to improve access to care for marginalized populations (e.g., women Veterans, Veterans of color, rural Veterans) and its impact on clinic functionality and Veteran health outcomes.

Obtaining access to complete Veteran data from non-VHA care settings is a challenge. Since the implementation of the MISSION Act, the Office of Community Care and other research and operations offices have collaborated to fill many data gaps, such as a research consortium created by Health Services Research & Development to develop the formal infrastructure needed to streamline and facilitate sufficient access to VHA and non-VHA data. Efforts to improve data access are ongoing.

Section VI: Attestation of Available Resources

Current or anticipated resources are sufficient to carry out these evidence-building evaluation activities.

VHA Learning Agenda Question 2: Pain Management and Opioids

Section I: Learning Agenda Question

What are the ways VHA can provide clinically appropriate pain management to Veterans while simultaneously decreasing dependence on opioids?

Alignment to VA FY 2022-28 Strategic Plan

Strategy Objective 2.4: (Innovative care) *VA will improve understanding of Veteran specific illnesses and injuries to develop and adopt innovative new treatments that prevent future illness and enhance Veteran outcomes.*

FY 2022-28 Strategic Plan

✓ Strategy 2.4.4: Opioid Use Disorder

VHA Learning Agenda Question 2 **(Pain Management and Opioids)** aligns to one strategy in the VA FY 2022-28 Strategic Plan. Strategy 2.4.4 for Opioid Use Disorder: "VA partners to identify Veterans and Service members vulnerable to opioid use disorder and develops personalized interventions to prevent or address adverse outcomes from opioid-related dependency and improve Veterans' health and quality of life." This strategy was written specifically to complement VHA's efforts to address pain management and opioid abuse disorder and improve outcomes for at-risk and vulnerable Veterans.

Section II: Background and Context

The opioid epidemic has ravaged communities in the United States with increasing severity over the last few decades.[198] Veterans face an increased likelihood of developing opioid use disorder (OUD) due to unique military stressors such as deployment and

[198] Centers for Disease Control and Prevention. Understanding the Epidemic. (2017)).

reintegration, as well as common medical conditions such as chronic pain or mental health diagnoses.[199,200] In 2018, over 900,000 Veterans treated in VHA had an opioid prescription; in 2019, over 71,000 Veterans treated in VHA were diagnosed with an OUD.[201,202] This is inclusive of Veterans with both acute and chronic needs; addressing both is key for effective, appropriate VHA care.

This problem is also significant in the context of vulnerable and marginalized Veteran populations, notably justice-involved Veterans as they transition out of incarceration. Justice-involved populations have considerable burdens of chronic physical and behavioral health conditions including alcohol use disorder, mental illness and substance use disorder (SUD).[203,204,205] Similarly, individuals who have recently been released from correctional facilities are at increased risk of homelessness, with 30% experiencing some homelessness post-release, compared to 6% among the general population of adult men.[9] Ensuring that these Veterans are able to access appropriate treatment services and maintain continuity of care is critical in reducing recidivism and promoting long-term stability and well-being post-release.

Efforts to obtain evidence in this area will be ongoing with no firm end date. Rather, each year VHA will learn more about VHA's pain management and OUD treatment efforts and the best approaches to improve both. What's more, a notable challenge to this work is that VHA is unable to observe prescriptions and opioid-related adverse events that occur outside of the VHA system. This area likely will be an area of future study.

VA will conduct three studies to build evidence for the pain management and opioids Learning Agenda question.

[Note: Each study described below presents its own sections on existing/required evidence and evidence gaps, while risks and their mitigation for this part of the Learning Agenda are common to the three studies.]

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[199] Teeters J, Lancaster C, Brown D. Substance use disorders in military veterans: prevalence and treatment challenges. Substance Abuse Rehabilitation. (2017)).
[200] Seal KH, Shi Y, et al. Association of mental health disorders with prescription opioids and high-risk opioid use in US veterans of Iraq and Afghanistan. JAMA. (2012)).
[201] Minegishi T. Changes in VA Opioid Prescribing Patterns Over Time. (2019). Unpublished.
[202] U.S. Government Accountability Office. Veterans Health Care Services for Substance Use Disorders and Efforts to Address Access Issues in Rural Areas. (2019)).
[203] Kim B, et al., Coordinating across correctional, community and VA systems: applying the Collaborative Chronic Care Model to post-incarceration healthcare and reentry support for veterans with mental health and substance use disorders. Health Justice. 2019 Dec 12;7(1):18.
[204] Binswanger, I.A., et al., Release from Prison — A High Risk of Death for Former Inmates. New England Journal of Medicine, 2007. 356(2): p. 157-165.
[205] Tsai, J., et al., Risk of incarceration and other characteristics of Iraq and Afghanistan era veterans in state and Federal prisons. Psychiatry Serv, 2013. 64(1): p. 36-43.

2.2.1 Stratification Tool for Opioid Risk Mitigation (STORM)

Sections III & IV: Existing and Required Evidence & Evidence Gaps

In 2017, VA developed the Stratification Tool for Opioid Risk Mitigation (STORM) to help clinical providers identify Veterans who might be particularly vulnerable to negative opioid-related outcomes and provide personalized interventions.[206] Demographic, diagnostic, pharmacy and health care utilization data are pulled from the VA Corporate Data Warehouse (CDW). This evaluation will determine if the use of the STORM tool decreases the rate of opioid-related adverse outcomes and whether the inclusion of consequences for failing to meet the minimum case review target would affect both the behavior of VHA providers and the opioid-related adverse event rate.

Section V: Plan for Progress and Risks

The STORM randomized program evaluation is underway. It assesses the impact of this novel dashboard on Veteran mortality and opioid-related injuries, using case reviews and a stepped-wedge cluster randomized design. The evaluators are using VA administrative and clinical data to further examine the effects of the tool on patient-level opioid-related serious adverse outcomes. The evaluation is currently in the analysis and dissemination phase.[207] The initial evaluation ended in FY 2020 with plans to extend work beyond FY 2022. Thus far, evaluators have presented their findings at several conferences and to VA leadership and have published peer-reviewed articles on study protocol and design. Refer to the FY 2022 Annual Evaluation Plan for further details.

Section VI: Attestation of Available Resources

Current or anticipated resources are sufficient to carry out these activities.

<u>VHA Learning Agenda Question 3: Suicide Prevention</u>

Section I: Learning Agenda Question

"What strategies work best to prevent suicide among Veterans?"

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[206] Binswanger, I.A., et al., Release from Prison — A High Risk of Death for Former Inmates. New England Journal of Medicine, 2007. 356(2): p. 157-165.
[207] Tsai, J., et al., Risk of incarceration and other characteristics of Iraq and Afghanistan era veterans in state and Federal prisons. Psychiatry Serv, 2013. 64(1): p. 36-43.

Alignment to VA FY 2022-28 Strategic Plan

Objective 2.1: (Underserved, marginalized and at-risk Veterans) *V A emphasizes the delivery of benefits, care and services to underserved, marginalized and at-risk Veterans to prevent suicide and homelessness, improve their economic security, health, resiliency and quality of life and achieve equity.*

Objective 2.3: (Inclusion, diversity, equity, accessibility (I-DEA)) *VA will leverage research studies, innovation and partnerships to enhance understanding of Veteran needs and eliminate disparities and barriers to health, improve service delivery and opportunities to enhance Veterans' outcomes, experiences and quality of life*.

Objective 2.4: (Innovative care) *VA will improve understanding of Veteran specific illnesses and injuries to develop and adopt innovative new treatments that prevent future illness and enhance Veteran outcomes*.

FY 2022-28 Strategic Plan

- ✓ Strategy 2.1.1: Mental Health/Suicide Prevention (Focus on At-Risk Veterans)
- ✓ Strategy 2.3.1: Equity to Marginalized and Underserved Communities
- ✓ Strategy 2.4.1: Innovative Community-Based Interventions (Focus on Mental Health/Suicide Prevention)

Three strategies in the FY 2022-28 Strategic Plan align with Learning Agenda Question 3 (Suicide Prevention) and VHA efforts to address Veteran suicide. Strategy 2.1.1: "VA engages Veterans and Service members and delivers services and practices that promote lifelong well-being and resilience to improve mental health, reduce Veteran suicide and empower and equip them to achieve their life goals." This strategy describes implementation of three specific strategies to connect with vulnerable Veterans at-risk for suicide. Strategy 2.3.1 (Inclusion, diversity, equity, accessibility (I-DEA)) addresses persistent, systemic inequity and barriers to benefits, care, memorialization and services for marginalized and underserved communities to strengthen the experience and improve outcomes for all Veterans. VA conducts equity assessments, identifies data and defines measures to recognize barriers to health outcomes, gaps in benefits, care, memorialization and services and risks to underserved and marginalized Veterans to implement this strategy. Strategy 2.4.2: "VA incorporates emerging and innovative methods and technologies to better understand needs and improve the delivery of benefits, care and services to Veterans, Service members, their families, caregivers and survivors." This strategy describes formal and informal partnerships and research efforts to develop innovative community-based interventions that identify high-risk Veterans and connect with them in the communities where they live.

Section II: Background and Context

Suicide is a leading cause of death in the Veteran population. Veterans accounted for 13.5% of all deaths by suicide among U.S. adults in 2017.[208] Suicide rates vary depending

[208] US Department of Veterans Affairs. 2019 National Veteran Suicide Prevention Annual Report. (2019).

on service branch, age, sex/gender and other factors.[209] Reducing rates of Veteran suicide among vulnerable and marginalized Veteran populations is VA's top priority. The President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) takes an all-inclusive, public health approach to suicide prevention. This roadmap prioritizes suicide reduction research, implementation strategies and emphasizes the need for program evaluations to ensure better suicide prevention for Veterans. The Commander John Scott Hannon Veterans Mental Health Care Improvement Act also expands VA and VHA efforts to prevent Veteran suicide and improve mental health outcomes. As of July 2021, other related legislation is also pending. There are several suicide prevention programs and interventions being evaluated for their effectiveness in the Veteran population.

Efforts to obtain evidence in this area will be ongoing with no firm end date. Rather, each year VHA will learn more about Veteran risk for suicide, the most effective clinical interventions to reduce risk and mortality and the best modalities to delivering VHA suicide prevention health care. VA will conduct three studies to build evidence for the suicide prevention Learning Agenda question.

[Note: Each study described below presents its own sections on existing/required evidence and evidence gaps, while risks and their mitigation for this part of the Learning Agenda are common to the focused studies.]

3.1 Caring Letters for Veterans Crisis Line Callers

Sections III and IV: Existing and Required Evidence & Evidence Gaps

Caring Contacts is a proven and effective method of suicide prevention in the civilian population.[210] This tool, which sends caring, non-demanding digital or physical messages to individuals at risk of suicidal behavior, was adapted for implementation in the Veteran population in 2019 for emergency department visits and piloted at one VA facility with positive feedback.

Caring Letters, the latest Caring Contacts initiative, is underway and expected to have the largest reach of all Caring Contact implementations yet. All Veterans who call the Veterans Crisis Line (VCL) are enrolled in this program. They receive nine non-demanding letters over the course of a year (randomized by signatory—by provider or by peer), with the aim of testing the effects of this intervention on reducing suicidal behaviors, including suicide attempts among VCL callers.[211] This large, multi-year evaluation (FY 2020-24 for most outcomes) assesses the effects of Caring Contacts on clinical outcomes and VA clinical utilization rates and budget impacts on the healthcare system using two versions of the letters which is currently an under-researched and -

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[209] Griffith J. Suicide in the Army National Guard: An Empirical Inquiry. Journal of Suicide and Life-Threatening Behavior. (2012).
[210] Motto, J.A. (1976). Suicide Prevention for High-Risk Persons Who Refuse Treatment. Suicide and Life-Threatening Behavior, 6(4).
[211] QUERI – Randomized Evaluation of a Caring Letters Suicide Prevention Campaign. (n.d.) Retrieved from https://www.queri.research.va.gov/national_partnered_evaluations/suicide_prevention.cfm.

evaluated area of study. Findings may be extremely beneficial to assisting this at-risk population.

Section V: Plan for Progress and Risks

This study evaluates the effects of Caring Letters on care utilization; mental health outcomes and suicidality of VCL callers; identify facilitators and barriers to program implementation; and conduct a budget analysis of program costs. Evaluators will complete baseline analyses using administrative data from the 2 years prior to the program's launch (2018–2019). Additional data sources include the VCL database (Medora). Differences in outcomes for pre-post signatory comparisons will be analyzed with chi-square tests, a Wilcox rank-sum test and logistic regression, zero-inflated Poisson, or negative binomial models. Analysis for this intervention utilizes the RE-AIM framework. Current analyses look at letter recipient demographics, including race, gender and age. Current study timeframe is FY 2020-24 (for most outcomes) but future analyses, data dependent, will also investigate additional demographics.

3.2 Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET)

Sections III & IV: Existing and Required Evidence & Evidence Gaps

In 2017, VA launched the Recovery Engagement and Coordination for Health–Veterans Enhanced Treatment (REACH VET) and is now used by all VA medical centers. REACH VET uses predictive modeling and medical records data to identify Veterans who are at highest statistical risk for suicide in the next month and allows providers and the Veteran to determine if enhanced care would be effective.[212] REACH VET coordinators and providers access this information from an electronic dashboard to identify at-risk Veterans at their facility.

By September 2021, 95% of Veterans will be targeted through REACH VET predictive modeling algorithms within the VHA system across the four required metrics (Coordinator Accepted; Provider Accepted; Care Evaluation; Outreach Attempted). The Office of Mental Health and Suicide Prevention has an ongoing REACH VET effectiveness evaluation, assessing program effects on outcomes including all-cause mortality, inpatient psychiatric admissions, outpatient mental health visit days, emergency department visits, missed appointments and suicide attempts.[213]

Section V: Plan for Progress and Risks

A separate multi-year evaluation of REACH VET will assess the implementation process as well as the initiative's impact on patient outcome. The study objectives include assessing the implementation process and the initiative's impact on patient outcomes,

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[212] Richman R. Study evaluates VA program that identifies Vets at highest risk for suicide.VA Research Currents. (2018).

[213] McCarthy JF, Eagan A, Hannemann C, Cooper S, Matarazzo B, Reger M, Landes S, Trafton J, Schoenbaum M, Katz IR. REACH VET Veterans Affairs Suicide Predictive Modeling Clinical Program: Evaluation of Effects on Health Care Utilization, Engagement, Safety Planning and Mortality Outcomes. International Summit on Suicide Research. Miami, Florida. October 2019.

using a stepped wedge design and both quantitative and qualitative data. Quantitative data are collected from Veteran's health records and identify barriers and facilitators associated with the program. Qualitative data sources consist of site visits and interviews with implementation facilitators, Suicide Prevention Coordinators, clinical leadership and health care providers. Analysis follows the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework. The study is currently underway, with possible continuing evaluation efforts in later fiscal years.[214]

A significant challenge in suicide prevention is being able to accurately measure how effective different interventions are. Suicide is a relatively rare event; it can be difficult to identify meaningful effects when focusing on suicide outcomes alone. It is important to consider other outcomes, such as care utilization and clinical outcomes, as the evaluation work described here does. Behavioral differences between various Veteran subpopulations also complicate the ability to generalize effectiveness to the entire Veteran population.

VHA Learning Agenda Question 4: Military Environmental Exposure

To what extent have military environmental exposures harmed Veterans during their period of service harmed Veterans, especially with regard to latent or chronic adverse health effects?

VHA Learning Agenda Question 5: Military Environmental Exposure

What are the best strategies to implement state of the art evaluation and care models to provide effective care for Veterans exposed to burn pit smoke and other military-related airborne hazards?

Alignment to VA FY 2022-28 Strategic Plan

Objective 2.4: (Innovative Care) *VA will improve understanding of Veteran specific illnesses and injuries to develop and adopt innovative new treatments that prevent future illness and enhance Veteran outcomes*.

One strategy in the FY 2022-28 Strategic Plan aligns with Learning Agenda questions 4 and 5 and VHA efforts to address military toxic exposure.

Strategy 2.4.: **(Military Environmental Exposure)** "VA and partners pursue research and implement studies to establish a holistic approach for military toxic exposure presumption and deliver benefits, care and services that improves quality of life for Veterans."

FY 2022-28 Strategic Plan

✓ Strategy 2.4.5: Military Environmental Exposure

Section II: Background and Context

[214] McCarthy JF, Eagan A, Hannemann C, Cooper S, Matarazzo B, Reger M, Landes S, Trafton J, Schoenbaum M, Katz IR. REACH VET Veterans Affairs Suicide Predictive Modeling Clinical Program: Evaluation of Effects on Health Care Utilization, Engagement, Safety Planning and Mortality Outcomes. International Summit on Suicide Research. Miami, Florida. October 2019.

Over three million U.S. Service members have deployed to Southwest Asia, Uzbekistan, Djibouti and Afghanistan and surrounding areas since February 24, 1991; many have had burn pit smoke and other environmental exposures that can lead to poor health outcomes. There is a growing urgency to address the potential health effects of military environmental exposures of deployed Veterans more proactively and comprehensively among the post-9/11 cohort. Because of lessons learned from Veterans harmed from Agent Orange and various illness associated with service in the Gulf War, VA can respond with greater agility to these identified threats to the health and well-being of Veterans.

Sections III & IV: Existing and Required Evidence and the Evidence Gaps

Note: Evaluations on these questions are under development for inclusion in forthcoming VA Annual Evaluation Plans. Investigators are still developing suitable approaches.

Most VHA facilities currently have neither adequate local specialized expertise nor structures or processes to address the military exposure-related concerns of deployed Veterans. VHA's ORD is investigating the associations between military environmental exposures and long-term health effects; the Gulf War Veterans' Illnesses Research Advisory Committee has recommended to the VA Secretary a comprehensive clinical research structure to enhance clinical care delivery and evaluation in this area. Congress also mandated the VA/DoD Airborne Hazards and Open Burn Pit Registry (AHOBPR). AHOBPR exams for burn pit health concerns are a critical tool to assess health and function among Veterans exposed to burn pit smoke and connect them to necessary treatment. Over 250,000 individuals have completed the AHOBPR online questionnaire since 2014 (as of July 2021), yet only 10% of those desiring a clinical evaluation for military environmental exposure have received one. (For reference, the standardized evaluation consists of proactive outreach to AHOBPR participants, exams, diagnostic evaluations and ongoing Veteran-centered care.)

Section V: Plan for Progress and Risks

To address Learning Agenda questions, a complete set of AHOBPR data and the Corporate Date Warehouse (CDW) data of greatest relevance to research, policy and clinical operations will be necessary to produce standard reports, facilitate ad hoc reports, support recruitment for clinical and research projects, create analytic datasets and establish evaluation activities (e.g., a dashboard). Such data will be essential to understand granular health concerns and assess best practices in optimizing health and informing an evidence-based approach as part of a larger quality improvement evaluation.

Identifying a fully representative cohort of Veterans who served in Southwest Asia, Djibouti and Afghanistan, Uzbekistan and surrounding areas since 1990 and their exposure status will be essential to conduct successful program and policy evaluation.

The Airborne Hazards Burn Pits Center of Excellence (AHBPCE) at the War Related Illness and Injury Study Center at VA-New Jersey Health Care System and the Center for Innovations in Quality, Effectiveness and Safety (IQuESt) at the Michael E. DeBakey VA Medical Center established the AHBOCE IQuESt Military Exposures Surveillance (AIMES). Current collaborations support AHOBPR data and analytic needs and the

evaluation and implementation of AHOBPR exams. The AIMES collaboration team will document best practices gleaned from ten diverse, high performing sites, create a tool kit for implementing best practices, create and maintain a dashboard of key metrics related to AHOBPR examination delivery and facilitate the implementation of the best practices at up to 45 VA medical centers. This work will be done in collaboration with the Health Outcome Military Exposures (HOME) service, along with other appropriate internal and external research organizations, to ensure coordination and adherence to VA military exposure policies and inform policy decisions to ensure optimal evaluation and care for veterans with airborne hazards concerns.

Section VI: Attestation of Available Resources

These activities are currently resourced for the anticipated evaluations.

U.S. Department of Veterans Affairs

FY 2022-28 Capacity Assessment

Background and Approach

The Foundations for Evidence-Based Policymaking (EBP) Act of 2018 (P.L. 115-435, the "Evidence Act") requires cabinet-level agencies including VA to create and use Learning Agendas, Annual Evaluation Plans and Capacity Assessments. In guidance documents, the Office of Management and Budget (OMB) specified requirements for these deliverables.

The Learning Agenda and this Capacity Assessment accompany VA's FY 2022-28 Strategic Plan.

Since the Evidence Act became law in early 2019, the chartered VA Foundations for Evidence-Based Policymaking Working Group (FEBPWG) has superintended efforts to meet the statutory requirements of the Evidence Act across VA. The FEBPWG has over 190 representatives from the three VA Administrations (Veterans Benefits Administration (VBA), Veterans Health Administration (VHA) and the National Cemetery Administration (NCA)) and Staff Offices supporting implementation of the Evidence Act and EBP principles more generally. Organizations with expertise in evidence-building and evaluation, such as VHA's Office of Research and Development (ORD) and its Quality Enhancement Research Initiative (QUERI), provide critical support to the FEBPWG and assist other work group member organizations to expand and mature capabilities across the Department. In turn, the FEBPWG works to advocate on behalf of Veterans issues by featuring ORD/QUERI's studies in public-facing documents like the Learning Agenda and to assist in coordinating efforts across VA offices.

Formal sessions occur monthly with overran average of 50 attendees and members meet informally in groups several times a week to advance EBP efforts across the enterprise. In addition to the statutorily required deliverables, the FEBPWG has spearheaded the development, implementation and successful use of formal, documented evidence-based best practices (such as strength-of-evidence checklists for use by non-expert program offices) for administrative and policy issues.

Current Evaluation/Evidence-Building and Use Activities

Overview of VA Efforts

VA includes one of the premier evidence-building entities in government: the research, statistics and evaluation offices of VHA. Although current personnel systems do not adequately account for them, VHA has thousands of practitioners of program evaluations, scientific and statistical researchers and clinical experts in quantitative analysis. Many are in program offices or in the field and others are in dedicated research, statistics and evaluation organizations. Some are recognized as the world's experts in their fields and a significant portion of VHA's findings establish new or improved protocols for the health care of Veterans and all others.

Elsewhere across VA, many offices have very strong representation in the quantitative sciences. For example, the National Center for Veterans Analysis and Statistics (https://www.va.gov/vetdata) provides modeling, forecasting and actuarial information to

assist VA policymakers and others in making important decisions affecting millions of Veterans. In VHA, separate from its clinical research, the VA Enrollee Healthcare Projection Model (see this link) has provided forecasts for healthcare demand by Veterans that are valuable contributors to decisions about resource allocation, facilities siting and hiring requirements, for VA, commercial and other governmental decision-makers.

VBA's initial establishment of a permanent capability to conduct evidence-building and program evaluations is cited. VA does not currently have a single, overarching Office of Evaluation, but is considering many options to recognize, endorse and enhance evidence-based policymaking. Currently, VA has a federated approach to evidence-building and program evaluation that recognizes strengths in a number of areas and is intended to leverage that knowledge and experience across the enterprise.

Other components of VA welcome the Evidence Act as an opportunity to develop foundational knowledge and skills of evidence-building as a core capability, rather than as ad hoc efforts.

VHA Evidence and Evaluation Capacity

As mentioned, VHA researchers, statisticians and evaluators have a well-earned reputation as thought leaders in health care and have a distinguished history in contributing both to Veteran well-being and that of all those seeking health services. Innovations such as daily aspirin regimes and the development of advanced imaging via CAT scans are famous examples and VHA is still the locus for many significant advances in health care practices and services.

Components of VHA Capacity:

ORD Health Services Research and Development (HSR&D) Program in VHA as well as the ORD Quality Enhancement Research Initiative (QUERI) are VA's principal sources of high-quality, independent, peer-reviewed evaluations and also maintain databases of these evaluations on their website at https://www.hsrd.research.va.gov/research/default.cfm. For example, ORD's HSR&D program, a principal source of research evaluations focused on Veteran care, has over 520 active projects led by over 840 investigators in partnership with over 40 VA national program offices. QUERI has over 50 centers led by over 200 investigators working with over 70 national program office leaders.

In addition, HSRD and QUERI use the Government Wide NIH REPORTER system to also document current research and evaluation projects including high-quality, independent, peer-reviewed evaluations, which are available here and searchable based on VA funding agency identity at https://reporter.nih.gov/.

The ORD Office of Communications (https://www.research.va.gov/) and the HSR&D/QUERI Center for Information Dissemination and Education Resources (CIDER: https://www.cider.research.va.gov/) are VA's national resource centers for disseminating and monitoring use of knowledge generated from research and evaluation activities in VA. CIDER provides regular updates to the VA Chief Medical Officers as well as the VA National Program office leads through the VHA National Governance Board and affiliated

Councils (quality and Safety, Healthcare Operations) on major impacts emanating from research and evaluation.

GAO recently documented ORD and QUERI's impact on the extent to which research, evaluation and analyses support the needs of the agency: https://www.gao.gov/products/gao-20-211/. The QUERI Strategic Plan documents how QUERI and related ORD funding support the needs of various VA agencies and programs, how the evaluation and research projects reflect VA and VHA's priority goals and promote knowledge translation and enhancing the substantial real-world impact of research to inform Veteran care and overall well-being: https://www.queri.research.va.gov/about/strategic_plans/QUERIStrategicPlan-2021-2025.pdf.

The ORD HSR&D/QUERI CIDER program provides the above mentioned regular communications to VA Chief Medical Officers as well as regular updates to the Chief Research and Development Officer and Director. QUERI provides data to the VHA Governance Board, Healthcare Operations Committee, Strategic Directions Committee and the Quality Safety and Value Council to ensure research and evaluations inform organizational learning, ongoing program management, performance management, strategic management and other measures of accountability. QUERI is the VHA point of contact for knowledge translation activities for VHA as outlined in the VHA long-range goals. ORD's programs have several venues in which to elicit input and respond to the balance between learning, management and accountability, notably through ORD National Research Advisory Committee (NRAC), QUERI Internal and External Strategic Group meetings and HSR&D and QUERI monthly calls with VHA and VA leadership members and other VA stakeholders.

ORD-funded research and evaluation projects undergo rigorous peer review to ensure independent, high-quality and rigorous research and evaluations. ORD including HSR&D and QUERI-supported evaluations that use quantitative, qualitative or mixed-methods evaluations methods. The methods as part of the evaluation submissions undergo rigorous peer review where the qualitative and quantitative methods proposed for research and evaluation are scrutinized by Federal Advisory Committee Act- approved scientific peer review committees. Additional information on this Scientific Merit Review Process is available here: https://www.hsrd.research.va.gov/for_researchers/merit_review/.

More than 2000 evaluations and evaluative studies conducted by VA each year are done within VHA, as previously documented herein. Given VHA's expertise in the full lifecycle of evidence-based policymaking and practices, VA has leveraged their expertise to assist other components of VA not directly associated with health care. For example, VHA provided the initial protocol for all VA program offices to self-assess the strength of evidence used in their justifications for legislative proposals (in FY OK2022) and the FY2023/4 VA budget request and subject matter experts consulted with other offices to assist them in strengthening their resource requests through citing evidence.

The quality of data and evidence-building activities in these studies is regarded as high due to the fact that, as documented above, a series of expert peer reviews occurs to

ensure that studies are well-formed and conducted with objectivity, that data sets are verified and relevant and that findings are also peer-reviewed. VHA's evidence-building and other VA studies are typically put into practice as rapidly as possible to impact Veterans, policies and program activities, so their utility and impact is very high. Even VHA's basic research is targeted at pivotal issues in healthcare which shape future practices, approaches and policies. VA, therefore, can state with confidence that VHA statistics, evaluation, research and analysis are designed and conducted to demonstrate rigor in methods, interpretation and appropriate dissemination and that these activities are free from undue influence.

VBA and Non-VHA Evidence and Evaluation Capacity

VBA conducts operationally focused reviews of operational activities and conducts evaluations in compliance with statutory and congressional requirements. However, VBA is only now focusing on developing capacity within its lines of business (LOBs) to regularly conduct rigorous program evaluations to support evidence-based policymaking within VA and VBA.

Regarding coverage of this Capacity Assessment of statistics, evaluation, research, analysis and evidence-building and -use more generally, elsewhere across the vast VA enterprise reside pockets of strength in technical, scientific, research, statistical and evaluative sciences and many of them focus on topics of concern in evidence-based policymaking. However, prior to passage of the Evidence Act, VA had not established standards and policies for such practitioners working across the VA enterprise, nor processes to regularly identify major policy questions to be resolved though evidence. As a result, for example, VA does not possess a single data store comprising all the evaluation efforts being undertaken and there is no process yet in place to capture such knowledge and ensure its dissemination and use by other offices (particularly outside VHA), except on an ad hoc basis. The quality of studies, therefore, varies and VA is developing approaches to ensure that data is consistently of high-quality and is suitable to intended purposes. In the current and upcoming resource allocation processes, however, VA will address these concerns.

In VA's Learning Agenda, the Department demonstrates its firm commitment to advocacy and action on behalf of underserved, vulnerable and marginalized Veterans in the selection of appropriate topics for prioritized evidence-building efforts. VA has championed the interests of such Veterans throughout its history and strongly welcomes greater focus on matters of diversity, equity and inclusion. Studies have frequently focused on cohorts that have been historically underrepresented in evidence-building efforts, such as our homeless Veterans and VA is committed to conducting its evidence-building in a manner that emphasizes diversity, equity and inclusion both by those conducting such efforts and the data and findings obtained as the result of those studies.

An important initial success in building awareness of evidence-based policymaking and implementing its principles, as discussed previously herein and in VA's Evaluation Policy, has been the VA-wide adoption of the QUERI-originated "strength of evidence checklist." In consultation with the FEBPWG, QUERI developed a protocol to raise awareness of EBP and ensure that the disparate organizations under VA approached justifying both

legislative proposals and ultimately, budget submissions, with rigor using a standard rubric. For the FY 2023 budget formulation process, the FEBPWG developed guidance used by all VA components requiring the assessment of their budget initiatives with respect to the strength of evidence in justifications.

Obtaining Insights about Evidence/Statistics/Evaluation/Research Capacity Across VA

This is VA's first standalone Capacity Assessment document and summarizes the Department's efforts to obtain evidence-based input and insights along with findings across the Administrations and for the entire enterprise. This assessment represents the views of practitioners of data analysis/science, research, statistics and program evaluations across VA programs obtained through structured interviews and surveys. A limitation on this assessment is that VA has only just begun to coalesce such practitioners into a community of practice; they have been heavily concentrated in VHA, as shown previously herein. The outreach efforts conducted under this assessment obtained views from most offices across VA where such expertise is located and future updates to this assessment will provide increasing coverage as VA continues to move toward developing a distinct community of practice. However, the identification of gaps and strengths, as well as approaches needed to fill those gaps, have been carefully considered with increasing convergence as additional practitioners enter the community of practice.

VA's approach to the Evidence Act has been collaborative and inclusive to ensure that the exceptionally diverse perspectives across the vast VA enterprise are received and honored. The result has been and will continue to be, that VA's important federated strengths in significant aspects of evidence-building, -use and evaluation are adopted and adapted by components with different skill levels, needs and insights.

In March 2020 and again in March 2021, VA's Office of Enterprise Integration (OEI) worked with VHA's National Center for Organizational Development (NCOD) to develop and deploy a survey instrument modelled on those used in the GSA-led Customer Satisfaction Surveys for major agencies. The OEI-NCOD survey was available to the FEBPWG members, and they were asked to forward the survey link to those who might consider themselves practitioners of evidence-building, -use and program evaluations. Submitters were anonymous, but provided demographic information about their organizational affiliation, length of VA service, grade level, etc., which was used to confirm the overall representativeness of the responses. The FEBPWG, while considering the surveys to be convenience samples, believes the results are useful initial indicators of VA's practitioners' concerns as they have become aware of the requirements of the Evidence Act and evidence-based policymaking more generally.

Over 400 respondents completed the surveys, a number likely to increase in future years as more individuals enter the community of practice and as the boundaries for that community are better defined. The raw data and results were distributed to the FEBPWG members for analysis, review and discussion. The VA Administrations were asked to consider the findings for their own organization as part of their component's Capacity Assessment.

The goals for the surveys were to establish foundational data and to obtain an overall sense from practitioners of the adequacy of VA's evidence activities from their own perspectives within the program areas with which they were familiar. Respondents reflected myriad roles and levels, from SES leaders to field researchers and from the array of Administrations and Staff Offices, including human resources, financial management, data analytics, medical research, program administration, information technology, healthcare, benefits and others. Addendum A of this document contains more detailed findings from the surveys.

Both VHA and VBA conducted extensive subsequent analyses using structured interviews, focus groups and targeted surveys to obtain Administration-specific findings from their many program areas and to establish the initial framework for a wider community of practice regarding evidence and evaluation. Typically, practitioners are involved in several aspects of evidence-building, analysis, dissemination and use and the VA-wide survey instrument, in addition to asking practitioners of research, statistics, quantitative analysis and other types of evidence increasingly reflects those perspectives. For example, the 2021 survey instrument was also used to raise awareness of the five types of program evaluation, based on OMB guidance and definitions and sought baseline responses regarding participant involvement in these activities. In the future, VA expects to be able to survey individuals based on the multiple roles they may have, such as leader/evidence user, manager/evidence builder, manager/evidence user, analyst/evidence builder, analyst/evidence user, or analyst/evidence disseminator.

This report is based on the results of the surveys and interviews, as well as Administration-specific interpretations of survey findings and reviews of existing policies and practices regarding evidence-building and -use for the myriad types of evidence the FEBPWG reviewed (see list under Capacity Gaps: 2. Evidence Environment Complexity, below). Submitters from VHA, VBA and other VA components were asked to:

1. Assess current capabilities to carry out evidence-building and -use, as well as conduct program evaluations in support of agency activities;
2. Identify existing policies and practices concerning formal and ad hoc program evaluation efforts and other evidence-building and -use activities;
3. Determine gaps based on policy, people, processes and technology considerations against requirements in the Evidence Act and generally accepted professional standards for supporting informed decision-making;
4. Propose possible mitigations and solutions to close gaps between current practices and the desired state; and,
5. Identify issues at the enterprise or field level as well as considerations across all components of VA.

VA practitioners celebrate initial efforts by OMB to define standards and practices for program evaluation and believe that as agencies develop and share such evaluations it will then be possible to mature a set of government-wide preferred practices, such as specific data-gathering tools and templates, cross agency knowledge management (KM) and development of maturity models to assess the adequacy of such assessments.

Addenda A through C present detail about the VA enterprise's and the Administrations' data gathering about evidence/evaluation capacity as well as results of their recent investigations. Addendum D provides a summary table of VHA evaluations.

Capability Gap Findings

The surveys, interviews and subsequent analyses resulted in the following key findings:

VA FY 2022-28 Objective
Gaps align to 4.4. (Evidence based decisions.)

1. Incomplete expectations about using evidence/evaluation for decision-making (Expectations of Evidence/Evaluation Use);
2. No single evidence/evaluation regime is suitable for all of VA's components due to their different operational models (Evidence Environment Complexity);
3. Lack of a KM approach and system impairs VA practitioners' sharing resources and findings with interested parties (KM);
4. Lack of clarity as to knowledge, skills and abilities required by individuals who may have multiple roles in the generation and use of evidence/evaluations (Training);
5. Challenges in recruiting, hiring, promoting, awarding and performing succession planning for practitioners of evidence/evaluation activities (Evaluation-Related Job Series); and
6. Lack of clarity as to the likely resource demands in funding, infrastructure and qualified personnel needed to adequately implement Evidence Act requirements (Resources Uncertainty).

VA FY 2022-28 Strategic Plan Alignment Capability Gap Findings

Many aspects of VA's FY 2022-28 Strategic Plan will drive the use of evidence building and evaluation activities to improve outcomes for Veterans, their families, caregivers, survivors and Service members. One stewardship objective and three strategies are written specifically to address gaps identified in the Capacity Assessment. Implementation of Objective 4.4 and Strategies 4.4.7, 4.4.9 and 4.4.10 will ensure evidence drives effective decision-making that results in improved customer outcomes, performance and the most efficient and effective use of resources.

FY 2022-28 Stewardship Objective 4.4: *VA will improve governance, management practices and evidence-based decisions to ensure quality outcomes and experiences and efficient use of resources.*

Strategy 4.4.7: (Evidence/Evaluation Practitioners) *VA will develop a competent workforce with the knowledge, skills and abilities to perform evidence building and evaluation activities to generate knowledge for effective decision-making that efficiently improves outcomes for Veterans*.

Strategy 4.4.7 ensures VA systematically and consistently identifies practitioners of evidence-based activities, provides training to develop a competent workforce and resolves resource uncertainty (employees) to address three gaps identified if the Capacity Assessment:

- #4. Training
- #5. Evaluation-Related Job Series
- #6. Resources Uncertainty

Strategy 4.4.9: (Evidence and Evaluation) *VA standards, policies and practices institutionalize expectations for the generation and use of evidence and evaluation and fully integrate evidence and evaluation activities throughout the Department*.

Strategy 4.4.9 ensures VA establishes guidelines, policies, tools and rigor for evidence building that addresses two gaps identified in the Capacity Assessment:

- #1. Expectations of Evidence/Evaluation Use
- #2. Evidence Environment Complexity

Strategy 4.4.10: (Knowledge Management) *VA's KM system, policies, standards and practices provide an enterprise-wide solution to leverage information, insights and research findings for evidence building, evaluation and effective decision-making.*

Strategy 4.4.10 ensures VA inculcates KM and institutionalizes practices and systems throughout the Department to address one gap identified in the Capacity Assessment:

- #3. KM System

Capability Gaps

1. Expectations of Evidence/Evaluation Use

VA FY 2022-28 Strategy
4.4.9: (Evidence and Evaluation)

Those who generate and use evidence/evaluations individually commit to the importance of evidence, but there is a lack of widespread expectations about evidence. The Evidence Act, therefore, is timely and valuable for institutionalizing expectations about the generation and use of evidence/evaluation. While evaluations in several areas, such as randomized controlled trials in VHA research, do contain formal evaluation plans as part of their pre-approval requirements, that is often not the case in other forms of evidence-building and in other areas of effort.

Exacerbating the issue of standardized policies and approaches is that existing agency practices are still maturing across the Federal government. OMB has issued interpretive guidance regarding aspects of the Evidence Act and specifically, program evaluations, but there remains additional opportunity for agencies to share preferred practices as the Evidence Act continues to shape approaches.

2. Evidence Environment Complexity

VA FY 2022-28 Strategy
4.4.9: (Evidence and Evaluation)

The major components of VA, the Administrations, follow distinct models regarding evidence/evaluation activities and those efforts have organically evolved to meet the unique characteristics of each. It is a cornerstone principle in VA's implementation of the Evidence Act that

no single evidence or evaluation regime is suitable for all of VA's components due to their different operational models (this is emblematic of VA's federated approach to implementing the Evidence Act).

In practice, VA has identified several types of evidence-building activities which provide valuable findings to guide operations, strategy, policymaking, resource allocation and business plans. They include, but are not limited to:

- Cost/efficiency studies, including cost-benefit analyses;
- Business cases;
- Program evaluations and reviews;
- Randomized, controlled trials;
- Statistical models;
- Surveys of Veterans, their families, providers, employees, practitioners and suppliers;
- Operational performance measures, including those in Annual Performance Plans, Agency Priority Goals, & leadership reporting;
- Process measures of effectiveness or efficiency;
- Policy analyses;
- Strategy studies;
- Longitudinal studies;
- Capacity and requirements assessments;
- Outcomes analysis and impact evaluations;
- Improper payment studies;
- Administrative data;
- Multigenerational studies;
- Quasi-experimental studies;
- Compliance investigations; and
- Multiple method studies.

VA excludes from the definition of evidence the following types of discovery and fact-finding, per the definitions and limits of the Evidence Act:

- News coverage;
- Employee performance measures;
- Patients' test results or Veterans' case files;
- Individual Veterans' benefits appeals;
- Individual Veteran experiences; and
- Non-generalizable process metrics.

The OEI-NCOD surveys found differences in perception about VA evidence/evaluation activities based on employees' job titles and levels, indicating further work can be done to fully integrate evidence/evaluation awareness and activities into VA's missions at all levels.

VA's extent of evidence, statistics, program evaluation and research capacity is vast even though it is not centralized. Moreover, the current effort to investigate the entirety of VA's myriad evidence/evaluation activities is the first time VA has undertaken such an effort

and, as such, VA is beginning the process of developing a complete picture of all such activities. This review of capabilities presents an initial report of those efforts and the variety of ways that evidence-building and -use, as well as evaluation, are conducted.

Discussions with VA leaders suggest that evaluation and evidence-building efforts for existing national priorities and policies are robust. However, those leaders expressed some concern that their ability to obtain equally robust evidence on prospective policies or resource allocation decisions is only recently beginning to become available. Due to the complexity and detail of the investigations conducted across VA organizations, those investigators' findings sometimes have limited applicability to prospective, new efforts being decided upon by their leadership cadre. An important example of VA's emerging capacity building in near-term evidence/evaluation efforts is the rapid response team approach instituted by VA's Quality Enhancement Research Initiative (QUERI), whose efforts are discussed in the following VHA section.

In some other areas, including some programs within VBA, capacity is being aggressively added to augment evidence-building capability while ensuring that the desired end state of a "culture of evidence" is built on a robust foundation. That process will take time and is a key priority for VBA and VA leaders.

In the non-clinical service areas of VA, including VBA, NCA and Staff Offices, evidence is commonly used to conduct day-to-day operations and to engage in service recovery for instances in which quality errors need to be rapidly addressed. For example, the Veterans Experience Office (VEO) provides customer survey results to VA Administrations and Staff Offices and that feedback mechanism guides process improvements for access and the effective delivery of services.

In discussions with program managers, they express satisfaction that variances from expected levels of performance in their operations can be discovered and acted upon with agility. However, many expressed uncertainties whether levels of service, including timeliness and quality, were established based on direct Veteran feedback, program evaluations, surveys and other forms of evidence, or were derived from operational staff and past management decisions. The basis for some operational policies and standards that are used for important resource and management decisions was not always clear and it may be desirable to revisit some of these foundational standards to determine whether they have evolved as Veterans' expectations have changed.

VA lacks a methodology or approach to assist practitioners in selecting which approach(es) is/are appropriate for various requirements for:

- Accuracy/precision
- Relevance
- Confidence
- Repeatability
- Significance
- Generalizability/applicability

This gap is an opportunity for the VA enterprise to satisfy the desire for clear guidelines, templates, or a decision-tree tool for selection of appropriate evidence approaches

depending on the issue, its timeliness, the required rigor of the evidence and the availability of data. VA's initial development of an agency-wide evaluation policy is an important first step in addressing this gap.

3. Knowledge Management (KM) System

VA FY 2022-28 Strategy
4.4.10: (Knowledge Management)

Underlying observations about insufficient evidence/evaluation or access to potentially relevant findings is the fact that none of the organizations reviewed possess a KM system or tool, nor does the VA enterprise level, other than highly specific tools for individual programs. In fact, there is no existing mechanism to easily search current research efforts, such as by keywords, to find specific topics of interest, thus such searches are performed manually. For topics that span different research entities a manual, general data call is required. The VA enterprise does maintain and update a data repository for public data sets submitted by VA researchers at the Open Data Portal which is compliant with the government's Open Data Policy (OMB M-13-13), but a policy requiring its use is only now being developed. VA is developing an approach for such a KM system and is likely to enter a requirements development effort. The FEBPWG is currently discovering existing efforts across government and the private sector which may provide insights and options for VA's use.

The lack of a comprehensive solution for KM is a key gap. When and if the volume of evidence-building and evaluation activities increase, the lack of KM solutions will become an endemic weakness in VA's capability to build and use evidence unless a suitable approach is put in place.

4. Training

VA FY 2022-28 Strategy
4.4.7: (Evidence/Evaluation Practitioners)

While foundational training is available on quantitative analysis and the OMB-GSA series on evaluation also provides valuable learning, VA has not developed a means to assess competence levels or gaps for the several requirements needed. For example, familiarization training on Evidence Act requirements and approaches has been developed and deployed by VBA and they have also developed and deployed training for evidence analysis. Many practitioners expressed a strong desire to benefit from all such training and these individual and aggregate requirements will be made clearer as VA addresses the first two gaps identified above.

5. Evaluation-Related Job Series

VA FY 2022-28 Strategy
4.4.7: (Evidence/Evaluation Practitioners)

Related to the training gaps and in concert with VA's participation with OPM in activities to establish an evaluation-related job series, there is currently the need for a job series for evaluation. Fortunately, the Evidence Act directs OPM to address this need. The current lack of such a series causes hiring organizations to generate inconsistent, ad hoc requirements for knowledge, skills and abilities (KSAs) when filling positions. For

example, VA organizations provided more than a dozen position descriptions (PDs) to the OPM task force, since there is no single set of fully appropriate PDs that meet most needs across VA. Instead, often a host of related certifications and backgrounds are used to signal competence for evaluation-related jobs. This effect prevents practitioners from marshaling their talents for career advancement in related quantitative skills positions, from determining sensible training needs, or from being adequately compensated and recognized for the depth and breadth of their knowledge and achievements. VA respondents expressed concern that having to fashion narrow job descriptions without an overarching professional framework causes them to be at a disadvantage relative to other public and non-public employers. Also, the lack of standard PDs, either within VA or suggested by OPM, makes it difficult for VA leaders to know the extent of potential current gaps in KSAs of our practitioners, difficult to know which gaps to fill or the degree and consistency of KSAs necessary to reach and sustain our desired "culture of evidence."

6. Resources Uncertainty

VA FY 2022-28 Strategy
4.4.7: (Evidence/Evaluation Practitioners)

Establishing an enduring job series and possibly realigning positions to it, may require shifting FTE resources. Additional funding for training will also be required to effectively institute a newly defined cadre of evaluators and evidence professionals, even if additional hires are not considered. Valuable evaluations and evidence-building are already constrained in parts of VA by funding and there is uncertainty as to whether a greater emphasis on formal evaluation or other types of evidence-building will generate additional resource requirements.

For example, despite its extensive network of over 50 centers including over 30 partnered evaluation initiatives to support high-quality, independent, rigorous evaluations for VA national program offices, QUERI cites funding as the biggest constraint on its evaluation capacity. On average, QUERI funds 47% of implementation, evaluation and quality improvement focused applications each cycle. In FY 2021 for example, QUERI needed to delay launching new implementation and evaluation initiatives addressing key VA priorities, including suicide prevention and medication surveillance, due to funding constraints. (QUERI Partnered Evaluation Initiatives typically involve co-funding, which has allowed QUERI to support a range of VA Program Office and VISN evaluation needs with a limited budget, but the co-funding requirement could be an obstacle for potential partners with fewer resources and funding. During QUERI's 2021-2025 strategic planning process, which involved gathering feedback from more than 150 stakeholders across VA, the co-funding requirement was cited as a key challenge in working with QUERI.) As of this writing, OEI has been granted by OMB two additional evaluator analyst positions beginning in FY 2022 and VA is grateful for this consideration. However, this constitutes a small down payment on what will be a major series of investments. VA is using the FY 2023 and subsequent resource allocation processes to propose addressing this gap, but there are myriad, competing priorities across VA which are often viewed as more urgent than near-term evidence based activities.

In several areas of the agency's efforts, there is a direct correlation between FTEs and additional evidence-building, evaluation, statistics and research. In the past, VA programs dedicated as many resources as possible to supporting Veterans and evaluation was viewed as less important. That view is changing, but the fact remains that for most activities there are not funds available for evaluation without reducing support and care for Veterans. Even in accepting the argument that such evidence/evaluation efforts will help better direct VA's efforts on behalf of Veterans, those benefits will not accrue in the near term and redirection of program funds will have to occur in anticipation of a future benefit to improved program performance. Temporary solutions such as detailees, cooperative research efforts and external researchers are already widely used, but they are not sufficient to address this gap.

That tradeoff and the realities of impacts on Veterans will slow VA's capacity to increase evaluative activities without additional funding. Pending such increases, VA components are currently examining approaches to enhance evidence/evaluation activities to bridge the resource gap until economies based on those activities are realized.

Gap Fill Activities

1. Expectations of Evidence/Evaluation Use

Raising awareness of requirements for evidence-building, -use and evaluation is the cornerstone of VA's approach to enhancing EBP efforts. Practitioners are increasingly familiar with Evidence Act requirements. Members of the FEBPWG will continue to disseminate information to and implement procedures with the community of practice while determining preferred practices for doing so. Those who are now actively engaged in evidence/evaluation efforts are increasingly appreciating their roles and responsibilities under the Evidence Act.

VA leadership is reinforcing the introduction and use of EBP by sponsoring independent reviews of the "strength of evidence" in legislative proposals, budget requests and, in the future, regulatory issuance. A "strength of evidence" checklist and formal scoring protocol was piloted during 2020 in VHA for both legislative and budget proposals and a similar approach was used by OEI to evaluate proposals across VA at the enterprise level while VBA piloted use of the rubric for some of their budget justifications. In 2021, VBA significantly broadened their use of strength of evidence assessments for their budget proposals, while VHA enhanced their use of evidence-based budgeting and evidence-based prioritization of legislative proposals. For the FY 2023 enterprise legislative proposal review and internal budget formulation processes, VA leadership is receiving the scored results of such assessments to assist in decision-making.

Initial feedback from VHA and VBA strongly indicates that the strength of evidence assessments were powerful aids to program offices in marshalling facts and evidence they had not previously supposed were relevant outside their routine operations. While some programs acknowledged that potentially useful evidence for their proposals was lacking, many others had not previously realized that such information was welcome by decision-makers. The very significant finding for VA leaders has been that the Evidence

Act and the principles of evidence-based policymaking, more generally, are frequently welcome by program managers as validating and confirming what they had believed or known but had not persuasively communicated in the past. The use of the strength-of-evidence assessment is very likely to be an enduring part of administrative processes across the enterprise and serves to validate its use for broader policy deliberations.

The use of this standardized tool and approach which provide transparency about the requirements for evidence-based administrative processes is a cornerstone of VA's implementation of evidence-based management and governance. Practitioners are enthusiastic that requirements for strong evidence in decision-making are made clear, issued well in advance of required submissions and that scoring of submissions provides equitable accountability and a means of continuing to refine submissions. These new approaches establish strong expectations for and awareness of, evidence-building, -use and evaluation.

The VHA evaluation experts who originated the "strength of evidence" checklist have published peer-reviewed articles on this approach to provide further transparency and sharing of these thought-leading efforts. The strength of evidence checklist is based on longstanding processes developed with the Evidence Synthesis Program (ESP). Established in 2007, ESP makes high-quality evidence synthesis available to clinicians, managers and policymakers as they work to improve the health and healthcare of Veterans. ESP reports help develop clinical policies informed by evidence; implement effective services to improve patient outcomes and to support VA clinical practice guidelines and performance measures; and set the direction for future research to address gaps in clinical knowledge.

References:

Wilt TJ, Greer N, Duan-Porter W. Assessing the Effectiveness of Complex Interventions to Meet the Needs of VA Stakeholders: Experience of the Department of Veterans Affairs Evidence Synthesis Program. Med Care. 2019 Oct;57 Suppl 10 Suppl 3(10 Suppl 3):S278-S285. doi: 10.1097/MLR.0000000000001158. PMID: 31517800; PMCID: PMC6750156.

Kilbourne AM, Braganza MZ, Bowersox NW, Goodrich DE, Miake-Lye I, Floyd N, Garrido MM, Frakt AB, Bever CT Jr, Vega R, Ramoni R. Research Lifecycle to Increase the Substantial Real-world Impact of Research: Accelerating Innovations to Application. Med Care. 2019 Oct;57 Suppl 10 Suppl 3(10 Suppl 3):S206-S212. doi: 10.1097/MLR.0000000000001146. PMID: 31517789; PMCID: PMC6750195.

Helfand M, Floyd N, Kilbourne AM. New (and Not so New) Directions in Evidence Synthesis Methods and Application in a Learning Health Care System. Med Care. 2019 Oct;57 Suppl 10 Suppl 3(10 Suppl 3):S203-S205. doi: 10.1097/MLR.0000000000001197. PMID: 31517788; PMCID: PMC6749972.

VA is currently completing a policy on evaluation to acknowledge best practices in the Department and to set baseline expectations for the building and use of evidence pursuant to M-20-12 and M-21-27. One of the requirements to be addressed is the

principle that the quality and amount of evidence provided should be proportional to the underlying proposal's potential impact on Veterans.

At the VA Administration level, VBA has issued a memorandum citing the importance of using evidence in decision-making. VHA is considering governance options related to its current evidence/evaluation approaches that can increasingly normalize the generation and use of evidence.

2. Evidence Environment Complexity

Overall, VA's goal is to normalize the building and use of evidence and evaluations while continuing to optimize existing areas of strength. Developing and implementing new policies and practices concerning evidence will accomplish that goal.

VA practitioners recognize that the nature of clinical, operational, research or other business questions determine the appropriate types of evidence to be gathered. In concert with OMB efforts, VA and its components will explore repeatable procedures to ensure that appropriate types of evidence are collected to address questions. Additionally, clarifying roles and responsibilities for identifying different types of evidence building and ownership of the questions that require it, will assist VA organizations in determining which evidence to obtain under specific circumstances and requirements. VA's goal is to develop tools and processes to help practitioners across the agency determine the types of evidence which best answer policy/program/process questions and to identify the types of such questions that can be addressed with specific evidence/evaluation efforts. To facilitate that learning, VA is exploring means to compile evidence selection experiences that will assist subsequent investigators, such as with a KM solution (see below). The expectation is that templates with selection criteria will be developed to target the efforts of analysts depending on the nature of the question and the purpose of the study.

3. Knowledge Management

Related to the issue of selection of evidence types and approaches is the need to systematically capture study methodologies, data sets and findings so they can inform subsequent efforts. While VA often can apply evidence to a particular question that caused the evidence to be obtained, such as with focused organizational performance indicators, it is less common that data sets and findings reliably inform related and follow-on studies. Currently, such KM occurs narrowly due to individual efforts and localized databases.

As part of the 2021 capability survey to VA practitioners, a special section was included on KM, since free-text comments from the 2020 instrument indicated KM as the most-cited area of concern. The questions asked respondents to identify which aspects of KM were of most concern and most needed, including discovery of findings, contextualization of findings, organization of knowledge, search and the application of such knowledge for use in further knowledge creation or its application to decisions and policymaking. Nearly all respondents indicated that all aspects of KM were of concern and important.

KM will not develop solely due to introduction of a policy about it. Rather, spiral development of KM tools and their use will cause policy to be initiated that will encourage

further development of tools and their use. Such spiral development will occur over time. There are many visualization tools in use across VA that highlight data sets of many types and present analyses and views for those who may not have initially contributed them. Those tools which demonstrate repeated access may serve as the initial prototypes to meet enterprise expectations, but it is likely that more robust platforms and solutions will need to be implemented to support the variety of uses demanded by practitioners.

As part of the movement toward an enterprise KM solution, the current approach of concentrating quantitative skills and associated data in specific offices should be reconsidered. The Office of the Chief Data Officer will help guide this effort. Foundational skills and data sets should be widely shared, with sharing among practitioners being facilitated and recognized as a meaningful professional contribution.

4. Training

Skills training on a variety of types of analysis and their associated data sets is needed for practitioners at all levels, with more basic instruction for those seeking to broaden and deepen their analytical skills. Applied training for all practitioners on compliance with requirements of the Evidence Act and EBP will also raise awareness of emerging requirements and facilitate the clarification of roles and responsibilities for evidence/evaluation.

With respect to “hard” skills development in quantitative analysis and modeling, commercially available courses are either highly specialized at an advanced level, or they are broad survey courses not targeted at addressing evidence-building, -use and evaluation as envisioned by the Evidence Act. Over time such targeted training is likely to emerge, but VA practitioners at all levels will need applied training either in concert with other agencies or developed internally. VA practitioners are thought to number well over 1,000, so developing a set of training requirements and obtaining required training for them will cost time, opportunity and money.

VA is undertaking an effort to identify the requirements sets for training for individuals based on their roles and activities, but this will take some time and will need to be linked with OPM’s efforts as they determine competencies associated with the forthcoming evaluator job series.

As stated, familiarization training on Evidence Act requirements and approaches has been developed and deployed by VBA, and they have also developed and deployed training for evidence analysis, but the effort is new, and its sufficiency and effectiveness has yet to be determined. In VHA, the Center for Evaluation and Implementation Research facilitates mentorship efforts, but only to a limited extent. Organizations like Data Governance and Analytics (DGA) in OEI, as well as research and some program offices within VHA, do have software tools, but the OEI-NCOD survey free text responses indicated that needs for advanced software still need to be fully inventoried and addressed.

Many analysts indicated their primary tool for statistical analysis is Microsoft (MS) Excel and expert practitioners’ expressed frustration with the difficulty in obtaining licensed access to advanced tools such as SPSS, QuantaSTAT or those from SAS Institute. Some

others reported using Tableau for its interfaces. Part of the expansion of skills will need to be training on suitable statistical and analysis tools, as well as providing access to licenses for them.

Based on the findings of the FEBPWG, desired training solutions should demonstrate the following qualities:

1. Stratification—Separate tracks and tiers for basic, journeyman and expert levels should be offered with suitable certification for each.
2. Role-based—Building evidence, analyzing it, disseminating it and using it to manage or make policy choices should each have their own modules suitable to the role of the individual.
3. Sponsorship/funding—Basic-level training should be funded centrally, or free courses could be used while journeyman-level training could be jointly funded. Expert training should be sponsored by the program office or Administration.
4. Experience-based and applied—Use examples encountered within VA whenever possible, particularly in a case study approach.

VA plans to undertake a more in-depth review of the adequacy of current training solutions and associated quantitative tools to ensure that training and tools are distributed where needed, or whether additional tools need to be obtained.

5. Evaluator Job Series

VA practitioners are eager to have OPM provide a new job series for evaluation and some key VA practitioners with extensive backgrounds currently serve on OPM focus groups and other working groups. A standard job series for evaluators will help distinguish them from statisticians or policy analysts (two job series which already exist), simplifying recruitment, retention, recognition, promotion and awards. Individual offices now issue specialized requirements and position descriptions that tend to discourage movement among opportunities and “lock in” talent to specific tracks. In addition, having several established job series in evidence-based disciplines will facilitate effective balance among them and effective placement and positioning relative to other analytical skillsets.

VA hiring officials expect to make extensive use of suitable, standardized position descriptions and job series grades and have expressed a hope to be able to transition current employees to them. At the same time, these officials recognize that Evidence Act requirements across government will cause a “rush” on existing talent pools of already scarce, qualified applicants while sufficient skills enhancement training (see previously herein) may lag. Despite these concerns they express a preference for the standardization which they expect will benefit VA activities both in the short run and longer term.

VA is considering possible operational models which involve a mix of centralized expertise in evaluation and quantitative analysis along with deployed assets with topical or programmatic expertise, since familiarity with a practice’s disciplines and practices is frequently a prerequisite for use of quantitative and evaluative skillsets.

A significant benefit of establishing an appropriate job series with grade distinctions regarding skills is that those skills can be targeted for improvement through training and

broadening experiences. Current VA efforts pending the issuance of the job series involve obtaining a clearer picture of how quantitative/evaluative/technical expertise is distributed and what gaps in skills and tools need to be filled and with what urgency.

6. Resources Uncertainty

The first two gap fill activities mentioned previously herein do not require significant, new resources. However, without the next three gap filling activities related to knowledge management, training and the impacts of a new job series, such foundational work will be hollow. While the path forward cannot be defined with full clarity for any large agency, what is very clear is that having policies and procedures without the tools, training and personnel to carry them out is futile. As VA continues to refine its required capabilities and the gaps to them, the full scope of requirements will become clearer.

The articulation of those requirements will also consider the increase in overall demand and supply of evidence-building, -use and evaluation, all of which will come with additional costs.

Several of the gap fill approaches discussed below will require the use of new resources. To fully investigate the Learning Agenda's topics and to build the capabilities and capacities indicated above, is beyond the current scope of the VA services budget.

VA can, however, attest that its currently planned evaluations for the identified Learning Agenda questions are adequately resourced based on existing plans and proposals. Certain aspects of those evaluations, particularly in VBA, will be carried out with external assistance, typically from contracted services, but VBA has provided for knowledge transfer to occur for their practitioners to rapidly build skills for future, independent efforts. In addition, OMB has provided VBA additional positions to focus on equity aspects of evaluations.

To address the full implications of VA's Learning Agenda focused on vulnerable, at-risk, underserved and marginalized Veterans and to fill the resource gaps identified below, approaches are addressed through the FY 2023 and subsequent budget submissions.

This report concludes with a summary of capability assessment results and findings in Table 1. Addenda provide supplementary detail.

Table 1: Capability Assessment Summary Results

Capability Area	Gap(s)	Gap Fill Approaches
Expectations	• Lack of awareness of need for evidence • Lack of policies on evaluation at VA and Administration levels	• Establish policies and associated expectations • Leaders use EBP approaches through "Strength of Evidence" reviews • Assess progress and adjust policies and processes as needed
Evidence Types	• Localized development of evidence and skills	• Provide greater awareness/sharing of investigational approaches

Capability Area	Gap(s)	Gap Fill Approaches
	• Lack of tool/knowledge to guide choice of evidence type • Inconsistent suitability of evaluation approach to decision requirements	• Develop decision-tree tool to assist selecting evidence type by requestors of findings and builders of evidence
Knowledge Management	• Lack of centralized approach or repository to access evaluation plans, data sets and findings	• Create requirements for spiral development of processes and automated enterprise-level tools • Obtain KM services/tools to address requirements
Training	• Lack of consistent role-based skills training • Unclear if current training is duplicative and too costly • Lack of understanding about suitability of different evidence/ evaluation approaches	• Establish requirements for a comprehensive skills approach • Obtain or develop required training • Create a portfolio of applied case-studies relevant to VA
Job Series/Skills	• Lack of consistent position descriptions leads to inefficient hiring and advancement • Lack of consistent grade requirements causes inconsistent KSAs and career “lock in”	• Continue to support and adopt, government-wide job series • Determine program requirements for job series • Establish clear criteria for existing and new employees regarding advancement
Resources	• New KM tools require resources • New training requires resources • Greater demand for evidence/evaluation efforts requires additional training or reduction in duties	• Create requirements for new areas of effort addressing tools, skills and anticipated workload in short-, medium- and long-terms

Addenda to Appendix E: Capacity Assessment Detail

Addendum A: VA Department-wide

At present, VA does not have a single organization tasked with program evaluations and similar reviews, notwithstanding OEI's enterprise statistical capabilities residing in the National Center for Veterans Analysis and Statistics (https://www.va.gov/vetdata). Such Outside of VHA, evaluations and similar studies are typically undertaken on an as-needed basis and as directed in legislation or laws, across a wide array of offices, only some of which have fully trained analysts. VA's initial development of an agency-wide policy on evaluation is the first step in (1) identifying standard and needed practices, (2) specifying requirements for evaluation and non-evaluation evidence-building and (3) building such capacity in all areas of evidence, including evaluation, statistics, research and quantitative analysis. However, VHA is widely regarded as a thought leader in health care research, statistics and evaluation and that Administration is providing significant expertise, advice and effort to the greater VA enterprise to accomplish those goals. Through this assessment process, in concert with FY 2023 and subsequent budget requests, VA will build significant capacity outside of VHA and to enhance VHA's already robust capability.

To raise awareness of the Evidence Act and EBP and to obtain foundational information about their experiences from evidence practitioners (including those identified by the FEBPWG members as actively working in research, statistics, data management, evaluation and analysis) throughout VA, OEI conducted convenience surveys in 2020 and 2021 to obtain their views. Results and characterization of the respondents' self-identification are presented below.

VA does not possess a single list of those individuals or offices involved in every aspect of evidence-building and use, but part of the gap-fill efforts is to develop such an identifiable community of practice. For the 2020 and 2021 awareness and discovery surveys the members of the FEBPWG, representing the array of programmatic offices, Administrations and Staff Offices with equities in the Evidence Act implementation and deliverables, identified respondents. Based on the array of organizations represented in the responses and their grade levels, VA believes the current survey is a good start for obtaining a clear picture of VA's status with respect to evidence, evaluation, research and statistics.

The VA-wide OEI-NCOD surveys contained more than two dozen questions with responses using a 5-point Likert scale (from "strongly agree" =5 to "strongly disagree" =1) pertaining to questions spanning aspects of evidence-building and use of statistics, research and evaluation. A special emphasis was placed on questions regarding the five types of program evaluation identified by OMB in their then-new guidance to help raise awareness of those required activities and to obtain insights as to the current state and prospects for them across VA. Demographic data regarding organizational affiliation, tenure, grade and primary evidence-related role of the 400+ respondents were collected in the survey instruments and relevant interpretations are included below. A series of free-text responses were available for each section of the survey. Additional information

defining evidence activities and evaluation contained in OMB guidance was available to respondents. (Raw data was previously provided to the Evidence Team at OMB.)

The surveys asked respondents to address all aspects of evidence-building and use, including their research, statistical and analytical work. In addition, for the 2021 survey, respondents also were asked to what extent, if any, they participated in any aspect of the five types of program evaluation identified by M-20-12 and those definitions and examples were shared with respondents both to raise awareness and solicit responses.

The 2021 survey had responses from 21 SES and 46 GS-15 staff members, representing a 40 percent increase for that leadership cohort. The FEBPWG were encouraged that in a single year of effort there was such a substantial increase in those leaders who completed the survey, hence, awareness of the importance of evidence-based policymaking.

Notable questions' results are shown in the following tables with associated commentary.

Table 1a: Knowledge of Benefits of Evaluation

Q: "Staff in the organization have high levels of knowledge about benefits of evaluation"			
Organization	**Score (max. = 5)**		
	2020	**2021**	**Percent Change**
VACO/Other	**3.40**	**3.43**	**Up 1%**
VBA	**3.74**	**3.43**	**Down 8%**
VHA	**3.52**	**3.76**	**Up 7%**
OVERALL	**3.63**	**3.60**	**Down 1%**

The FEBPWG members reviewing this result agree that while VA practitioners have some awareness of the benefits of evaluation, more work needs to be done to go beyond mere compliance toward acceptance of evaluation (and other forms of evidence, based on other questions' responses) as routinely beneficial. Such efforts are reflected in the gap fill efforts for "Expectations," above.

Table 1b: Development of Evaluation Plans (considered synonymous to research plans as distinct from the format in VA's formal Annual Evaluation Plans)

Q: "My organization has developed a quality evaluation plan"			
Organization	**Score (max. = 5)**		
	2020	**2021**	**Percent Change**
VACO/Other	**3.68**	**3.52**	**Down 4%**
VBA	**3.88**	**3.69**	**Down 5%**
VHA	**3.73**	**4.02**	**Up 8%**
OVERALL	**3.79**	**3.82**	**Up 1%**

The FEBPWG members reviewing this result agree that the low level of agreement by VACO/Other respondents that their organization has developed a quality evaluation plan is an area of concern. Reviewers note that some staff offices, such as the Office of Management (OM) or OEI, typically review evaluation plans, processes and results and may assist program offices in developing evaluation plans, but less frequently are the primary office of responsibility for developing such plans. Reviewers are encouraged that

VHA agreement exceeded a 4.00 score – one of the few such examples on the 5-point Likert scale across the survey. Efforts to increase agreement are reflected in the gap fill efforts for "Expectations," above.

Table 1c: Effective outcome evaluations

"My organization has participated in effective outcome evaluation"			
Organization	**Score (max. = 5)**		
	2020	**2021**	**Percent Change**
VACO/Other	**3.75**	**3.50**	**Down 7%**
VBA	**3.78**	**3.90**	**Up 3%**
VHA	**3.76**	**4.08**	**Up 9%**
OVERALL	**3.75**	**3.89**	**Up 4%**

The interpretation of "effective" was left open to respondents The interpretation of "effective" was left open to respondents to obtain sentiment views rather than assessment of formal effectiveness criteria (which do not yet exist). FEBPWG members reviewing this result agreed the low score for VACO/Other organizations, especially in 2021, are of concern. The result confirms the result seen in Table 1b and reflect, in part, the fact that Staff Offices, such as Human Resources and Administration (HR&A), which have not historically focused on evaluation as a form of evidence have greater relative representation among survey participants. Nonetheless, the FEBPWG reviewers agree that efforts to broaden awareness and acceptance of formal program evaluations are well-founded. In contrast, VHA's strong 2021 response suggests that VA's thought-leading organization for research, statistics and evaluation is deepening their staff members' awareness of and participation in, evaluation efforts. Nonetheless, this survey question targeted current perception, rather than asking for assessment of the application of formally defined criteria, making the results noncomparable across cohorts but interesting for revealing changes over time in sentiment based on awareness of EBP and Evidence Act activities.

Table 1d: Use of Evidence for Resource Allocation

Q: "My organization effectively uses data to make decisions re: resources allocation"			
Organization	**Score (max. = 5)**		
	2020	**2021**	**Percent Change**
VACO/Other	**3.44**	**3.48**	**Up 1%**
VBA	**3.85**	**3.83**	**Down 1%**
VHA	**3.44**	**3.67**	**Up 7%**
OVERALL	**3.69**	**3.67**	**Down 1%**

The FEBPWG members reviewing this result agree there is room for improvement in the agreement of respondents that evidence is used in their organization's resource decisions. The members agree that VA's introduction of the use of an evidence checklist and outline for agency budget submissions will likely improve this result and it will be used diagnostically to determine where and how else efforts need to be made to improve the use of data in organizational resource decisions.

Table 1e: Leadership use of program evaluation results

Q: "{Senior)* Leaders in my organization use the results of program evaluation"			
Organization	Score (max. = 5)		
	2020	2021	Percent Change
VACO/Other	3.91	3.45	Down 12%
VBA	3.82	3.94	Up 2%
VHA	3.88	4.02	Up 4%
OVERALL	3.85	3.87	Up 1%

The FEBPWG members reviewing this result agreed that again, as in the previous question (above), the result is bifurcated between VACO/Other and VBA/VHA respondents, with VBA/VHA respondents reflecting the greater awareness and use of program evaluation in that Administration. Reviewers agreed that the immaturity of knowledge management solutions and the lack of tools to assist leaders and managers identify appropriate evidence types suitable to the questions they have both contribute to the low score for VACO/Other leadership use of program evaluation results. Planned gap-fill activities should ameliorate this result, although measured improvements are likely to occur over the six-year course of this assessment.

Table 1f: External use of evidence

Q: "Other organizations use the evidence that my organization generates"			
Organization	Score (max. = 5)		
	2020	2021	Percent Change
VACO/Other	--	3.83	--
VBA	--	3.92	--
VHA	--	4.32	--
OVERALL	--	4.11	--

The FEBPWG members reviewing last year's survey indicated that many of the benefits of VA organizations' evidence generation accrued outside the originating entity. The 2021 survey, therefore, obtained baseline information to capture perceptions of such data sharing. For VHA, knowledge is frequently generated at the field level and is disseminated, such as with improvements to medical practices, elsewhere in VHA and often to the health care community at large. For the VACO/Other offices, by contrast, evidence tends to move up or down the chain of command, frequently exiting the organization which generated it.

Table 1g: Program evaluations lead to better outcomes

Q: "Conducting program evaluations has resulted in better program outcomes"			
Organization	Score (max. = 5)		
	2020	2021	Percent Change
VACO/Other	3.75	3.78	Up 1%
VBA	3.81	3.94	Up 3%
VHA	3.67	4.18	Up 14%
OVERALL	3.78	4.02	Up 6%

The statement was intended to reveal sentiment regarding program evaluations generally rather than such efforts currently underway (or not) within the cohorts. The FEBPWG members reviewing this result agree that respondents tended to concur that program evaluations are effective in contributing to improved program outcomes. In 2020, the VHA score may reflect areas of frustration with the transparency of how some program evaluation findings were disseminated by the Administration. The FEBPWG members and particularly VHA members, agreed that the 2021 relatively higher score on this question are likely to persist as the working group continues to raise awareness of EBP activities. In this area, again, investments in knowledge management tools, as well as training, are likely to see these results continue to improve.

Table 1h: Sufficient resources for evaluation and evidence-building

Q: "My organization dedicates sufficient resources for evaluation (and evidence-building) ["…and evidence building" was added to this question in 2021]			
Organization	**Score (max. = 5)**		
	2020	**2021**	**Percent Change**
VACO/Other	**3.09**	**2.75**	**Down 11%**
VBA	**3.54**	**3.21**	**Down 9%**
VHA	**3.38**	**3.49**	**Up 3%**
OVERALL	**3.40**	**3.25**	**Down 4%**

The FEBPWG members reviewing this result agreed the 2020 and 2021 versions of the question accounted for some of the drops in score by VACO/Other and VBA respondents. Reviewers also believed that in those organizations, as emerging requirements for evidence/evaluation are made clear, there is an increasing realization that what has been done in the past may not be sufficient to meet new expectations. In current and future resource allocation activities, VA will consider how best to support evaluation and evidence activities.

Table 1i: Increase in likely engagement in evidence/evaluation

Q: "My engagement in evidence and evaluation related activities will increase this year"			
Organization	**Score (max. = 5)**		
	2020	**2021**	**Percent Change**
VACO/Other	**4.00**	**4.04**	**Up 1%**
VBA	**3.91**	**3.89**	**Down 1%**
VHA	**3.89**	**3.91**	**Up 2%**
OVERALL	**3.91**	**3.88**	**Down 2%**

The FEBPWG members reviewing this result agree that practitioners of evidence and evaluation related activities perceived they will be more engaged soon and that this optimism is strong and consistent.

In the 2020 survey respondents commented in free text bout what elements they thought limited their capacity to engage in evidence/evaluation activities and the plurality of comments focused on the lack of knowledge management (KM) in some form or another. In the 2021 survey, OEI-NCOD followed up to inquire on what aspects of KM were of

most concern to respondents. Their responses to those focused questions highlighted that all aspects of KM, from discovery, contextualization, organization, search, dissemination and use were areas of concern. While some respondents indicated their organization lacked any KM tools, others indicated that their organization possessed such tools, but they were lacking in some critical areas which limited their usefulness.

VA's evaluation policy is a first step in what is likely to be a long and complex path toward such KM solutions. VA seeks additional support through resource allocation processes in FY 2023 and across the duration of this Capacity Assessment to develop and deploy a sensible KM approach to facilitate evidence-building, -use and evaluation.

Across VA organizations, some of the strongest disagreement in both year's surveys was that organizations provide regular training on evidence collection protocols. On average, respondents were also concerned about their organization's dedicating enough resources for evaluation.

Free-text responses also revealed that practitioners seek more training on evidence/evaluation methods. In informal discussions, respondents tended to aggregate in two groups about training: Those whose primary role includes evidence-building and -use sought refresher training and advanced training to expand their portfolio of knowledge and skills, while those who conduct evidence-building and -use as an adjunct to their duties sought more basic tools to facilitate their business analyses.

In all cases, respondents distinguished between applied and general skills, with a clear desire to obtain greater ability to provide evidence to support decision-making by leaders and managers. This encouraging result means that targeted investments in skills at the analyst/researcher/practitioner level could enhance more rigorous use of evidence/evaluation by decision-makers.

Another theme which was expressed repeatedly in both years' survey responses was the perception that program evaluation requirements are frequently imposed in law, congressional report language, or direct communications, but are almost always unfunded efforts not already accounted for in established resource amounts. Concern was expressed both about the independence of such reviews and their quality. As stated earlier, VA lacks an overarching capacity to set and enforce standards for evaluation but hopes that the current and future resource cycles will support establishment of a robust, agency-spanning authority for oversight and tracking of rigorously conducted evidence-building an evaluation.

A related concern expressed was that there tends to be lack of acceptance of "other peoples'" evaluations, especially in the absence of shared standards or the possibility of duplication/overlap of efforts.

Respondents recognize that a generic analytic framework to determine the best fit of evidence for issues is not realistic, but they seek adequate, applied training, as well as templates/tools to assist them in working through such issues. Other practitioners mentioned that the distinction between evidence types is often not clear. Not infrequently, leaders are placed in the position of asking fact-based questions, but the respondent does not have the precise information needed to answer the query. In such cases, other,

related evidence must be used to interpolate responses, leading to frustration by both the inquisitor and respondent. Developing and using a more robust taxonomy of evidence-types and associated tools to assist in the selection of appropriate evidence types and the means to manage such knowledge are capacity gaps which are being addressed both by policy development and resource requests.

Addendum B: Veterans Benefits Administration

FY 2022-28 Strategic Plan
4.4.7: (Evidence/Evaluation Practitioners)
4.4.9: (Evidence and Evaluation)

In addition to the challenges highlighted by VA, VBA identified significant challenges in its capacity, particularly in program evaluation. VBA does not possess a standalone program evaluation capability that can provide expertise to assess the quality, rigor and other key factors associated with program evaluation and other evidence-building types. VBA's primary focus has been on the operational aspects of claims processing and providing benefits as prescribed by legislation. However, VBA has identified opportunities to better understand program effectiveness.

While VBA acknowledges its challenges in conducting rigorous program evaluation, it also expresses that some of the proposed Learning Agenda topics, such as the development of outcome metrics for the GI Bill, will lend themselves to increasing the frequency and robustness of outcome-based and/or impact evaluations. In addition, some Learning Agenda questions, such as the development of implementation actions leading to establishing the Veterans Affairs Life Insurance Program, plan to conduct process evaluations related to the effectiveness of their implementation in subsequent years.

VBA has made several additional strides to address this capacity gap. In part to help more clearly define the purpose of evaluation and evidence-building, senior VBA leadership issued a memorandum to confirm support and direction for evidence-building activities. Training courses were developed in-house to provide awareness and more specifically applied training on scanning the data environment to support program assessment needs as well as developing and utilizing evidence in decision-making. The courses (offered by the Office of Strategic Support and Initiatives (OSSI) and presented to VBA in both live offerings as well as on-demand sessions via VA Talent Management System (TMS)) are framed around a general overview ("Foundation") of "What is evidence," and how it is distinguished from data, a course focused on developing the right questions ("Evidence training for decision-makers) and a course focused on designing studies ("Evidence training for analysts"). These courses are available to all VA employees.

VBA also introduced a scoring rubric and set of criteria to furnish VBA Lines of Business and Staff Offices (LOB/SO) with a self-assessment of their budgetary narratives. In addition, VBA instituted an independent review of a subset of proposals and offers LOB/SOs critical feedback on ways to improve the quality of their submissions.

Under the direction of the Chief of Staff's Office of Strategic Support and Initiatives (OSSI) office, VBA developed an Integrated Planning Team (IPT) to assess the needs of the Administration more definitively, including the areas of Evidence-Based Policymaking (EBP) and Evidence-Based Budgeting (EBB).

The IPT's findings and recommendations, which as of July 2021 are undergoing internal review, reinforced VBA's survey findings that VBA needs broader availability of statistical software packages to support evidence-building. VBA currently has staff that can utilize

these statistical software packages; however, there are limitations as current data is operational focused. In addition, the IPT identified the usage of artificial intelligence to support free text analysis as another capability gap. Lastly, as a knowledge management platform where high-quality evidence and datasets could be shared was highlighted. VBA plans to request resources to address these gaps as part of a general capacity-building budget proposal, per Appendix D of OMB's FY 23 Budget Guidance Memorandum.

The IPT also identified the need to better understand how to best apply evidence and evaluation in decision-making, as well as crafting a data Standard Operating Procedure (SOP) to best harness data across the VA enterprise and link to external data sets that could aid in assessing VBA programs.

The following table highlights the status of each gap identified in the original Capacity Assessment and the status of efforts to close the gap:

Table 1: VBA Gap Closure Plan

Gap	Status
Roles, responsibilities and processes are not defined	• IPT convened to identify the necessary roles and responsibilities; core processes have been drafted in an Evidence-based Activities Concept of Operations (CONOPS). Evidence-based activities, from a VBA standpoint, include evidence-based policymaking, evidence-based budgeting, data transparency, accessibility and standardization and evaluation. The CONOPS includes these core functions, the respective processes associated with them, as well as the competencies associated with carrying out the functions and processes.
Lack of understanding of evidence definitions, objectives of evidence-based policy making and how to assess evidence	• VBA developed and hosted a series of trainings related to Evidence-Based Policymaking, convened an IPT to elicit the needs of stakeholders and drafted an Evidence-Based Activities Concept of Operations; while VBA has dedicated staff and contractual resources within its current budget to aid with these activities, it still requires additional capacity to conduct education and stakeholder engagement and aid its LOB/SO with question development for the Learning Agenda, evaluation planning and technical assistance. • To better integrate disparate functions related to Evidence-based activities, numerous budget and data staff have attended these trainings, as well as program staff, to better establish common understanding and promote common objectives. • VBA developed templates and guidance related to the development of evaluation plans and Learning Agenda questions to aid its Lines of Business and Staff Offices with better understanding with respect to evidence.
Gap Closure Plan: People	

Statistical analysis is less developed compared to other evidence building capabilities	While VBA has directed staff and resources to focus on overall capacity building, it lacks the resources to hire/develop staff with a focus on evidence-building and evaluations. VBA is still determining the best course of action to address this staffing gap.
Gap Closure Plan: Technology and Data	
Surveys indicated demographic data collected related to Veterans is insufficient	VBA still requires capacity to develop administrative data requirements and data sets; this will enable VBA to better control for various demographic factors in assessing the effectiveness and impact of its programs, including equity gaps. Some of these gaps have been addressed within individual Learning Agenda questions and approaches, but VBA is still in the planning stage to create a systematic approach to addressing these gaps.
VBA-administered survey indicated data collected on outcomes-based information related to Veterans is insufficient	While VBA does collect some data related to Veteran outcomes via Congressionally required studies, it requires a systematic assessment of its data gaps across the various Veteran populations in its many programs. VBA is still in the planning stage with respect to these gaps. VBA is still in the planning stage with respect to these gaps.
Most respondents to the VBA-administered survey indicated that MS Excel is their primary tool for statistical analysis	VBA Policy/Program Oversight offices do not widely use VA-available statistical software for evaluations. Currently VBA does not have staff dedicated full time to performing evaluations. VBA staff who perform evaluations are not trained/certified on the use of statistical applications. VBA is still determining the best course of action to address this staffing gap.

Overview of FY 2021 EBA IPT

VBA established an EBA IPT to further refine its capacity needs and how it should organize evidence-based activities across the Administration. VBA convened representatives from both its Veteran-facing organizations and its mission support organizations as part of the IPT. The IPT discussed centralized approach options, as well as providing detailed feedback and recommendations in the areas of: Operations/Process, People, Stakeholder Engagement and Tools. IPT members filled out a detailed questionnaire and worked within four subgroups to analyze inputs and provide detailed recommendations. Fundamentally, the IPT recognized the need for VBA to create a dedicated organization that can provide subject-matter expertise in evidence-building and evaluation, enact governance over evidence-based activities and coordinate within VA and across the government.

Overview of FY 2020 Survey

VBA conducted a preliminary 48-question fact-based survey over the course of ten days in May 2020 to support the Capacity Assessment process across all of VA. Because of

time limitations, the survey was administered to specific individuals who possessed a broader knowledge of evidence-building activities in their respective organizations. The survey asked specific capability-based questions related to data gathering, the ability to analyze data and the ability to produce results and use those results in decision-making. The survey was disseminated to LOBs/SOs and used a snowball sampling approach for further distribution to employees who work in program data development, or data use in operations, strategy, resource allocation, or policy planning. This was a convenience sample and does not have statistical significance since the full cohort was not known. As such, it is not possible to accurately calculate a response rate for the survey. Sixty-seven respondents from across VBA completed the survey. Surveys were focused on understanding organization-wide evidence utilization with respect to the areas of – data generation and processing, statistical analysis, program evaluation, research and additional analysis. The gaps identified in the survey formed the basis of the gap closure plan illustrated in Table 1 VBA Gap Closure Plan.

VBA utilized a survey structure that identified the key aspects of evidence gathering and utilization, focusing on the availability and analysis of data in developing evidence, as well as the utilization of evidence in various decision-making processes. As VBA continues to close gaps, in the future it will administer additional surveys to address the impact of those efforts and determine additional needed actions.

In VBA, respondents in the LOBs demonstrated a wide dispersion of views about their own abilities to engage in evidence-based activities. On average, about two-thirds of respondents believed that VBA leadership has documented processes for using and evaluating evidence as part of its decision making. In terms of using that evidence to make decisions, 63% of respondents said that leadership uses evidence in its decision-making always or usually. However, there was a wide variation of responses across offices.

VBA concluded in its own review of their Administration's evaluation and evidence capacity: "At the aggregate level, respondents believed they saw and performed evidence-building activities, but across VBA and within offices the responses suggest a lack of solid confidence in their understanding of what these activities entailed." Respondents expressed confusion as to the purpose and applicability of evaluation and evidence and they also reflected the tension between accountability/compliance and supporting improved decisions and learning.

Based on the VBA survey, there are evidence-based processes for strategic planning, but there is lack of agreement whether there is a documented process for determining the key research questions that would lead to selecting programs for evaluation; in addition, there was significant divergence in responses of the extent to which the data and recommendations related to an evaluation are independently verified.

On average, respondents to VA's survey agreed that they had sufficient evidence collection systems. Within the VBA survey, most respondents identified Excel as their primary source for statistical analysis, with about 10% of respondents also identifying Tableau as an additional tool. However, in terms of the types of data collected, fewer than one-third of respondents indicated that they collected demographic or outcome-based

data, while substantial majorities reported that non-evaluative operational data was actively collected.

Concerningly, no respondents who identified their organization as the acknowledged experts within VBA for statistical analysis stated that they had access to any specialized statistical analysis packages, such as those from SPSS, SAS, or Quanta.

VA's OEI-NCOD administered survey provided a number of noteworthy anecdotes regarding human capacity in evidence building, One VBA respondent captured the difficulty in obtaining necessary skills: "Our organization is able to recruit either individuals with VBA specific knowledge or individuals with the technical skills needed for data collection and reporting. However, we find it difficult to find candidates with both the technical skills needed and specific program knowledge regarding VBA activities. VBA would benefit from a program where new data analysts are trained in both VBA production and operational activities."

Several respondents noted that since job descriptions are currently crafted for specific organizational needs, training opportunities may be limited outside a narrow area. This fact impairs employees in obtaining skills-broadening training and results in skilled employees being "locked in" to their existing roles.

Within the responses to the VBA-administered survey, respondents were asked to assess what level of expertise they considered their organization to have with various types of evidence. They identified program evaluation as their strongest capability and statistical analysis as their weakest capability. There was substantial variation within offices as to their expertise; respondents believed their organization was either an expert or only occasionally conducted these activities.

Less than half of respondents indicated that they could hire contractors or obtain additional staff to complete the work of gathering and analyzing evidence. 100% of all respondents to the VBA survey identified that they share their data with other offices in the organization. This result is somewhat consistent with the VA-administered survey that identified that 80% of the time, VBA shared information about evaluation findings with stakeholders.

Each LOB who responded to the survey also identified that it used the four major identified types of evidence listed in OMB's Memorandum 19-23 in decision-making frequently enough that it emerged as a moderate strength.

As VBA develops its evidence base, the fact that it already has a culture established that shares information will help bolster a more unified examination of impacts to Veterans and can help the organization overall develop an evidence-based approach to decision-making.

Addendum C: Veterans Health Administration

FY 2022-28 Strategic Plan
2.4.1: (Innovative Community-Based Interventions)
2.4.2: (Innovation, Emerging Methods)
2.5.3: (Enhanced Medical Capacity and Capability)

The VA Quality Enhancement Research Initiative (QUERI) and its Partnered Evidence-based Policy Resource Center (PEPReC) coordinate VHA's implementation of the Evidence Act. QUERI is administratively housed under VHA's Office of Research and Development, Health Services Research and Development program. Each year, their policy analysts conduct structured interviews of major program offices in VHA that take part in the evaluation and analytics of programs, operations and research. The offices included are:

- Quality Enhancement Research Initiative
- Partnered Evidence-based Policy Resource Center
- Health Services Research and Development
- Office of Reporting, Analytics, Performance, Improvement and Deployment
- Office of Mental Health and Suicide Prevention
- National Surgery Office
- Primary Care Analytics Team
- National Center for Patient Safety
- Clinical Assessment Reporting and Tracking & Cardiology Program Office *[new in year two]*
- Product Effectiveness
- Geriatrics and Extended Care
- Office of Rural Health
- War Related Illness and Injury Study Center
- Women's Health Services
- National Center on Homelessness among Veterans
- Office of Veterans Access to Care
- Office of Community Care
- Healthcare Analysis & Information Group

As this list demonstrates, evidence/evaluation efforts across VHA are widespread with no single organization directing or coordinating their activities. These activities span clinical practice areas, patient types, national care delivery programs and analytically focused organizations.

VHA Evidence/Evaluation Structure

For over 90 years, VHA's Office of Research and Development (ORD) has funded its clinicians or doctoral-level employees to conduct rigorous research across the translation spectrum, from basic biomedical research to rehabilitation, clinical and health services

research. This makes VA one of the only cabinet-level agencies with an in-house program that generates evidence for clinical and policy use. This aspect led to an increased demand for evaluation once VA programs and policies were deployed nationally. As a result, national evaluation centers were established through congressional mandates that, instead of conducting research, conduct assessments of existing programs or policies to improve their real-world use in VA.

There are two types of evaluation in VHA: clinically and/or research-focused evaluation that is used to generate evidence and operations-focused quality improvement evaluation that focuses on new programs or policies in real-world settings. ORD is one of the primary sources of evidence generation in VA and its research is funded through a separate Congressional appropriation. This appropriation is meant to fund activities considered research, which is generally defined by the U.S. Common Rule as the “systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge” (45 CFR 46).

ORD’s Quality Enhancement Research Initiative (QUERI), whose mission is to accelerate adoption of evidence into practice, is one of the principal VA programs funded through VHA clinical administrative dollars that supports national program and policy evaluations spanning VA that do not fall under the Common Rule definition of research. Given its funding source and in contrast to the rest of the ORD-funded research program, QUERI supports non-research, or quality improvement and evaluation activities (e.g., per 5 U.S.C. 311(3)) that seek to inform program or policy improvements. Nonetheless, ORD and QUERI together identify common research and evaluation priorities, respectively, based on multiple sources of stakeholder input, including VA national leadership, VHA’s Chief Research and Development Officer, Congress, VSOs and the scientific community. On occasion, Congress will mandate a research or evaluation priority through legislation or appropriation.

ORD’s primary source of research-funded evidence generation is the Health Services Research and Development (HSR&D) program that funds VA-employed investigators and centers across the U.S. to conduct interventions aimed to improve the organization, financing and delivery of health care to Veterans. HSR&D has supported national randomized program research evaluations since 2016, focused on opioid management, suicide prevention, telehealth, geriatric care and medication overuse, among other topics.

QUERI funds centers comprised of investigators and their clinical operations partners to conduct operations-focused, quality improvement evaluation work at the regional and national levels. Since 1998, QUERI has deployed and evaluated the uptake, acceptability, adaptability and sustainment of evidence-based practices pertaining to different health care conditions and issues affecting Veterans. QUERI addresses questions based on VA national priorities that not only focus on whether the program works but how it works, where it works and what it will take to sustain it.

VA leadership realized that evaluation skills, while complementary to research, did not necessarily exist sufficiently in the current VA research world. To this end, QUERI established two resource centers (Partnered Evidence-based Policy Resource Center [PEPReC] and the Center for Evaluation and implementation Resources [CEIR]) to

provide technical guidance and tools to support evaluation initiatives across the VA. PEPReC bridges research and operations using data-driven evidence to evaluate and guide implementation of VHA policies and programs. CEIR provides time-sensitive consultation and support to VA operational leaders on evaluation and implementation methods to enable the scale up and spread of policies and clinical practices aligned with one or more of VA's top priorities.

Table 1 presents VHA's offices whose major responsibilities include evidence/ evaluation activities, their focus, examples of activities and the documentation examined to make these determinations. If no formal documentation was available or evaluations conducted, it was noted for future examination as appropriate. In addition, most of these studies are ongoing, continuously leveraged by VHA leadership when making policy decisions.

Table 1: VHA Evidence/Evaluation Efforts

Office	**Subject Matter Focus** *Informed by VA Strategic Priorities*	**Selected Evidence-Building Activities**	**Documentation (if available) Reviewed During This Assessment**
Quality Enhancement Research Initiative	Program evaluation Women's health Care coordination and delivery Behavioral and mental health Safety and quality of care Evidence-based policymaking	Spreading Healthcare Access, Activities, Research and Knowledge (SHAARK) *Durham, NC, Ann Arbor, MI and Bedford, MA* Facilitation of the Stepped-Care Model and Medication Treatment for Opioid Use Disorder *Salt Lake City, UT*	Requests for Applications, Evaluation Toolkits, EBP intake forms, Resource Center charters, consultation processes, evaluation toolkit and the global QUERI RFA intake form.
Partnered Evidence-based Policy Resource Center	Access to care Evidence-based policymaking SUD treatment and fraud Opioids Community care utilization management	MISSION 401: Identification of Underserved Facilities *Boston, MA* MISSION 507: Medical Scribes Pilot *Boston, MA* Stratification Tool for Opioid Risk Mitigation (STORM) *Boston, MA*	Intake form for randomized program evaluations, two project-specific protocol manuscripts, guidelines for PI consultations.
Health Services	Telehealth Access to care	Conducting research and other analysis	Does not conduct evaluations.

Office	Subject Matter Focus *Informed by VA Strategic Priorities*	Selected Evidence-Building Activities	Documentation (if available) Reviewed During This Assessment
Research and Development	Specific disease-related care and outcomes Health informatics Behavioral and mental health	activities for evidence-building, such as Evidence Synthesis Program	
Office of Reporting, Analytics, Performance, Improvement and Deployment	Development of assessment metrics	Participating in evidence collection, such as hospital-specific quality improvement data (Strategic Analytics for Improvement and Learning Value (SAIL)) metrics).	Does not conduct evaluations, no formal documentation available.
Office of Mental Health and Suicide Prevention	Behavioral and mental health outcomes Care coordination and delivery Suicide prevention Opioids	Implementing Caring Contacts for Suicide Prevention in Non-Mental Health Settings *North Little Rock, AR* Examining the Effectiveness of an Adaptive Implementation Intervention to Improve Uptake of the VA Suicide Risk Identification Strategy *Denver, CO* Randomized Evaluation of a Caring Letters Suicide Prevention Campaign *Seattle, WA*	Evaluation protocol: "Randomized program evaluation of the Veterans Health Administration Stratification Tool for Opioid Risk Mitigation (STORM): A research and clinical operations partnership to examine effectiveness."
National Surgery Office (NSO)	Cost effectiveness Access to surgical care Safety Care efficiency		NSO Handbook and quarterly report interpretation documents.

Office	Subject Matter Focus *Informed by VA Strategic Priorities*	Selected Evidence-Building Activities	Documentation (if available) Reviewed During This Assessment
	Surgical outcomes		
Primary Care Analytics Team	Primary care delivery Health outcomes Access to care		Statistical analysis plan, template for abstracts and budget requests.
Quality and Patient Safety	Patient safety Patient safety related adverse events Root cause analysis	Reducing VA Healthcare-Associated Infections through Antibiotic Stewardship *Madison, WI*	National Patient Safety Handbook, environment of care safety checklist for mental health units caring for suicidal patients, Intranet site.
Clinical Assessment Reporting and Tracking & Cardiology Program Office	Quality improvement in cardiac catheterization Patient safety Quality of care		Protocols/documentations are confidential.
Product Effectiveness	Community care Qualitative evaluation		Benefits Realization process, video resource (intranet).
Geriatrics and Extended Care *(Geriatrics & Extended Care Data & Analysis Center)*	Geriatric care quality Access to care Health outcomes based on care setting Cost of geriatric care		Intake form, evaluation process documentation underway.
Office of Rural Health	Access to care Health disparities Telehealth Veteran transportation Special populations	Evaluation of the National Implementation of the VA Diffusion of Excellence Initiative on Advance Care Planning via Group Visits *Little Rock, AR* Enhancing Veterans' Access to Care through Video Telehealth Tablets	Enterprise-Wide Initiative Evaluation Report.

Office	Subject Matter Focus *Informed by VA Strategic Priorities*	Selected Evidence-Building Activities	Documentation (if available) Reviewed During This Assessment
		Palo Alto, CA Hospital Acquired Pneumonia Prevention by Engaging Nurses *Salem, VA*	
War Related Illness and Injury Study Center	Post-deployment health Veteran education Provider education Burn pits/air hazards Telehealth	War Related Illness and Injury Study Center War Related Illness and Injury Study Center Research Updates	No formal documentation.
Women's Health Services, Office of Health Equity	Access to health care including women's health for vulnerable, marginalized and at-risk Veteran populations Quality of care Patient safety, privacy, dignity	Health Equity Partnered Evaluation on Population Health Enhancement *Los Angeles, CA*	No formal documentation.
National Center on Homelessness among Veterans	Homelessness Mental health	The Center conducts a number of evidence-building activities related to the policies within VBA and other Federal agencies, see summary here	Data request form.
Office of Veterans Access to Care	Access to care Quality of care Telehealth		No formal documentation.
Office of Community Care	Community care Access to care Cost effectiveness		No formal documentation.

Office	Subject Matter Focus *Informed by VA Strategic Priorities*	Selected Evidence-Building Activities	Documentation (if available) Reviewed During This Assessment
Healthcare Analysis & Information Group	Survey development		Process documents, protocol documents under development.

VHA Interview Responses

Responses to VHA's structured interviews were as varied as the activities in which those many offices engage. A consistent theme was that those entities with broad portfolios of programs under their purview, or which support a large portfolio of research or evaluation, such as ORD, QUERI, PEPReC, Product Effectiveness and Geriatrics and Extended Care, are resource-constrained in their activities. For example, VHA funds less than half of those implementation, evaluation and quality improvement applications that have been independently assessed as "highly qualified," as well as delaying launch of new initiatives of value that address key VHA priorities.

Several VHA responding organizations noted their activities were well-funded, such as the Office of Community Care, Office of Veterans Access to Care and Women's Health Services, but the Service indicated that its reliance on special-purpose funding made it vulnerable. Other respondents indicated concerns about data access or IT support, but these responses were specific to circumstances in those entities

A challenging aspect of the resources issue is that many research efforts, especially in VHA, are not funded by the research appropriation, but by the main VHA medical care appropriation. This is especially true for studies of clinical practices and programs, since they are considered applied research directly impacting care. In these cases, VHA seeks to justify the use of clinical dollars towards applied research versus those dollars being directly used for clinical care. Nonetheless, some of these programs are funded through VHA special purpose dollars, under medical services or medical administration appropriation, which allow quality enhancement activities including evaluation or have separate Congressional mandates to conduct research, such as the Office of Rural Health or the Mental Illness Treatment Research and Clinical Centers.

Based on VHA Program Guide 1200.21, VHA funds both research and non-research evidence building activities and evaluations. QUERI is an educational leader within the VA assisting program offices in this designation process through cyber seminars, memoranda of understanding and other non-research designation documentation processes. QUERI is also funded through medical services dollars to conduct evaluation of quality enhancement activities to inform VA programs and policies. A key advantage of funding non-research activities is that QUERI can move more rapidly to conduct system-level evaluations of existing programs and policies that do not require research-specific Institutional Review Board review. QUERI has also been at the forefront in providing VA-wide technical assistance in differentiating research from non-research (quality improvement evaluation) activities to program offices so that their efforts stay consistent with the funding appropriation (e.g., clinical dollars) and directly aligned with VA clinical priorities.

FY 2022-28 Strategic Plan
2.1.1: (Mental Health and Suicide Prevention)
2.1.3: (Homelessness)
2.1.4: (Minority Veterans)
2.1.5: (Special Emphasis Groups)
2.1.6: (Women Veterans)
2.2.3: (Telehealth/Connected Care)
2.2.4: (Aging, Frail and End of Life Veterans of All Ages)
2.2.5: (Families and Caregivers)
2.3.2: (Health Equity and Disparities)
2.4.1: (Innovative Community-Based Interventions)
2.4.2: (Innovation, Emerging Methods)
2.4.3: (Opioid Use Disorder)
2.4.4: (Military Environmental Exposure)

Despite any underlying assumptions that program offices have the capacity and expertise to conduct formal evaluations and provide associated documentation, it was revealed at the time of the survey that not all offices do. Any gaps revealed may be addressed in future iterations of the Capacity Assessment.

Addendum D: Overview of VA Evaluation Activities

VA-wide Evaluation Activities

Each year, VA receives numerous recommendations and requirements to conduct evaluations from legislation, Congressional requests, Office of Inspector General (OIG) and Government Accountability Office (GAO) reviews. These evaluations sometimes arise in processes separate and distinct from our research and Learning Agendas; however, they serve to build the body of evidence policymakers use to determine future actions related to Veteran benefits and services. When such requests for studies arise, they are directed to offices of responsibility with expertise in the subject's area. As an element of VA's plans to address capability gaps, VA expects to develop an enterprise-wide capability to track specific efforts in the context of the broader topics they address. For the present, VHA has a mature approach to identify and prioritize such efforts.

VHA Evaluation Activities

VHA conducts over 2000 evaluations each year, focusing on answering questions that impact the health and well-being of Veterans. Specifically, most of these evaluations are conducted through VHA's Office of Research and Development (ORD), which funds research evaluations across the translational research spectrum, from basic science to clinical, rehabilitation and health services research, to inform advancements of knowledge and generation of evidence to improve Veteran's health and well-being. ORD is administratively managed in four research service areas and several supporting program offices. VA research is an intramural program; VA investigators who apply for funding from ORD are located at VA facilities across the country. This makes VA one of the only cabinet-level agencies with an in-house program that generates evidence for clinical and policy use. This aspect led to an increased demand for evaluation once VA programs and policies were deployed nationally. As a result, ORD's Health Services Research and Development program leads a significant portion of evidence- generating evaluations to inform programs and policies. In addition, QUERI program has focused on broad national evaluations of programs and policies identified by VA national leadership or by Congressional mandate to improve their real-world use in VA.

There are two types of evaluation in VHA: clinically and/or research-focused evaluation that is used to generate evidence and operations-focused quality improvement evaluation that focuses on assessing the effectiveness and sustainment of new programs or policies in real-world settings.

Table 1: Sample of Health Services Research and Development (HSR&D) studies

Study Title	Study End Date
Outpatient Palliative Care and Prescribing Safety and Quality at End-of-Life	Jan. 31, 2024
Preventing Loss of Independence through Exercise in Community Living Centers (PLIE-CLC)	May 31, 2024

Study Title	Study End Date
Spanish Online & Telephone Intervention for Caregivers of Veterans with Stroke	Sept. 30, 2023
The Effect of Screening and Referral for Social Determinants of Health on Veterans' Outcomes	Jan. 1, 2024
Capturing the Dynamics of Homelessness through Ethnography and Mobile Technology	July 31, 2023
Clinical care needs and experiences for patients with spinal cord injury identifying as LGBT	March 31, 2023
Strategies to Reduce Unnecessary Noninvasive Imaging	Sept. 30, 2023
MyPath: A Patient-Centered Web-Based Intervention to Improve Reproductive Planning for Women Veterans	Sept. 30, 2024
Complementary and Integrative Health for Pain in the VA: A National Demonstration Project (NIH-VA-DOD Joint Initiative)	March 31, 2024
Risks of Cannabis Use Among Veterans on Long-term Opioid Therapy	Nov. 30, 2023
Addressing Intimate Partner Violence Among Women Veterans: Evaluating the Impact and Effectiveness of VHA's Response	April 30. 2023
Home Excellence Research and Outcomes Center to Advance, Redefine and Evaluate Non-Institutional Caregiving (HERO CARE)	Sept. 30, 2023
Improving Health Care for Women Veterans: Addressing Menopause and Mental Health	May 31, 2023
Effect of Medication Management at Home Via Pharmacy Home Televisits	April 30, 2024
Effect of Patient Priorities Care Implementation in Older Veterans with Multiple Chronic Conditions	June 30, 2025
Social and Behavioral Determinants of Health in High-Risk Veterans	Sept. 30, 2025
Improving Outcomes for Emergency Department Patients with Alcohol Problems	March 31, 2023
Collaborative Specialty Care for Gulf War Illness	May 31, 2024
Long-Term Opioid Therapy: Screen to Evaluate and Treat (Opioid-SET)	August 31, 2024
Targeting Barriers to Pain Self-Management in Women Veterans: Refinement and Feasibility of a Novel Peer Support Intervention (Project CONNECT)	April 30, 2024
Assessing an Initiative to Facilitate Long-Term Financial and Housing Stability in Vulnerable Veterans	Sept. 30, 2025

Study Title	Study End Date
Evaluating the Use of Peer Specialists to Deliver Cognitive Behavioral Social Skills Training	Jan. 31, 2023
Racial Bias in a VA Algorithm for High-Risk Veterans	Jan. 31, 2025
Prediction and Prevention of Hypoglycemia in Veterans with Diabetes	Aug. 31, 2023

Appendix F: Strategic Planning and Risk

Risk Management is the process of making and carrying out decisions that will minimize the adverse effects of risk on an organization or department. Enterprise Risk Management (ERM) is a methodology that looks at risk management strategically from the perspective of the entire department. It is a top-down strategy that aims to identify, assess and prepare for potential losses, dangers, hazards and other potentials for harm that may interfere with an organization's operations and objectives and/or lead to losses. Specifically, in all Federal governments and VA is no exception, risk is unavoidable in carrying out the Department's missions. Government departments and agencies exist to deliver services that are in the public interest, especially in areas where the private sector is either unable or unwilling to do so. This work is surrounded by uncertainty, which poses threats to success and offers opportunities to increase value to the American people.

While agencies cannot respond to all risks, one of the most salient lessons from past crises and negative reputational incidents is that public and private sector organizations both benefit from establishing or reviewing and strengthening their risk management practices.

ERM is a coordinated activity to direct and control challenges or threats to achieving an organization's goals and objectives. ERM is an effective Department-wide approach to addressing the full spectrum of the organization's significant risks by considering the combined array of risks and opportunities as an interrelated portfolio, rather than addressing risks only within silos. ERM provides an enterprise-wide, strategically aligned portfolio view of organizational challenges and opportunities that provide improved insight to prioritize and manage risks to mission delivery more effectively.

The VA ERM program focuses on enterprise-level operations using industry best practices and in compliance with the OMB Circular No. A-123, Management's Responsibility for Enterprise Risk Management and Internal Control (revised July 15, 2016).

It is understood that positive, or upside uncertainty, is often considered an opportunity while negative, or downside uncertainty, is often considered a risk. The general use of the more common term "risk" or "risks" represents both aspects of uncertainty. To treat these risks and opportunities, VA's response may include accept, avoid, pursue, reduce or share.

- **Accept:** No action is taken to respond to the risk based on the insignificance of the risk; or the risk is knowingly assumed to seize an opportunity.
- **Avoid:** Action is taken to stop the operational process, or the part of the operational process causing the risk.
- **Pursue:** Action is taken to increase the level of risk taken to optimize performance without exceeding acceptable risk tolerance.
- **Reduce:** Action is taken to reduce the likelihood or impact of the risk.
- **Share:** Action is taken to transfer or share risks across the organization or with external parties, such as insuring against losses.

The VA ERM process follows the five-phase ERM lifecycles:

1. **Identify Risks phase.** Establish the context: understand and articulate the internal and external environments of the organization; Identify the initial risks: using a structured and systematic approach to recognizing where the potential for opportunities or undesired outcomes originate. Continuous risk identification: must be an iterative process, occur throughout the year to include surveillance of leading indicators of future risk from internal and external sources.
2. **Assess Risks phase.** Analyze and evaluate risks: consider the causes, sources, probability of the risk occurring as well as the potential positive or negative outcomes.
3. **Prioritize Risks.** Prioritize: risks based on the results of the rigorous assessments
4. **Respond to Risks.** Develop alternatives and internal controls: systematically identify and assess a range of risk response options and internal control measures with consideration to the risk tolerances of VA. Respond to risk: make decisions about the best options among several alternatives and then prepare and execute the selected risk response action.
5. **Monitor & Report Risks.** Monitor and review: evaluate and monitor performance to determine if the implemented risk response choices achieved the stated goals and objectives and sharing the results with senior leadership. Determine risk closure: establish a process for determining when the risk should be closed and archived in the Enterprise Risk Register.

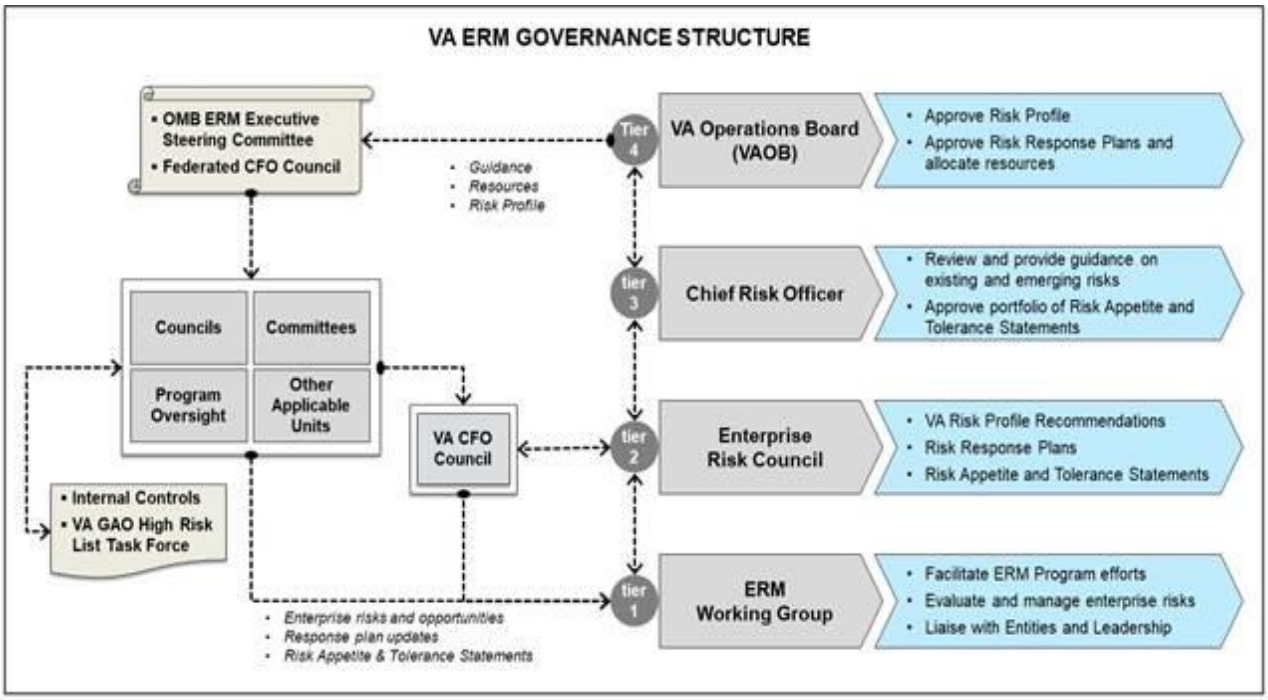
The VA ERM governance structure is organized into four tiers with designated responsibilities. This structure consists of both new and existing groups focused exclusively on risk in the Department's overall governance structure—creating new channels for escalating, reviewing and acting on the risks that impact VA performance.

Tier 4 represents the top level of VA governance and is chaired by the Deputy Secretary who has the authority to allocate resources to address risk response plans. Tier 4 is the final arbiter of decisions and actions regarding enterprise risks and serves as a conduit for coordination of mutually beneficial risks and opportunities with other Federal agencies.

Tier 3 is primary represented by VA Principal Deputy Assistant Secretary/Chief Risk Officer (PDAS/CRO) and OEI Director of Foresight, Strategic Planning & Risk Management, who ensures the impacts of strategy, performance and risk are considered in all major decisions. The PDAS/CRO is the principal ERM advisor to the Secretary and the VAOB and chairs the Enterprise Risk Council.

Tier 2 is primarily represented by the VA ERM Enterprise Risk Council (ERC). The ERC is chaired by the CRO, or their designee and includes representatives from the VA Administrations and Staff Offices. The ERC provides a forum to collaborate and integrate the risk management and internal control efforts of the Administrations and Staff Offices. The ERC also coordinates with other VA governance bodies to identify and share risk and internal control information with VA leadership for decision making.

Tier 1 includes the risk functions within the Administrations and Staff Offices and the VA ERM Working Group. Members are generally non-Executive Risk Owners, Risks Managers, Risk Champions, Subject Matter Experts, Business Managers and Analysts.



For every goal, objective and strategy set forth by the Secretary in this Strategic Plan, the VA ERM Program aims to use its 5-phase process and 4-tier governance to identify and mitigate risks and opportunities across the Department to achieve the best possible outcomes and results (i.e., accept, avoid, pursue, reduce, or share).

The Office of Enterprise Integration (OEI) (https://www.va.gov/oei) leads the VA ERM Program.

Appendix G: Acronym Glossary of Terms

Acronym	Definition
4Ms	Matters, Medication, Mentation, Mobility
AI	Artificial Intelligence
AIAN	American Indian or Alaska Native
AMA	Appeals Modernization Act
AMVETS	American Veterans
ARP	American Rescue Plan
BDP&R	Benefits Delivery Protection and Remediation
Board	Board of Veterans' Appeals
BOM	Business Object Model
C&P	Compensation & Pension
CBOC	Community-Based Outpatient Clinics
CCN	Community Care Network
CC&ICM	Care Coordination and Integrated Case Management
CCPI	Center for Care and Payment Innovation
CDW	Corporate Data Warehouse
CIH	Center for Integrated Healthcare
CLC	Community Living Center
CMS	Centers for Medicare & Medicaid Services
COTS	Commercial Off-The-Shelf
COVER	Creating Options for Veterans Expedited Recovery
COVID	Coronavirus Disease
CRM	Customer Relationship Management (
CTO	Chief Technology Officer
CWT	Compensated Work Therapy
CWV	Center for Women Veterans'
DAV	Disabled American Veterans
DevSecOps	Development, Security and Operations
DGC	Data Governance Council
DHS	Department of Homeland Security
DIC	Dependency and Indemnity Compensation
DMT	Dimethyltryptamine
DoD	Department of Defense
DOL	Department of Labor
EBP	Evidence-based Policymaking
EDU	Education Service

Acronym	Definition
EVB	Entrepreneurship Bootcamp for Veterans
EEO	Equal Employment Opportunity
EHR	Electronic Health Record
EHRM	Electronic Health Record Modernization
EII	Economic Investment Initiatives
EO	Executive Order
ESP	Evidence Synthesis Program
FDA	Food and Drug Administration
FEBPWG	Foundations for Evidence-Based Policymaking Working Group
FTE	Full Time Employees
FWA	Fraud, Waste and Abuse
FY	Fiscal Year
GAO	Government Accountability Office
GEC	Geriatrics and Extended Care
GSA	General Services Administration
GWOT	Global War on Terrorism
HAR&D	Health Services Research and Development
HCC	Health Care Center
HHS	Health and Human Services
HR	Human Resource
HRA	Human Resource Administration
HCD	Human Centered Design
HRO	High Reliability Organization
HSR&D	Health Services Research & Development
HUD	Housing and Urban Development
I CARE	Integrity, Commitment, Advocacy, Respect, Excellence
ICU	Intensive Care Unit
I-DEA	Inclusion, Diversity, Equity, Accessibility
IDES	Integrated Disability Evaluation System
IHS	Indian Health Services
iRMS	integrated Requirements Management System
IT	Information Technology
KM	Knowledge Management
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer (+ represents identities beyond the conventional ones)
LOB	Lines of Business
LSD	Lysergic Acid Diethylamide

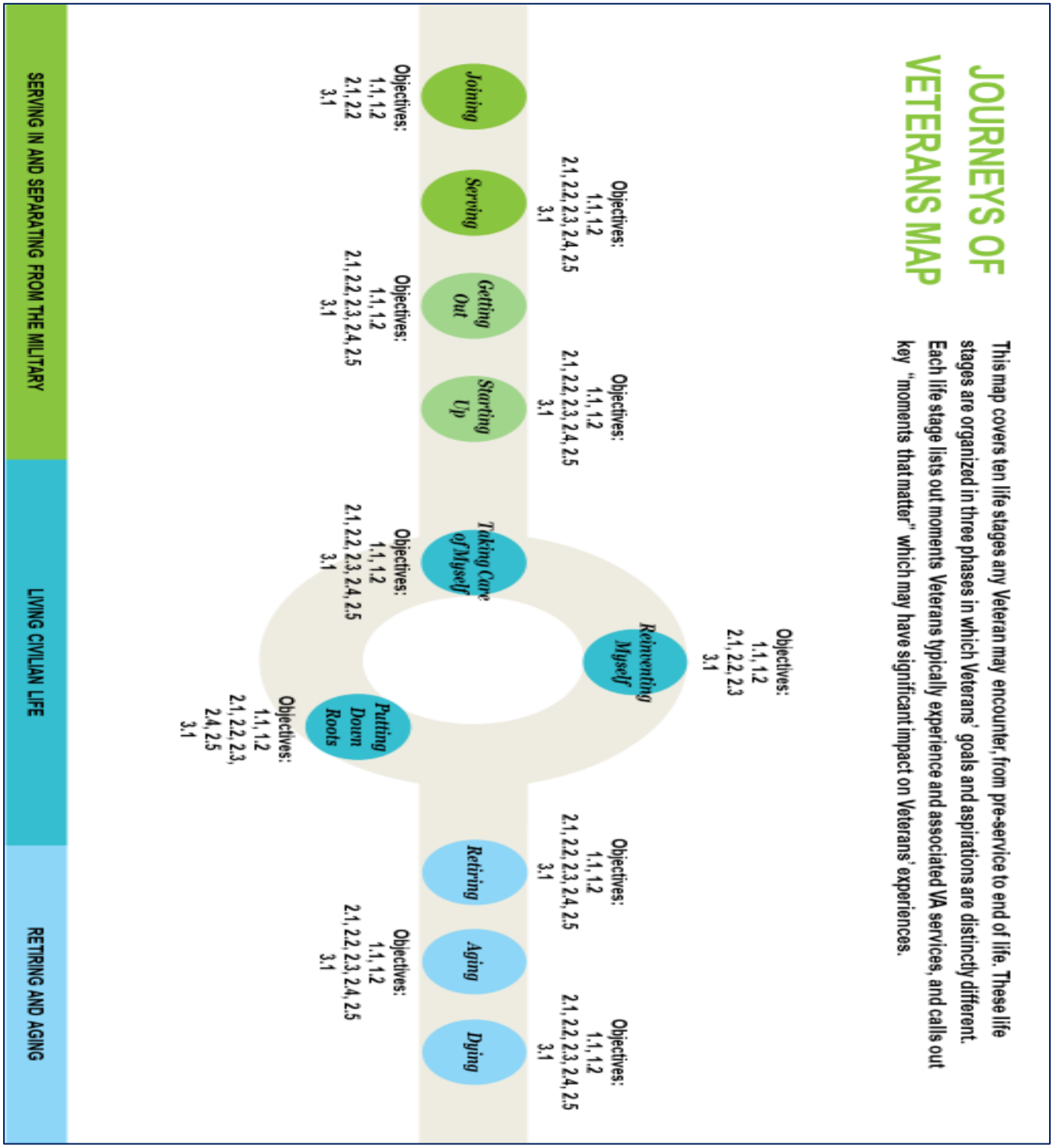
Acronym	Definition
MAT	Medication Assisted Treatment
MISSION Act	Maintaining Internal Systems and Strengthening Integrated Outside Networks Act
MLP	Medical-Legal Partnerships
MOAA	Military Officers Association of America
MST	Military Sexual Trauma
MVA	Minority Veterans of America
NCA	National Cemetery Administration
NCHV	National Coalition for Homeless Veterans
NCOD	National Center for Organizational Development
NCRBO	National Capital Region Benefits Office
NCVAS	National Center for Veterans Analysis and Statistics
NCHAV	National Center on Homelessness Among Veterans
NFS	Nutrition and Food Services
NHOPI	Native Hawaiian or Other Pacific Islander
NIMH	National Institute of Mental Health
NIH	National Institute of Health
NOAA	National Oceanic and Atmospheric Administration
Now	Suicide Prevention Now initiative
OAA	Office of Academic Affiliations
OALC	Acquisition, Logistics and Construction
OAWP	Office of Accountability and Whistleblower Protection
OCC	Office of Community Care
OEHRM	Office of Electronic Health Record Modernization
OEI	Office of Enterprise Integration
OGC	Office of General Counsel
OHE	Office of Health Equity
OIT	Office of Information and Technology
OIG	Office of Inspector General
OM	Office of Management
OMB	Office of Management and Budget
OMHSP	Office of Mental Health and Suicide Prevention
OPA	Office of Public Affairs
OPM	Office of Personnel Management
ORD	Office of Research and Development
ORH	Office of Rural Health
OSC	Office of Special Counsel

Acronym	Definition
OSDBU	Office of Small and Disadvantaged Business Utilization
OSI	Opioid Safety Initiative
OTED	Outreach, Transition and Economic Development
OUD	Opioid Use Disorder
OVAC	Office for Veterans Access to Care
PCPG	Personalized Career Planning and Guidance
PEPReC	Partnered Evidence-based Policy Resource Center
PL	Public Law
P3	Public Private Partnerships
PSTAP	Post-Separation Transition Assistance Program
PTSD	Post-Traumatic Stress Disorder
QSPP	Quadrennial Strategic Planning Process
QUERI	Quality Enhancement Research Initiative
REACH VET	Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment
RE-AIM	Reach, Effectiveness, Adoption, Implementation and Maintenance
RRTP	Residential Rehabilitation Treatment Programs
SBA	U.S. Small Business Administration
SCIP	Strategic Capital Investment Planning
SCOUTT	Stepped Care for Opioid Use Disorder Train the Trainer
SDOH	Social Determinants of Health
SDVOSB	Service-Disabled Veteran-Owned Small Businesses
SECVA	Secretary of VA
SHAARK	Spreading Healthcare Access, Activities, Research and Knowledge
SimLEARN	VHA Simulation Learning, Evaluation, Assessment and Research Network
SKEPTIC	Social Demographics, Kompetition/Substitution, Economics/Ecology, Political, Technology, Industry and Customer/Citizen
SP 2.0	Suicide Prevention 2.0 Initiative
SPACE	Strategies for Prescribing Analgesics Comparative Effectiveness
SPED	Safety Planning in Emergency Departments
SPS	Strategic Planning Service
SSA	Social Security Administration
STORM	Stratification Tool for Opioid Risk Mitigation
SUD	Substance Use Disorder
TAP	Transition Assistance Program
TBI	Traumatic Brain Injury

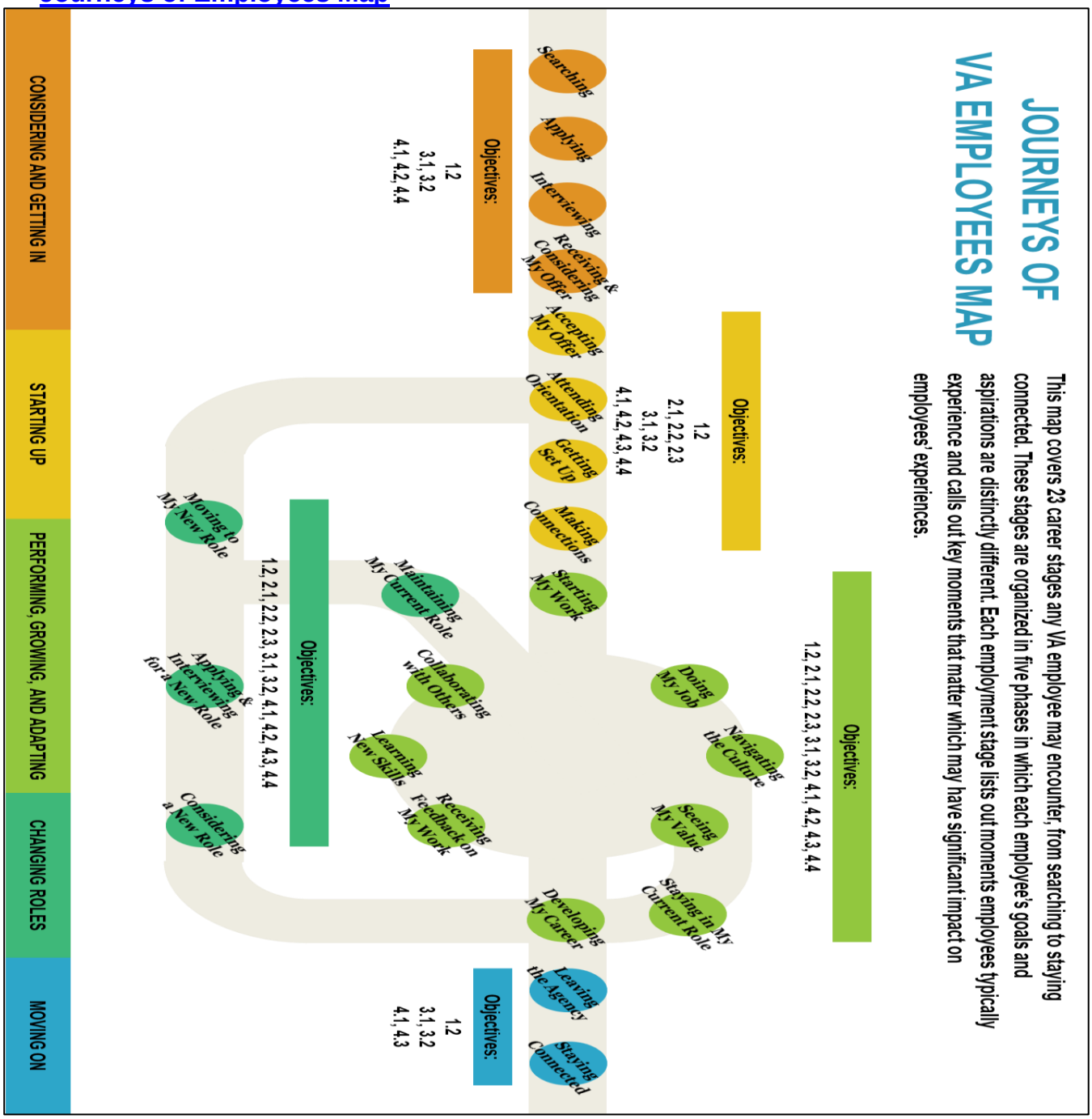
Acronym	Definition
UCC	Urgent Care Centers
U.S.	United States
USDA	U.S. Department of Agriculture
USICH	U.S. Interagency Council on Homelessness
VA	Department of Veterans Affairs
VADS	Veteran's Assistance Discharge System
VAEB	VA Executive Board
VAOB	VA Operations Board
VACO	VA Central Office
VAMC	VA Medical Center
VASRD	VA Schedule for Rating Disabilities
VASS	VA Solid Start
VBA	Veterans Benefits Administration
VBOC	Veterans Business Outreach Center
VCL	Veterans Crisis Line
VCP	Veteran Community Partnerships
VEO	Veterans Experience Office
VFW	Veterans of Foreign War
VHA	Veterans Health Administration
VHA IE	VHA Innovation Ecosystem
VIEWS	Veterans Integrated Enterprise Workflow Solution
VLM	Veterans Legacy Memorial
VOM	Veteran Object Model
VOSB	Veteran-Owned Small Businesses
VRRAP	Veteran Rapid Retraining Assistance Program
VR&E	Veteran Readiness and Employment
VSO	Veteran Service Organizations
VSOC	VetSuccess on Campus
WVIF	Women Veterans Interactive Foundation

Appendix H: Veteran Experience Office Journey Maps

[Journeys of Veterans Map](#)[215]



Journeys of Employees Map[216]



[215] (Department of Veterans Affairs 2020). *Journeys of Veterans Map***.** https://www.blogs.va.gov/VAntage/wp-content/uploads/2020/02/Veteran-Journey-Map.pdf.
[216] (Department of Veterans Affairs n.d.) *Journeys of VA Employees Map***.** (n.d.). https://www.va.gov/ve/docs/VAEmployeeExperienceJourneyMap.pdf.

Appendix I: VA FY 2022-28 Strategic Plan Poster

2022 – 2028 VETERANS AFFAIRS STRATEGIC PLAN

MISSION STATEMENT

To fulfill President Lincoln's promise, "To care for him who shall have borne the battle and for his widow and his orphan".

VALUES

Integrity, Commitment, Advocacy, Respect, Excellence: VA core values (I-CARE) define who we are and our culture. They serve as a guide in providing care and services to Veterans, their families, and beneficiaries.

The Strategic Plan incorporates the VA Secretary's four fundamental principles to lead and manage VA in alignment with VA's ICARE Core Values, Characteristics, and Customer Experience Principles:

Advocacy – Access – Outcomes – Excellence

GOAL 1: VA consistently communicates with its customers and partners to assess and maximize performance, evaluate needs and build long-term relationships and trust.

1.1 (Consistent and Easy to Understand Information) VA and partners use multiple channels and methods to ensure information about benefits, care and services is clear and easy to understand and access.

1.2 (Lifelong Relationships and Trust) VA listens to Veterans, their families, caregivers, survivors, Service members, employees and other stakeholders to project future trends, anticipate needs and deliver effective and agile solutions that improve their outcomes, access and experiences.

GOAL 2: VA delivers timely, accessible, high-quality benefits, care and services to meet the unique needs of Veterans and all eligible beneficiaries.

2.1 (Underserved, Marginalized and At-Risk Veterans) VA emphasizes the delivery of benefits, care and services to underserved, marginalized and at-risk Veterans to prevent suicide and homelessness, improve their economic security, health, resiliency and quality of life and achieve equity.

2.2 (Tailored Delivery of Benefits, Care and Services Ensure Equity and Access) VA and partners will tailor the delivery of benefits and customize whole health care and services for the recipient at each phase of their life journey.

2.3 (Inclusion, Diversity, Equity, Access (IDEA)) VA will enhance understanding of Veteran needs and eliminate disparities and barriers to health, improve service delivery and opportunities to enhance Veterans' outcomes, experiences and quality of life.

2.4 (Innovative Care) VA will improve understanding of Veteran specific illnesses and injuries to develop and adopt innovative new treatments that prevent future illness and enhance Veteran outcomes.

2.5 (Value and Sustainability) VA, with community partners, will deliver integrated care and services, balancing resources to ensure sustainability while continuing to deliver value and improve health and well-being outcomes of Veterans.

GOAL 3: VA builds and maintains trust with Stakeholders through proven stewardship, transparency and accountability.

3.1 (VA is Transparent and Trusted) VA will be the trusted agent for service and advocacy for our Nation's heroes, caregivers, families, survivors and Service members to improve their quality of life and ensure end of life dignity.

3.2 (Internal and External Accountability) VA will continue to promote and improve organizational and individual accountability and ensure a just culture.

GOAL 4: VA ensures governance, systems, data and management best practices improve experiences, satisfaction, accountability and security.

4.1 (Our Employees Are Our Greatest Asset) VA will transform its human capital management capabilities to empower a collaborative culture that promotes information sharing, diversity, equity and inclusion and a competent, high-performing workforce to best serve Veterans and their families.

4.2 (Data is a Strategic Asset) VA will securely manage data as a strategic asset to improve VA's understanding of customers and partners, drive evidence-based decision-making and deliver more effective and efficient solutions.

4.3 (Easy Access and Secure Systems) VA will deliver integrated, interoperable, secure and state-of-the-art systems to improve the delivery of benefits, care and services.

4.4 Evidence Based Decisions VA will improve governance, management practices and make evidence-based decisions to ensure quality outcomes and experiences and efficient use of resources.

Appendix J: References

111th Congress. 2010. *Public Law 111-274-Plain Writing Act of 2010.* October 13. Accessed June 29, 2021. https://www.plainlanguage.gov/law/.

115th Congress. 2021. "Foundations for Evidence-Based Policymaking Act of 2018. Public Law 115–435." *Congress.gov.* June. Accessed June 15, 2021. https://www.congress.gov/115/plaws/publ435/PLAW-115publ435.pdf.

116th Congress (2019-2020). 2020. "Public Law 213. Department of Veterans Affairs Website Accessibility Act of 2019 - S.3587." *Congress.gov.* December 4. Accessed January 30, 2021. https://www.congress.gov/bill/116th-congress/senate-bill/3587.

2016. "38 CFR § 17.415 - Full practice authority for advanced practice registered nurses." *Federal Register.* May 25. Accessed August 11, 2021. https://www.govinfo.gov/content/pkg/FR-2016-05-25/pdf/2016-12338.pdf.

n.d. "38 U.S. Code § 1720G - Assistance and support services for caregivers." *Cornell University Legal Information Institute.* Accessed August 12, 2021. https://www.law.cornell.edu/uscode/text/38/1720G.

2006. "38 United States Code § 7308 - Office of Rural Health." *Cornell Law School Global Information Institute.* December 22. Accessed May 28, 2021. https://www.law.cornell.edu/uscode/text/38/7308.

2021. *About AACN: Who We Are.* Accessed March 2, 2021. https://www.aacnnursing.org/.

Agency for Healthcare Research and Quality (AHRQ). 2021 (reviewed). *What Is Patient Experience?* https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html.

American Association of Colleges of Nursing. n.d. *About AACN.* Accessed April 15, 2021. https://www.aacnnursing.org/.

—. 2021. *Commission on Collegiate Nursing Education.* Accessed March 2, 2021. https://www.aacnnursing.org/CCNE.

—. n.d. *Commission on Collegiate Nursing Education.* Accessed April 15, 2021. https://www.aacnnursing.org/CCNE.

American Hospital Association. 2020. "Value Initiative Issue Brief: Team-based Care Creates Value." *American Hospital Association.* https://www.aha.org/system/files/media/file/2020/09/value-initiative-issue-brief-team-based-care-creates-value.pdf.

Argento, Elena, Kenneth W. Tupper, M. Eugenia Socias. 2019. "The tripping point: The potential role of psychedelic-assisted therapy in the response to the opioid crisis." *International Journal of Drug Policy* 66: 80-81. Accessed November 17, 2021. doi:10.1016/j.drugpo.2018.11.006.

Association of Schools Advancing Health Professionals. 2020. *What is Allied Health.* Accessed April 15, 2021. https://www.asahp.org/what-is.

Bokhour, B.G., Hyde, J.K., Mohr, D.C.,. 2021. *Whole Health System of Care Evaluation-A Progress Report on Outcomes of the WHS Pilot at 18 Flagship Sites.* Accessed November 19, 2021. https://www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/Evidence-Based-Research.asp.

Brignone. 2020. "Trends in the Diagnosis of Diseases od Dispair." *BMJ Open.* https://bmjopen.bmj.com/content/bmjopen/10/10/e037679.full.pdf.

Burek, Gregory. 2018. "Military Culture: Working With Veterans." *Psychiatry Online.* September 1. https://psychiatryonline.org/doi/pdf/10.1176/appi.ajp-rj.2018.130902.

Carter, Phillip. 2017. *Center for a New American Security.* June 15. https://www.cnas.org/publications/reports/lost-in-translation.

Castro, Kintzle. 2017. "The State of the American Veteran." USC. https://cir.usc.edu/wp-content/uploads/2017/05/USC-CIR-SF-VET-2017_FINAL-Pgs.pdf.

Centers for Disease Control and Prevention. n.d. *Division of Preparedness and Emerging Infections (DPEI).* Accessed March 28, 2021. https://www.cdc.gov/ncezid/dpei/eip/index.html .

Centers for Medicare & Medicaid Services. n.d. *Value-Based Programs.* https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.

Congressional Research Service. 2020. "Paving the Way for Value-Based Health Care ." *crsreports.congress.gov.* https://crsreports.congress.gov/product/pdf/LSB/LSB10448.

—. 2016. "The Congressional Appropriations Process." https://www.senate.gov/CRSpubs/8013e37d-4a09-46f0-b1e2-c14915d498a6.pdf.

Department of Health and Human Services. n.d. *Social Determinants of Health.* Accessed May 4, 2021. https://health.gov/healthypeople/objectives-and-data/social-determinants-health.

Department of Homeland Security. 2015. "National Preparedness Goal." Vers. Second Edition. *Department of Homeland Security.* September. Accessed November 17, 2021. https://www.fema.gov/sites/default/files/2020-06/national_preparedness_goal_2nd_edition.pdf.

Department of Housing and Urban Development. 2021. *U.S. Department of Housing and Urban Development.* https://www.hud.gov/press/press_releases_media_advisories/hud_no_21_041.

Department of Justice. 2019. "Law Enforcement Officers." National Institute of Correctionss in partnership with the Justice-Involved Veterans Network (JIVN. https://s3.amazonaws.com/static.nicic.gov/UserShared/033091.pdf.

Department of Labor. n.d. *Veterans' Employment & Training Service (VETS).* https://www.dol.gov/agencies/vets/veterans.

Department of Veterans Affairs. 2021. "A Message from VA Secretary Denis McDonough." *Vantage Point News Sections: Secretary's Blog.* February 9. Accessed August 31, 2021. https://blogs.va.gov/VAntage/84509/message-va-secretary-denis-mcdonough/.

—. n.d. *About VA.* Accessed May 5, 2021. https://www.va.gov/about_va/.

—. n.d. *About VA Programs.* Accessed March 27, 2021. https://www.va.gov/about_va/programs.asp.

—. n.d. *About VA: Organization.* Accessed May 11, 2021. https://www.va.gov/about_va/organizations.asp.

—. n.d. "Advancing Value-Driven Care." *Seattle-Denver Center of Innovation (COIN).* Accessed June 10, 2021. https://www.seattledenvercoin.research.va.gov/research/value_driven_care.asp.

Department of Veterans Affairs and Department of Defense Joint Executive Committee. n.d. "Joint Strategic Plan Fiscal Years 2019-2021." *Office of the Under Secretary for Personnel and Readiness.* Accessed June 9, 2021. https://prhome.defense.gov/Portals/52/Documents/VA-DoD%20FY%202019-2021%20JSP%20(signed%20March%2018%202019).pdf.

Department of Veterans Affairs and Department of Defense Joint Executive Committee. 2021. "VA-DOD Joint Data and Analytics Strategy Plan of Action." draft. Accessed June 8, 2021.

Department of Veterans Affairs. n.d. *Center for Integrated Healthcare.* Accessed March 11, 2021. https://www.mirecc.va.gov/cih-visn2/.

—. 2021. "Climate Action Plan." August. Accessed November 11, 2021. https://www.sustainability.gov/pdfs/va-2021-cap.pdf.

—. n.d. *Connected Care: Expanding Veteran Access to Care Through Virtual Technologies.* Accessed May 6, 2021. https://connectedcare.va.gov/.

—. n.d. *COVER Commission.* https://www.va.gov/cover/.

—. 2021. *Ethics Principles for Access to and Use of Veteran Data.* February 4. Accessed March 3, 2021. https://www.oit.va.gov/about/ethical-data-use/.

—. 2021. "FY 2022 Budget Submission: Supplemental Information & Appendices Volume 1 of 4." *Office of the Budget.* May. Accessed June 7, 2021. https://www.va.gov/budget/docs/summary/fy2022VAbudgetVolumeIsupplementalInformationAndAppendices.pdf#page=17&zoom=100,0,0.

—. n.d. *I CARE.* Accessed May 19, 2021. https://www.va.gov/icare/index.asp.

—. 2021. *I CARE.* Accessed December 20, 2021. https://www.va.gov/ICARE/index.asp#:~:text=%E2%80%9COur%20department%2

0remains%20fully%20committed%20to%20fulfilling%20the,can%20succeed%20without%20values%20to%20match%20its%20mission.

—. n.d. *I CARE Core Values and Characteristics.* Accessed May 28, 2021. https://www.va.gov/icare/core-values.asp.

—. n.d. *Journey's of VA Employees Map.* Accessed July 27, 2021. https://www.va.gov/ve/docs/VAEmployeeExperienceJourneyMap.pdf.

—. 2020. "Journeys of Veterans Map." *VAntage Blogs.* February. Accessed June 11, 2021. https://www.blogs.va.gov/VAntage/wp-content/uploads/2020/02/Veteran-Journey-Map.pdf.

—. n.d. *Mental Illness Research, Education and Clinical Center (IMIRECC).* Accessed March 3, 2021. https://www.mirecc.va.gov/cih-visn2/.

—. n.d. *National Cemetery Administration.* Accessed May 21, 2021. https://www.cem.va.gov/.

—. 2018. "National Strategy for Preventing Veteran Suicide 2018-2028." *MentalHealth.gov.* Accessed March 5, 2021. https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf.

—. 2020. "On Memorial Day VA Honors All Of The Survivors of Those Who Have Served and Died." *National Center for Veterans Analysis and Statistics.* May. Accessed June 4, 2021. https://www.va.gov/vetdata/docs/Quickfacts/2020_Memorial_Day_Visualization.pdf.

—. n.d. *Opioid Safety Initiative (OSI).* https://www.va.gov/painmanagement/opioid_safety_initiative_osi.asp.

—. n.d. *Post Traumatic Stress Disorder: National Center for PTSD.* Accessed March 3, 2021. https://www.ptsd.va.gov/.

—. 2021. "Remarks by Secretary Denis R. McDonough." *Office of Public and Intergovernmental Affairs.* May 25. Accessed June 11, 2021. https://www.va.gov/opa/speeches/2021/05_25_2021.asp.

—. 2021. "Strategic Plan 2018-2022 Update." *Office of Inspector General.* February 28. Accessed June 11, 2021. https://www.va.gov/oig/pubs/VA-OIG-Strategic-Plan-2018-to-2022-update.pdf.

—. 2021. "The National Center for Healthcare Advancement and Partnerships Serves Veterans Through Partnership." *National Center for Healthcare Advancement and Partnerships.* June 1. Accessed June 15, 2021. https://www.va.gov/HEALTHPARTNERSHIPS/index.asp.

—. n.d. "The Origin of the VA Motto: Lincoln's Second Inaugural Address." *Office of Public and Intergovernmental Affairs.* Accessed June 7, 2021. https://www.va.gov/opa/publications/celebrate/vamotto.pdf.

—. 2021. *To Educate for VA and the Nation.* January 12. Accessed March 3, 2021. https://www.va.gov/oaa/.

—. 2021. "VA Benefits & Health Care Utilization." *National Center for Veterans Analysis and Statistics.* April 29. Accessed May 21, 2021. https://www.va.gov/vetdata/docs/pocketcards/fy2021q3.pdf.

—. n.d. "VA History In Brief." *Office of Public and Intergovernmental Affairs.* Accessed June 8, 2021. https://www.va.gov/opa/publications/archives/docs/history_in_brief.pdf.

—. n.d. *VA Telehealth: How Telehealth Works.* Accessed May 5, 2021. https://telehealth.va.gov/how-telehealth-works-va.

—. 2021. "VA's Customer Experience Institute (VACXi)." *Veterans Experience Office.* March 23. Accessed June 14, 2021. https://www.va.gov/ve/.

—. n.d. *VA's Mission: Core Values and Characteristics.* Accessed May 28, 2021. https://www.va.gov/icare/core-values.asp.

Department of Veterans Affairs. 2021. *VAST Counts and Changes Report.* 3: June.

—. 2021. "Veteran Community Partnerships." *National Center for Healthcare Advancement and Partnerships.* May 11. Accessed 15 2021, June. https://www.va.gov/healthpartnerships/vcp.asp.

—. 2021. *Veteran Trust in VA.* 04 29. https://www.va.gov/initiatives/veteran-trust-in-va/.

—. n.d. *Veterans Benefits Administration.* Accessed May 13, 2021. https://benefits.va.gov/benefits/.

—. 2021. *Veterans Cemetery Grants Program.* June 1. Accessed June 17, 2021. https://www.cem.va.gov/grants/index.asp.

—. n.d. *Veterans Health Administration.* Accessed May 20, 2021. https://www.va.gov/health/.

—. 2020. *Veterans Health Administration Compensated Work Therapy.* March 3. Accessed May 9, 2021. https://www.va.gov/health/cwt/.

—. 2019. *Veterans Legacy Program.* November 6. Accessed June 17, 2021. https://www.cem.va.gov/legacy/index.asp#:~:text=The%20Veterans%20Legacy%20Program%20commemorates,found%20within%20NCA%20national%20cemeteries.

—. 2021. "Veterans to benefit from personalized career planning and guidance." *VAntage Point.* February 9. Accessed February 21, 2021. https://blogs.va.gov/VAntage/84397/veterans-benefit-personalized-career-planning-guidance/?utm_source=facebook&utm_medium=social&utm_campaign=&utm_term=&utm_content=.

Department of Veterans Affairs; U.S. Department of Defense. 2019. "VA/DOD Clinical Practice Guideline: Assessment and Management of Patients at Risk for Suicide." *VA/DoD Clinical Practice Guidelines.* Accessed March 5, 2021. https://www.healthquality.va.gov/guidelines/MH/srb/.

Department of Veterans Affairs-Department of Defense Joint Executive Committee. 2019. "Annual Joint Report Fiscal Year 2019." *Personnel and Readiness.* September 30. Accessed June 23, 2021. https://prhome.defense.gov/Portals/52/Documents/FY%2019%20AJR%20(Final%20Signed)%20508%20compliant.pdf.

Derefinko, Karen. 2018. "Substance Use and Psychological Distress Before and After the Military to Civilian Transition ." *Military Medicine, Volume 183, Issue 5-6*, Pages e258–e265. https://academic.oup.com/milmed/article/183/5-6/e258/4840543.

Disabled American Veterans (DAV). n.d. *Military Toxic Exposures.* https://www.dav.org/veterans/resources/military-toxic-exposures/#:~:text=Currently%20there%20are%20six%20health,Radiation%20and%20Toxic%20Embedded%20Fragments.

Doraiswamy, P. E. London, P. Varnum, B. Harvey, S. Saxena, S. Tottman, Sir P. Campbell, A. Fernández Ibáñez, H. Manji, M. Abdul Aziz Sultan Al Olama, I-h. Chou, H. Herrman, S. Jeong, T. Le, C. Montojo, B. Reve, K,. Rommelfanger, C. Stix, N, Thakor. 2019. "Empowering 8 Billion Minds: Enabling Better Mental Health for All via the Ethical Adoption of Technologies." October 28. Accessed 17 2021, November. https://nam.edu/empowering-8-billion-minds-enabling-better-mental-health-for-all-via-the-ethical-adoption-of-technologies/.

Executive Order 13985 Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. 2021. *Federal Register.* January 25. Accessed May 5, 2021. https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government.

Executive Order 13999, Protecting Worker Health and Safety. 2021. *The White House Briefing Room.* January 21. Accessed March 3, 2021. https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-protecting-worker-health-and-safety/.

Executive Order 14008. Tackling the Climate Crisis at Home and Abroad. 2021. *Federal Register.* January 27. Accessed April 30, 2021. https://www.federalregister.gov/documents/2021/02/01/2021-02177/tackling-the-climate-crisis-at-home-and-abroad.

Executive Order 14058 Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government. 2021. *Federal Register.* December 16. Accessed January 7, 2022. https://public-inspection.federalregister.gov/2021-27380.pdf.

Federal Communications Commission. n.d. *Section 508 of the Rehabilitation Act - 29 U.S.C. § 794d.* Accessed May 5, 2021. https://www.govinfo.gov/content/pkg/USCODE-2011-title29/html/USCODE-2011-title29-chap16-subchapV-sec794d.htm.

Felix HC, Mays GP, Steward MK, Cottoms N, Olson M. 2011. "The Care Span: Medicaid savings resulted when community health workers matched those with needs to home and community care." *Health Affairs* 30 (7): 1366-1377.

Fulmer, Terry, et al. 2021. "Actualizing Better Health Care for Older Adults: Commentary describes six vital directions to improve the care and quality of life for all older Americans." *Health Affairs* 40 (2): 219-225.

Government Accountability Office. 2019. *VA Health Care.* U.S. GOVERNMENT ACCOUNTABILITY OFFICE. https://www.gao.gov/products/gao-20-83.

Griffin. 2019. "Moral Injury: An Integrative Review." *Special Issue on Moral Injury*, 350–362. https://onlinelibrary.wiley.com/doi/epdf/10.1002/jts.22362.

Health Services Research & Development. n.d. *Advancing Value-Driven Care.* https://www.seattledenvercoin.research.va.gov/research/value_driven_care.asp.

Herman. 2017. "Cost-effectiveness of Mindfulness-based Stress Reduction Versus Cognitive Behavioral Therapy or Usual Care Among Adults With Chronic Low Back Pain." *SPINE* p 1511-1520. https://pubmed.ncbi.nlm.nih.gov/28742756/.

Herman. 2019. "The use of complementary and integrative health approaches for chronic musculoskeletal pain in younger US Veterans: An economic evaluation." *PLoS ONE.* https://storage.googleapis.com/plos-corpus-prod/10.1371/journal.pone.0217831/1/pone.0217831.pdf?X-Goog-Algorithm=GOOG4-RSA-SHA256&X-Goog-Credential=wombat-sa%40plos-prod.iam.gserviceaccount.com%2F20210623%2Fauto%2Fstorage%2Fgoog4_request&X-Goog-Date=20210.

n.d. *Honoring the 30th Anniversary of the Gulf War.* https://www.datahub.va.gov/stories/s/ds6c-w7wj.

House Committee on Veterans Affairs. 2021. "Restoring Faith by Building Trust: VA's First 100 Days." *YouTube.* March 24. Accessed June 17, 2021. https://www.youtube.com/watch?v=p8zp6dw0VNY .

Hunt S.C., & Hoge C.W. 2018. "Health Care for Military Veterans." In *Harrison's Principles of Internal Medicine*, by & Hoge C.W. Hunt S.C. McGraw-Hill. https://accessmedicine.mhmedical.com/Content.aspx?bookid=2129&sectionid=192510174.

Institute of Medicine. 2008. *Retooling for an Aging America: Building the Health Care Workforce.* Washington, D.C.: The National Academies Press. doi:https://doi.org/10.17226/12089.

Irvin, C. V. et al. 2017. "Money Follows the Person 2015 Annual Evaluation Report." *Mathematica Policy Research.*

Kaye, H. S. 2012. "Gradual Rebalancing Of Medicaid Long-Term Services And Supports Saves Money And Serves More People, Statistical Model Shows. ." *Health Affairs* 31 (6): 1195-1203.

Kaye, H. S., LaPlante, M. P., Harrington, C. 2009. "Do Noninstitutional Long-term Care Servces Reduce Medicaid Spending?" *Health Affairs* 28 (1): 262-272.

Kime, Patricia. 2021. "The VA's Budget Has Quintupled in 20 Years. Veterans Groups Want Billions More." *Military Daily News.* February. https://www.military.com/daily-news/2021/02/01/vas-budget-has-quintupled-20-years-veterans-groups-want-billions-more.html.

—. 2021. *VA Gets Another Massive Funding Increase-Bidens First Budget.* 06 01. https://www.military.com/daily-news/2021/06/01/va-gets-another-massive-funding-increase-bidens-first-budget.html.

Krebs. 2018. "Effect of Opioid vs Nonopioid Medications on Pain-Related Function in Patients With Chronic Back Pain or Hip or Knee Osteoarthritis Pain: The SPACE Randomized Clinical Trial." *JAMA* 872–882. https://jamanetwork.com/journals/jama/fullarticle/2673971.

Landis, Austin. 2021. "More Doses Needed to Vaccinate Veterans, VA Secretary Says." *Spectrum News 1.* March 4. Accessed March 22, 2021. https://spectrumlocalnews.com/nys/central-ny/news/2021/03/04/more-supply-needed-to-quickly-vaccinate-veterans--va-secretary-says.

Marek K. D., Stetzer F., Adams, S. J., Popejoy, L. L., Rantz, M. 2012. "Aging in Place Versus Nursing Home Care: Comparison of Costs to Medicare and Medicaid." *Research in Gerontology Nursing* 5: 123-129.

McDonough, Denis. 2020. "My Pledge to our Nation's Veterans." *Military Times.* December 22. Accessed January 18, 2021. https://www.militarytimes.com/opinion/commentary/2020/12/22/my-pledge-to-our-nations-veterans/.

—. 2021. "Restoring Faith and Rebuilding Trust." *House Committee on Veterans' Affairs.* March 25. Accessed August 31, 2021. https://veterans.house.gov/events/hearings/restoring-faith-by-building-trust-vas-first-100-days.

Merriam-Webster Dictionary. n.d. *Marginalize.* Accessed May 5, 2021. https://www.merriam-webster.com/dictionary/marginalize.

Mobbs, M.C., George A. Bonanno. 2018. "Beyond War and PTSD: The crucial role of transition stress in the lives of military Veterans." *Clinical Psychology Review* 59: 137-144. Accessed December 29, 2021. doi:10.1016/j.cpr.2017.11.007.

Murray, Caitlin, Alena Tourtellotte, Debra Lipson, Andrea Wysocki. 2021. "Medicaid Long Term Services and Supports Annual Expenditures Report: Federal Fiscal Years 2017 and 2018." *Mathematica Policy Research.*

National Center for Healthcare Advancement and Partnerships. n.d. *Veteran Community Partnerships.* https://www.va.gov/healthpartnerships/vcp.asp.

National Center for Veterans Analysis and Statistics. n.d. "Special Reports." *American Indian and Alaska Native Veterans: 2017.* https://www.va.gov/vetdata/docs/SpecialReports/AIAN.pdf.

—. 2020. "U.S. Veterans Eligibility Trends and Statistics, 2017." https://www.va.gov/vetdata/docs/Quickfacts/VA_Utilization_Profile_2017.pdf.

Newcomer, R. J., Ko, M., Kang, T., Harringtron, C., Hulett, D., Bindman, A. B. 2016. "Health Care Expenditures After Initiating Long-term Services and Supports in the Community Versus in a Nursing Facility." *Med Care* 54 (3): 221-228.

NIDA. 2019. "Substance Use and Military Life Drug Facts." *www.drugabuse.gov.* https://www.drugabuse.gov/download/4539/substance-use-military-life-drugfacts.pdf?v=3c3fef9abe44dfc6f720af9c882ac8d9.

Norman, Maguen. n.d. *PTSD: National Center for PTSD.* https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp.

Office of Health Equity. n.d. "Social_Determinants_Fact_Sheet_V2." *Veterans Health Administration.* https://www.va.gov/HEALTHEQUITY/docs/Social_Determinants_Fact_Sheet_V2-0.pdf.

Office of Public and Intergovernmental Affairs. n.d. "America's Wars." *https://www.va.gov/opa/.* https://www.va.gov/opa/publications/factsheets/fs_americas_wars.pdf.

Office of Public and Intergovernmental Affairs TF. 2021. *VA Establishes 120-day Task Force on Inclusion, Diversity, Equity and Access.* https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5657#:~:text=26%3A00%20PM-,VA%20establishes%20120%2Dday%20task%20force,inclusion%2C%20diversity%2C%20equity%20and%20access&text=Conduct%20a%20whole%2Dof%2DVA%20review%20of%20policies%2C%20programming,inc.

Office of Rural Health . n.d. *Office of Rural Health Programs.* https://www.ruralhealth.va.gov/aboutus/programs.asp.

Olenick, Maria. 2015. "US Veterans and Their Unique Issues: Enhancing Health Care Professional Awareness." *Advances in Medical Education and Practice* 635–639. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4671760/.

Rasmussen Reports. 2018. *Current Events.* July 30. https://www.rasmussenreports.com/public_content/politics/current_events/afghanistan/do_voters_know_we_re_still_at_war_with_afghanistan.

Santos, dos. 2016. "Antidepressive, Anxiolytic and Antiaddictive Effects of Ayahuasca, Psilocybin and Lysergic Acid Diethylamide (LSD): A Systematic Review of Clinical Trials Published in the Last 25 Years." *Therapeutic Advances in*

Psychopharmacology 193-213. https://www.researchgate.net/publication/298876308_Antidepressive_anxiolytic_and_antiaddictive_effects_of_ayahuasca_psilocybin_and_lysergic_acid_diethylamide_LSD_a_systematic_review_of_clinical_trials_published_in_the_last_25_years/link/59e152fd458515393d.

Seal. 2017. "Association of Traumatic Brain Injury With Chronic Pain in Iraq and Afghanistan Veterans: Effect of Comorbid Mental Health Conditions." *Archives of Physical Medicine and Rehabilitation* Pages 1636-1645. https://www.sciencedirect.com/science/article/abs/pii/S0003999317302605?via%3Dihub.

Shanahan. 2019. "Does Despair Really Kill? A Roadmap for an Evidence-Based Answer." *American Journal of Public Health 2019.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6506367/pdf/AJPH.2019.305016.pdf.

n.d. *Social Determinants of Health.* https://www.va.gov/HEALTHEQUITY/Social_Determinants_of_Health.asp.

Teeters. 2017. "Substance use Disorders in Military Veterans: Prevalence and Treatment Challenges." *Substance Abuse and Rehabilitation* 69-77. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5587184/pdf/sar-8-069.pdf.

The Independent Budget. n.d. "The Independent Budget: Fiscal Years 2021 and 2022." http://www.independentbudget.org/pdf/FY22%20IB_Budget%20Book_2.14.20.pdf.

The White House. 2011. "Presidential Policy Directive/PPD-8." *Department of Homeland Security.* March 30. Accessed November 17, 2021. https://www.dhs.gov/xlibrary/assets/presidential-policy-directive-8-national-preparedness.pdf.

Tinetti, Mary Dr. n.d. "What Is an Age-Friendly Health System?" *Institute for Health Care Improvement.* Accessed June 25, 2021. http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx.

U.S. Congress. 2016. "S.524 - Comprehensive Addiction and Recovery Act of 2016." *https://www.congress.gov.* July. https://www.congress.gov/bill/114th-congress/senate-bill/524/text.

U.S. Government Accountability Office. 2009. "Interagency Collaboration: Key Issues for Congressional Oversight of National Security Strategies, Organizations, Workforce and Information Sharing." *Government Accountability Office.* September. Accessed January 6, 2022. https://www.gao.gov/assets/gao-09-904sp.pdf.

U.S. Government Accountability Office. February 2020. "VA Health Care: Veteran's Use of Long-Term Care is Increasing and VA Faces Challenges in Meeting the Demand." doi:https://www.gao.gov/assets/gao-20-284.pdf.

n.d. *VA Caregiver Support.* https://www.caregiver.va.gov/.

VA Health Care. n.d. *Military Sexual Trauma.* https://www.mentalhealth.va.gov/mentalhealth/msthome/index.asp.

—. n.d. *Trauma Informed Care.* https://www.ptsd.va.gov/professional/treat/care/index.asp.

VA Homeless Programs Office. 2019. *Point-in-Time (PIT) Count.* https://www.va.gov/HOMELESS/pit_count.asp.

VA Homeless Programs. n.d. *Trauma-Informed Care for Working with Homeless Veterans.* https://www.va.gov/homeless/nchav/docs/Trauma-Informed-Care-Fact-Sheet.pdf.

VA Office of Mental Health and Suicide Prevention. September 2018. *VA National Suicide Data Report.* n/a: VA. https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf.

VA Office of Rural Health. n.d. "Office of Rural Health." *https://www.ruralhealth.va.gov/.* https://www.ruralhealth.va.gov/docs/ORH_Thrive2018_FINAL_508.pdf.

Veterans Administration. 2021. *https://www.va.gov/.* 05 18. https://www.va.gov/opa/speeches/2021/05_18_2021.asp.

—. 2020. *Office of Budget.* February. https://www.va.gov/budget/products.asp.

—. n.d. *Veteran Rapid Retraining Assistance Program (VRRAP).* https://www.va.gov/education/other-va-education-benefits/veteran-rapid-retraining-assistance/.

Veterans Benefit Administration. n.d. *VAntage Point.* https://blogs.va.gov/VAntage/87708/american-rescue-plan-arp/.

Veterans Benefits Administration. n.d. *Lesbian, Gay Bisexual & Transgender (LGBT) Service Members and Veterans.* https://www.benefits.va.gov/persona/lgbt.asp.

—. n.d. *Minority Veterans Program.* https://www.benefits.va.gov/PERSONA/veteran-minority.asp.

—. 2018. "The Military to Civilian Transition 2018: A Review of Historical, Current and Future Trends." *Veterans Benefits Administration.* Accessed December 29, 2021. https://benefits.va.gov/TRANSITION/docs/mct-report-2018.pdf.

—. n.d. "The Military to Civilian Transition 2018: A Review of Historical, Current and Future Trends." *Transition and Economic Development.* Accessed June 17, 2021. https://benefits.va.gov/TRANSITION/docs/mct-report-2018.pdf.

—. n.d. *Women Veterans.* https://www.benefits.va.gov/PERSONA/veteran-women.asp.

Veterans Health Administration. n.d. *Management of Opioid Therapy (OT) for Chronic Pain.* https://www.healthquality.va.gov/guidelines/pain/cot/.

—. n.d. "Office of Health Equity." https://www.va.gov/HEALTHEQUITY/docs/Social_Determinants_Fact_Sheet_V2-0.pdf.

VHA Geriatrics and Extended Care. n.d. *VA Age-Friendly Health Systems Initiative.* https://www.va.gov/geriatrics/pages/VA_Age_Friendly_Health_Systems_Initiative.asp.

2020. *What is Allied Health.* Accessed March 3, 2021. https://www.asahp.org/what-is.

Zaccheus. 2020. "Drug Overdose and Suicide Among Veteran Enrollees in the VHA: Comparison Among Local, Regional and National Data." *FEDERAL PRACTITIONER* 420-425. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7535957/pdf/fp-37-9-420.pdf.

Zogas. 2017. "Watson Institute of International and Public Affairs." *https://watson.brown.edu/.* https://watson.brown.edu/costsofwar/files/cow/imce/papers/2017/Zogas_Veterans%27%20Transitions_CoW_2.1.17.pdf.