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Letter from the Secretary

VA Strategic Plan FY 2010-2014

Since my first day in office, my overriding challenge has been to fulfill President Obama’s charter to transform the Department of Veterans Affairs (VA) into a high-performing 21st century organization focused on our Nation’s Veterans as its clients. President Obama is fully committed to the vision of a transformed VA to better serve Veterans. His strong leadership, support, and full commitment is clearly evident in the FY 2010 VA budget and the FY 2011 President’s Budget request.

The 21st century VA will be built around three guiding principles:

We will be people-centric, results-driven and forward-looking.

VA will be an advocate for its clients - the Veterans we serve, their families, their loved ones, and their caregivers. VA will anticipate the needs of Veterans, and be proactive in meeting those needs.

We will transform VA through positive leadership, teamwork, dedication, and the commitment of VA’s talented workforce. We will ingrain a sense of advocacy for Veterans into our organizational culture and our business processes – to sustain momentum into the future and enable VA to meet the ever-changing needs of Veterans and their families.

I intend to make bold and comprehensive changes to transform VA for the 21st century. These changes will directly benefit Veterans, and indirectly, all Americans. VA’s transformation will leverage the power of 21st century technology and know-how.

This VA Strategic Plan FY 2010-2014 is the cornerstone of our transformation effort. It lays out our goals and strategies for working together over the next 5 years to accomplish them, consistent with our guiding principles. We have articulated a strategy aimed at the accomplishment of four key strategic goals. The strategy is made up of three integrated objectives through which VA will deliver on its highest priorities. These integrated objectives are complemented by a series of integrated strategies, which will define our approach to achieve each objective. Finally, we have identified 13 major crosscutting initiatives, which represent the areas of highest importance to the organization and exemplify how we intend to execute our integrated strategy. The Strategic Plan calls for a relentless focus on our clients—Veterans and their families—in everything we do, while maximizing value and efficiency.
As we transform VA, we will closely monitor our progress in achieving our strategic goals and integrated objectives. We will continue developing an annual performance plan which we submit with the President’s budget each year. We will report to Congress and other stakeholders each year in our VA Performance and Accountability Report. We will monitor each of the 13 Major Initiatives through a quarterly Operational Management Review team, chaired by the Deputy Secretary, to ensure that cost, schedule, and performance targets are being met, and that corrective action is taken where necessary, and with Monthly Performance Review meetings to monitor progress in meeting our annual performance plan.

The transformation of VA is well underway, and gains momentum every day. As the leader of VA and its 300,000 employees, it is my responsibility to ensure that we sustain our momentum. The feedback of all VA stakeholders has been invaluable to me in guiding the Department through the initial stages of transformation, and I look forward to working with all of those stakeholders and VA employees to ensure we achieve the strategic goals and objectives of this plan.
**DEPARTMENT OF VETERANS AFFAIRS FACILITIES**

The map below shows the breadth of VA facilities spanning the United States, as well as the U.S. territories and the Philippines. VA has an extensive field structure, particularly in health care delivery, which includes 153 Medical Centers and 788 Community-Based Outpatient Clinics, in addition to 57 Regional Offices, 232 Vet Centers, and 131 National Cemeteries.

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"Our mission at VA is to serve Veterans by increasing their access to our benefits and services, to provide them the highest quality of health care available, and to control costs to the best of our abilities."

*Secretary Eric K. Shinseki*
Introduction

The U.S. Department of Veterans Affairs is responsible for a timeless mission: To fulfill President Lincoln’s promise –

“To care for him who shall have borne the battle, and for his widow, and his orphan”

— by serving and honoring the men and women who are America’s Veterans. In the context of this enduring mission, President Barack Obama and Secretary Eric K. Shinseki have issued a compelling charge: to transform the Department to meet the emerging challenges of the 21st century, so we may continue to repay the debt of honor owed to the men and women, and their families who have “borne the battle.”

Our vision is of a Department of Veterans Affairs (VA) transformed into a high-performing 21st century organization — one that adapts to new realities, leverages new technologies, and serves a changing population of Veterans with renewed commitment. We will build our institution around three guiding principles: we will be people-centric, results-driven, and, by necessity, forward-looking.

This strategic plan lays out how our organization will work together over the next five years to achieve this transformation, consistent with our guiding principles. We framed the plan by ensuring that we understood the environment in which we operate and our own starting point. We looked carefully at complex changes underway among the community of Veterans and their families, at the external environment, and at the internal operations of VA.

VA employees from throughout the organization participated in developing this strategy. Over 10,000 employees responded to a comprehensive organizational survey that helped us identify changes to our work that will make this plan a success. We engaged in numerous internal governance deliberations; independent and joint working sessions among administrations and staff offices; and integrated strategic, operational, budget, and performance planning sessions. VA leaders also solicited input on the main priorities for the Department from Congressional committees, Veterans Service Organizations (VSOs),
state Veterans Affairs offices, the Department of Defense (DoD), the Department of Labor (DOL), and other key partners.

Through this work, we have articulated a strategy aimed at the accomplishment of four strategic goals:

- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.
- Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.
- Raise readiness to provide services and protect people and assets continuously and in time of crisis.
- Improve internal customer satisfaction with management systems and support services to achieve mission performance and make VA an employer of choice by investing in human capital.

This transformation has already begun. We have undertaken a comprehensive review of our organization, processes, and technology to prepare for new times and new demographic realities. We have initiated new efforts to improve the quality, access, and value of services and benefits provided to Veterans through each of the three VA administrations. We have implemented new governance processes. We have engaged employees from throughout the organization in identifying opportunities for improvement and involved them in the development and implementation of changes. We have also reorganized the Office of the Secretary to ensure unified direction and accountability.

In the remainder of this plan, we review in more detail the trends upon which the work is based, describe the strategy, and discuss our approach to implementation. The description of implementation will include how we will transform culture, mindsets and behaviors; measure performance and evaluate our programs; mitigate risk; and manage accountability. It also contains a description of the balanced and ambitious portfolio of initiatives that will drive implementation from every part of the organization.
**List of Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AMAS</td>
<td>Automated Monument Application System</td>
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<td>BVA</td>
<td>Board of Veterans' Appeals</td>
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<td>BOSS</td>
<td>Burial Operations Support System</td>
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<td>CAE</td>
<td>Corporate Analysis and Evaluation</td>
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<tr>
<td>CFBNP</td>
<td>Center for Faith-based and Neighborhood Partnerships</td>
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<tr>
<td>CBOC</td>
<td>Community-Based Outpatient Clinic</td>
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<td>CMV</td>
<td>Center for Minority Veterans</td>
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<td>CRM</td>
<td>Client Relationship Management</td>
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<td>CWV</td>
<td>Center for Women Veterans</td>
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<td>DoD</td>
<td>Department of Defense</td>
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<td>DOL</td>
<td>Department of Labor</td>
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<td>ECA</td>
<td>Expedited Claims Adjudication</td>
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<td>EPMO</td>
<td>Enterprise Program Management Office</td>
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<td>EUL</td>
<td>Enhanced Use Lease</td>
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<td>FM</td>
<td>Financial Management</td>
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<td>GHG</td>
<td>Greenhouse Gas</td>
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<td>GSA</td>
<td>General Services Administration</td>
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<td>HHS</td>
<td>Department of Health and Human Services</td>
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<td>HUD</td>
<td>Department of Housing and Urban Development</td>
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<td>IOC</td>
<td>Integrated Operations Center</td>
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<td>IPO</td>
<td>Interagency Program Office</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>MCCF</td>
<td>Medical Care Collections Fund</td>
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<td>MDD</td>
<td>Major Depressive Disorder</td>
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<td>NCA</td>
<td>National Cemetery Administration</td>
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<td>OALC</td>
<td>Office of Acquisition, Logistics, and Construction</td>
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<td>OCLA</td>
<td>Office of Congressional and Legislative Affairs</td>
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<td>OEF/OIF</td>
<td>Operation Enduring Freedom/Operation Iraqi Freedom</td>
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<td>OGC</td>
<td>Office of General Counsel</td>
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<td>OHRA</td>
<td>Office of Human Resources and Administration</td>
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<td>OIT</td>
<td>Office of Information and Technology</td>
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<td>OM</td>
<td>Office of Management</td>
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<td>OPIA</td>
<td>Office of Public and Intergovernmental Affairs</td>
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<td>OPP</td>
<td>Office of Policy and Planning</td>
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<td>OSDBU</td>
<td>Office of Small and Disadvantaged Business Utilization</td>
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<td>OSP</td>
<td>Office of Operations, Security, and Preparedness</td>
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<tr>
<td>PPBE</td>
<td>Planning, Programming, Budgeting and Evaluation</td>
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<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
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<td>SBA</td>
<td>Small Business Administration</td>
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<td>SDVOSB</td>
<td>Service Disabled Veteran-Owned Small Business</td>
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<td>SES</td>
<td>Senior Executive Service</td>
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<td>SHEP</td>
<td>Survey of Health Experience of Veterans</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>SUD</td>
<td>Substance Use Disorder</td>
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<td>TBI</td>
<td>Traumatic Brain Injury</td>
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<td>VA</td>
<td>Department of Veterans Affairs</td>
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<td>VASRD</td>
<td>Veterans Affairs Schedule for Rating Disabilities</td>
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<td>VBA</td>
<td>Veterans Benefits Administration</td>
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<td>VBMS</td>
<td>Veterans Benefit Management System</td>
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<td>VCAA</td>
<td>Veterans Claims Assistance Act</td>
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<td>VHA</td>
<td>Veterans Health Administration</td>
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<td>VIP</td>
<td>Vendor Information Pages</td>
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<td>VISN</td>
<td>Veterans Integrated Service Network</td>
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<tr>
<td>VLER</td>
<td>Virtual Lifetime Electronic Record</td>
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<tr>
<td>VOSB</td>
<td>Veteran-Owned Small Business</td>
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<tr>
<td>VR&amp;E</td>
<td>Vocational Rehabilitation and Employment</td>
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<tr>
<td>VRM</td>
<td>Veterans Relationship Management</td>
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<tr>
<td>VSO</td>
<td>Veterans Service Organization</td>
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Chapter 1: Framing the Plan

The Department’s approach to transformation has been developed in the context of our long history of taking care of our Nation’s Veterans and a tradition of innovation. However, there are significant changes underway in our operating environment which require fundamental change in the ways we do business.

VA: yesterday, today, and tomorrow

Yesterday

VA has a long history of caring for the nation’s Veterans and their families (and a culture where caring for Veterans is deeply embedded). Congress established a new system of Veterans benefits when the United States entered World War I in 1917. Included were programs for disability compensation, insurance for Service members and Veterans, and vocational rehabilitation for the disabled. By the 1920s, the various benefits were administered by three different Federal agencies: the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers. The establishment of the Veterans Administration came in 1930 when Congress authorized the President to “consolidate and coordinate Government activities affecting war Veterans.” The three separate agencies became bureaus within the Veterans Administration. In 1989, legislation was enacted to make the Department of Veterans Affairs a cabinet-level agency. From that time, VA’s workforce has grown to almost 300,000 employees – the second largest agency in the Federal Government.

Today

We are currently providing high-quality benefits and services to Veterans. In FY 2009, VA maintained its status as the largest integrated health care system in America. The VA health care system has grown from 54 hospitals in 1930 to 153 hospitals today; more than 780 community-based outpatient clinics (CBOCs); and 232 Vet Centers. VA health care facilities provide a broad spectrum of medical, surgical and rehabilitative care. Throughout the year, VA implemented new innovative practices to improve Veterans’ access to health care, such as telemedicine and mobile clinics to provide care to more than 5.6 million unique patients. Our commitment to delivering timely, high-quality health care to America’s Veterans, while controlling costs, remains a top priority.

VA provides compensation and pension benefits to nearly 4 million Veterans and beneficiaries. In 2009, VA received more than 1,000,000 claims for disability benefits and processed more than 975,000 of these claims. Despite a 14 percent increase in workload from last year, VA achieved a number of significant positive performance results in the benefits delivery area.

VA honors the service and sacrifices of America’s Veterans through the construction and maintenance of national cemeteries as national shrines. In 2009, VA maintained nearly 3 million gravesites at 164 properties, including 131 national cemeteries and 33 other cemetery installations.
Tomorrow

VA has long been a leader in innovation related to Veteran issues, including the development of one of the most advanced and effective electronic health records in the world. VA has a long record of tracking performance and results in each of its health care, benefits, and memorial affairs program areas. The VA is renowned for its treatment of Veterans in special emphasis areas, such as prosthetics, spinal cord injury, post-traumatic stress disorder (PTSD), rehabilitation, and more recently, Traumatic Brain Injury (TBI) – one of the signature injuries of the OEF/OIF conflict. As we continue into the 21st century, we will build on this tradition of innovation to continue to seek opportunities to better meet the needs of Veterans and their families. In order to continue providing Veterans with “cutting-edge” care and services, VA must adapt to and thrive within today’s challenging operating environment.

Today’s operating environment

VA faces an increasingly challenging operating environment. Demand for services, in terms of claims and services per client, is growing in volume and complexity, while the economic, legislative, and national security contexts all present significant uncertainties. Understanding these changes – and their implications for VA – is critical to ensuring that our strategic plan will be effective and endure over the next 5 years.

A changing Veteran population

The population of Veterans and their families whom we serve is changing. Overall, Veterans and their families are developing new, more complex needs and new expectations for the care VA should provide them.

The aging of America’s citizens will affect VA. Vietnam Veterans, a significant percentage of the total Veteran population, are beginning to face changing health risks as they age (e.g., prostate cancer and diabetes), thereby increasing their needs for benefits and health care services. Overall, the number of aging Veterans who may need extended care is growing rapidly: the number of enrolled Veterans 85 or older is projected to increase 32 percent from 601,202 to 792,498 between 2009 and 2018. This group accounts for the highest usage of long-term care services. Though not all aging Veterans will require our care, the growth in this population is highly likely to increase the demand for the extended and specialized services the elderly require.

Significant and growing numbers of Veterans live in rural areas.1] Rural areas present challenges to providing services, particularly health care. In FY 2006, 36 percent of Veterans enrolled in VA health care resided in rural areas and an additional 1.5 percent resided in highly rural areas which include many parts of the West, such as Wyoming and

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1] VHA uses the Census Bureau definitions to classify Veterans by population areas as follows – Urban: Any enrollee located in a Census defined urbanized area; Rural: Enrollees not designated as urban; Highly Rural: Those that are defined as rural and reside in counties with less than 7 civilians per square mile.
Montana. By comparison, only 20 percent of the overall U.S. population resides in rural areas. Practitioner shortages are more acute in these very sparsely populated areas.

Though the overall population of Veterans has been shrinking, there continues to be a significant increase in the number of women Veterans. Women Veterans comprise 7.5 percent of the total Veteran population and nearly 5.5 percent of all Veterans who use VA health care services. By 2020, women Veterans will constitute at least 10 percent of the Veteran population and 9.5 percent of VA patients.

Disability compensation has changed in recent years as the nature of combat related wounds and service-connected injuries has changed. Many of the disabilities that are increasing most rapidly in the Veteran population are those that are difficult to rate, such as PTSD. For example, new linkages to Agent Orange – specifically, prostate cancer discovered in 1996 and Type II diabetes discovered in 2001 – have contributed to the upward trend of disability ratings. As a result, the average Veteran disability rating rose from approximately 30 percent in 1995 to 41 percent in 2009, with the percentages of Veterans in the two highest disability levels growing at the fastest rates.

In March 2010, Secretary Shinseki announced that the VA Gulf War Veterans’ Illnesses Task Force had completed the final draft of a comprehensive report that will redefine how VA addressed the concerns of Veterans who deployed during the Gulf War in 1990 and 1991. VA has also published a proposed rule that will enable VA to grant service connection on a presumptive basis for nine specific infectious diseases associated with military service in Southwest Asia after August 2, 1990, or in Afghanistan on or after September 19, 2001.

Even advances in care for Service members have implications for VA. Tremendous strides in military medicine have led to reduced mortality rates among injured U.S. Service members in Iraq and Afghanistan, compared with prior military conflicts. At the same time, and in large part due to these higher survival rates, OEF/OIF health needs tend to be different from past conflicts. Blast injuries are increasing, adding a new dimension to battlefield casualties and their care when the battle is over. These wounds often result in multiple severe injuries and disabilities requiring extended and highly specialized care, both mental and physical. These conditions often pose challenges in anticipating and responding to the demand for health care services.

VA must also embrace and exploit opportunities to increase access to service via advances in technology. The trend toward the use of home telehealth technologies, including videoconferencing, the Internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications, will enable patients with chronic diseases such as diabetes, heart failure, and chronic pulmonary disease to be monitored at home. This will reduce hospital admissions, clinic visits, and emergency room visits. Elderly or disabled patients will

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be able to stay in their homes longer and it will become possible to provide cutting-edge specialty care even in sparsely populated areas. These programs will be especially beneficial for the two to three percent of patients who, in part because they frequently visit hospitals and outpatient clinics, account for approximately 30 percent of health care costs.

**The challenging external environment**

In addition to changes in the Veteran population, Veterans – and VA – face an uncertain external environment. For example, Veterans face unique challenges as part of their reentry into the workforce. Economic conditions are having a significant negative impact on Veterans and a disproportionate impact on recently-separated Veterans compared to the average American.

Veterans continue to suffer disproportionately high homeless rates compared to the general population. On any given night in 2008, an estimated 131,000 Veterans were homeless, representing every war and generation including current OEF/OIF operations. Overall, one in five homeless adults (one in three homeless adult males) in the U.S. is a Veteran.3]

There is some potential good news. As the economy begins to recover, small firms will be the most likely source of new jobs for Veterans. Small firms employ about half of all private sector employees, create 60 to 80 percent of net new jobs annually, and tend to lead the way in new employment when the economy improves. In this vein, VA has a longstanding commitment to contracting with Veteran-Owned Small Businesses (VOSBs).

When it comes to health care, that environment is also changing. Several underlying trends, such as increasing chronic illness and obesity, are likely to persist and pressure the health care delivery system. For example, the average adjusted annual cost of care for the obese is $5,500 per capita, compared to $3,950 per capita for the non-obese. Strains on health care delivery are made worse by the nation’s capacity mismatches across regions and types of care.

Nationwide, chronic diseases are being diagnosed at earlier ages. This trend will require reorientation of U.S. health care away from the acute-care model, and toward a more patient-centered model that focuses on wellness and disease prevention. This model will engage patients, such as Veterans, in monitoring and managing their own disease symptoms. This change over the long-term will lead to better outcomes for patients and may reduce health care costs. In the short term, however, it may lead to shortages of nurses and primary care physicians, both in the U.S. generally and in VA’s system.

Additionally, changes in our national security environment have direct impacts on VA strategic planning and operations. The implications of prolonged conflict – OEF and

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OLF have already lasted longer than World War II – means that VA must be prepared to accommodate the influx of new Veterans requiring our services. The new nature of warfare and potential for future conflicts are likely to create significant demand for VA services and infrastructure.

Finally, preferred methods of customer interaction have been changing in today's modern technological world. There is evidence that the increasingly widespread use of data and highly segmented customer service offerings, combined with a proliferation of media channels, has connected more people with the information they seek. This high tech trend implies that Veterans and their families will better receive information provided through technological channels when messages are tailored to their specific needs.

**Opportunities to improve performance**

Both our history of service to Veterans and the challenges of the emerging environment demand that we seize the opportunity to improve our performance.

To date, our emphasis has been on improving operational performance within each administration (e.g., VHA quality and access, reduction in Veterans Benefit Administration (VBA) claims inventory, National Cemetery Administration (NCA) customer satisfaction). While significant progress has been made, we still have some distance to go to better meet the changes that we face. We, therefore, now turn our attention to opportunities that will improve individual performance as well as Department-wide service delivery.

For example, VA is a long time leader in health care information technology, but we are looking to do more to manage client data across programs inside and outside VA. Shifts in how information is accessed and used by providers, processors, and clients present VA with the opportunity to find new ways to improve the experience of Veterans and their families, as well as enhance the value we provide them. These innovations will have significant implications for how care is organized and delivered in the future as well as for the skill sets required to provide the care.

Currently, Veterans with multiple needs must navigate through a complex system of contact points throughout VA. VA programs maintain separate and sometimes overlapping customer access points and processes. For example, for disability compensation, there are three possible touch points – VBA's central office, VBA's regional office, and potentially DoD. There are different stops within VBA for disability compensation, education, loan guaranty, vocational rehabilitation, and insurance benefits, with additional touch points in DoD. A Veteran must file the claim, often undergo a medical examination, and wait for VA to determine the rating and compensation. Ultimately, the Veteran may appeal if he or she disagrees with the ruling. With central information management and improved data sharing, Veterans with multiple health and benefit needs could enjoy a much more seamless customer experience.
We must also seize the opportunity to significantly improve our benefits delivery systems. The volume of compensation and pension rating-related claims has been steadily increasing. In 2009, for the first time, we received over one million claims in a single year. The volume of claims received has increased from 578,773 in 2000 to 1,013,712 in 2009 (a 75 percent increase). Not only is VA receiving substantially more claims, but the claims have also increased in complexity. Original disability compensation claims with eight or more claimed issues have increased from 21,184 in 2000 to 67,175 in 2009 (over a 200 percent increase). We expect this level of growth in the number and complexity of claims to continue.

Unlike a commercial claims organization, VA also faces statutory and external requirements such as VA’s “duty to assist.” The Veterans Claims Assistance Act (VCAA) has significantly increased both the length of time and the specific requirements of claims development. VCAA requires VA to provide written notice to claimants of the evidence required to substantiate a claim and the party (VA or the claimant) responsible for acquiring that evidence. Under VCAA, VA’s duty to assist the claimant in perfecting and successfully prosecuting his or her claim extends to obtaining government records, assisting with getting private records, and obtaining all necessary medical examinations and medical opinions. As a claim progresses, additional notifications to the claimant may be required.

For example, of the 1.1 million OEF/OIF Veterans released from service between 2001 and 2009, more than 37 percent, or approximately 405,000, have filed for disability benefits. Of those, almost 50 percent have filed with incomplete information. VA is compelled by both mission and law to assist Veterans in obtaining the evidence needed to process these applications which slows processing times.

As a result, VA has experienced substantial increases in claims and inventory. Since 2000, claim applications have increased 75 percent and the inventory of disability claims pending has increased 83 percent.

In short, VA needs a comprehensive program for end-to-end claims operations redesign. This approach has the potential to deliver substantially more total benefit than a collection
of individual initiatives would on their own. This builds on some essential strengths: a mission-driven workforce; a running start on performance improvements (VA has already increased staffing, redistributed workload and implemented fast-track processing pilots); and the commitment of outside stakeholder partners, like DoD and the VSOs, to improving client service.

Demand for other services – like cemetery/memorial services, are projected to increase more than 7% from 106,000 annual interments in 2009 to 113,000 interments by 2011. At the same time, VA faces potential challenges in meeting the growing demand. VA, like the rest of the Federal Government, will soon face a wave of retirements. Roughly 53 percent of Federal employees will be eligible to retire in the next five years. While a daunting task, this human capital challenge provides the opportunity for significant hiring and the development of the workforce to meet the demands of the 21st century. To be successful, this will require the implementation of a fundamentally different human capital system, and a focus on continued improvement in operations in order to ensure we are meeting Veteran needs.
Chapter 2: The Strategic Planning Framework

Navigating the VA Strategic Plan for FY 2010-2014

This strategic plan tells the story of how we will transform VA over the next five years. It is a long-term plan, presenting a deliberate but inspired strategy based upon three guiding principles to achieve four strategic goals. We believe that by aspiring to these four crosscutting strategic goals, we will further enhance our service to America’s Veterans.

In order to reach our strategic destination, we must determine how we are going to go about accomplishing our strategic goals. Three Integrated Objectives provide a common set of premises upon which operational strategies and initiatives are based. These high-level, integrated objectives are not limited to one particular administration, organization or strategic goal. They are designed to be used as a foundation on which to build strategies and initiatives to collectively achieve VA’s strategic goals.

Three sets of associated strategies correspond to each of the three integrated objectives. These 14 total Integrated Strategies are the ways and means, or courses of action, that have been designed to realize VA’s objectives. They are to be utilized as the high-level approach to developing departmental and organizational initiatives and programs.
We have identified **13 Major Initiatives** that will serve as a platform from which to launch and execute the VA Strategic Plan over the next five years. These crosscutting and high-impact priority efforts were designed to address the most visible and urgent issues in VA.

The use of the four ambitious, crosscutting **Strategic Goals** is a deliberate effort to foster intensive collaboration among relevant VA organizations in order to achieve the Secretary’s Major Initiatives in ways that are different from the traditional ways of doing business within VA. These crosscutting goals are intended to assist in breaking down some of the traditional organizational “stovepipes.” These goals are transformative in that different organizations are challenged to participate in collaborative teams with different skill sets and resources being organized and applied in different ways to achieve outcomes that are forward looking and more likely to have real impact on the lives of Veterans and their families. For example, whether automating GI Bill benefits, expanding health care access for Veterans (including women and rural populations), or transforming VA human capital management, VA will be developing more outcome-oriented performance measures and targets that will be used to assess progress toward achieving each of the four strategic goals. These measures will be multi-dimensional, and at a minimum, will address quality, access, and cost; Veteran client satisfaction; preparedness; and internal customer satisfaction.

By taking this more crosscutting approach toward achieving these ambitious Major Initiatives, VA is challenging its organizational culture to do things differently. The Major Initiative teams are in the early stages of their evolution, and while they have made significant progress in developing initial performance measures (as can be seen on pages 27 – 30 of the strategic plan), they will further mature and improve the measures and the linkage between these measures and the strategic goals. VA is committed to improving this linkage.

Furthermore, there are an additional **34 Supporting Initiatives** that have been developed, each of which is linked with a particular integrated objective and strategy. These Supporting Initiatives describe in further detail what actions must be undertaken at the organizational level to implement a particular integrated strategy. The 13 Major and 34 Supporting Initiatives will be used as the origin of departmental and organizational operating plans developed to translate integrated strategies into operational terms and to provide a basis for prioritizing resource allocation.

Under the Department’s integrated and crosscutting strategy, implementation of each of the Major and Supporting Initiatives will contribute to the achievement of VA’s strategic goals and integrated objectives, and in many cases multiple goals at once. As we continue to plan and implement, we are analyzing the effect of each initiative on the outcomes expressed by our strategic goals. By April 2011, we will publish an update to this plan, including outcome-focused performance measures and targets for each strategic goal.
These measures will be used as indicators of overall Departmental success for achieving lasting improvements for the Veterans we serve.

**Guiding principles**

The Department aspires to be:

- **People-centric:** Veterans and their families are the centerpiece of our mission and of everything we do. Equally essential are the people who are the backbone of the Department – our talented and diverse workforce.

- **Results-driven:** We will be measured by our accomplishments, not by our promises.

- **Forward-looking:** We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.

**Strategic goals**

Four strategic goals represent the top priorities of the Department:

- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.

- Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.

- Raise readiness to provide services and protect people and assets continuously and in time of crisis.

- Improve internal customer satisfaction with management systems and support services to achieve mission performance and make VA an employer of choice by investing in human capital.

**Integrated objectives**

Our plan for achieving these goals calls for a Department-wide effort harnessing all talent to focus on the needs, expectations and experience of Veterans and their families, while maximizing efficiency and value. To this end, we have committed to three integrated objectives for the Department. These objectives are the collective responsibility of the entire Department; achieving them will require collaboration between administrations and staff offices, between field and headquarters, and between the leadership and frontline employees. If the goals

“**At VA, we advocate for Veterans – it is our overarching philosophy, and in time, it will become our culture. If anyone asks you what VA stands for, you tell them that VA advocates for Veterans.**”

*Secretary Eric K. Shinseki*
are the “what” of our plan, the integrated objectives are the “how.” By working together in this way, and by taking a client-centric perspective in everything we do, VA will execute on the central mission of the Department while transforming VA into an agile and responsive 21st century organization.

**Integrated objective 1: Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness**

Above all, the perspective of Veterans and their families must drive the services we provide and how we provide them. In pursuing this objective, we will address and eliminate complexities and disparities in determining eligibility for and accessing VA benefits. We will ensure Veterans and their families are served in a spirit of engagement, empathy, and proactive effort to deliver the benefits that they need and have earned.

Specifically, we will focus on building a seamless and convenient system for clients and employees across physical and virtual “doors,” with tailored guidance for Veterans and families. We will also develop a 21st century benefits management capability, based on transparency, operating excellence, and innovations in technology. VA will continue to improve its industry-leading health care information technology and services, based on principles of access, quality, and efficiency.

As a result, clients with multiple needs will have access to VA offerings and to those of our partners in a well integrated manner. From their first point of contact with VA, clients will be able to access VA and partner benefits, with fewer required touch points.

**Integrated strategies to achieve objective 1**

- a. Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.

- b. Develop a range of effective delivery methods that are convenient to Veterans and their families.

- c. Improve VA's ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies.

- d. Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners.

- e. Enhance our understanding of Veterans’ and their families’ expectations by collecting and analyzing client satisfaction data and other key inputs.
Integrated objective 2: Educate and empower Veterans and their families through proactive outreach and effective advocacy

To deliver on our goals, VA must engage our clients as people, advocate on their behalf, and empower them with clear and consistent information in order to do business with us and make decisions for themselves and their loved ones.

VA will distribute comprehensive, actionable information through new and existing channels, leverage technology in thoughtful, targeted ways, and improve our ability to listen to Veterans and their families to learn more about what works best for them. We will establish feedback loops for the continuous improvement of our own programs and services and those beyond our walls, while developing the capability to support client navigation of these offerings. We will cultivate the ability to articulate our clients’ needs and ensure their voices are heard in the forums where we operate in order to become more effective advocates on behalf of Veterans and their families.

Integrated strategies to achieve objective 2

a. Use clear, accurate, consistent, and targeted messages to build awareness of VA’s benefits amongst our employees, Veterans and their families, and other stakeholders.

b. Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf.

c. Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement.

d. Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients.
GUIDING PRINCIPLES

PEOPLE-CENTRIC
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RESULTS-DRIVEN
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FORWARD-LOOKING
We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.

STRATEGIC GOALS

Integrated objective 3: Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively

“We must and will transform VA into the high performing, well-disciplined, transparent, and accountable organization we know it’s capable of being. 300,000 good people come to work every day to serve Veterans. We must focus all of their efforts on providing Veterans the highest quality and safety in benefits and services.”

SECRETARY ERIC K. SHINSEKI

Lastly, VA commits to invest in the renewal of our own capabilities and to build a foundation for future innovation. Together, VA employees will build a first-rate Department, committed to strategic human capital management including the attraction, deployment, retention, and development of our people. The Department will be managed according to data and outcomes, with a workforce, infrastructure and partnership network that aligns with current needs and is developing to meet the challenges and opportunities of the future. We will create a culture and an expectation of continuous improvement in cost, productivity, response times, and first-time quality.

Specifically, VA will develop an integrated operating model to unify management of core functions, including Information Technology (IT), Human Resources, Acquisitions, and Financial Management. At the heart of our organizational effort will lie the training and development of our people, so that they, in turn, can better serve Veterans. We will work to improve the management systems that enable top performance. Lastly, we will concentrate on delivering value-driven working partnerships with DoD, DOL, the Department of Health and Human Services (HHS), the Small Business Administration (SBA), VSOs, and other government and non-government partners.

Integrated strategies to achieve objective 3

a. Anticipate and proactively prepare for the needs of Veterans, their families, and our employees.

b. Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges.

c. Create and maintain an effective, integrated, Department-wide management capability to make data-driven decisions, allocate resources, and manage results.

d. Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.

e. Manage physical and virtual infrastructure plans and execution to meet emerging needs.
**Major Initiatives**

These crosscutting initiatives will require resources from across the Department to execute and will, in turn, transform the entire Department. These initiatives are described in detail in Chapter 3.

<table>
<thead>
<tr>
<th>13 Major Initiatives for the VA Strategic Plan FY 2010–2014</th>
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<tbody>
<tr>
<td>Eliminate Veteran homelessness.</td>
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<tr>
<td>Enable 21st century benefits delivery and services.</td>
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<tr>
<td>Automate GI Bill benefits.</td>
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<tr>
<td>Create Virtual Lifetime Electronic Records by 2012.</td>
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<tr>
<td>Improve Veterans’ mental health.</td>
</tr>
<tr>
<td>Build VRM capability to enable convenient, seamless interactions.</td>
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<tr>
<td>Design a Veteran-centric health care model and infrastructure to help Veterans navigate the health care delivery system and receive coordinated care.</td>
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<tr>
<td>Enhance the Veteran experience and access to health care.</td>
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<tr>
<td>Ensure preparedness to meet emergent national needs.</td>
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<tr>
<td>Develop capabilities and enabling systems to drive performance and outcomes.</td>
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<tr>
<td>Establish strong VA management infrastructure and integrated operating model.</td>
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<tr>
<td>Transform human capital management.</td>
</tr>
<tr>
<td>Perform research and development to enhance the long-term health and well-being of Veterans.</td>
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**Supporting Initiatives**

Thirty-four supporting initiatives have been identified to be executed at the organizational level to support the Major Initiatives in the fulfillment of the strategic goals and integrated objectives. These supporting initiatives are listed and discussed in detail in Chapter 3.
Chapter 2: The Strategic Planning Framework | VA’s approach to execution

VA’s approach to execution

Strategic planning is not a static activity. Strategies need to be refreshed and revised as the external environment changes and/or initiatives evolve. Nor is strategic planning purely an intellectual or analytical exercise. Success depends on human beings – on individual mindsets and behaviors being truly aligned with the strategy. Our execution approach addresses the dynamic and human nature of strategy by focusing attention on the five themes described below.

1. Behaviorally-oriented communication with employees

Our strategic communications process will ensure that the strategy and its implications are understood throughout the organization and our community of stakeholders. This approach will ensure that employees throughout the organization – the people who will actually implement the strategy – understand the need for change and what is expected of them. In this way, we will build a community invested in the success of the strategy and empowered to contribute continuously as we update and improve it.

2. Coordination and accountability

To ensure the right level of focus and support for these strategic initiatives, a coordinating mechanism has been created to review our progress against annual operating plans. It is designed specifically to ensure close alignment on several management issues and will identify potential risks or challenges. It will also recognize outstanding performance and share underlying best practices. The majority of our management capacity will be dedicated to the highest priority initiatives, as outlined in this plan.

3. Performance management

We will measure progress toward achieving VA’s strategic goals and integrated objectives through performance measures associated with our Major and Supporting Initiatives. As we transform, VA continues to develop and evolve our performance measures. The performance measures and associated target levels of performance, listed below for our Major Initiatives, are illustrative of the ones that we are developing to promote transformation.
**Major Initiatives**

**Eliminate Veteran homelessness.**

- **Performance measure:** Reduce the homeless Veteran population from a baseline of 131,000 at the beginning of FY 2010 to zero in FY 2014. End of FY 2010 Strategic Target: 95,000; FY 2012 Strategic Target: 59,000; FY 2014 Strategic Target: 0. Data captured annually by CHALENG survey of homeless Veterans.

**Enable 21st century benefits delivery and services.**

- **Performance measure:** Reduction in average disability claims processing time to 125 days (claims backlog). Baseline as of the beginning of February 2010: 161; Strategic Target: 125 by 2015.

**Create Virtual Lifetime Electronic Records by 2012.**

- **Performance measure:** By the end of 2011, at least three sites will be capable of bidirectional information exchange between VA, the Department of Defense, and the private sector.

- **Performance measure:** The prototyping and pilot phases will be completed by FY 2012.

**Automate GI Bill benefits.**

- **Performance measure:** Reduce the average number of days to complete original Post-9/11 GI Bill education benefit claims. Baseline: 56 days; FY 2010 Target: 24 days; FY 2011 Target: 18 days.

- **Performance measure:** Reduce the average number of days to complete supplemental education claims. Baseline: 28 days; FY 2010 Target: 10 days; FY 2011 Target: 9 days.

- **Performance measure:** Accuracy of Education Claims payment processing activities. Baseline 94%. FY 2010 Target: 94%. FY 2011 Target: 95%.

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* Denotes that this is a High Priority Performance Goal (HPPG).

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**Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) was initiated by VA in 1994 to enhance the continuum of care for homeless Veterans. Each year, CHALENG issues a summary report of annual survey responses of local VA staff and community participants regarding progress of local homeless Veterans initiatives, VA/community collaboration, and perceptions of homeless Veterans’ needs.**
GUIDING PRINCIPLES

PEOPLE-CENTRIC
Veterans and their families are the centerpiece of our mission and of everything we do. Equally essential are the people who are the backbone of the Department—our talented and diverse workforce.

RESULTS-DRIVEN
We will be measured by our accomplishments, not by our promises.

FORWARD-LOOKING
We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.

STRATEGIC GOALS

- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.
- Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.
- Raise readiness to provide services and protect people and assets continuously and in time of crisis.
- Improve internal customer satisfaction with management systems and support services to make VA an employer of choice by investing in human capital.

Improve Veterans’ mental health.*

- **Performance measure:** By the end of 2010, 97 percent of all eligible patients will be screened at required intervals for alcohol misuse; 96 percent will be screened for depression.
- **Performance measure:** By the end of 2011, 96 percent of patients will receive a mental health evaluation within 15 days following their first mental health encounter.
- **Performance measure:** By the end of 2011, 97 percent of eligible patients will be screened at required intervals for PTSD.
- **Performance measure:** Percentage of OEF/OIF Veterans with a primary diagnosis of PTSD who receive a minimum of 8 psychotherapy sessions within a 14-week period. Baseline: 20%; 2010 Target: 35%; Strategic Target: 60%.

Build VRM capability to enable convenient, seamless interactions.*

- **Performance measure:** Deploy a Veterans Relationship Management (VRM) Program to improve access for all Veterans by phone and website, to the full range of VA services and benefits by June 2011.
- **Performance measure:** Average customer satisfaction rating on a 1 to 10 scale. Build baseline in 2010; FY 2011 Target: 8.

Design a Veteran-centric health care model and infrastructure to help Veterans navigate the health care delivery system and receive coordinated care.

- **Performance measure:** Responsiveness of hospital staff to Veterans, and their families’ needs. Customer satisfaction based upon Consumer Assessment of Health Care Providers and Systems (CAHPS) survey. Baseline to be established in FY 2010; Strategic Target: 84%.
- **Performance measure:** Improve American College of Physicians (ACP) Home Builder Score. Baseline: 69%; FY 2010 Strategic Target: 79%; Strategic Target: 100%.
- **Performance measure:** Increase Average Daily Census in Telehealth Programs (CCHT). Baseline 14,921; FY 2010 Strategic Target: 28,084.
- **Performance measure:** Increase percent of facilities with health promotion/disease prevention committees. Establish facility level interdisciplinary health promotion/disease prevention committees. Baseline: 59%; FY 2010 Target 75%; Strategic Target: 100%.

* Denotes that this is a High Priority Performance Goal (HPPG).
Enhance the Veteran experience and access to health care.

- **Performance measure**: Increase percentage of Vet Center Users who are women (Target based on proportion of OEF/OIF population who are female). Baseline: 9.6%; FY 2010 Target: 11.9%; Strategic Target: 13%.

- **Performance measure**: Percent of appointments completed within 30 days of desired date. Baseline: 91%; FY 2010 Target: 95%; Strategic Target: 99%.

Ensure preparedness to meet emergent national needs.

- **Performance measure**: Response time for Integrated Operations Center (IOC) to receive Serious Incident Report. Provide leadership with timely, accurate, and credible information, while providing predictive analysis for better decision making. Strategic Target: 2 hours.

Develop capabilities and enabling systems to drive performance and outcomes.

- **Performance measure**: Percent of internal customers satisfied with cost accounting data to make decisions. Baseline to be determined in FY 2010; Strategic Target: 90%.

Establish strong VA management infrastructure and integrated operating model.

- **OALC performance measure**: Percent of customers satisfied with the provision of acquisition, logistics and construction services. Baseline to be established in FY 2010. Strategic Target is 95%.

- **OHRA performance measure**: Increase positive response and overall average on Human Resources customer satisfaction survey. Baseline: 3.37; Target: 4.5 (scale of 1 to 5).

- **OIT performance measure**: Percent of internal customers satisfied with reliability, availability, and responsiveness of IT services. Baseline to be developed in FY 2010; FY 2011 Target 80%.

- **Financial Management (FM) performance measure**: Implement a web-based time and attendance system to better assess and track labor costs related to health care and benefits delivery. FY 2012 Target: 100%.
GUIDING PRINCIPLES

PEOPLE-CENTRIC
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FORWARD-LOOKING
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STRATEGIC GOALS

• Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value

• Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services

• Raise readiness to provide services and protect people and assets continuously and in time of crisis

• Improve internal customer satisfaction with management systems and support services to make VA an employer of choice by investing in human capital

Transform human capital management.

• **Performance measure:** Hiring cycle times. Percentage of VA Title 5 employees hired within 60 calendar days. Baseline: 46%; Strategic Target: 80%.

• **Performance measure:** Measure the number of managers and employees trained in leadership competencies and employee technical training to establish a more robust leadership competency model and address gaps in leadership capabilities. Percentages and measures TBD. Baseline: TBD; Strategic Target: TBD.

Perform research and development to enhance the long-term health and well-being of Veterans.

• **Performance measure:** Continue assessment of scientific research quality and balance of portfolio by the National Research Advisory Council (NRAC). Baseline: Rated at A-level; Targets: Maintain A-level rating.

• **Performance measure:** Maintain broad recognition of VA research – Number of VA publications this period. Baseline: 2,139 (in first quarter); FY 2010 Target: 8,500; Strategic Target: 8,400 to 8600 annually.
4. Program evaluation

Program evaluation is an essential part of our approach to strategic management, allowing VA’s strategy, operations, and results to improve over time by leveraging learning from past experience. Study findings and recommendations will be used to refine and improve VA services by suggesting policy and operating changes. For example, we are currently evaluating the Mental Health and Oncology Programs. Both of these evaluations will be completed in FY 2010 (see details below). A new Medical Research Program evaluation will begin in FY 2010.

Looking forward, we will use our new integrated Department-wide management capability to strategically identify programs for evaluation to maximize the availability of information needed to drive resource allocations and promote evidence-based decision-making. The new Corporate Analysis and Evaluation Service (CAE) will enhance our current Program Evaluation capabilities by enabling us to carry out cost-benefit analyses that will assist in identifying program activities that have the greatest value for our Veterans at the lowest cost.

- **Mental Health Evaluation**: The purpose of the Mental Health Evaluation is to assess services for Veterans with diagnoses of schizophrenia, bipolar, major depressive disorder (MDD), PTSD, and substance use disorder (SUD). These patients have been defined by Congress as a special disability group, and they represent high cost, high volume care. The study will measure patient-centered outcomes across the continuum of care. The study includes two facility surveys used to track the use of mental health enhancement funds, along with chart reviews and telephone interviews to obtain data about services and outcomes. This evaluation will provide VHA with information about the services it provides, the impact on patients, how VA compares with the private sector, as well as the gaps and differences in services, patient outcomes, and costs. The results will be useful for comparing levels of implementation of the Uniform Mental Health Services guidelines across VA sites. Study findings and recommendations will be used to refine and improve how VA provides mental health care to Veterans. The Program Evaluation of Services for Mentally Ill Veterans in VHA will be completed in August 2010.

- **Oncology Program Evaluation**: The purpose of the Oncology Program Evaluation is to assess the level, quality, and costs of care provided to oncology patients across the continuum of care provided in VA. The target population is individuals diagnosed with one of six types of cancer: lung; colorectal, or prostate cancer; two types of hematologic cancer; and breast cancer. Approximately 30,000 patients in VA are diagnosed with these cancers each year. The study linked nine VA data sources and 11 non-VA data sources, conducted two facility surveys, and performed 5,000 patient chart reviews. Data from FY 1998-2005 are currently being analyzed.
**GUIDING PRINCIPLES**

**PEOPLE-CENTRIC**
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**RESULTS-DRIVEN**
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**FORWARD-LOOKING**
We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.

**STRATEGIC GOALS**
- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.
- Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.
- Raise readiness to provide services and protect people and assets continuously and in time of crisis.
- Improve internal customer satisfaction with management systems and support services to make VA an employer of choice by investing in human capital.

- **Medical Research Program Evaluation**: Results of the Medical Research Program Evaluation will support improvements in research innovation, quality, and safety as well as health care delivery services for Veterans and the Nation. The evaluation is focused on developing recommendations to improve communication of research findings for application, identifying best practices through benchmarking, strengthening human subjects protections, strengthening the use of research in recruitment of physicians and specialists, and clarifying resource or facility limitations that may impede medical research progress. The Program Evaluation of Medical Research is expected to be awarded in 2010.

5. **Risk management**
The implementation plan will also involve monitoring and adjusting the strategy according to developments in areas beyond the Department’s control, including:

- Global and national socioeconomic conditions will influence competitive salary levels, labor availability, program demand, and health insurance coverage.

- Continued interagency collaboration between VA and DoD, as well as with other federal agencies, state and local governments, VSOs and the private sector, is critical for a number of aspects of the strategy.

- DoD recruitment and retention variables affect VA’s programs.

- Emerging technologies and advances in medicine are likely to change the scope of Veterans’ needs. Development of new technology, equipment, and medical interventions is often shaped by economic, scientific, and social influences beyond the Department’s control.

- VA’s preparedness role and the outlook for national security both have bearing on the requirements of VA programs.

**Conclusion**
In conclusion, the strategic planning framework includes the crosscutting Strategic Goals, and the Integrated Objectives and Strategies encapsulated in the following table.
## Composite Model of Strategic Goals, Integrated Objectives and Strategies

### Strategic Goals
- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value
- Increase Veteran client\(^6\) satisfaction with health, education, training, counseling, financial, and burial benefits and services
- Raise readiness to provide services and protect people and assets continuously and in time of crisis
- Improve internal customer\(^7\) satisfaction with management systems and support services to make VA an employer of choice by investing in human capital

### Integrated Objectives and Strategies

<table>
<thead>
<tr>
<th>Integrated objectives</th>
<th>Integrated strategies</th>
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| 1. Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness | (a) Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery.  
(b) Develop a range of effective delivery methods that are convenient to Veterans and their families.  
(c) Improve VA's ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies.  
(d) Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners.  
(e) Enhance our understanding of Veterans' and their families' expectations by collecting and analyzing client satisfaction data and other key inputs. |
| 2. Educate and empower Veterans and their families through proactive outreach and effective advocacy | (a) Use clear, accurate, consistent, and targeted messages to build awareness of VA's benefits amongst our employees, Veterans and their families, and other stakeholders.  
(b) Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf.  
(c) Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement.  
(d) Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients. |
| 3. Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively | (a) Anticipate and proactively prepare for the needs of Veterans, their families, and our employees.  
(b) Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges.  
(c) Create and maintain an effective, integrated, Department-wide management capability to make data-driven decisions, allocate resources, and manage results.  
(d) Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.  
(e) Manage physical and virtual infrastructure plans and execution to meet emerging needs. |

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6] In accordance with VA convention, clients refers to Veterans and their families  
7] In accordance with VA convention, customers refers to internal users
Chapter 3: Executing the Plan

The strategy will be executed through a set of 13 Major Initiatives, representing the highest priorities for the Department, and a further set of Supporting Initiatives, where each component of the Department will contribute to the integrated strategy. These initiatives have been developed through Department-wide and organization-specific collaborative working sessions, all within the Department’s integrated strategic framework.

These initiatives are aspirational; they are intended to represent what VA will achieve over the next five years to strengthen our ability to meet the needs of Veterans and their families and improve our services. Each initiative is supported by one or more operating plans, aligned with the overall initiative and representing the concrete progress expected in FY 2010, the first year of the plan.

Major Initiatives: High Priority Performance Goals (HPPGs)

There is particular urgency around Major Initiatives related to the claims processing backlog, Veteran homelessness, health care access, and emergency preparedness. Success in each and every one of the Major Initiatives, however, will be important to VA’s future progress. Ten of the 13 represent efforts to improve the way we serve Veterans and their families; the other three are critical elements to building individual capabilities and our capacity to perform to the highest level.

Each of these Major Initiatives is ambitious, balanced, relentlessly client-focused, and requires collaboration from all parts of the Department. In executing these initiatives together, VA will provide our Veterans, their families, and stakeholders inside and outside the Department with an example of the kind of organization we want to be – Veteran advocates.
**GUIDING PRINCIPLES**

**PEOPLE-CENTRIC**
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**FORWARD-LOOKING**
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**STRATEGIC GOALS**
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- Raise readiness to provide services and protect people and assets continuously and in time of crisis.
- Improve internal customer satisfaction with management systems and support services to make VA an employer of choice by investing in human capital.

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**Eliminate Veteran homelessness.**

President Obama and Secretary Eric K. Shinseki are committed to ending homelessness among Veterans by marshalling the resources of government, business and the private sector. Those who have served this nation as Veterans should never find themselves on the streets, living without care and without hope. VA will not tolerate homelessness among Veterans and is committed to making available treatment, assistance, and services to every eligible homeless Veteran.

VA’s efforts provide services and assistance to treat and house Veterans by leveraging the best health care and benefits provided by VA. VA’s efforts also depend on significant involvement by community providers, state and tribal governments, and other federal partners.

While the estimated number of homeless Veterans on any given night has decreased since 2005, even one Veteran sleeping without shelter is too many. VA aspires to eliminate Veteran homelessness over the next five years.
This Major Initiative includes the following:

- **Systematic efforts**: VA’s approach will rigorously define the root causes of homelessness, cast a wide net to learn what has worked to reduce homelessness in other places and among other populations, expand existing services, develop and pilot a set of solutions, and make systematic those that work. The Homelessness Plan will be built upon 6 strategic pillars, including Outreach/Education, Treatment, Prevention, Housing/Supportive Services, Income/Employment/Benefits, and Community Partnerships.

- **New approaches to Veteran services**: Our success in this area to date suggests an opportunity for further investment. We will explore significantly enhanced integration with social service providers outside VA. We will never consider working in isolation, but will be the Veteran’s guide and advocate in locating the full complement of services he or she needs.

- **Robust management system**: We will hold ourselves accountable with a system to monitor outcomes for individual Veterans as well as the outcomes of our programs so that the homeless are not nameless to us.

In stark terms, Veteran homelessness means that there are Veteran men and women whose most basic needs are not being met. VA is committed to the wellbeing of Veterans. We will build on that mission-driven commitment to bring new and sustained energy to this challenge, and we will not tolerate a single homeless Veteran\(^8\) on our streets.

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\(^8\) On June 22, 2010, the U.S. Interagency Council on Homelessness (ICH) released Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness. The first-ever, comprehensive federal commitment to end homelessness that includes expanding programs to sure housing for homeless Veterans.
Enable 21st century benefits delivery and services.

VA is responsible for administering programs that provide benefits and services to Veterans and their families in recognition of their service to the nation. We seek to serve as a leading advocate for Veterans, Service members and their families, while delivering client-centered benefits and services that honor their service, enhance their lives, and engender their full trust.

However, increasing volume and complexity of claims and increasing benefit coverages have driven a processing backlog that must be eliminated. At the outset of FY 2010, the nationwide average number of days to complete rating-related claims was 161. To get and stay ahead of future system demand, VA needs to redouble efforts to ensure best-in-class execution of benefits delivery. This requires nothing short of a transformational change in how we help Veterans get the benefits they are owed.

To address this need for change, VA has developed a benefits business transformation strategy to analyze and significantly improve its current way of doing business. This business transformation strategy is designed to leverage past successes and lessons learned to develop a business model that is less reliant on paper documents, providing flexibility across the organization to ensure that the most timely, high quality services are provided to Veterans and their families.

This effort is designed to complement and integrate with other Major Initiatives described in this section. This Major Initiative will help to improve Veterans’ experience with VA by allowing them to interact using multiple communication channels through the Veterans Relationship Management (VRM) effort, reducing the need to submit paper documents and providing a secure, accessible means to obtain benefits. This capability, combined with the Virtual Lifetime Electronic Record (VLER), will in turn help claims decisions to be made more quickly, decreasing the time needed to provide Veterans their benefits.

This Major Initiative includes the following:

- **Enabling technologies**: VA will create self-serve capabilities (e.g., electronic claims submissions); drive automated decision support to improve accuracy and consistency of claims decisions; improve interoperability within the claims IT infrastructure; promote e-knowledge management; and seamlessly link claims IT and the VRM program for a “paperless” claims environment.

- **Process excellence**: Technologies without an end-to-end redesign will not drive real transformation. To capture efficiencies and improve effectiveness, VA will streamline processes to reduce wasted time and effort, utilize skill-based routing based on claim types and tasks, and balance workload across functions and geographies.
• **Mindsets, culture, and capabilities:** VA will create a culture of advocacy in which employees proactively work to understand and meet Veterans’ current and future needs. We will support all personnel in addressing the needs of the whole client – clarifying what constitutes best practices, removing barriers, and providing proactive benefit guidance and advocacy. VA will work to build Veterans’ trust that VA employees are fully committed to their well-being and that their claims are receiving timely, fair, and equitable consideration.

• **Streamlining the appeals process:** VA will create a more efficient appeals process that will render higher quality final appeals decisions more promptly.

• **Measurement of success:** Throughout this effort, we will assess progress and success based on accuracy, speed, and Veterans’ satisfaction.

In addition, VA will institute best practices to generate continuous improvement; develop scale economies through centers of excellence; streamline our operating footprint and push for creative ways to enhance performance and increase productivity, while managing succession planning for managers and expert decision-makers.
Automate GI Bill benefits.

The Post-9/11 GI Bill creates a robust enhancement of VA’s education benefits, evoking the World War II GI Bill of Rights. The Act went into effect in August 2009, and provides education benefits for Veterans, Service members and current and previously activated National Guard and Reserve members who have served on active duty for 90 or more days since September 11, 2001. Because of the significant opportunities the Act provides to eligible Veterans and their families in recognition of their service, and their particular value in the current economic environment, the benefits in this Act must be delivered effectively and efficiently, with a client-centered approach. Because of its complexity, the Bill requires new processing procedures and IT systems. Due to the generosity of the new benefit, and the extension of additional benefits to eligible Veterans’ families, the volume of claims applications is expected to be significantly higher than for existing programs.

In response, VA plans to create a fully-automated claims processing IT system for Post-9/11 GI Bill benefit claims. This will improve timeliness of claims processing and payments to beneficiaries and schools. It will also maximize client service resources by reducing the burden of manual processing. The flexibility of an automated system will prepare VA for future benefit changes or new initiatives.

This Major Initiative includes the following:

- **New technology systems**: VA will develop a completely automated IT platform as a long-term solution for efficiently and accurately processing Post-9/11 GI Bill benefit claims. Development of this system will be phased to ensure robustness and stability.

- **Creation of a model for future programs**: The Post-9/11 GI Bill will provide a framework for how VA can enhance other education programs by moving away from traditional IT systems. VA will build on this foundation and institutionalize lessons learned during implementation to drive improvements across all education programs.

In undertaking this Major Initiative, VA must ensure that benefits remain available as we change our systems to create long-term improvements. For example, we must at a minimum maintain the current timeliness levels established in existing programs.

We must ensure strong client service and outreach to beneficiaries and other stakeholders.
Create Virtual Lifetime Electronic Records by 2012.

Each year, more than 150,000 active and reserve Service members separate from the military becoming Veterans. This transition currently includes electronically sending some personnel, patient administrative, and medical records from DoD to VA. If the Veteran is not eligible for VA medical care, the Veteran must carry paper copies of their health record to their new chosen health care provider. The current process is not convenient, comprehensive, nor inclusive of Veteran needs. It also fails to include their personal review of their own information. In order to ensure that no Veteran information is lost or mishandled, and that all information on a Service member or Veteran can be easily accessed by service providers, VA and DoD have embarked on an ambitious effort to develop a completely integrated, electronic personal information capability that will span the lifetime of the Veteran and Service member. This capability will feature an electronic record that initiates at the point of accession, may contain information from birth, accompanies every Service member throughout the life of their service, and continues beyond their separation until the last benefit is realized.

The strategic framework or architecture for creating VLER must be a design that allows all caregivers, adjudicators, and other service providers access to the information needed to more efficiently and effectively accomplish their duties, often in a faster engagement than has previously been available. An extensive and comprehensive baseline for all Departmental operational business processes and an accounting of the capabilities of the systems supporting those processes must be created. From this baseline to the designed end state, the transition plan for moving the Department to the achievement of VLER must be rolled out by 2012. The business process reengineering necessary to transform the Department from a stove-piped benefits delivery organization, to one where seamless integration of all the information is available, must also be conducted. This same transformation leverages the work being accomplished by the e-Benefits Program to synchronize and make available to Service members and Veterans their information in a secure and accessible manner.

Building on the position of leadership that VA has established in the medical health information field, and in order to ensure the comprehensive health information about each Veteran is available for their care and use, VA and DoD are currently developing, with multiple partners, the first important capability of VLER. This is called the VLER Health Communities Program. The VLER Health Communities Program will enable the exchange of health data and patient information between public partners,

“Seamless transition is our concept of universal registration, where Service members’ personnel and medical records are duplicated in VA, even while they still serve in uniform. That way, there is no air gap in the transfer of those records when the uniforms come off at the end of their military service.”

SECRETARY ERIC K. SHINSEKI
private third party providers, and VA, in a secure and authorized way, utilizing the Nationwide Health Information Network (NHIN). In the VLER Health Communities Program, VA and DoD have joined to collaborate on developing adapters to connect their individual electronic health systems to the NHIN. Pilot demonstrations of this data exchange being accomplished through the NHIN are being conducted in various locations around the United States near VA Medical Centers (VAMCs). VA plans to deliver additional capabilities in six-month increments to each pilot. VA also intends to roll out the VLER Health Communities capability to all VAMCs while incrementally adding additional health data elements and system capabilities. VA has established the milestone of the end of FY 2012 as the timeframe for when the Department intends to be positioned to be a fully unconstrained member of the NHIN. This is also the timeframe for a national production roll-out of the health components of VLER.

The ultimate goal is for a substantial exchange of health information that will enable the entire military treatment record to be delivered over the NHIN to VA. It is at this point that health information can be seamlessly delivered for disability determinations. Additional projects aligned to meet the goal of VLER will incorporate all the necessary administrative elements required for the remainder of benefits delivery. In addition, there are other Major Initiatives of the Department that focus specifically on the client-facing view as part of the fulfillment of achieving a virtual lifetime electronic record. These follow-on VLER initiatives will ultimately ensure the seamless integration of all the information necessary to efficiently and effectively deliver health care and benefits to eligible Veterans, Service members, and their families.

This Major Initiative includes the following:

- **Process and workflow re-engineering**: VA will examine mission requirements and enabling technologies to ensure that investments drive program outcomes. VA will also engage with our partners at DoD, other federal agencies, and the private sector to support them in doing the same.

- **Shared framework for medical, administrative, and benefits related information**: VA, along with DoD, other federal agencies, and the private sector will identify, manage, and configure the critical pieces of personal information required to create a holistic picture for each Service member or Veteran. We will develop a framework based on medical and other data interoperability standards to ensure that health care providers and other benefit providers have the right information at the right time to make the best possible decisions for Veterans.

- **Information management processes**: VA, along with DoD, other federal agencies, and designated private sector entities, will establish and implement common standards and processes for collecting, publishing,
transmitting, and reconciling medical, administrative, and other benefits information while ensuring privacy and security are not compromised.

- **Enabling technologies:** VA and DoD have already made progress in securing network gateways that will provide the bandwidth required to share electronic information quickly and easily. Continued technology efforts will focus on IT infrastructure; building additional bandwidth, storage, and processing; ensuring system interoperability; and developing the IT user interfaces required to make the system user-friendly. VA must also ensure legacy systems are prepared to engage in this interoperability initiative until these systems can be replaced or refreshed.

- **Management capacity and capabilities:** The VLER Enterprise Program Management Office (EPMO), located under the Assistant Secretary for Information Technology, will represent the interests of all business stakeholders. The joint VA/DoD Interagency Program Office (IPO), accountable for implementation and management of joint interoperability initiatives, in collaboration with the VLER EPMO, will ensure that facilitation and coordination occurs between VA and DoD.

When fully implemented, this capability will provide rapid access to all information necessary to determine a Veteran's eligibility for benefits and services, and to provide care. Service members and Veterans will receive more timely access to services and benefits while enjoying a simpler and more convenient experience. Once provided, information will be recorded accurately and permanently, giving the Veteran secure access to his or her information. Because of the interoperability with third-party health care providers, the VLER Health Communities Program will help ensure informed health care decisions, regardless of provider, enable an increase in the quality of care, improve efficiencies in the delivery of that care, and improve client satisfaction with the experience. This interoperability will ensure continuity of care for those Veterans seen in VA facilities, other federal facilities, or the private sector.

VLER will enable quicker and easier access to benefits while on active duty and after separation and assist with a smoother transition from military to civilian life for Veterans and their families. Ultimately, VLER will allow caregivers, clinicians, and benefits providers to view all relevant information about the Veteran securely, regardless of where it was documented, in a single, secure, electronic record and provide the Service member and the Veteran access to that same information.
Improve Veterans’ mental health.

The mental health of our Veterans is a more important issue now than ever before. Increasing numbers of Veterans are being diagnosed with mental health conditions, often coexisting with other medical problems. More than 1.5 million of the 5.5 million Veterans seen last year in VA had a mental health diagnosis. This represents about a 31% increase since 2004.\textsuperscript{9} OEF/OIF Veterans rely on mental health care from VA to a greater degree than earlier groups of Veterans. Diagnosis of PTSD is on the rise, as the changing nature of warfare increases the chance for injuries that affect mental health and the challenges that Veterans face upon returning home remain significant. The potential negative results of mental health issues, such as homelessness and suicide – more than 131,000 Veterans are homeless on any given night, and an average of 18 Veterans die by suicide each day\textsuperscript{10} – make effectively addressing mental health one of our most important challenges.

In order to address this challenge, VA has significantly invested in our mental health care workforce, hiring more than 6,000 new mental health care workers since 2005. The Department has also established high standards for the provision of mental health care services through the recent publication of our Handbook on Uniform Mental Health Services in VA Medical Centers and Clinics. Still, there is more to do.

This Major Initiative includes the following:

- **A national, patient-centered mental health system:**

  VA must provide Veterans with meaningful choices among effective treatments, balancing biological and biomedical approaches to care with psychological and psychosocial strategies. VA also must go beyond a narrow view of mental health to include psychological and behavioral interventions for problems such as pain and insomnia. Moreover, a true national system requires increased monitoring of services provided and of their effect on Veterans, with a systematic approach to correcting problems, and the identification and correction of inefficient uses of resources.

\textsuperscript{9} Data Source: NEPEC National Mental Health Program Performance Monitoring System: Fiscal Year 2009 Draft Report

\textsuperscript{10} CDC data demonstrate that 20% of suicides in America are Veterans. \url{http://www.cdc.gov/injury/wisqars/index.html}. According to CDC (published July 2009): More than 33,000 suicides occurred in the U.S. This is the equivalent of 91 suicides per day; one suicide every 16 minutes or 10.95 suicides per 100,000 population. So, 20% of 91 suicides per day is a little over 18 per day.

*“The psychological wounds of war affect every generation of Veterans. We must aggressively diagnose and treat these unseen wounds to address other portions of the downward spiral that often result in severe personal isolation; dysfunctional behaviors; losses of identity, confidence, and personal direction; shattered relationships; depression; and substance abuse. We know this cycle; we’ve watched it for years. We are not going to let this happen to this generation.”*

Secretary Eric K. Shinseki
• **Innovative research that informs service delivery:** VA, along with DoD, is uniquely positioned to lead the field in identifying and developing the most effective practices for addressing mental health issues associated with military service. In partnership with DoD’s medical research teams, the Department will continue to explore new approaches to diagnosing and treating mental health issues – basing our research on advances that arise from psychology and neuroscience, and on other sources, including complementary and alternative medical treatments. Intervention research will include random clinical trials and, increasingly, important comparative effectiveness studies based on clinical and administrative data.

• **Reaching Veterans where they live:** VA will continue to work to ensure that all enrolled Veterans have access to the appropriate mental health services for which they are eligible, regardless of their geographic locations. In addition to enhancing contract and fee-based services for Veterans in rural areas, VA will expand on our success with virtual service provision, including launch of the Veterans’ Suicide Prevention Chat Line and increasing the numbers of consultations on real time clinical video-conferences through telemental health to find flexible ways to deliver the best of mental health services to our Veterans.

• **Partnerships with other agencies and with Veterans’ families:** We recognize that mental health is not only a function of medical care, but also of the quality and connection to communities that Veterans live in. VA will work to connect Veterans proactively with the full range of support they require, both within VA and in their communities so they can successfully reintegrate from the point of separation from service. In this, VA will work with DoD, community service providers, social service providers, and clergy to make connections on the basis of the Veteran’s needs, values, and preferences. VA will work with families to support Veterans and their readjustment and with Veterans to address family issues related to deployment and return.

The Department has made significant progress against all of these requirements over the past few years. Now, through a comprehensive and programmatic approach that links efforts across innovative research, access expansion, and community partnership, we hope to accelerate this progress, to lead the field in improving Veterans’ mental health.
GUIDING PRINCIPLES

PEOPLE-CENTRIC
Veterans and their families are the centerpiece of our mission and of everything we do. Equally essential are the people who are the backbone of the Department—our talented and diverse workforce.

RESULTS-DRIVEN
We will be measured by our accomplishments, not by our promises.

FORWARD-LOOKING
We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.

STRATEGIC GOALS

- **Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value**
- **Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services**
- **Raise readiness to provide services and protect people and assets continuously and in time of crisis**
- **Improve internal customer satisfaction with management systems and support services to make VA an employer of choice by investing in human capital**

Build VRM capability to enable convenient, seamless interactions.

The types of client service interactions that are common to Veterans and their families in society are changing rapidly, along with their expectations for service levels. VA has an obligation to change as well. We must offer Veterans and their families the experiences they seek, leveraging technological advances to learn more about the needs and preferences of our clients and becoming more proactive in serving them in an integrated fashion. Technology has quickly developed to support extensive self-service and many customers’ preferences are evolving toward these systems. It is most important that VA provide consistent information, access, and service levels across any and all systems that our clients prefer. Veterans Relationship Management (VRM) will provide on-demand access to comprehensive VA services and benefits in a consistent, user-friendly manner through a multi-channel\(^\text{11}\) client relationship management (CRM) approach.

This framework will enable clients to find consistent information about VA’s benefits and services regardless of which access channel they choose; complete their transactions with VA; be identified by VA quickly, without having to repeat information; and seamlessly access multiple VA service lines (e.g., health, compensation, education).

This Major Initiative includes the following:

- **Consistent information, anytime anywhere**: VA will increase access and efficiency by facilitating anytime, anywhere access to accurate and consistent information on benefits and services through one knowledge base. This knowledge base will facilitate the ability to capture, store, share, and search for information on general benefits and services across all VA organizations.

- **Unified approach to managing Veteran-specific knowledge**: VA will maintain a shared record of all contacts between all VA organizations and our clients through state-of-the-art CRM to achieve better understanding of our clients’ needs, improve our ability to measure service quality, and provide personalized experiences and superior customer service. This data will be subject to rigorous client privacy and security protections.

- **Completely integrated service processes and systems**: VA will provide a *unified desktop approach* with access to integrated information management between all VA organizations to ensure continuity of service and to better resolve issues. VA will integrate major VA organizations’ contact centers, allowing for a call received at one to be seamlessly resolved at another without losing the context of the issue. Finally, VA will allow Veterans to receive care quicker and easier in VA medical centers, community-based outpatient clinics (CBOC), and

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11] In this case, multi-channel refers to alternative means of communication with Veterans, including e-mail, phone, mail, and other alternatives.
other authorized fee-based care centers through the implementation of a single standard beneficiary identification card.

- **Seamless client service access across channels**: VA will ensure that all channels through which Veterans choose to access VA services are convenient, easy to use, and provide the same high-level of quality service. VA will modernize our telephone services to enhance the experience of Veterans who together make 30 million phone calls to VA annually. VA will introduce identity and access management processes and systems to enhance our Internet interactions and provide additional client service functionality.

Implementing the VRM program and supporting processes is a critical component in the Department’s efforts to create a Veteran-centric operating model. The success of this effort should lay the foundation for continued integration across the organization and our partnerships and support innovation in meeting Veterans’ needs.
Design a Veteran-centric health care model and infrastructure to help Veterans navigate the health care delivery system and receive coordinated care.

The VA delivery system has several strengths (e.g., cost effectiveness, the use of technology). However, shifts in health care across the Nation and the evolving needs of Veterans call for a more fundamental reassessment of VA’s approach to health care delivery, funding, and coordination. We need to adapt our service delivery model to address these and other potential changes.

This Major Initiative includes the following:

- **Creating a culture of patient-centered care**: VA will develop a patient-centered care culture within the VA health care system, where a fully engaged partnership—of Veteran, family, and health care team—will establish continuous relationships in optimal healing environments in order to improve the Veteran’s experience of care along with better health outcomes. This will require a sustained multiyear effort to transform the current organizational culture, re-engineer our clinical and business processes, reshape the workforce, and redesign our physical plants to attain these ideals.

- **Developing patient-centered primary care medical homes**: We will re-engineer our Primary Care teams to provide a “patient-centered medical home” for Veterans, offering first contact, comprehensive, coordinated care. Based upon the documented value of primary care to achieve better health outcomes, improve patient experience, and deploy resources more efficiently, these health care teams will work collaboratively to improve access, communication, coordination, quality, and safety.

- **Prevention of disease progression**: Because chronic conditions such as diabetes and hypertension are increasingly prevalent in the Veteran population, the cornerstone of VA’s care will be health maintenance and chronic disease management. VA will develop comprehensive health promotion and preventive care programs that encompass both healthy behavior coaching and promotion of psychological wellness and resilience.

- **Ensuring timely and appropriate access**: Veterans have earned access to quality health care. VA must continue to adapt our delivery model to be available to enrolled Veterans, particularly through “virtual” channels and partnerships. Since many Veterans live in more remote rural areas, we will expand our use...
Chapter 3: Executing the Plan | Major Initiatives

1. Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness

2. Educate and empower Veterans and their families through proactive outreach and effective advocacy

3. Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively

The VA health system must be a system of care that optimizes quality, access, and value of care for Veterans. Unique among direct care systems in America, VA reaps the benefits of preventive and chronic care management because once enrolled, we have the opportunity to treat Veterans for their lifetimes. VA also has several strategic assets that can be leveraged, including ubiquitous longitudinal Electronic Health Records (EHRs) and large databases on bio-information and comparative effectiveness. VA will exercise these strengths to build a system in the most effective way and create a sustainable model for the 21st century.

The VA health system must be a system of care that optimizes quality, access, and value of care for Veterans. Unique among direct care systems in America, VA reaps the benefits of preventive and chronic care management because once enrolled, we have the opportunity to treat Veterans for their lifetimes. VA also has several strategic assets that can be leveraged, including ubiquitous longitudinal Electronic Health Records (EHRs) and large databases on bio-information and comparative effectiveness. VA will exercise these strengths to build a system in the most effective way and create a sustainable model for the 21st century.
Enhance the Veteran experience and access to health care.

Of the 23.4 million Veterans in this country, roughly eight million are enrolled in the VA for health care. Under our current delivery system, VA provides care to more than 5.5 million Veterans each year at over 1,100 locations, including inpatient hospitals, health care centers, and CBOCs. We want to ensure that all enrolled Veterans receive the health care they have earned through their service.

VA seeks to proactively reach out to Veterans who may be eligible but are not enrolled in the VHA system today to explain our services and the quality of our health care system, making certain that any Veteran who can benefit from VA services knows about the range of services available to them and how to get them. We will strive to eliminate disparities in access to care wherever they exist within our system. Finally, through our patient-centered health care model of care, we will ensure that all enrolled Veterans get the most out of their VA health care.

This Major Initiative includes the following:

- **Expanding outreach to all Veterans:** VA will provide Veterans with patient-centric information about options and offerings to empower patients and connect them with the best available care. In particular, we will seek to enroll Veterans who are eligible to receive care within the VHA system. In addition, we will develop the capability to be a navigator not just of VA services, but also of services outside the VA system.

- **Recognition and elimination of disparities:** Demographic shifts (e.g., increasing numbers of women Veterans) and shifts in where Veterans live (e.g., higher proportion of Veterans in rural communities) call for continued realignment of the delivery system with the needs of all Veterans enrolled in our health care system. VA will analyze the nature of disparities wherever they exist and align its infrastructure and human capital to eliminate them. We will build on the success of our virtual channels (e.g., myHealthBeVet) to provide world-class communications between patients, providers, and care coordinators. VA will also continue to innovate and adopt best practices in virtual real-time medicine such as telemedicine to bring expertise to less populated areas and to all groups of Veterans. VA will also deepen and develop new partnerships.
with other public and private sector providers to ensure timely access to high-quality services for underserved populations.

- **Increasing usage:** Informed by a thorough, fact-based understanding of the Veteran needs, VA will align its approach to care to meet those needs and enhance the health care experience. By embracing a medical home model of care, we will re-craft the relationship between patient, provider, and setting to form a comprehensive, patient-centered approach. This model will help our providers proactively assess and meet Veteran health care needs.

VA has already transitioned from inpatient to outpatient settings where technology solutions safely permit, through telemedicine, in-home care and other delivery innovations. VA will continue to focus on the gaps for underserved populations, and on expanding their access so that every Veteran can get the care they need – at the right place and the right time.
Ensure preparedness to meet emergent national needs.

VA remains committed to building and maintaining the capabilities required to serve Veterans and their families in time of crisis. In addition, VA is assigned a critical mission essential to the security of the Nation: to serve in a primary backup role to the DoD Military Health Care System during war or national emergency and to assist other federal agencies in providing medical and other services during natural disaster or terrorist attack. The Department is uniquely situated to play this role because of our sheer size and footprint – nearly 300,000 full and part time employees; as many as 800,000 affiliates including contractors and volunteers; 1,600 sites across the country – as well as our expertise in medical and other social service provision.

This Major Initiative includes the following:

- **Clear roles and responsibilities**: VA will review authorities, mandates, and spans of control for each organization within VA and make changes where necessary.

- **Inventory of assets**: VA will take a full inventory of assets, capture those results so that assets can be easily managed in time of need, and establish procedures for refreshing and maintaining that inventory.

- **Preparedness at every level of management**: VA’s organizations will take on ongoing emergency preparedness responsibilities, including contributing to a Department-wide Comprehensive Emergency Management Program that includes an All Hazards Emergency Preparedness Planning Program; Continuity of Operations Plan; and a Test, Training, and Evaluation Program.

- **Integrated Operations Center (IOC)**: The IOC will facilitate critical and timely decision-making by providing situational awareness and fully coordinated recommendations to senior leadership regarding the development of potential emergencies. The IOC will be continuously staffed with subject matter experts from across the Department with skills to predict and analyze as well as operational response expertise. This staff will be prepared to coordinate VA’s integrated response with federal partners and other stakeholders.

VA must always keep in mind our principal mission: to serve Veterans and their families. But we must also see ourselves as an asset in the larger mission of seeking the national good under the President’s leadership. By using all of our assets and capabilities, we will continue to play our essential role in an emergency. We will cultivate within our Department a culture of commitment to VA’s mission of preparedness.
Develop capabilities and enabling systems to drive performance and outcomes.

The best run organizations in the world vigorously manage value to ensure efficiency, effectiveness, and the appropriate allocation of scarce resources. By value, we mean outcomes that are measurable and show return on the various inputs (e.g., people, time, funding) for a task or a process. This approach helps to not only identify best practices so that they can be propagated across the system, but allows us to promote appropriate resourcing decisions.

This Major Initiative includes the following:

- **Definition of outcome-based metrics**: VA will develop a shared enterprise-wide framework for assessing the most relevant VA cost information and measurement with management implications. This assessment will utilize a common approach for identifying costs and benefits to which all parts of the organization will contribute commonly denominated metrics to ensure that corporate and organizational leaders have the information they need to monitor performance and allocate resources.

- **Data capture and transfer**: VA will build the data infrastructure necessary to populate our unified management framework and integrate it so that it can be presented in a meaningful common view.

- **Data analytics and synthesis**: We will develop a set of analytics around the data to identify outliers, locate best practices among positive outliers, and find gaps that may need more resources. We will establish the capability to report and refresh these analytics.

- **Process for interventions**: VA will develop the capacity to monitor programs using the data reported and to intervene as appropriate. These interventions will be resourced, assigned leadership, and managed to achieve the intended impact.

To do this, VA will be inspired and guided by our mission to provide the best outcomes for Veterans and their families. VA’s organizations are technology-enabled in many of their business processes and already have extensive data libraries. The challenge is to integrate this data across VA and establish common measures that the agency can manage.
Establish strong VA management infrastructure and integrated operating model.

VA aspires to create a strong management infrastructure and integrated operating model (IOM) in which service delivery, accountability, and innovation are maintained at the local level and a robust corporate center provides standards and system-wide visibility to ensure consistency and seamless interactions across the Department. We seek to bring the scale and expertise of a nationwide organization to each interaction with our clients, capturing the benefits of local knowledge, close alignment with internal customers and proximity to clients, and execution agility while ensuring a high standard of support from the Department’s business functions. Streamlined oversight and governance will support productive relationships between the corporate center and local operators that are continually oriented towards better outcomes for our Veterans and their families.

This Major Initiative includes the following:

- **Enhanced decision-making**: by enhancing our situational awareness across the Department, co-locating decision-rights with the information required, and providing reliable, timely data to decision-makers at the corporate and local levels.

- **More effective operations**: by increasing communication and collaboration across organizations, improving internal customer service, sharing best practices, and identifying and addressing opportunities for performance improvement.

- **More efficient operations**: by reducing duplicative efforts and the rework associated with variable standards; and by taking advantage of economies of scale across the Department in areas such as purchasing, service contracts, construction and facilities management, and recruiting and developing genuine, long-term partnerships between organizations.

- **Optimal allocation of resources**: by developing and deploying talent, funding, and other critical assets across the Department in the right places at the right time.

- **Improved risk management**: by installing and adhering to the appropriate internal controls to ensure the Department continues to receive a clean audit opinion.
Chapter 3: Executing the Plan | Major Initiatives

Context

Development of an enhanced management infrastructure and integrated operating model will focus on improving the integration and management within and across the Department’s five key corporate management functions:

- Construction and Facilities Management
- Financial Management
- Acquisitions
- Information Technology
- Human Resources Management

Though organizational specific activities vary, the key corporate management functions also share a common direction and will:

- Identify and provide access to information that should be shared at the enterprise level.
- Set policies that clearly delineate decision-rights and responsibilities in support of enhanced performance.
- Provide training and build capabilities that meet the specific evolving needs of the Department to ensure consistently high levels of performance.
- Streamline systems and processes to enable enhanced execution.
- Improve the quality of governance within and across these functions in the Department.
- Identify opportunities for economies of scale and skill by pooling resources and focusing on coordination and alignment.

INTEGRATED OBJECTIVE 1.

Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.

INTEGRATED OBJECTIVE 2.

Educate and empower Veterans and their families through proactive outreach and effective advocacy.

INTEGRATED OBJECTIVE 3.

Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.
GUIDING PRINCIPLES

PEOPLE-CENTRIC
Veterans and their families are the centerpiece of our mission and of everything we do. Equally essential are the people who are the backbone of the Department—our talented and diverse workforce.

RESULTS-DRIVEN
We will be measured by our accomplishments, not by our promises.

FORWARD-LOOKING
We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.

STRATEGIC GOALS
- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.
- Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.
- Raise readiness to provide services and protect people and assets continuously and in time of crisis.
- Improve internal customer satisfaction with management systems and support services to make VA an employer of choice by investing in human capital.
- Transform human capital management.

VA's employees are central to achieving our goals and our primary goal is for VA to become the best place to work. To accomplish this, VA will invest in developing our people, in helping them reach their full potential, and in creating programs to increase health and wellness throughout the workforce. We will also strengthen accountability among managers for the development and well being of their employees and make sure they have the skills and support they need to do so. Upcoming retirements expected over the next five years will require the Department to undertake significant hiring, creating challenges and opportunities to refresh our overall workforce. We will accomplish this in accordance with the VA's new Diversity and Inclusion Strategic Plan which is VA's framework for creating and sustaining a diverse workforce and inclusive work environment.

This Major Initiative includes the following:
- **Improved recruiting, hiring and retention**: VA will engineer new approaches to recruitment, hiring and retention by exploring new sources of human capital; streamlining hiring; improving the hiring experience; and addressing the issues that have the greatest impact on retention of key professional groups. In addition, VA will clearly define our approach to competing for “hard-to-fill” employment areas.

- **Investment in people development**: VA will meet the need for leadership training – from Senior Executive Service (SES) to frontline management – to establish a more robust leadership competency model and address gaps in leadership capabilities. The Department will promote excellence in the education of the future workforce to drive health care innovation and continuous improvements in operations. Finally, VA will invest in technical training in the occupations that are most central to executing VA's strategy and provide professional development to the non-supervisory workforce of VA.

- **Management of SES assets**: VA will further develop our capabilities to monitor and manage the Department's SES workforce to better leverage our full skills and capabilities and increase transparency across organizational boundaries.
• **Broad set of HR capabilities**: VA will invest in our people and HR systems to support higher value-added roles for the HR function. HR will become a better partner and coach to managers in developing and executing recruiting, hiring, development, and retention strategies (e.g., train HR professionals to consult more effectively with managers); improve systems interoperability to create more effective links and transparency among all the sites where HR functions; and implement new data infrastructure to support learning management VA-wide.

VA has already established a Corporate SES Office as a step in launching this Major Initiative. To be successful, VA must establish more effective coordination, information-sharing, and standard-setting among our many HR offices, without compromising essential needs that are specific to each site. The President’s vision of the Federal Government as a model employer inspires us to redouble our efforts to make VA an employer of choice for a talented and diverse workforce. Through this Major Initiative, we will ensure an engaged, collaborative, and high-performing workforce to meet the changing needs of Veterans and their families.

**INTEGRATED OBJECTIVE 1.**

*Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.*

**INTEGRATED OBJECTIVE 2.**

*Educate and empower Veterans and their families through proactive outreach and effective advocacy.*

**INTEGRATED OBJECTIVE 3.**

*Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.*
Perform research and development to enhance the long-term health and well-being of Veterans.

Health care today is both an art and a science. Much innovation is needed to consistently deliver the right care, at the right place, at the right time. Embedding research within a large-scale, integrated health care system with a longitudinal electronic health record creates a national laboratory for the discovery of health care innovations. Because clinical care and research occur together under one roof, VA brings scientific discovery from the patient’s bedside to the laboratory and back, making this program one of VA’s most effective tools for improving the care of Veterans. VA will play a leading role in the advancement of clinical medical knowledge, particularly in those health issues associated with military service, by excelling in research and development of evidence-based clinical care and delivery system improvements to enhance the long-term health and well-being of Veterans.

This Major Initiative includes the following:

- **Investment in a balanced portfolio of research projects**: VA’s fundamental goal in research and development is to create the capabilities to address the needs of the Veteran population. This means VA must balance its research and development resources across a variety of needs and opportunities, from those affecting aging Veterans (e.g., diabetes and obesity, cardiovascular disease, and stroke), to those affecting younger Veterans with injuries from recent conflicts (e.g., traumatic brain injury, PTSD, amputation, and pain), using cutting-edge imaging and epidemiologic, clinical, and genetic methods.

- **Commitment to evidence-based results**: With thirty years of electronic health record data and comparative effectiveness research, the Department is committed to leveraging this asset for identifying evidence-based clinical care protocols and delivery system improvements. VA will work closely with emerging Federal Government comparative effectiveness efforts with a special focus on leading in those areas relevant to Veterans.
• **Legal and other support**: VA will ensure that research protocols and practices adhere to stringent legal and ethical standards. The development of model Cooperative Research and Development Agreements and contractual vehicles will help to ensure timely legal assistance and resolution of issues in this area.

In FY 2009, VA supported nearly 2,000 health care research projects ranging from preclinical studies to health services research to multi-site clinical trials. VA will use our medical investments to build on our strong research legacy to ensure continuous improvement of long-term health care outcomes for Veterans and their families.

**INTEGRATED OBJECTIVE 1.**

Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.

**INTEGRATED OBJECTIVE 2.**

Educate and empower Veterans and their families through proactive outreach and effective advocacy.

**INTEGRATED OBJECTIVE 3.**

Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.
GUIDING PRINCIPLES

PEOPLE-CENTRIC
Veterans and their families are the centerpiece of our mission and of everything we do. Equally essential are the people who are the backbone of the Department—our talented and diverse workforce.

RESULTS-DRIVEN
We will be measured by our accomplishments, not by our promises.

FORWARD-LOOKING
We will seek out opportunities for delivering the best services with available resources, continually challenging ourselves to do things smarter and more effectively.

STRATEGIC GOALS

- Improve the quality and accessibility of health care, benefits, and memorial services while optimizing value.
- Increase Veteran client satisfaction with health, education, training, counseling, financial, and burial benefits and services.
- Raise readiness to provide services and protect people and assets continuously and in time of crisis.
- Improve internal customer satisfaction with management systems and support services to make VA an employer of choice by investing in human capital.

Supporting Initiatives

The following Supporting Initiatives are led by individual organizations within VA, the execution of which depends on collaboration and support from other organizations. These initiatives support the 13 Major Initiatives and are aligned and organized by Objective.
### Integrated objectives

<table>
<thead>
<tr>
<th>Integrated strategies</th>
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<tbody>
<tr>
<td><strong>1. Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness</strong></td>
</tr>
<tr>
<td><strong>1(a)</strong> Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery</td>
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<tr>
<td><strong>1(b)</strong> Develop a range of effective delivery methods that are convenient to Veterans and their families</td>
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<tr>
<td><strong>1(c)</strong> Improve VA's ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies</td>
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<tr>
<td><strong>1(d)</strong> Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners</td>
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<tr>
<td><strong>1(e)</strong> Enhance our understanding of Veterans' and their families' expectations by collecting and analyzing client satisfaction data and other key inputs</td>
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<tr>
<td><strong>2. Educate and empower Veterans and their families through proactive outreach and effective advocacy</strong></td>
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<tr>
<td><strong>2(a)</strong> Use clear, accurate, consistent, and targeted messages to build awareness of VA's benefits amongst our employees, Veterans and their families, and other stakeholders</td>
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<tr>
<td><strong>2(b)</strong> Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf</td>
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<tr>
<td><strong>2(c)</strong> Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement</td>
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<tr>
<td><strong>2(d)</strong> Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients</td>
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<tr>
<td><strong>3. Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively</strong></td>
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<tr>
<td><strong>3(a)</strong> Anticipate and proactively prepare for the needs of Veterans, their families, and our employees</td>
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<tr>
<td><strong>3(b)</strong> Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges</td>
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<tr>
<td><strong>3(c)</strong> Create and maintain an effective, integrated, Department-wide management capability to make data-driven decisions, allocate resources, and manage results</td>
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<tr>
<td><strong>3(d)</strong> Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times</td>
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<tr>
<td><strong>3(e)</strong> Manage physical and virtual infrastructure plans and execution to meet emerging needs</td>
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</table>
Integrated Objective 1.

Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness.

**Integrated Strategy 1(a)**

*Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery*

<table>
<thead>
<tr>
<th>Initiative Title</th>
<th>VA Lead</th>
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</thead>
<tbody>
<tr>
<td>Promote an Expedited Claims Adjudication (ECA) process.</td>
<td>BVA</td>
</tr>
<tr>
<td>Continue to streamline key NCA customer service processes to improve client satisfaction.</td>
<td>NCA</td>
</tr>
<tr>
<td>Maintain cemeteries as national shrines.</td>
<td>NCA</td>
</tr>
<tr>
<td>Operate VA IT solutions based on real time awareness.</td>
<td>OIT</td>
</tr>
<tr>
<td>Improve the timeliness and accuracy of OGC’s administrative medical malpractice tort claim processing.</td>
<td>OGC</td>
</tr>
<tr>
<td>Improve the timeliness of OGC’S legal support for loan guaranty work.</td>
<td>OGC</td>
</tr>
<tr>
<td>Maximize Medical Care Collections Fund (MCCF) collection revenues and efficiencies.</td>
<td>OGC</td>
</tr>
<tr>
<td>Enhance relationships with Congress by improving responsiveness and communicating more effectively.</td>
<td>OCLA</td>
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</tbody>
</table>
**Integrated Strategy 1(b)**

*Develop a range of effective delivery methods that are convenient to Veterans and their families*

<table>
<thead>
<tr>
<th>Initiative Title</th>
<th>VA Lead</th>
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</thead>
<tbody>
<tr>
<td>Expand access to a burial option.</td>
<td>NCA</td>
</tr>
<tr>
<td>Implement technology solutions to improve timeliness and access to NCA benefits and services.</td>
<td>NCA</td>
</tr>
<tr>
<td>Update technology and expand videoconferencing capability for hearings at the Board of Veterans’ Appeals, regional offices, and beyond.</td>
<td>BVA</td>
</tr>
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</table>

**Integrated Strategy 1(e)**

*Enhance our understanding of Veterans’ and their families’ expectations by collecting and analyzing client satisfaction data and other key inputs*

<table>
<thead>
<tr>
<th>Initiative Title</th>
<th>VA Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand efforts to collect client satisfaction data and use it to drive future success.</td>
<td>NCA</td>
</tr>
<tr>
<td>Collect OSDBU client and customer satisfaction data.</td>
<td>OSDBU</td>
</tr>
</tbody>
</table>
Promote an Expedited Claims Adjudication (ECA) process.

ORGANIZATIONAL LEADS: BVA and VBA

Statement of the Challenge or Problem:
Each year, VBA and Board of Veterans’ Appeals (BVA) are charged with adjudicating tens of thousands of appeals, and this number continues to rise.

Purpose of the Initiative:
In order to issue appellate decisions most efficiently, BVA developed a pilot ECA initiative to accelerate claims and appeals processing at four VA facilities. At present, the ECA is a 2-year pilot program, based on voluntary participation by eligible claimants. If the pilot program is successful, BVA will seek to promote more widespread use of the ECA.

Intended Outcome of the Initiative:
With promotion of ECA, claims and appeals processing will occur with greater speed and efficiency, allowing claimants to receive final decisions on their cases more rapidly.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Reduce appeals resolution time Notice of Disagreement to final decision from 719 days to 675 days.

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On February 1, 2009, the average Appeals Resolution Time (ART) was 719 days. The ART is a joint measure shared by VBA and BVA. We continue to reduce our “cycle time” which is BVA’s element of the ART measure - it currently stands at 94 days. The influx of new hiring by VBA should have a positive influence on the reduction of their portion of the ART joint measure. Three of BVA’s legislative initiatives should have a positive influence on reducing the ART - specifically, the video conference hearing initiative, the automatic waiver initiative, and the alteration to the “reasons and bases” initiative.
**Continue to streamline key NCA customer service processes to improve client satisfaction.**

**ORGANIZATIONAL LEAD:** NCA  
**SUPPORTING ORGANIZATION:** OIT

**Statement of the Challenge or Problem:**
VA provides burial and memorial benefits to Veterans, including interment in a national cemetery, a headstone to permanently mark the grave, and a memorial certificate bearing the signature of the President of the U.S. to commemorate a Veteran’s honorable service. The business processes used by VA staff need to be as efficient and responsive as possible in order to avoid unnecessary delays or additional stress on family members at a difficult time.

**Purpose of the Initiative:**
The purpose of this initiative is to look for ways to improve the ease and timeliness of key benefit delivery processes by centralizing eligibility and committal service scheduling, marking graves in national cemeteries in a timely way, and by promptly processing requests by next of kin and family members for Presidential Memorial Certificates.

**Intended Outcome of the Initiative:**
When fully implemented, the National Scheduling Office in St. Louis, Missouri will provide centralized eligibility determination and committal service scheduling for national cemeteries seven days a week. Centralizing scheduling will also result in more efficient processing of difficult eligibility cases. Streamlining operational processes for headstones and markers and Presidential Memorial Certificates, benefits which help to bring a sense of closure to the grieving processes, ensures that VA clients receive these important memorials in a timely manner.

**Initiative Performance Measure, Strategic Target, and Estimated Completion Date:**
- Percent of applications for headstones and markers that are processed within 20 days for the graves of Veterans not buried in national cemeteries.  
  (Strategic Target: 90% by the end of FY 2014).

- Percent of funeral directors who report that national cemeteries confirmed the scheduling of the committal service within two hours.  
  (Strategic Target: 93% by the end of FY 2014).

- Percent of graves in national cemeteries marked within 60 days of interment.  
  (Strategic Target: 95% by the end of FY 2014).

- Percent of Presidential Memorial Certificate applications processed within 20 days of receipt.  
  (Strategic Target: 90% by the end of FY 2014).
Maintain cemeteries as national shrines.

ORGANIZATIONAL LEAD: NCA | SUPPORTING ORGANIZATIONS: OIT, OALC

Statement of the Challenge or Problem:
Families generally come to national cemeteries to visit the gravesite of a loved one. The appearance of the gravesite is perhaps the most important aspect of the visit, and cemetery appearance is a key predictor of visitors’ satisfaction with the national cemetery.

Purpose of the Initiative:
The purpose of this initiative is to improve and maintain the appearance of gravesites, buildings, and other cemetery structures, and to maintain exceptional levels of client satisfaction. VA will identify buildings and structures in need of repair, and use this information to develop annual minor construction, major construction, and nonrecurring maintenance operating plans.

Intended Outcome of the Initiative:
The purpose of the initiative is to ensure that graves and other cemetery facilities are well-maintained. Well-maintained facilities demonstrate respect and concern for the safety of visitors and employees.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Percent of gravesites that have grades that are level and blend with adjacent grade levels. (Strategic Target: 95% by the end of FY 2014).
- Percent of headstones, markers, and niche covers that are clean and free of debris or objectionable accumulations. (Strategic Target: 95% by the end of FY 2014).
- Percent of headstones and/or markers in national cemeteries that are at the proper height and alignment. (Strategic Target: 90% by the end of FY 2014).
- Percent of national cemetery buildings and structures that are assessed as “acceptable” according to annual Facility Condition Assessments. (Strategic Target: 90% by the end of FY 2014).
Operate VA IT solutions based on real time awareness.

ORGANIZATIONAL LEAD: OIT

Statement of the Challenge or Problem:
In order to deliver improved services, VA must have quality IT solutions that are responsive to the needs of clients and customers.

Purpose of the Initiative:
The purpose of this initiative is to deliver improved IT solutions that improve business processes by reducing the need to enter duplicative data, providing continuous connectivity to facilitate communications with VA, and access to benefits and improving services.

Intended Outcome of the Initiative:
When this initiative is fully implemented, Veterans, their families, and external partners will have access to improved online services that meet their needs without sacrificing security, quality, timeliness, and responsiveness.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
The baseline for this initiative will be developed in FY 2010. Online transactions will be evaluated to determine which ones can be deployed as an external client service. In addition, redundant data entry will be identified and eliminated. Performance measures include:

- Percent of online transactions deployed as an external client service, which is a service directly developed for use by Veterans and their families as external clients, providing opportunities for them to communicate directly with VA. (Strategic Target: 100% by the end of FY 2014).

- Percent (annual) of growth in client utilization of external client services. (Strategic Target: 60% by end of FY 2014).

- Percent of external client services that eliminate redundant client information. (Strategic Target: 100% by the end of FY 2014).
Improve the timeliness and accuracy of OGC’s administrative medical malpractice tort claim processing.

ORGANIZATIONAL LEAD: OGC  SUPPORTING ORGANIZATIONS VHA, OIT

Statement of the Challenge or Problem:
Veterans who have been harmed as a result of VA medical care may file claims for relief under the Federal Tort Claims Act. The time required to process tort claims has increased in recent years, primarily because of workload increases as well as delays in obtaining information needed to complete tort claim investigations. The challenge for VA is to identify ways to expedite the claims investigation and related administrative processes without sacrificing quality standards.

Purpose of the Initiative:
The purpose of this initiative is to speed up the adjudication of tort claims without sacrificing the quality of investigations.

Intended Outcome of the Initiative:
OGC’s timely and accurate investigation and resolution of each claim improves the overall quality of VA’s health care services and provides more rapid and fair compensation for meritorious claims than Veterans can obtain through resort to the Federal courts.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
• Percent of medical malpractice tort claims that are adjudicated within 180 days. (Strategic Target: 100% by the end of FY 2014).

• Percent of medical malpractice tort cases that do not result in a judgment requiring payment of damages. (Strategic Target: 95% by the end of FY 2014).\[14\]

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14 Because accurate determination of the merits of medical malpractice tort claims generally results in resolution of such claims (including payment to the Veteran, where appropriate) without the need for litigation, accuracy is measured by the percent of medical malpractice tort claims that do not result in a judgment by a federal court or a litigation settlement by a U.S. Attorney Office requiring payment of damages.
Improve the timeliness of OGC’S legal support for loan guaranty work.

ORGANIZATIONAL LEAD: OGC  SUPPORTING ORGANIZATIONS: VBA, OIT

Statement of the Challenge or Problem:
Among the benefits that VBA provides to Veterans and their families are home loan guarantees to assist Veterans in purchasing or constructing homes, or in refinancing an existing home loan on more favorable terms. OGC facilitates this service to Veterans by advising VBA on legal issues arising from the operation of the loan guaranty program and by reviewing the legal sufficiency of title documentation conveyed to the Secretary following foreclosure on a guaranteed home loan. OGC’s services are sometimes delayed due to other workload demands and/or delay in receiving the necessary documentation from VBA.

Purpose of the Initiative:
Through this initiative, OGC will deliver more timelier services to Veterans and their families by improving the speed with which it performs legal work in support of the loan guaranty program by leveraging technology and through internal collaboration across the OGC organization. VA home loan guaranties are issued to help eligible service members, Veterans, reservists, and unmarried surviving spouses obtain and refinance homes. OGC plays a crucial role in all legal aspects of the VA loan guaranty program.

Intended Outcome of the Initiative:
This initiative will improve and expedite the administration of VBA’s loan guaranty program for the benefit of Veterans and their families.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Reduce the average number of days to complete a loan guaranty-related legal case.
  (Strategic Target: 59 days by the end of FY 2014).
Maximize Medical Care Collections Fund (MCCF) collection revenues and efficiencies.

**ORGANIZATIONAL LEAD:** OGC  **SUPPORTING ORGANIZATIONS:** VHA, OIT

**Statement of the Challenge or Problem:**
VA sometimes provides medical care to Veterans for non-service-connected conditions that are covered by other insurance carriers. In these cases, VA bills the appropriate carrier for the cost of care. In the past, many of these carriers have not met their legal obligations. In recent years, VA has become more aggressive in identifying and pursuing these cases. Funds collected are deposited in a MCCF that supplements appropriated funds for health care, increasing VA’s ability to provide care. Improved recoupment of these costs from private insurers and other third parties supplement the funding available for the delivery of health care and services to Veterans, thereby increasing the level of resources available for Veterans’ medical care.

**Purpose of the Initiative:**
The purpose of this initiative is to maximize the effectiveness and efficiency of MCCF collection efforts and improve the recoupment of recoverable health care costs from private insurers and other third parties.

**Intended Outcome of the Initiative:**
This initiative will increase the percent of third party funds collected resulting in higher revenues for VA.

**Initiative Performance Measure, Strategic Target, and Estimated Completion Date:**
- Revenue collected in MCCF claims through the efforts of the Regional Counsel. (Strategic Target: $47.5 million per year by the end of FY 2014).
- Percent of available MCCF dollars collected through the efforts of OGC. (New measure – Strategic Target: TBD).
Enhance relationships with Congress by improving responsiveness and communicating more effectively.

ORGANIZATIONAL LEAD: OCLA   SUPPORTING ORGANIZATIONS: VBA/VHA/NCA/OIT

Statement of the Challenge or Problem:
Communicating with Congress is essential for VA. Congress must be apprised of issues impacting the Department, Veterans, and their families. VA must communicate to allow Congress to be part of our solution to problems.

Purpose of the Initiative:
The purpose of this initiative is to review the processes VA uses for communicating with Congress, and to develop strategies for providing information to committee members and staff in a more timely and proactive way.

Intended Outcome of the Initiative:
When fully implemented, VA will have effective, transparent, and active sharing of information across Administrations to facilitate timelier responses to members of Congress and their staff. The process will be designed to provide more transparent and consistent information in response to inquiries, briefing requests, and hearings.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Percent satisfaction with the Congressional liaison process of internal customers (VA employees): 10% increase over the baseline (to be established by the end of FY 2010).
- Percent satisfaction of external stakeholders: 10% increase over the baseline (to be established by the end of FY 2010).
- Percent decrease in time required to process congressional communications Department-wide. (The baseline will be established in FY 2010. Strategic Target: 30% reduction by the end of FY 2014).
Expand access to a burial option.

**ORGANIZATIONAL LEAD:** NCA

**Statement of the Challenge or Problem:**
VA must be responsive to the preferences and expectations of the Veteran community by adopting or accommodating new burial practices, and by ensuring access to burial options in national or state managed Veterans cemeteries.

**Purpose of the Initiative:**
The purpose of this initiative is to improve access to VA burial benefits by continuing to open new national cemeteries in currently un-served areas with a Veteran population of at least 80,000, expanding burial options in heavily populated urban areas currently served by a burial option, exploring new and emerging burial practices, and by continuing to promote the establishment of new state Veterans cemeteries to complement the national cemetery system.

**Intended Outcome of the Initiative:**
This initiative will result in comprehensive information and recommendations for VA leadership regarding the establishment of new national cemeteries in currently un-served areas of the country with a minimum Veteran population threshold of 80,000 and large urban populations that are currently served but could benefit from expanded burial options. This initiative will also inform VA leadership on new burial options or types of cemeteries that should be considered to meet the emerging needs and expectations of Veterans. In addition, this initiative will enable VA to work collaboratively and proactively with state Departments of Veterans Affairs to establish new state managed Veterans.

**Initiative Performance Measure, Strategic Target, and Estimated Completion Date:**
- Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence.
  (Strategic Target: 94% by the end of 2014).

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15) New burial policies as described in the Department’s FY 2011 budget submission are listed below; further detail can be found in the budget.
- Establish a new Veteran population threshold of 80,000 Veterans within 75 miles of a potential location for determining the location of new national cemeteries
- Establish an urban initiative to provide enhanced service in densely populated locales where existing cemeteries are far from the urban core
- Explore new burial practices and methods

Source: Pages 1C-3-5, FY 2011 Budget Submission, Volume 3, Benefits and Burial Programs and Departmental Administration.
Implement technology solutions to improve timeliness and access to NCA benefits and services.

ORGANIZATIONAL LEAD: NCA  SUPPORTING ORGANIZATIONS: OIT

Statement of the Challenge or Problem:
BOSS and AMAS are legacy systems that were not designed with the flexibility to adapt to current needs for capturing and reporting performance data. BOSS and AMAS are neither web-based nor Windows-based and are not integrated with the internet based systems used to submit and process online applications. Modernization of these systems is required to fix these issues. These systems must be modernized to deliver benefits and services in a more efficient and timely way.

Purpose of the Initiative:
The purpose of this initiative is to modernize BOSS and AMAS and integrate them with the online application processing system to increase efficiency and provide better and more timely services to Veterans and their families.

Intended Outcome of the Initiative:
By modernizing and improving the legacy systems, VA will significantly improve service delivery times for burial benefits.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Percent of requests from funeral directors for interment at national cemeteries that are received electronically. (Strategic Target: 50% by 2014).
- Percent of headstones and marker applications from private cemeteries and funeral homes that are received electronically via fax or internet. (Strategic Target: 75% by FY 2014).
Update technology and expand videoconferencing capability for hearings at the Board of Veterans’ Appeals, regional offices, and beyond.

**ORGANIZATIONAL LEAD:** BVA  **SUPPORTING ORGANIZATION:** OIT

**Statement of the Challenge or Problem:**
Every year, VA conducts approximately 10,000 hearings, the majority of which require Veterans Law Judges to travel around the country. This results in longer waiting times for Veterans and fewer hearings.

**Purpose of the Initiative:**
The purpose of this initiative is to update technology in order to expand VA’s ability to adjudicate appeals.

**Intended Outcome of the Initiative:**
The adoption of new technology will reduce the average amount of time Veterans must wait for adjudication of their appeals, and by reducing travel time, increase the productivity of Veterans Law Judges.

**Initiative Performance Measure, Strategic Target, and Estimated Completion Date:**
- Percent of videoconference hearings out of the total number of hearings conducted.
  (Strategic Target: 35% by the end of FY 2014).
Expand efforts to collect client satisfaction data and use it to drive future success.

ORGANIZATIONAL LEAD: NCA   SUPPORTING ORGANIZATION: OIT

Statement of the Challenge or Problem:
VA currently collects client satisfaction data from funeral directors and from families of Veterans who have been served by a national cemetery, but it does not have comparable data for those who receive a VA headstone or marker to be placed in a private cemetery or those who request a Presidential Memorial Certificate to commemorate a Veteran's honorable service. Feedback is critical to understanding the needs and expectations of Veterans and their families and for enhancing the quality of services.

Purpose of the Initiative:
The purpose of this initiative is to implement a new survey to collect data from the families of Veterans interred in private cemeteries who have reserved headstones or markers. The results of the survey will be used to develop a better understanding of the needs and expectations of clients who use these programs, to identify successes as well as opportunities for improvement.

Intended Outcome of the Initiative:
VA will establish baseline satisfaction levels for clients of these programs, and create performance targets to drive future success.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Percent of respondents who agree or strongly agree that the quality of the headstone or marker received from VA was excellent.
  (Strategic Target: 90% by FY 2014).

- Percent of respondents who agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA was excellent.
  (Strategic Target: 90% by FY 2014).
**Collect OSDBU client and customer satisfaction data.**

**ORGANIZATIONAL LEAD: OSDBU**

**Statement of the Challenge or Problem:**
VA’s Office of Small and Disadvantaged Business Utilization (OSDBU) needs to assess, validate, and redesign the data system we currently use to collect from our clients, customers, and other stakeholders to enhance our ability to understand their needs, and to become more people-centric, forward-looking, and results-oriented.

**Purpose of the Initiative:**
The purpose of this initiative is to enhance VA’s ability to understand and address the needs of the clients, customers, and other stakeholders of the OSDBU program, by collecting better data on their needs and expectations for services.

**Intended Outcome of the Initiative:**
Implementation of this initiative will result in the development of a meaningful set of performance metrics and customer satisfaction instruments to drive program decision-making.

**Initiative Performance Measure, Strategic Target, and Estimated Completion Date:**
- Percent of clients who indicate that they are either satisfied or very satisfied with the OSDBU programs. OSDBU will develop a baseline in FY 2010. (Strategic Target: 85% by the end of FY 2014).
### Integrated objectives

**1. Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness**

**1(a)** Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery

**1(b)** Develop a range of effective delivery methods that are convenient to Veterans and their families

**1(c)** Improve VA's ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies

**1(d)** Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners

**1(e)** Enhance our understanding of Veterans' and their families’ expectations by collecting and analyzing client satisfaction data and other key inputs

**2. Educate and empower Veterans and their families through proactive outreach and effective advocacy**

**2(a)** Use clear, accurate, consistent, and targeted messages to build awareness of VA's benefits amongst our employees, Veterans and their families, and other stakeholders

**2(b)** Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf

**2(c)** Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement

**2(d)** Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients

**3. Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively**

**3(a)** Anticipate and proactively prepare for the needs of Veterans, their families, and our employees

**3(b)** Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges

**3(c)** Create and maintain an effective, integrated, Department-wide management capability to make data-driven decisions, allocate resources, and manage results

**3(d)** Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times

**3(e)** Manage physical and virtual infrastructure plans and execution to meet emerging needs

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**INTEGRATED OBJECTIVE 2.**

*Educate and empower Veterans and their families through proactive outreach and effective advocacy*
Integrated Objective 2.

Educate and empower Veterans and their families through proactive outreach and effective advocacy.

Integrated Strategy 2(b)

Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf.

<table>
<thead>
<tr>
<th>Initiative Title</th>
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<tbody>
<tr>
<td>Modernize the Vocational Rehabilitation and Employment (VR&amp;E) program — VetSuccess.</td>
<td>VBA</td>
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<tr>
<td>Provide training to increase contracting opportunities for small businesses.</td>
<td>OSDBU</td>
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Integrated Strategy 2(c)

Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement.

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<tr>
<th>Initiative Title</th>
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<tbody>
<tr>
<td>Increase Veteran participation in VA programs through outreach to faith-based and non-governmental organizations.</td>
<td>CFBNP</td>
</tr>
<tr>
<td>Establish a pre-need eligibility system for national cemeteries.</td>
<td>NCA</td>
</tr>
<tr>
<td>Educate and empower minority Veterans and their families through proactive outreach and effective advocacy.</td>
<td>CMV</td>
</tr>
<tr>
<td>Empower women Veterans.</td>
<td>CWV</td>
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</table>
Integrated Strategy 2(d)

Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients

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<tr>
<td>Reestablish VBA's client satisfaction surveys.</td>
<td>VBA</td>
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</table>
Modernize the Vocational Rehabilitation and Employment (VR&E) program — VetSuccess.

ORGANIZATIONAL LEAD: VBA

Statement of the Challenge or Problem:
Many disabled Veterans do not take advantage of the training, employment counseling, and job search assistance available to them through VA’s VR&E program.

Purpose of the Initiative:
The purpose of this initiative is to re-engineer the VR&E program to better address the transition and reintegration needs of disabled Veterans. VA will re-brand VR&E as VetSuccess, and market it more aggressively through a variety of communication channels, including initial orientation, the Disabled Transition Assistance Program (DTAP), and web-based applications. VA will also revamp the VR&E IT system, redesign the VetSuccess.gov website to expand employment resources, and simplify intake processes to expedite services.

Intended Outcome of the Initiative:
The intended outcomes are to increase participation in VR&E services, improve employment outcomes for enrolled Veterans, and to provide for a smoother transition from military to civilian life through training and employment assistance.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
The VetSuccess project will be completed in FY 2014. Applicable performance measures include:

- Increase the number of eligible Veterans applying for Chapter 31 benefits. (Strategic Target: 20% by 2014).

- Increase the number of Vocational Rehabilitation and Employment eligible applicants provided initial career counseling. (Strategic Target: 75% by 2014).

- Increase the number of Veterans accessing VetSuccess.gov benefits (as measured by registrations on VetSuccess.gov website) (Strategic Target: by 20% by 2014).

- Increase the number of Veterans completing VR&E services and entering suitable employment. (Strategic Target: 5% by 2014).
Provide training to increase contracting opportunities for small businesses.

ORGANIZATIONAL LEAD: OSDBU

Statement of the Challenge or Problem:
There is a general lack of targeted training programs for both federal contracting officers and business owners, and President Obama is strongly committed to expanding opportunities for our nation’s small businesses to participate in Federal Government contracting.

Purpose of the Initiative:
The purpose of this initiative is to provide online training to increase opportunities for contracting with small businesses. Training for federal staff will focus on increasing awareness of legal requirements for contracting with Veteran-owned and other small businesses (VOSB). The training for small business owners will be designed to help them understand federal contracting, respond competently to solicitations, and perform successfully once they have been awarded a contract. A third component, to be staffed by Veterans’ business advocates, will be made available to coach Veterans who want to start or expand a small business.

Intended Outcome of the Initiative:
When fully implemented, this initiative will result in a better-informed cadre of VA acquisition professionals, a small business community better equipped to meet the Federal Government’s contracting needs, and greater access to a variety of business resources.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Percent increase in the number of certified federal contractor VOSB receiving a first federal contract annually.
  (Strategic Target: 5% by the end of FY 2014).
- Percent increase in the number of certified federal contractor VOSBs submitting a first proposal to VA in response to a solicitation.
  (Strategic Target: 5% by the end of FY 2014).
- Percent increase in the number of Veterans served locally by OSDBU.
  (Strategic Target: 5% by the end of FY 2014).
Increase Veteran participation in VA programs through outreach to faith-based and non-governmental organizations.

ORGANIZATIONAL LEAD: CFBNP  SUPPORTING ORGANIZATION: OPIA

Statement of the Challenge or Problem:
Faith- and other community-based organizations are a key component of VA's strategy for reaching out to Veterans. VA will be working with these organizations to improve outreach to Veterans. This initiative will include monitoring and measurement of effectiveness, and the Center for Faith-based and Neighborhood Partnerships (CFBNP) will be coordinating our outreach efforts with the Office of Public and Intergovernmental Affairs (OPIA), which has the lead on this general outreach initiative.

Purpose of the Initiative:
The purpose of this initiative is to:

1. Increase the number of faith-based and non-governmental organizations that participate in VA CFBNP outreach forums (for example, VA CFBNP Veteran's roundtables, State Liaison Veterans' workshops and White House faith-based conferences);

2. Increase the percent of participating Veterans who have received VA benefit information from faith-based and non-governmental organizations; and

3. Increase the percent of faith-based and non-governmental organizations that are registered with VA.

Intended Outcome of the Initiative:
When this initiative is fully implemented, more CFBNP organizations will be actively engaged with VA in disseminating information to Veterans about benefit programs for which they may be eligible.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:

- Percent increase in the number of CFBNP organizations participating in VA outreach forums.
  (Strategic Target: 10% per year).

- Percent increase in the number of Veterans who report receiving benefit information from CFBNP organizations.
  (Strategic Target: 10% per year).

- Percent increase in the number of CFBNP organizations that are registered with VA.
  (Strategic Target: 10% per year).
Establish a pre-need eligibility system for national cemeteries.

ORGANIZATIONAL LEAD: NCA SUPPORTING ORGANIZATION: OIT

Statement of the Challenge or Problem:
The death of a Veteran is a stressful event for the family and many arrangements must be made within a short period of time. Establishing eligibility for burial in a national cemetery can be a time-consuming process because the documents required to establish eligibility may not be readily available to families or VA, and as a result, families may experience uncomfortable delays.

Purpose of the Initiative:
The purpose of this initiative is to explore the feasibility of creating a pre-need system to establish eligibility for burial in a national cemetery. The system would, if implemented, enable a Veteran (or family member) to submit documentation of eligibility during their lifetime as part of end-of-life planning. This would significantly reduce stress for the grieving family, and would enable VA to provide timelier and more compassionate services at the time of need.

Intended Outcome of the Initiative:
This initiative will result in the development of a report outlining the business and process requirements for establishing a pre-need eligibility determination capability. The report will also identify linkages to other complementary VA initiatives and outline areas for future collaboration.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Percent of respondents who rate the quality of service provided by the national cemeteries as excellent.
  (Strategic Target: 100% by FY 2014).
Edcuate and empower minority Veterans and their families through proactive outreach and effective advocacy.

ORGANIZATIONAL LEAD: CMV SUPPORTING ORGANIZATION: OPIA

Statement of the Challenge or Problem:
In November 1994, Public Law 103-446 established the Center for Minority Veterans (CMV) under the Office of the Secretary in the Department of Veterans Affairs. The CMV is charged with identifying barriers to service and health care access, as well as increasing awareness of minority Veteran-related issues by developing strategies for improving minority Veteran participation in existing VA benefit programs and services.

Purpose of the Initiative:
The primary purpose of this outreach initiative is to increase awareness of minority Veteran-related issues among VA staff. To increase outreach efforts to minority Veterans, this initiative will initiate and support activities that educate and sensitize VA staff to the unique needs of minority Veterans, target outreach efforts to minority Veterans through community networks, and advocate on behalf of minority Veterans by identifying gaps in services and make recommendations to improve service delivery.

Intended Outcome of the Initiative:
The intended outcomes of this initiative are: VA programs better designed to be responsive to the needs of minority Veterans, increased awareness of VA benefits and services among minority Veterans, increased use of VA benefits and services by minority Veterans, and increased client satisfaction.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date
- Average number of Veterans attending outreach programs conducted by Minority Veterans Program Coordinators and CMV staff.
  (Strategic Target: 30% increase by the end of FY 2014).
- Baseline: to be established in FY 2010.
Empower women Veterans.

**ORGANIZATIONAL LEAD:** CWV  **SUPPORTING ORGANIZATION:** OPIA

**Statement of the Challenge or Problem:**
In November 1994, Public Law 103-446 established the Center for Women Veterans (CWV) in the Department of Veterans Affairs under the Office of the Secretary. The primary mission of CWV is to review VA programs and services for women Veterans, and ensure that women Veterans receive benefits and services on par with male Veterans, and are treated with the respect, dignity, and understanding by VA service providers.

**Purpose of the Initiative:**
The purpose of this initiative is to empower women Veterans by promoting recognition of their contributions, to ensure that VA programs are responsive to the needs of women, and to educate women about VA benefits and services, enabling them to make informed decisions about applying for, and using, VA benefits and services. As part of this initiative, CWV will increase participation in collaborative events, meetings, and forums to advocate for a cultural transformation, both within VA and in the general public, to increase recognition of the contributions of women Veterans and women in the military.

**Intended Outcome of the Initiative**
The intended outcomes of this initiative are: VA programs better designed to be responsive to the needs of women, increased awareness of VA benefits and services among women Veterans, increased use of VA benefits and services by women Veterans, and increased client satisfaction.

**Initiative Performance Measure, Strategic Target, and Estimated Completion Date**
- Establish a baseline for client awareness in FY 2010.
- Improved awareness of entitlement to VA benefits and services. (Baseline: 65 percent. Strategic Target: 95 percent by 2014).
Reestablish VBA’s client satisfaction surveys.

ORGANIZATIONAL LEAD: VBA   SUPPORTING ORGANIZATIONS: OPP/OIT

Statement of the Challenge or Problem: To continuously improve the level of services provided to Veterans and their families, VBA needs to re-establish regular client satisfaction surveys covering all business lines. The results of these surveys will enable VA to assess clients’ overall experiences, and take any necessary steps to improve the timeliness and quality of benefits and services.

Purpose of the Initiative: The purpose of this initiative is to provide VA with ongoing, actionable information with which to identify improvement opportunities, and take action on them to increase client satisfaction.

Intended Outcome of the Initiative: When fully implemented, VA will be able to:

- Measure clients’ overall satisfaction with benefits and services.
- Assess the Department’s effectiveness in delivering benefits and services.
- Implement evidence-based improvements (e.g., training, procedure, and process changes).
- Provide feedback to stakeholders.

Initiative Performance Measure, Strategic Target *, and Estimated Completion Date:

- Overall satisfaction rate (percent) of compensation clients.
  (*Strategic Target: TBD by the end of FY 2014).

- Overall satisfaction rate (percent) of pension clients.
  (*Strategic Target: TBD by the end of FY 2014).

- Percent of clients highly satisfied with Insurance services.
  (Strategic Target: 95 percent by the end of FY 2014).

- Percent of participating Veterans satisfied with the Vocational Rehabilitation and Employment Program.
  (*Strategic Target: TBD by the end of FY 2014).

* Strategic Targets for these measures are pending deployment of the survey instruments. Surveys were last completed either in 2004 or 2005 so we do not have recent data to determine baselines and strategic targets at this time.
• Percent of beneficiaries very satisfied or somewhat satisfied with VA's handling of their education claims.
  (*Strategic Target: TBD by the end of FY 2014).

• Percent of beneficiaries who rate VA educational assistance as very helpful or helpful in the attainment of their educational or vocational goal.
  (*Strategic Target: TBD by the end of FY 2014).

• Percent of Veterans satisfied with VA’s Loan Guaranty Program.
  (Strategic Target: 97% by the end of FY 2014).

* Strategic Targets for these measures are pending deployment of the survey instruments. Surveys were last completed either in 2004 or 2005 so we do not have recent data to determine baselines and strategic targets at this time.
## Integrated Objectives

**Integrated Objectives**

**Integrated Strategies**

### 1. Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness

1(a) Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery

1(b) Develop a range of effective delivery methods that are convenient to Veterans and their families

1(c) Improve VA’s ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies

1(d) Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners

1(e) Enhance our understanding of Veterans’ and their families’ expectations by collecting and analyzing client satisfaction data and other key inputs

### 2. Educate and empower Veterans and their families through proactive outreach and effective advocacy

2(a) Use clear, accurate, consistent, and targeted messages to build awareness of VA’s benefits amongst our employees, Veterans and their families, and other stakeholders

2(b) Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf

2(c) Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement

2(d) Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients

### 3. Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively

3(a) Anticipate and proactively prepare for the needs of Veterans, their families, and our employees

3(b) Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges

3(c) Create and maintain an effective, integrated, Department-wide management capability to make data-driven decisions, allocate resources, and manage results

3(d) Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times

3(e) Manage physical and virtual infrastructure plans and execution to meet emerging needs
**Integrated Strategy 3(a)**

*Anticipate and proactively prepare for the needs of Veterans, their families, and our employees*

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<thead>
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<tbody>
<tr>
<td>Improve client satisfaction with national cemetery appearance.</td>
<td>NCA</td>
</tr>
<tr>
<td>Develop strategy for data management and analysis.</td>
<td>OPP</td>
</tr>
<tr>
<td>Modernize the VA Schedule for Rating Disabilities (VASRD).</td>
<td>VBA</td>
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</table>

**Integrated Strategy 3(b)**

*Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges*

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<tbody>
<tr>
<td>Develop an employee health and wellness program.</td>
<td>OHRA</td>
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**Integrated Strategy 3(c)**

*Create and maintain an effective, integrated, Department-wide management capability to make data-driven decisions, allocate resources, and manage results*

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<tr>
<td>Establish enterprise energy cost reduction — Greening VA.</td>
<td>OM</td>
</tr>
<tr>
<td>Implement the VA Innovation Initiative (VAi2).</td>
<td>OPP</td>
</tr>
<tr>
<td>Develop a corporate analysis and evaluation capability.</td>
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Integrated Strategy 3(d)

Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times

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<td>Enhance collaboration between VA and DoD.</td>
<td>OPP</td>
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<tr>
<td>Improve legal support for VA-DoD sharing.</td>
<td>OGC</td>
</tr>
<tr>
<td>Create innovative public-private partnerships that enhance services to Veterans.</td>
<td>OM</td>
</tr>
<tr>
<td>Create new or enhanced OSDBU IT applications.</td>
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Integrated Strategy 3(e)

Manage physical and virtual infrastructure plans and execution to meet emerging needs

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<tr>
<td>Assess critical infrastructure and key resources to improve security.</td>
<td>OSP</td>
</tr>
<tr>
<td>Enhance the Veteran-Owned Small Business (VOSB) verification program.</td>
<td>OSDBU</td>
</tr>
<tr>
<td>Contribute customer-driven IT solutions.</td>
<td>OIT</td>
</tr>
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</table>
Improve client satisfaction with national cemetery appearance.

ORGANIZATIONAL LEAD: NCA  SUPPORTING ORGANIZATION: OIT

Statement of the Challenge or Problem:
Cemeteries are judged by the appearance and condition of facilities, landscaping, and other visual features. Facilities must be clean and in good repair, roads must be safe and in good condition, and landscaping features must be attractive and well-cared for. VA is committed to maintaining every national cemetery as a shrine to those who have served and their families.

Purpose of the Initiative:
The purpose of this initiative is to increase client satisfaction with cemetery appearance beyond our already high-level (98%) by carefully analyzing client satisfaction data to find ways of further improving cemetery appearance.

Intended Outcome of the Initiative:
In-depth analysis of client satisfaction data is expected to result in the identification of discrete cemetery features that are highly correlated with satisfaction levels. This information will be used to identify the best opportunities for further improving cemetery maintenance and appearance.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Percent of respondents who rate national cemetery appearance as excellent.
  (Strategic Target: 100% by the end of FY 2014).
Chapter 3: Executing the Plan | Supporting Initiatives

INTEGRATED OBJECTIVE 3.
Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.

INTEGRATED STRATEGY 3(a)
Anticipate and proactively prepare for the needs of Veterans, their families and our employees.

Develop strategy for data management and analysis.

ORGANIZATIONAL LEAD: OPP    SUPPORTING ORGANIZATION: OIT

Statement of the Challenge or Problem:
VA needs better tools and capabilities to anticipate and strategically prepare for the ongoing and future needs of Veterans, their families, and VA employees.

Purpose of the Initiative:
This initiative will reorganize and strengthen Office of Policy and Planning (OPP) core functions, enhancing the ability to provide the Department and our stakeholders with timely, relevant, and objective information to enable VA to better anticipate future trends and resource needs. The initiative has several key components, including the development of tools, analytical methods, data sources, and processes, such as predictive modeling, forecasting, business intelligence, and data mining.

Intended Outcome of the Initiative:
The initiative will enable VA leaders to assess the strengths and weaknesses of VA programs from a corporate perspective, develop, and test policy alternatives, examine budget implications, and provide recommendations to the Secretary for increasing program efficiency, effectiveness, and accountability, both within and across administrations.

Initiative Performance Measure, Strategic Target and Estimated Completion Date:
- Percent of National Center for Veterans Analysis and Statistics (NCVAS) products and services produced on schedule.
  (Strategic Target: 100%).

- Percent of customers and clients who indicate that they are satisfied or very satisfied with the quality and usefulness of NCVAS products and services.
  (Strategic Target: 80% by the end of FY 2014).
Modernize the VA Schedule for Rating Disabilities (VASRD).

ORGANIZATIONAL LEAD: VBA SUPPORTING ORGANIZATIONS: VHA, BVA, OGC

Statement of the Challenge or Problem:
The VASRD needs to be updated periodically to reflect the monetary consequences of disability, disease, or injury on Veterans, taking into account changes in the number and types of conditions that are covered, and advances in medical treatment.

Purpose of the Initiative:
Create the structure for ongoing review of each of the body systems in the VASRD to incorporate the most recent medical and economic knowledge concerning the impact of disability on Veterans' earnings.

Intended Outcome of the Initiative:
The initiative will ensure that, through regular updating, the VASRD accurately reflects earnings loss for each disability contained in the schedule and provides evaluation criteria that reflect the most advanced medical science. Vetera)}

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Publish proposed regulations for the updated evaluation of mental disorders in FY 2010.
- Publish proposed regulations for the updated evaluation of the endocrine system, hemic-lymphatic system, and musculoskeletal disorders in FY 2011.
- Conduct future reviews of other body systems.
INTEGRATED OBJECTIVE 3.

Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.

INTEGRATED STRATEGY

3(b)

Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges.

Develop an employee health and wellness program.

ORGANIZATIONAL LEAD: OHRA  SUPPORTING ORGANIZATION: OIT

Statement of the Challenge or Problem:
Work-based health and wellness programs have the potential to decrease work-related injuries and sick days, increase productivity and job satisfaction, and reduce health care costs. They can also help employers compete for the best and the brightest workers.

Purpose of the Initiative:
The purpose of this initiative is to implement a VA-wide, web-based employee health and wellness program with customizable features to assist employees in identifying and monitoring health issues and risks, and promote participation in a personalized fitness and health program. Additional features will include incentive programs, personal health coaches, and active program coordinators.

Intended Outcome of the Initiative:
The expected outcome of this initiative is a healthier workforce. Studies have shown that such programs can return as much as $16 for each $1 invested in the program by lowering health care costs, reducing work-related injury rates and sick days, increasing productivity, and reducing turnover.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Percent of all employees who participate in a VA health and wellness program.
  (Strategic Target: 25% by the end of FY 2014).
Establish enterprise energy cost reduction — Greening VA.

Organizational Lead: OM  Supporting Organizations: VHA/VBA/NCA/OIT/OALC AND OTHER STAFF OFFICES

Statement of the Challenge or Problem:
VA manages over 1,600 facilities that provide benefits and service to Veterans. Many of these facilities were built when the cost of fossil fuels was comparatively low, and they consume large amounts of energy. The cost of energy is rising as supplies dwindle, and much more is known about the harmful environmental effects of greenhouse gas emissions that are associated with these energy sources. To fulfill our mission and obtain the best value for resources, VA must reduce our consumption of non-renewable resources, and begin developing alternative sources.

Purpose of the Initiative:
The purpose of this initiative is to reduce fossil fuel dependence by improving management, promoting greater use of sustainable products, investing in renewable sources of energy, adopting more efficient business processes, and changing procurement policies.

Intended Outcome of the Initiative:
This initiative will reduce VA’s energy and environmental footprint and generate cost savings that can be used to provide more and better services to our nation’s Veterans and their families.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Reduce greenhouse gas (GHG) emissions 50% more than mandated between FY 2010 and FY 2020.
- Reduce energy use intensity by 3% (base year 2003) and water use intensity 2% (base year 2007) annually.
- Reduce utility costs by at least 2% between FY 2009 and FY 2012.
Implement the VA Innovation Initiative (VAi2).

ORGANIZATIONAL LEAD: OPP

Statement of the Challenge or Problem:
VA must transform itself into a 21st century organization. In order to meet the needs of Veterans, VA employees, and other stakeholders now and in the future, VA will need to capture the best ideas of our employees and other stakeholders to support continuous improvement of the delivery of benefits and services to Veterans and their families.

Purpose of the Initiative:
The purpose of this initiative is to implement a strategic end-to-end approach to innovation that harnesses ingenuity from VA employees, private sector entrepreneurs, and academic leaders to contribute cutting-edge solutions to VA challenges. Innovative ideas will be sought for both new and long-standing VA challenges in the areas of policy, technology, health care, benefits and management. The VA Innovation Initiative will systematically identify, prioritize, fund, test, and deploy the most promising ideas and solutions to our most important challenges. Outcomes will be measured by the strategic and quantitative value of the results that enable mission success.

Intended Outcome of the Initiative:
This initiative will promote the establishment and institutionalization of an agile and dynamic process to identify, qualify, and invest in promising ideas and solutions. The intended outcome is a more dynamic, participatory VA, in which employees are actively engaged in delivering the benefits and services, and are empowered to make suggestions about how to improve the delivery of benefits and services to Veterans.

Initiative Performance Measure, Strategic Target, and Expected Completion Date:
- Distribution of innovation funding.
  (Baseline: to be established in FY 2010. Strategic target: 20% soliciting ideas, 50% testing ideas, 30% deploying solutions by the end of FY 2014).

- Return on investment in innovation in terms of cost savings, increase in quality, or improved delivery of services and benefits, as applicable based on the investment.
  (Baseline: not applicable. Target: TBD).
Develop a corporate analysis and evaluation capability.

ORGANIZATIONAL LEAD: OPP

Statement of the Challenge or Problem:
To improve allocation decisions, and to get the best value for scarce resources, VA will develop a corporate analysis and evaluation (CAE) capability that will enable the Department to use cutting-edge planning, programming, budgeting, and evaluation techniques to inform corporate decision-making, enabling us to implement the most cost-effective approaches to achieving our stated objectives. This office will provide a new VA-wide capability to conduct cost-benefit analyses in a systematic way to better evaluate alternative investments for achieving programmatic results. This initiative will be modeled after similar more mature efforts being used to implement Planning, Programming, Budgeting and Evaluation (PPBE) in other Federal agencies such as DoD, NASA, NOAA, and others.

Purpose of the Initiative:
The purpose of this initiative is to bring new approaches to planning, programming, budgeting, and evaluation to VA. There are a variety of approaches for consideration that have been used extensively by other government agencies, perhaps most significantly by DoD.

Intended Outcome of the Initiative:
The intended outcome of this initiative is to improve VA’s ability to: anticipate and strategically prepare for the current and future needs of Veterans, their families, and VA Employees; improve resource allocations; and enable VA to get the best value for scarce resources.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Number of VA programs that have been through a complete CAE assessment process by the end of FY 2014.
  (Strategic Target: 4 programs completed by the end of FY 2014).
- Percent of internal customers who have used the CAE process and indicate they are satisfied or very satisfied with its impact on improving the programs affected.
  (Strategic Target: 80% by the end of FY 2014).
**Enhance collaboration between VA and DoD.**

**ORGANIZATIONAL LEAD:** OPP

**Statement of the Challenge or Problem:**
VA and DoD serve the same population at different times over the course of their lifetimes, but in the past, each Department had its own separate processes, making the transition from Service member to Veteran more difficult, and contributing to delays in access to needed benefits and medical care for Veterans and their families.

**Purpose of the Initiative:**
The purpose of this initiative is to improve the efficiency and effectiveness of health care services and benefits for Veterans, Service members, military retirees, and eligible dependents by working together with DoD to coordinate policies and foster the development of partnerships to promote data and resource sharing, shared decision making, and accountability.

**Intended Outcome of the Initiative:**
Implementation of a VLER record for each Service member, the development and maintenance of strong working relationships with DoD at staff and leadership levels, enhanced collaboration, and the development of joint strategic planning and performance management capabilities.

**Initiative Performance Measure, Strategic Target and Estimated Completion Date:**
- The percent of VA, DoD, and pertinent third party medical records that can be accessed through VLER capabilities. (Strategic Target: 100%).
Improve legal support for VA-DoD sharing.

ORGANIZATIONAL LEAD: OGC

Statement of the Challenge or Problem:
The VA/DoD Health Resources Sharing Act of 1982 (Public Law 97-194), authorized VA and the DoD to share health care resources through local agreements, joint ventures, national sharing initiatives, and other collaborative efforts to use federal health care resources more efficiently and effectively. Because of the enormous potential for interagency cost savings and improved services to Veterans and their families, including a more seamless transition process from DoD to VA, the demand for federal interagency collaboration is expected to intensify in the coming years.

Purpose of the Initiative:
The purpose of this initiative is to expedite the delivery of legal services in support of VA/DoD sharing initiatives, including assistance in the preparation, execution, and use of sharing agreements with DoD, its affiliates, and other providers.

Intended Outcome of the Initiative:
When implemented, this initiative will expedite new VA/DoD sharing arrangements by reducing the time such arrangements spend in the legal review process.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Average number of days to complete a sharing agreement.
  (Strategic Target: 65 days by the end of FY 2014).
**INTEGRATED OBJECTIVE 3.**

Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively.

**INTEGRATED STRATEGY 3(d)**

Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.

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**Create innovative public-private partnerships that enhance services to Veterans.**

**ORGANIZATIONAL LEAD:** OM  
**SUPPORTING ORGANIZATIONS:** VHA/VBA/NCA/OGC

**Statement of the Challenge or Problem:**
The challenge is to create innovative public-private partnerships that enable VA to increase services to Veterans and their families, maximize the use of underutilized property, and further community goals.

**Purpose of the Initiative:**
The purpose of this initiative is to use VA’s enhanced-use lease authority (EUL) to enter into cooperative arrangements in which underutilized VA properties are exchanged for monetary and/or in-kind considerations that further VA’s mission. These arrangements will provide new services for Veterans by leveraging underutilized VA assets, and improving the allocation and use of available resources.

**Intended Outcome of the Initiative:**
When this initiative is fully implemented, VA will have entered into innovative community partnerships to develop underutilized VA assets into assisted living communities, housing for homeless Veterans and their families, alternative energy cogeneration projects, joint projects with other federal agencies, and campus realignments to provide better and more efficient services to Veterans in modern facilities closer to where they live.

**Initiative Performance Measure, Strategic Target, and Estimated Completion Date:**
- Reduce VA’s underutilized building inventory (based on the total inventory of underutilized VA-owned buildings) using EUL as a tool to help achieve this initiative.
  (Strategic Target: 0.5 percent per year).
- Use EUL to develop transitional or permanent housing for homeless or at-risk Veterans and their families in order to reduce homelessness, moving VA closer to its goal of eliminating homelessness.
  (Strategic Target: 10 EULs total, with at least 4 focusing on transitional and permanent housing projects to address homelessness by the end of 2014).
- Use EUL to develop renewable energy projects.
  (Strategic Target: 6 EUL by the end of 2014).
Create new or enhanced OSDBU IT applications.

ORGANIZATIONAL LEAD: OSDBU

Statement of the Challenge or Problem:
Since 1979, an Office of Small and Disadvantaged Business Utilization (OSDBU) has been established in every federal agency pursuant to Public Law 95-507, to maximize opportunities for small, disadvantaged, and women-owned businesses to become federal contractors. In 2006, Public Law 109-461 created the VOSB Verification Program, which requires all VOSBs to be verified annually and included in a Vendor Information Pages (VIP) database in order to take part in the Veterans First procurement program. VA’s OSDBU has been experiencing rapid growth in the number of applications in recent years, which has resulted in processing delays. Continued growth is expected in the future.

Purpose of the Initiative:
The purpose of this initiative is to automate the enhanced subcontract reporting system and to create a consolidated forecasting application that will assist VOSB/Service-Disabled Veteran-Owned Small Business (SDVOSB) owners in determining where there may be opportunities for selling goods and services to the Federal Government.

Intended Outcome of the Initiative:
When this initiative is fully implemented, VA will have an automated subcontract reporting system that will interface with both VA’s electronic Contract Management System and the SBA electronic Subcontract Reporting System to provide more timely and accurate data on subcontracts awarded to small businesses, and a consolidated forecasting application that will provide VOSB/SDVOSB with a single source for information on goods or services federal agencies are planning to purchase. Finally, the General Service Administration’s GSA Advantage will be modified to deliver only VOSB/SDVOSB results to VA purchasers.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Percent annual increase in the number of queries by Veteran business owners. (Baseline: to be established in FY 2010. Strategic Target: 5% increase by the end of FY 2014).
- Percent increase in number of customers and clients who report that they are satisfied or very satisfied with OSDBU’s services and products. (Strategic Target: 90% by the end of FY 2014).
- Percent increase in VA’s VOSB/SDVOSB purchases through the GSA Advantage online purchasing catalog. (Strategic Target: 50% by the end of FY 2014).
Assess critical infrastructure and key resources to improve security.

ORGANIZATIONAL LEAD: OSP  
SUPPORTING ORGANIZATIONS: VHA, VBA, NCA, OIT, OHRA, OPIA

Statement of the Challenge or Problem:
Each year, VA facilities experience a certain number of crimes and security incidents. Such crimes and security incidents include firearms and other dangerous weapons brought into the care or service environment, assaults on VA clients and staff, thefts, and vandalism.

Purpose of the Initiative:
The purpose of the initiative is to reduce the number of crimes and other security incidents in VA facilities, and to increase security by formalizing the Department’s approach to the assessment of critical infrastructure and key resources, and by increasing the number of facilities with completed vulnerability assessments. The initiative will also ensure that an effective process is in place to support budget and policy decisions in the area of infrastructure protection and physical security, and to ensure that effective mitigations and counter measures are identified and implemented.

Intended Outcome of the Initiative:
Ensure the provision of safe and secure environments for care and services. Foster a culture in which the safety and security of Veterans, their family members, VA staff and assets are foremost, while promoting a more people-centric environment.

Initiative Performance Measure and Strategic Target:
• Percent reduction in the number of reported security incidents.  
  (Strategic Target: 30% reduction (baseline to be determined by end of FY 2011)).

• Percent increase in the number of VA facilities with completed vulnerability assessments.  
  (Strategic Target: 100% by the end of FY 2014).

• Percent increase in the number of security vulnerabilities that are mitigated.  
  (Baseline: to be established in FY 2010. Strategic Target: 100% by the end of FY 2014).
Enhance the Veteran-Owned Small Business (VOSB) verification program.

ORGANIZATIONAL LEAD: OSDBU

Statement of the Challenge or Problem:
Since 1979, Offices of Small and Disadvantaged Business Utilization (OSDBU) have been established in every federal agency pursuant to Public Law 95-507, to maximize opportunities for small, disadvantaged, and women-owned businesses to become federal contractors. In 2006, Public Law 109-461 created the VOSB verification program, which requires all VOSBs to be verified annually and included in a VIP database in order to take part in the Veterans First procurement program. VA’s OSDBU has been experiencing rapid growth in the number of applications in recent years, which has resulted in processing delays. Continued growth is expected in the future.

Purpose of the Initiative:
The purpose of this initiative is to develop the infrastructure needed to process larger numbers of applications and to ensure compliance with regulatory guidelines.

Intended Outcome of the Initiative:
The intended outcome of this initiative is to complete verification and renewal of all eligible businesses in the VIP database within the regulatory time period. (Baseline to be developed in FY 2010; Strategic Target: 50% by the end of FY 2014).

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Decrease the number of days required to process VIP applications and notify the applicant.
  (Strategic Target: 100% applicants processed in <90 days by the end of FY 2014).
- Percent increase in the number of applicants receiving timely, friendly, and accurate responses to inquiries regarding pending applications.
  (Strategic Target: 100% by the end of FY 2014).
Contribute customer-driven IT solutions.

ORGANIZATIONAL LEAD: OIT

Statement of the Challenge or Problem:
There is a need for flexible, just-in-time delivery of external-client-valued services and products to the Veteran and their families enabled by more accessible, reliable, and secure information related services. Applications need to be available online and information must be shared with other appropriate federal departments.

Purpose of the Initiative:
The purpose of this initiative is to standardize IT systems to be interoperable, secure, and high-performing across VA. IT internal processes will be driven by a corporate data governance structure ensuring that employees are knowledgeable in supporting a robust analytic capability across VA. This will improve the accessibility, reliability, and security of information related services for VA customer and clients.

Intended Outcome of the Initiative:
The rapid delivery of high quality, customer-driven IT solutions that leverage the strengths of open-source software development, secure open-systems standards, a robust infrastructure, and effective information sharing with other appropriate federal departments. IT systems are interoperable and compliant with standards. IT investments evaluated through an effective governance structure.

Initiative Performance Measure, Strategic Target, and Estimated Completion Date:
- Percent of VA IT Systems that require information sharing meet interoperability requirements. (Strategic Target: 20% by the end of FY 2011, completed FY 2013).
- Percent of VA IT Systems formally approved for secure operations. (Strategic Target: 20% by the end of FY 2011, completed FY 2013).
- Percent of VA employees satisfied with reliability, availability and speed of IT products. (Strategic Target: 85% by the end of FY 2011, 100% satisfaction by the end of FY 2013).
STRATEGIC INITIATIVE 79

transform VA’s culture through patient-centered care to continuously improve Veteran and family satisfaction

ORGANIZATIONAL LEAD: VA

SUPPORTING ORGANIZATIONS: OHR, OIT

Statement of the problem or Challenge

VHA will achieve a cultural transformation to a patient-centered care model where the patient is an engaged central figure in making health care decisions.

Purpose of the Initiative:

VHA will improve health outcomes and the care experience for Veterans and their families by undertaking a cultural transformation to Veteran Centered Care, based on best practices in private sector health care. This initiative will result in a fully engaged partnership between Veteran, family, and health care team, established through healing relationships and provided in optimal healing environments.

One specific element of this initiative is to provide customized handbook/web information which will be individualized and tailored for each Veteran (a T-21 initiative). This tool helps shift the central focus to the Veteran, not the provider or the health care system, in the patient-centered care model. The health care delivery system should be built around the Veterans, their needs, and the need of their families. This initiative ensures the Veteran is engaged and makes decisions regarding his or her own care. There is a clear focus on customer service.

Initiative performance measure, Strategic target, and estimated completion date:

• Performance measure to come. (Strategic Target: ?% by the end of FY 20??, completed FY 20??).

INTEGRATED STRATEGY

Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times.