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VA receives awards for innovation in health IT

Nine VA programs focused on improving Veterans' experiences and business processes win accolades

For the second year, nine U.S. Department of Veterans Affairs (VA) programs were recognized for innovations in federal health technology during an awards ceremony in Washington, D.C.

Initiatives ranging from text messages to remind Veterans of their appointments to programs that help modernize business practices, VA's programs were among 29 winners honored June 11 at the [FedHealthIT Innovation Awards](#).

"One of the cornerstones of VA's modernization is IT innovation," said VA Secretary Robert Wilkie. "We are proud to receive these awards and look forward to continuing our advancements in IT to allow us to better serve Veterans and their families."

The nine VA programs include:

Solor - uses off-the-shelf software to convert complex language into user-friendly terminologies. This simplification represents a shift in how software developers consume terminology, enabling collaborative improvement in medical knowledge, patient care and patient safety. This simplification helps with interoperability, a key challenge in health care.

Veterans Signals (VSignals) - is a continuation of the award-winning VOICE Veteran Experience program and is an effort by VA to create an enterprise-level Customer Experience (CX) solution for the collection of [Veteran feedback](#) used to improve the [Veteran Experience](#).

Benefits Integration Platform (BIP) - is a modern, flexible, cloud-based IT platform that improves the way VA manages and provides Veteran benefits, healthcare and memorials.

Light Electronic Action Framework (LEAF) - is a simple solution for digitizing paper-based forms. LEAF empowers any VA user to streamline business activities, increase transparency and enable real-time data and status tracking.

Enterprise Software Asset Management Program - tracks and manages IT software assets throughout their life cycle, enabling VA to reduce costs, identify trends and improve software investment decision making. The program earned recurring A's on VA's Federal IT Acquisition Reform Act (FITARA) scorecard.

Digital Transformation Center - improves VA's ability to support Veterans through rapid, incremental improvements in IT capabilities. An agile development approach enables a regular cycle of capability upgrades and enhanced functionalities by leveraging Software as a Service, Platform as a Service and other emerging technologies.

Vet360 - is the authoritative source of Veteran contact information. After verifying their identity, Veterans can add or edit their contact, personal and military service information via the new [VA.gov](#) website. Correct contact information is important for VA health care (prescriptions, appointment reminders, lab and test results), disability compensation, pension benefits, claims and appeals. Up-to-date information is also critical for VA employees to provide personalized interactions and excellent customer service.

VEText - is an interactive mobile solution to remind Veterans of upcoming appointments through text message. The goal was to offer Veterans an easy way to confirm or cancel appointments. VEText has reached over 6.15 million Veterans, processed more than 1.76 million cancellations and has helped decrease the overall national no-show rate by nearly 2 percent.

Lighthouse - [VA's Application Programming Interface \(API\) program](#) empowers our partners to build innovative Veteran-centered solutions. In the last year, VA launched a developer portal and APIs for: benefits submission and tracking; navigation to and information on VA facilities; electronic verification of Veteran status on commerce, job and third-party benefit websites; and better access to and visibility of Veterans' health information, ranging from allergies, diagnostic reports and lab results to medications, procedures and more.

For more information about the awards, please visit:
<https://www.fedhealthit.com/2019/05/fedhealthit-2019-innovation-award-winners-announced/>.

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