

VA



U.S. Department
of Veterans Affairs



FY 2015 Summary of Performance and Financial Information (SPFI)





THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

February 16, 2016

To the American People:

I am pleased to provide you with the Department of Veterans Affairs (VA) fiscal year (FY) 2015 Summary of Performance and Financial Information Report. This is a short, "user friendly" summary of our accomplishments. The report also contains brief financial summaries taken from our FY 2015 Agency Financial Report (AFR), which was published in November 2015.

In the last year, VA has been capturing lessons learned as we continued to increase options to Veterans in pursuing health services through VA facilities and care in the community. VA has increased its capacity to serve Veterans' health care needs by focusing on four pillars: staffing, space, productivity, and VA community care. At VA facilities, we have increased net staffing and the number of primary care exam rooms. We have extended the number of clinic hours to nights and weekends. We also leveraged care in the community options for Veterans, including those pertaining to the Choice Act.

Additionally, we are transforming our way of doing business by putting the Veteran first in all we do through a new overarching initiative we call MyVA. The MyVA vision provides a seamless, unified Veteran Experience across the entire organization and throughout the country by:

- Improving the Veteran experience;
- Improving the employee experience;
- Achieving support services excellence;
- Establishing a culture of continuous performance improvement; and
- Enhancing strategic partnerships.

Even as we increase access and transform, important challenges remain, and there will be more in the future as Veteran demographics evolve. Health services and benefits sought by Veterans often peak years after conflicts end, and the demands increase as Veterans age and exit the workforce. Looking forward, the VA Budget and Choice Improvement Act codified the Department's initiative to develop a plan to consolidate all non-Department provider programs by establishing a single new program for furnishing hospital care and medical services to enrolled Veterans. We are committed to simplifying the complex array of programs through which VA delivers care in the community.

Caring for our Nation's Veterans is the highest honor and privilege for the men and women who serve VA.

Sincerely,

A handwritten signature in blue ink, which appears to read "Robert A. McDonald".

Robert A. McDonald

Enclosure



Mission

President Lincoln's immortal words – delivered in his Second Inaugural Address more than 140 years ago – best describe the Department of Veterans Affairs' (VA) mission. We care for Veterans, their families, and survivors – men and women who have responded when their Nation needed help. Our mission is clear-cut, direct, and historically significant. It is a mission that every employee is proud to fulfill.

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

History

The U.S. has the most comprehensive system of assistance for Veterans of any nation in the world, with roots that can be traced back to 1636, when the Pilgrims of Plymouth Colony were at war with the Pequot Indians. The Pilgrims passed a law that stated that disabled soldiers would be supported by the colony.

National cemeteries were first developed in the U.S. during the Civil War. Due to mounting war casualties, on July 17, 1862, Congress empowered President Abraham Lincoln, "to purchase cemetery grounds and cause them to be securely enclosed, to be used as a national cemetery for the soldiers who shall die in the service of the country."

As the U.S. entered World War I in 1917, Congress established a new system of Veterans benefits, including programs for disability compensation, insurance for service personnel and Veterans, and vocational rehabilitation for the disabled. By the 1920s, three different Federal agencies administered the various benefits: the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers.

In 1930, President Herbert Hoover signed Executive Order 5398, which created the Veterans Administration to "consolidate and coordinate Government activities affecting war Veterans." At that time, the National Homes and Pension Bureau also joined VA.





Following World War II, there was a vast increase in the Veteran population and Congress enacted large numbers of new benefits for war Veterans, the most significant of which was the World War II GI Bill, signed into law June 22, 1944. It is said that the GI Bill had more impact on the American way of life than any law since the Homestead Act of 1862. The GI Bill placed VA second to the War and Navy Departments in funding and personnel priorities. Modernizing the VA for a new generation of Veterans was crucial, and replacement of the “Old Guard” World War I leadership became a necessity.

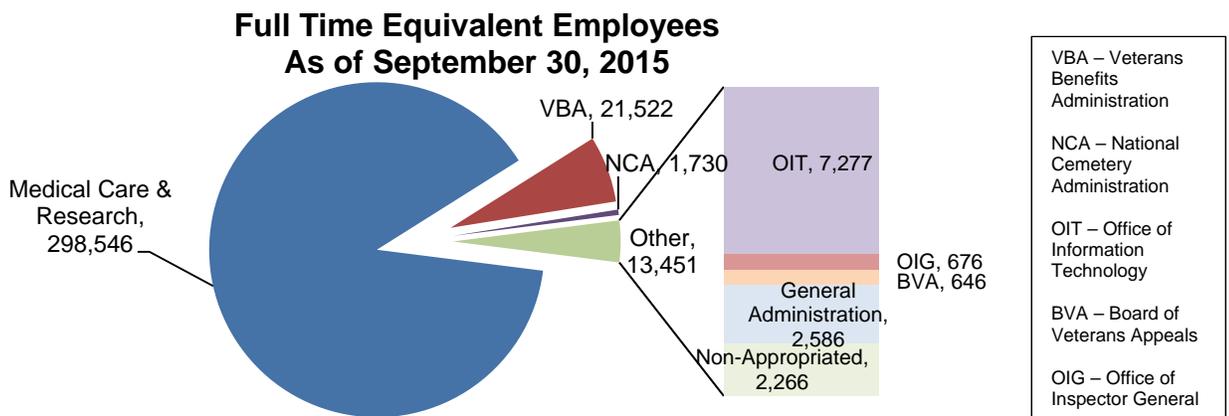
In 1973, the Department of the Army transferred 82 of its 84 national cemeteries to VA’s custody. At the same time, VA elevated the status of its own 21 cemeteries to that of national cemeteries, creating VA’s current national cemetery system.

The VA was elevated to a cabinet-level executive department by President Ronald Reagan in October 1988. The change took effect March 15, 1989, and administrative changes occurred at all levels. President George H. W. Bush hailed the creation of the new Department, saying, "There is only one place for the Veterans of America, in the Cabinet Room, at the table with the President of the United States of America." The Veterans Administration was then renamed the Department of Veterans Affairs.

Human Capital Resources

As of September 30, 2015, VA employed approximately 335,000 full-time equivalent (FTE) employees nationwide. The chart below shows the distribution of FTEs by program area.

As shown below, more than 298,000 FTEs support VA’s health care system, one of the largest in the world. Among the remaining over 36,000 FTEs, 21,522 FTEs are involved with providing compensation and pension, as well as other benefits to Veterans and their families; 1,730 FTEs provide burial and memorial benefits for Veterans and their eligible spouses and children; and 13,451 FTEs, located primarily in the Washington, DC area, provide policy, administrative, information technology, and management support to the programs.





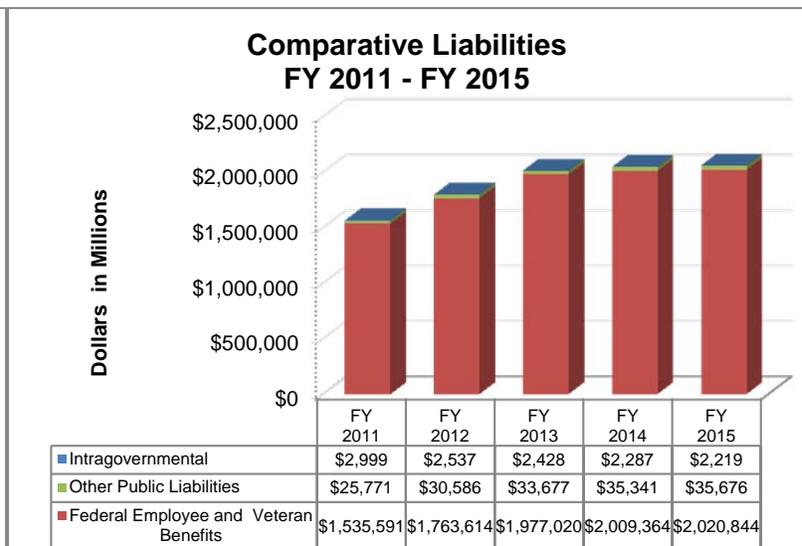
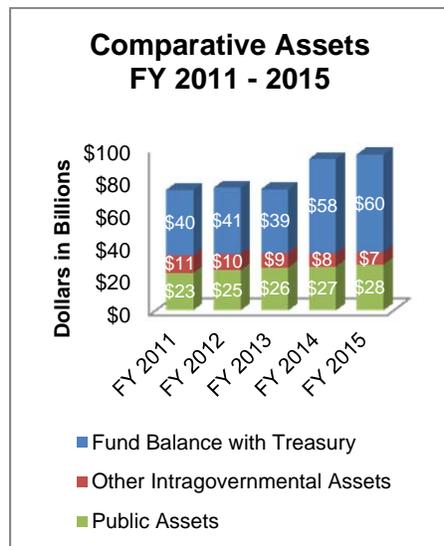
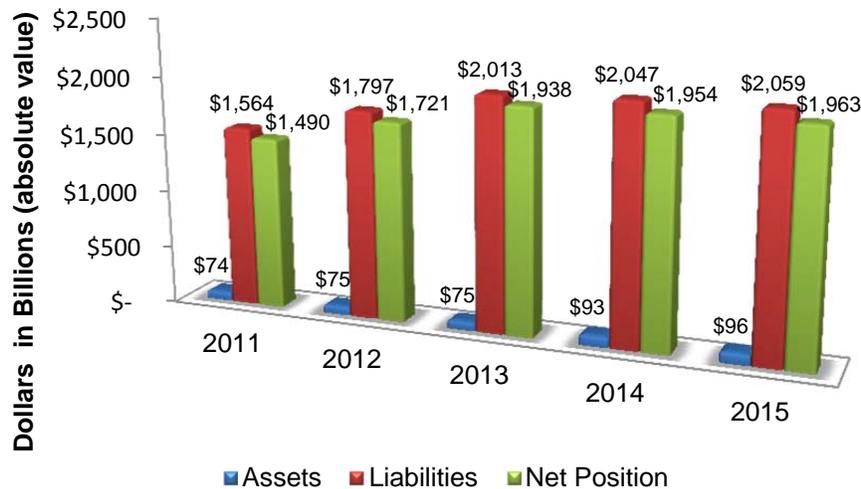
Summary of Financial Highlights

The financial statements were prepared in accordance with Federal accounting standards and audited by the independent accounting firm of CliftonLarsonAllen LLP under the direction of VA's Inspector General. The Chief Financial Officers Act requires the preparation and audit of these statements, which are part of our efforts for continuous improvement of financial management. Accurate, timely and reliable financial information is necessary for making sound decisions, assessing performance, and allocating resources.

Financial Condition: The following charts summarize trend information concerning components of VA financial condition—assets, liabilities, and net position.

Details can be found in the fiscal year (FY) 2015 Agency Financial Report posted here: <http://www.va.gov/performance/>.

**Comparative Total Assets, Liabilities, and Net Position
FY 2011 - FY 2015**





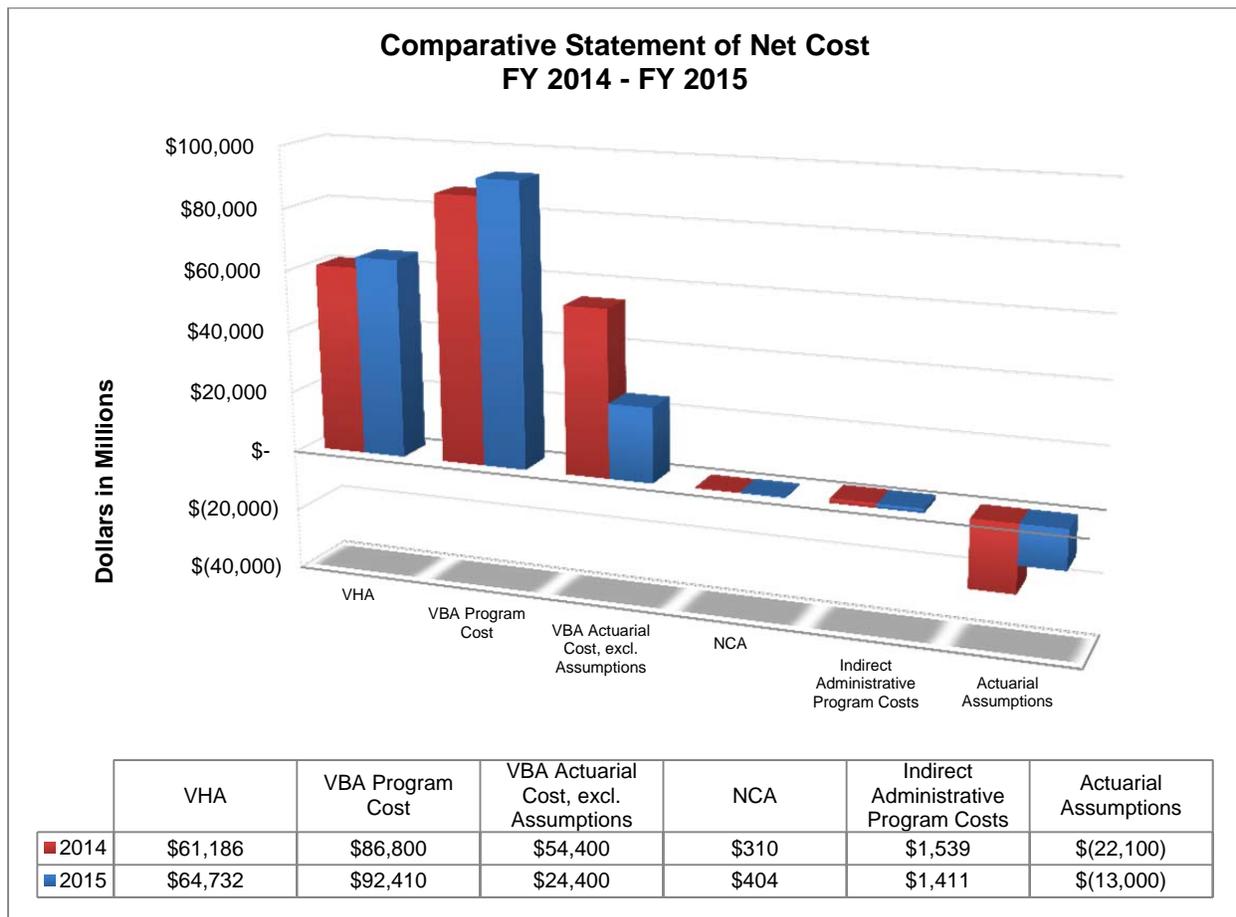
NET COST OF OPERATIONS

Our Net Cost of Operations represents the difference between the costs incurred by our programs less associated revenues. VA operated at a net cost of \$170 billion in FY 2015, compared to a net cost of \$182 billion in FY 2014.

As shown in the chart below, the Veteran Health Administration's (VHA) net program costs increased 5.8 percent primarily due to an increase in Veteran demand for medical care.

The Veterans Benefits Administration's (VBA) net program costs declined 17.3 percent primarily due to the lower actuarial cost changes based on experience changes over the comparative periods. During prior years, the experience changes from, for example, actual Veteran count compared to model estimates, were more volatile. Absent this actuarial change, VBA's net program costs increased \$5.6 billion or 6.5 percent primarily related to higher compensation and pension payments to Veterans.

The increase of \$9.1 billion in Net Cost of Operations from actuarial assumption primarily resulted from an increase of \$117.3 billion in cost from discount rate assumption changes largely offset by a decrease of \$87.6 billion in cost from changes in Cost-of-Living Adjustment rate assumptions. Both of these changes are driven by the lower average interest rates and related inflation estimates during FY 2015 compared to FY 2014.



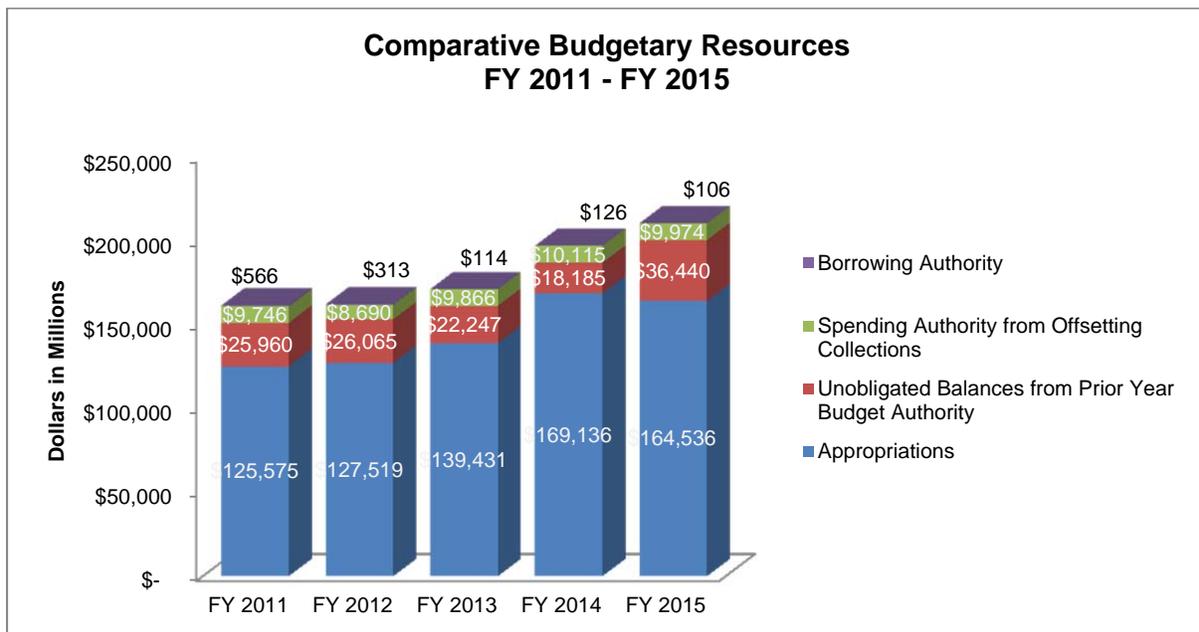


BUDGETARY RESOURCES

VA's primary funds resources are appropriations from Congress and spending authority from offsetting collections and receipts, most of which are associated with medical care for Veterans and Veterans' compensation and education benefits programs.

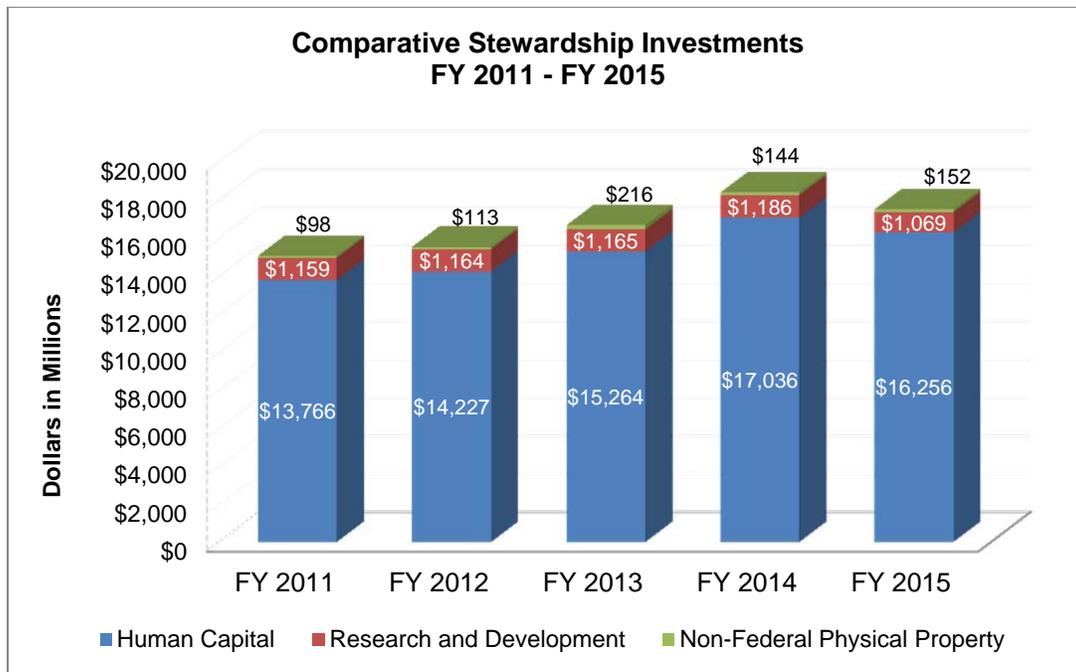
For FY 2015, VA's total budget authority of \$211.1 billion primarily consisted of \$164.5 billion in appropriation authority and \$36.4 billion in the unobligated balance from prior year budget authority.

For FY 2015, total budget authority increase of \$14 billion primarily due to the unobligated carryover from FY 2014 which included \$15 billion of appropriations received in August 2014 related to the Veteran Access, Choice, and Accountability Act of 2014 (VACAA) appropriation under Public Law 113-146. The purpose of this law was to accelerate and improve Veterans access to medical services. VACAA is multi-year funding, and will require significant process changes within VHA to effectively administer and expend this new funding resource. On July 31, 2015, the President signed into law the VA Budget and Choice Improvement Act, which requires VA, among other provisions, to develop a plan to consolidate all non-Department provider care programs by establishing one program to be known as the new Veterans Choice Program.



STEWARDSHIP INVESTMENTS

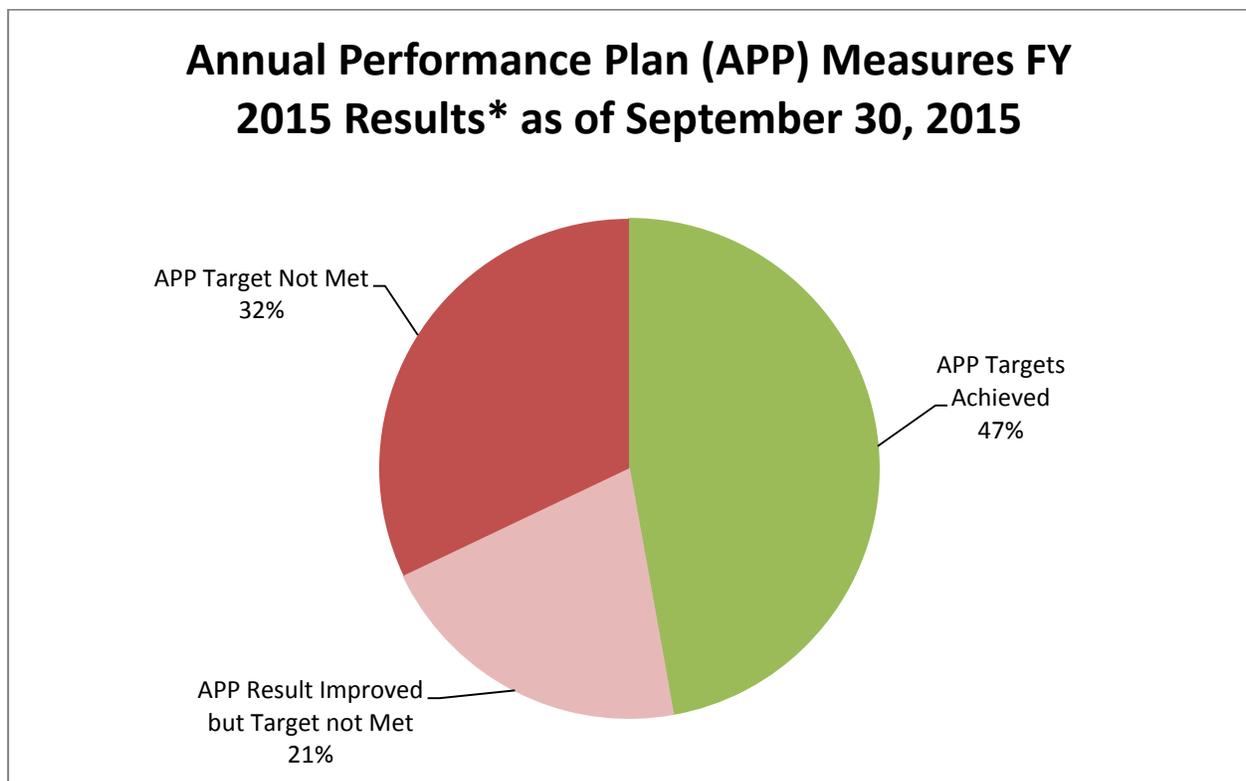
The following chart presents a comparison of VA's stewardship investments for the last 5 years. The majority of investments are expenses for education and training programs for eligible Servicemembers, Veterans, family members, and health professionals under human capital. Further information on stewardship investments is available in the [FY 2015 Agency Financial Report](#).





Summary of Performance Highlights

During FY 2015, VA made progress towards meeting the strategic goals and supporting objectives established in the *Veterans Affairs FY 2014–2020 Strategic Plan*. Additionally, VA made progress towards meeting the three agency priority goals targeted for FY 2015. The tables in this section provide a summary of VA’s progress towards meeting its strategic goals and agency priority goals. A detailed discussion of results for the Department’s FY 2015 performance goals, assessment methodologies, metrics, external reviews, and documentation of performance data is available in the *FY 2017 / FY 2015 VA Annual Performance Plan and Report* posted on VA’s website: <http://www.va.gov/performance/>.



*Seven of 21 baseline measures did not report results for FY 2015. Targets will be set based on FY 2015 results and performance will be provided in FY 2016.



Strategic Goals and Objectives Highlights

Strategic Goal	Strategic Objective	Summary	End of Year Assessment
1. Empower Veterans to Improve Their Well-Being	Objective 1.1: Improve Veteran Wellness and Economic Security	Veteran wellness and economic security have benefited from positive strides to reduce Veteran Homelessness, sustained Patient Aligned Care Team focus on health promotion and disease management, enhanced visibility of jobs available for Veterans via the Veterans Employment Center, launch of GI Bill comparison tool, and increase in actual procurement dollars awarded to Veteran-Owned Small Businesses and Service-Disabled Veteran-Owned Small Businesses, in spite of an apparent decline in contracting percentages.	Noteworthy Progress
1. Empower Veterans to Improve Their Well-Being	Objective 1.2: Increase Customer Satisfaction through Improvements in Benefits and Services Delivery Policies, Procedures, and Interfaces	The Veteran Experience Office is streamlining VA's presence (online and offline) to increase customer satisfaction. VA has made significant strides in reducing the claims backlog from 611,000 to 71,352 claims, a reduction of 88.3 percent as of September 30, 2015. VA has also made progress in improving access and reducing wait times for Veterans. VACAA implementation has started and NCA continues to increase access to burial options for rural, Tribal, as well as urban Veterans.	Noteworthy Progress
2. Enhance and Develop Trusted Partnerships	Objective 2.1: Enhance VA's Partnership with DoD	DoD-VA joint activities remain at risk due to several factors: continued development of joint performance metrics for interoperability of modernized electronic health records by December 31, 2015; need for continued process improvements to meet and sustain the joint VA-DoD Integrated Disability Evaluation System performance goal for processing 80 percent of all claims within 295 days; and continued need for a DoD tracking tool to verify all Servicemembers not filing a VA disability claim receive a separation examination.	Focus Area for Improvement
2. Enhance and Develop Trusted Partnerships	Objective 2.2: Enhance VA's Partnerships with Federal, State, Private Sector, Academic Affiliates, Veteran Service Organizations, and Non-Profit Organizations	The MyVA Strategic Partnership priority began leveraging resources external to VA on a consistent basis to include creating a Strategic Partnerships Directive and Plan; completing a "needs assessment;" and Beta-testing a relational database to manage, track, and report on external stakeholder engagement activities and partnerships.	Noteworthy Progress
2. Enhance and Develop Trusted Partnerships	Objective 2.3: Amplify Awareness of Services and Benefits Available to Veterans through	VA has a strong digital media presence, with a combined reach of more than 5 million via social media, email subscriptions, and blog visitors that is effective in communicating VA's service and benefits offerings to Veterans and	Noteworthy Progress



Strategic Goal	Strategic Objective	Summary	End of Year Assessment
	Improved Communications and Outreach	their families.	
3. Manage and Improve VA Operations to Deliver Seamless and Integrated Support	Objective 3.1: Make VA a Place People Want to Serve	The MyVA "Improve Employee Experience" priority was launched with a focus to instruct senior leaders and culture-shift all employees. For that, a Senior Executive Service Engagement Playbook and a frontline leader Engagement Handbook were developed to guide engagement among employees. VA-"Leaders Developing Leaders" problem solving/change management training began with the Secretary and will cascade through all leadership. Completed a Culture Case Study with findings on critical factors that promote a collaborative, Veteran-oriented culture. Established the I CARE Honor Award to recognize those who consistently exhibit core I CARE values. VA launched an Intranet website to facilitate career planning paired with a spectrum of competency-building courses.	Noteworthy Progress
3. Manage and Improve VA Operations to Deliver Seamless and Integrated Support	Objective 3.2: Evolve VA Information Technology Capabilities to Meet Emerging Customer Service / Empowerment Expectations of Both VA Customers and Employees	OI&T has delivered a significant number of technology solutions and enhancements to assist the workforce in healthcare and benefits delivery, including the expansion of wireless capability in VA hospitals. Each month OI&T foils millions of attempts to penetrate its networks that threaten Veteran and other sensitive information. Additionally, VA will continue to focus on strengthening controls that ensure accessibility of the Agency's external and internal facing websites, applications and eforms, many of which were created outside OI&T.	Focus Area for Improvement
3. Manage and Improve VA Operations to Deliver Seamless and Integrated Support	Objective 3.3: Build a Flexible and Scalable Infrastructure through Improved Organizational Design and Enhanced Capital Planning	The MyVA Regionalization task force drafted an Integrated Plan for establishing five new Districts in support of Veteran Experience efforts. Mission requirements have also been developed for the initiative. MyVA Support Services priority is determining the "as-is" and proposing a future state for nine support services in order to optimize the organization, functions and activities of VA's core support functions to best serve our internal customers to the ultimate benefit of Veterans. The MyVA Performance improvement priority launched VA 101 training for employees to build knowledge and awareness of critical VA and Veteran-specific topics. Their efforts support a culture of continuous performance and outcome improvement. Work continues to establish milestones, including impacted systems, processes and services, and dependencies for successful implementation.	Noteworthy Progress



Strategic Goal	Strategic Objective	Summary	End of Year Assessment
3. Manage and Improve VA Operations to Deliver Seamless and Integrated Support	Objective 3.4 Enhance Productivity and Improve the Efficiency of the Provision of Veteran Benefits and Services	VA construction of medical facilities remains an outstanding challenge; Implemented several Federal Strategic Sourcing Initiatives to leverage purchasing power and reduce costs.	Focus Area for Improvement
3. Manage and Improve VA Operations to Deliver Seamless and Integrated Support	Objective 3.5: Ensure Preparedness to Provide Services and Protect People and Assets Continuously and in Time of Crisis	Strong efforts to increase VA's security and preparedness (insider threat directive, PIV card rollout and MyVA Support Services Excellence Pilot).	Noteworthy Progress

Agency Priority Goal Highlights

END VETERAN HOMELESSNESS

Goal Overview: VA has taken decisive action toward its goal of ending homelessness among Veterans. The End Veteran Homelessness initiative is intended to prevent Veterans and their families from entering homelessness and to assist those who are homeless in exiting as safely and quickly as possible. VA's "no wrong door" philosophy will ensure that homeless and at risk for homeless Veterans have timely access to appropriate housing and services. Any door a Veteran comes to - at a medical center, a regional office, or a community organization - will lead to the tools to offer Veteran assistance. Ending homelessness among Veterans will advance the mission of VA by ensuring that all Veterans and their families achieve housing stability.

On a single night in January 2014 during the Point in Time (PIT) Count¹, there were 49,933 homeless Veterans in the U.S. Effectively ending homelessness among Veterans requires rapid access to permanent housing, health care, employment, benefits, and other supportive services. VA works closely with community partners to meet current and new demands for any Veteran who is experiencing or is at imminent risk of homelessness. Housing First and Rapid Re-housing are two of the many evidence-based approaches VA uses to end homelessness. The Housing First model follows the philosophy of providing permanent housing as quickly as possible to Veterans/individuals experiencing homelessness and then wrapping health care and

¹ The annual PIT estimates are a snapshot of homelessness. They are submitted to the Department of Housing and Urban Development (HUD) each year by communities and account for homeless Veterans in emergency shelters or transitional housing on the night of the PIT count (i.e., sheltered), as well as homeless Veterans who are in places not meant for human habitation such as the streets, abandoned buildings, cars, or encampments (i.e., unsheltered). Communities typically conduct their PIT count during the last week in January when a large share of the homeless population is expected to seek shelter rather than stay outside. Because counting people in shelters is more precise than conducting street counts, the timing of the PIT count is intended to improve the accuracy of the estimates. (Source: *Veteran Homelessness: A Supplemental Report to the FY 2010 Annual Homeless Assessment Report to Congress*).



other supportive services as needed around the Veteran to sustain housing and improve their quality of life. Rapid Re-housing is a set of strategies to help families quickly move out of homelessness and into permanent housing. It typically involves: housing search and landlord mediation assistance, short-term or flexible rental assistance, and transitional case management services.

Status Update:

- **PIT Count.** The PIT Count is undertaken in late January each year across the U.S. to enumerate homeless persons, including homeless Veterans. This significant undertaking is led by HUD's 414 local Continuums of Care (CoCs), which are planning bodies responsible for coordinating all homelessness services in a geographic area. The PIT Count included unsheltered (those living on the street or in another place not meant for human habitation) and sheltered (those living in emergency shelters and transitional housing) individuals on a single night in January 2015. HUD released the results of the 2015 PIT Count of homelessness across the country. On a single night in January 2015, during the PIT Count, there were 47,725 homeless Veterans in the U.S. These results show that overall Veteran homelessness has decreased by 36 percent since 2010, and unsheltered homelessness has decreased by nearly 50 percent, resulting in tens of thousands fewer Veterans on the streets and without a place to stay. VA is serving more Veterans than ever before with specialized homelessness or at-risk services.
- **Interagency Work Plan.** VA, U.S. Interagency Council on Homelessness (USICH), HUD, and other Federal partners continue making progress toward the Interagency Work Plan and build a foundation of ongoing work together in the shared goal to end homelessness among Veterans by the end of FY 2015.
- **Moves to Permanent Housing.** VA significantly surpassed its annual goal of 49,000. At the end of FY 2015, 64,902 Veterans were placed in permanent housing, including moves into the HUD-VA Supportive Housing (HUD-VASH) program and moves from VA residential and Supportive Services for Veteran Families (SSVF) programs into permanent housing.
- **HUD-VASH.** At the end of FY 2015, the total number of HUD-VASH vouchers allocated by HUD was 78,133. Of these vouchers, 71,155 HUD-VASH vouchers were in use, with 63,039 Veterans housed, and 8,116 in the process of obtaining permanent supportive housing.
- **Grant and Per Diem (GPD) Program.** At the end of FY 2015, 15,507 Veterans were discharged to permanent housing and 43,971 Veterans received services. VA exceeded its target of 65 percent. At the end of FY 2015, 70 percent of Veterans discharged from VA-funded residential treatment programs—GPD or Domiciliary Care for Homeless Veterans (DCHV) discharged to permanent housing.
- **Unsheltered Status within 30 Days of Engagement.** VA exceeded its target of 80 percent. At the end of FY 2015, 87 percent of unsheltered Veterans moved out of unsheltered status within 30 days of engagement. VA has made it a top priority to quickly move Veterans from unsheltered situations to safe housing, either in transitional or permanent settings. A number of factors have contributed



to the success of this metric, including utilization of Housing First and Rapid Re-housing models to move Veterans from unsheltered situations to safe housing and continued strong partnerships with community partners to assist with identification and engagement of unsheltered Veterans.

- Supportive Services for Veteran Families (SSVF) Renewal Funding. On September 14, 2015, VA announced approximately \$300 million in SSVF renewal funding to 286 non-profit organizations and consumer cooperatives in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.
- SSVF Program. At the end of FY 2015, SSVF assisted more than 156,800 individuals:
 - Over 98,600 Veterans were assisted.
 - Nearly 34,500 children were assisted in nearly 18,200 households with children.
 - Of the Veterans assisted, over 13,800 or roughly 14 percent were female.

2015 Accomplishments:

1. PIT Count. The PIT Count is undertaken in late January each year across the U.S. to enumerate homeless persons, including homeless Veterans. This significant undertaking is led by HUD's 414 local CoCs. The PIT Count included unsheltered (those living on the street or in another place not meant for human habitation) and sheltered (those living in emergency shelters and transitional housing) individuals on a single night in January 2015.

HUD released the results of the 2015 PIT Count of homelessness across the country. On a single night in January 2015, during the PIT Count, there were 47,725 homeless Veterans in the U.S. These results show that overall Veteran homelessness has decreased by 36 percent since 2010, and unsheltered homelessness has decreased by nearly 50 percent, resulting in tens of thousands fewer Veterans on the streets and without a place to stay. VA is serving more Veterans than ever before with specialized homelessness or at-risk services.

2. Interagency Work Plan. VA, USICH, HUD, and other Federal partners continued to make progress toward the Interagency Work Plan and build a foundation of ongoing work together in the shared goal to end homelessness among Veterans by the end of FY 2015.

3. Moves to Permanent Housing. VA significantly surpassed its annual goal of 49,000. At the end of FY 2015, 64,902 Veterans were placed in permanent housing, including moves into the HUD-VASH program and moves from VA residential and SSVF programs into permanent housing.

4. HUD-VASH. At the end of FY 2015, the total number of HUD-VASH vouchers allocated by HUD was 78,133. Of these vouchers, 71,155 HUD-VASH vouchers were in use, with 63,039 Veterans housed, and 8,116 in the process of obtaining permanent supportive housing.



5. Grant and Per Diem (GPD) Program. At the end of FY 2015, 15,507 Veterans were discharged to permanent housing and 43,971 Veterans received services. VA exceeded its target of 65 percent. At the end of FY 2015, 70 percent of Veterans discharged from VA funded residential treatment programs—GPD or DCHV discharged to permanent housing.

6. At the end of FY 2015, 87 percent of unsheltered Veterans moved out of unsheltered status within 30 days of engagement, exceeding the target of 80 percent. VA has made it a top priority to quickly move Veterans from unsheltered situations to safe housing, either in transitional or permanent settings. A number of factors have contributed to the success of this metric, including utilization of Housing First and Rapid Re-housing models to move Veterans from unsheltered situations to safe housing and continued strong partnerships with community partners to assist with identification and engagement of unsheltered Veterans.

7. SSVF Renewal Funding. On September 14, 2015, VA announced approximately \$300 million in SSVF renewal funding to 286 non-profit organizations and consumer cooperatives in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.

8. SSVF Program. At the end of FY 2015, SSVF assisted more than 156,800 individuals:

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- Nearly 34,500 children were assisted in nearly 18,200 households with children.
- Of the Veterans assisted, over 13,800 or roughly 14 percent were female.

IMPROVE VETERANS ACCESS TO BENEFITS AND SERVICES

Goal Overview: VA's focus in FY 2015 was to deliver seamless and integrated services while increasing the efficiency and effectiveness of virtual access. To achieve the best possible outcomes for Veterans, Servicemembers, and eligible beneficiaries, VA improved access to, and encourage the use of, its virtual benefits and services. VA and Department of Defense (DoD) have established a jointly supported portal known as eBenefits, which allows Veterans, Servicemembers, and other eligible beneficiaries to access and submit information when, where, and how they want.

The development and proliferation of virtual access to care supports an organizational approach that is personalized, proactive, and patient-driven. VA virtual health services use technology and health informatics to provide Veterans with better access and more effective care management. Advances in virtual care expand where health care services can be accessed, reduce the need for travel to medical facilities, and transform VA's delivery of health care and its effect on patients' health outcomes.



Status Update:

- **Electronic Claims Filing:** As of September 30, 2015, the percentage of disability compensation claims received electronically by VA grew to 12.5 percent; an increase of 1.3 percentage points over the third quarter of FY 2015. While the cumulative percentage for the fiscal year is below target, progress is being made, as demonstrated by a peak of 16.2 percent in the month of August 2015. During the fourth quarter FY 2015, 40,867 compensation claims and 42,789 dependency claims were submitted electronically.
- **eBenefits:** As of September 30, 2015, the eBenefits portal has 5,160,568 registered users. Since June 30, 2015, 247,969 new individuals obtained access to eBenefits. This represents a 5-percent increase. eBenefits met and exceeded the target for this quarter.
- **Stakeholder Enterprise Portal (SEP):** SEP has 3,299 Veterans Service Organization (VSO) representatives registered as of September 30, 2015, representing 90 unique organizations. Since June 30, 2015, 600 new individuals obtained access to SEP. This represents a 22.2-percent increase over the previous quarter. VSOs, attorneys, and claim agents are actively submitting claims electronically on behalf of claimants via SEP. The SEP electronic claim receipts target is 2.2 percent of the overall 20-percent goal for FY 2015 electronic claim receipts. During this reporting period, electronic claim receipts via SEP grew to 3 percent, exceeding the goal of 2.2 percent.
- **Virtual Care Measure (VCM):** As of September 30, 2015, VHA had a combined total of 2,297,473 individuals accessing care using a virtual format. This is a 3.44-percent increase over third quarter FY 2015 and exceeds the 35 percent target for fourth quarter FY 2015. VHA exceeded the FY 2015 overall goal of 35 percent by 4.63 percent. VCM covers a number of tools, such as: Home Telehealth, Secure Messaging, and electronic consults (e-consult). Secure messaging makes up the greatest portion of VCM users, giving Veterans instant access to their health care team. Telehealth is the next most frequent VCM used within VA, providing convenient care to Veterans directly in their homes and communities.
- **Specialty Care Services (SCS)** currently provide consultation on one component in VCM. Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO) is an initiative for ongoing education and training for primary care providers (PCP), as well as a means to provide virtual, clinical consultation without the patient present. PCPs present cases to a team of specialty care clinicians. These case presentations are usually submitted as a consult; this component of SCAN-ECHO is counted in the VCM. However, the overarching goal of this program is to increase the knowledge and skills of PCPs and their teams in order to provide increased care in community-based outpatient clinics (CBOCs), particularly those in rural areas where specialty input would require travel or follow up with non-VA clinicians, which could decrease continuity



and care coordination. Over time, PCPs will increase their capacity to care for patients with complex medical conditions in local CBOCs. This aspect of SCAN-ECHO is not a component of VCM. This initiative now exists in 34 medical and surgical specialty areas and is coordinated between SCS, Rural Health, and other VHA partners to provide education, consultation, and clinical support to PCPs and their teams through video-conferencing. While neither e-consult nor SCAN-ECHO has a specific FY 2015 goal, both programs contribute to the overall VCM.

In FY 2015, SCAN-ECHO held 417 clinics, involving 834 total presentations. In addition, e-consults have transitioned to field and clinical operations sustainment. Management of e-consults is completely field based and impacted by consult policy developed through the Access and Clinic Administration Program. In FY 2015, e-consults averaged 17.60 percent of all similar consult request responses in the same locations and services. In FY 2015, 577 new e-consults clinics were initiated in 56 different specialties and 431 were in facilities receiving support. In total, 504,881 e-consults were completed in FY 2015.

- **Secure Messaging (SM):** As of September 30, 2015, My HealtheVet has 3,359,494 registrants marking a 12-percent increase to the fiscal year baseline and exceeding the end of fiscal year target of 10 percent. As of September 30, 2015, My HealtheVet has 1,643,769 patients who opted in for SM, marking a 50-percent increase to the FY 2015 baseline and exceeding the end of fiscal year target of 35 percent.
- **VA Telehealth Programs:** VA Telehealth Programs continue to expand and are a priority in the Department's commitment to increasing access to care for Veterans, especially in rural and remote locations. In FY 2015, 6,300 Veterans accessed VA care directly from their homes via Clinical Video Telehealth (CVT). This represents a growth of more than 2,000 Veterans or 50 percent more than what was achieved in FY 2014. During FY 2015, Telemental Health CVT provided 20,500 encounters into the home to more than 3,400 Veterans; this represents an 84-percent growth of encounters provided to 77 percent more Veterans compared to FY 2014. As they did last year, Veterans can continue to use this service to access their VA health care team through webcams, personal computers, laptop computers, and iPad tablets. Additionally, Telehealth Services continues to distribute CVT Tablets (please see CVT Tablets section below) with peripheral clinical devices (e.g., stethoscope, pulse oximeter, blood pressure cuff, thermometer) to Veterans who need these technologies at home to connect to their VA care team via CVT.
- **Mental Health via CVT** expanded access to an additional 13,900 Veterans (13-percent increase) in FY 2015. A total of 122,700 Veterans were able to access Mental Health via CVT during FY 2015.



- The National TeleMental Health Center had 651 uniques with 2,912 encounters, compared to 698 uniques and 3,615 encounters for all of FY 2014.
- CVT Transplant evaluations have increased from 180 uniques with 317 encounters in all of FY 2014 to EOFY 2015 of 337, uniques with 382 encounters at the end of FY 2015.
- Genomic medicine encounters have increased to 2,084 uniques with 2,133 encounters, compared to 1,825 uniques and 1,871 encounters in FY 2014.

Telehealth Services and the Office of Rural Health responded to Section 204, the “Mobile Medical Center,” portion of the VACAA legislation to ensure that telemedicine capacity is available on all mobile medical units (and mobile Vet Centers). The Telemedicine Assessment subgroup, which became an Integrated Process Team (IPT), completed the survey and summary report in response to the legislation during the fourth quarter. The report defines procedures for activation, management, and operation of mobile medical units. Upon submission of the summary report, the IPT transitioned the project to the Deputy Under Secretary for Operations and Management for maintenance and concluded its activity.

During FY 2015, VHA and the Offices of Information and Technology (OIT) provided 5 VA Medical Centers (VAMC) within Veterans Integrated Service Network (VISN) 15 with the capability for live CVT interactive consults with ICU specialists from VISN 23. In addition, 7 VAMCs in VISN 7 and 1 VAMC within VISN 4 linked to VISN 10’s Tele-ICU support center. VISN 23 now supports 172 beds at 14 facilities and VISN 10 supports 123 beds and 12 facilities, for a national total of 295 Tele-ICU beds for VHA. The Joint Initiative Funding collaboration with DoD includes the installation of 5 DoD sites and 2 sites in VISN 15 that are linked to the VISN 23 Tele-ICU support center in the next 24 months.

Telehealth Services has a collaborative agreement and completed the official charter with SCS. The subject matter expert groups have started work on operations manuals, guidance documents, and training for TeleEndocrinology; TeleHematology/Oncology; and TeleInfectious Disease. TelePain and TeleEndocrinology are pending charters and identification of subject matter experts.

Since June 2014, the web-enabled application that permits Veterans to access Home Telehealth care and case management services from their VA clinical care coordinator using the Veterans own PCs, laptops, and smartphones was released nationally. At the end of FY 2015, there were 3,216 Veterans enrolled across all VISNs.

The Low Intensity/Low Acuity (L2) pilot uses web-enabled technologies for health promotion and disease prevention for stable patients. Enrollment of L2 Veterans began September 1, 2015, with over 123 Veterans enrolled within the first month. In addition, seven new L2 Disease Management Protocols (DMPs) have been developed, and reviewed with the subject matter expert. Two of these, Weight Management and



Tobacco Cessation, have been programmed and implemented by the vendor. The remaining five DMPs were released by end October 2015. Five separate workgroups have completed their projects resulting in the completion of the DMPs; additionally, new L2 Documentation Templates were written, installed, and are in use. New training guidance and a comprehensive outreach marketing toolbox were developed. A draft L2 Handbook has been composed. In addition, three new work groups have formed to complete the enrollment targets and project timeline, outcome measures, and the pilot evaluation tool. Each site continues to meet with their local L2 Integrated Project in collaboration with PACT. The project goal for end FY 2016 is to have at least 2 Care Coordinators at each site at a panel size of 400 per Care Coordinator, for a total of 2,000 patients across the 5 sites, and a completion of any revisions to the DMPs, templates, and operations manual, as well as a pilot evaluation summary.

Collaboration between Women's Health and Telehealth has continued and the two services agreed upon the following position. Considering both medical appropriateness and sensitivity to our patients, CVT may not be optimal if a visit requires a pelvic exam and has the potential need for immediate intervention. It is generally recommended that pelvic exams and colposcopy procedures be completed via an in-person visit with a provider. In a situation where there is a need to perform these exams using Telehealth technology, the Telepresenter should be a provider proficient in these aspects of the physical exam. In circumstances in which pelvic exams and colposcopy are necessary using Telehealth technology, an interim packet with all required documents, including travel distances for in person examination and explanation why this particular location is unable to provide these examinations through a face-to-face visit with a provider must be submitted to Telehealth and Women's Health Services. No examinations can be performed until interim packets are reviewed and Telehealth and Women's Health Services provide the authorization for initiation of these services.

The OIT project team completed their review of the technology with regard to expanded use across the VA enterprise and issued a final project analysis paper. Although the summary indicates that OIT infrastructure currently exists to facilitate expanded use, the information technology management system will require improvements and a formal new project request will be needed to continue expansion. Due to recent funding limitations, VA is unable to acquire new tablets for distribution to patients. VHA Telehealth Service has initiated a request to the Denver Acquisition and Logistics Center to form an integrated process team to develop a new competitive solicitation with the intent of engaging additional vendors and ensuring that market forces provide the best cost for the technology.

A memorandum from the Deputy Under Secretary for Health for Operations and Management was issued in July 2015, and later revised in October 2015, that required all VISNs not yet in active deployment status to complete the Telehealth Scheduling System deployment by November 30, 2015. Currently, the total number of systems users has expanded to 13,736. To date, 17,363 Telehealth service activities have been scheduled in the system. The two primary tasks currently being addressed are: an upgrade to Microsoft CRM 2015 to address 508 compliance, and integration with VistA,



which is dependent on the VA Medical Appointment Scheduling System deployment timeline.

ELIMINATE THE DISABILITY CLAIMS BACKLOG

Goal Overview: In FY 2014 and FY 2015, VA's goals covering this two year period were to provide timely, accurate decisions on Veterans' disability compensation and eliminate the claims backlog. Improving quality and reducing the length of time it takes to process disability claims are integral to VA's mission of providing benefits to eligible Veterans in a timely, accurate, and compassionate manner. In FY 2013, VBA began measuring the accuracy of individual issues for each claim ("issue-based accuracy"), as it provides a more detailed measure of workload proficiency. However, VBA will continue to monitor and report out on claim-based accuracy as a key indicator for this Agency Priority Goal. To improve benefits delivery, VA is transitioning to an electronic claims process that will reduce processing time and increase accuracy. By the end of FY 2015, over 94 percent of VBA's inventory was in an electronic format and is being processed electronically by VBA employees using the Veterans Benefits Management System (VBMS). All claims are either received electronically or are converted to electronic format for processing.

Status Update:

During the fourth quarter of FY 2015, VBA made progress on the execution of its claims transformation plan to change the way benefits and services are delivered to Veterans, their families, and Survivors for generations to come.

From the peak in March 2013 through September 30, 2015, the claims backlog (defined as claims that have been pending over 125 days) was reduced from 611,073 to 71,352 claims, an 88.3-percent decrease.

The total inventory of claims dropped 58.9 percent from the peak of 883,930 in July 2012 to 363,034 on September 30, 2015. In the fourth quarter of FY 2015, the backlog decreased from 32.6 percent to 19.7 percent. There are specific factors of VA's claims process and the specific nature of some claims that contribute to extend some claims taking longer than 125 days to process. VA must ensure that we meet our legal obligations to assist Veterans in the development of their claims and provide their full entitlement to benefits. VA will always consider additional evidence or new medical conditions added throughout the claims process; however, late evidence or new contentions stop the momentum made in processing the claim, as it usually require a new round of evidence gathering, medical examinations, and analysis. Additionally, some complex disability claims may require more extensive evidence gathering, or face difficulties securing necessary evidence. VA mitigates the impact of extended processing by providing Veterans with an interim rating decision on as many claimed disabilities as possible, while keeping the claim open to develop for the needed evidence to decide all claims. VBA projects that 15 percent of rating claims fall into the category where they cannot be completed in 125 days.



During the fourth quarter, VBA's 3-month claim-based accuracy decreased from 89.8 percent in June 2015 to 89.0 percent by the end of September 2015. Issue-based accuracy increased slightly from 95.9 percent at the end of June 2015 to 96.0 percent at the end of September 2015. Quality continues to be a strong focus area for VBA. Consistent with Government Accountability Office best practices for quality assurance programs, VBA uses a 95-percent confidence level with a 5-percent margin for error in accuracy reporting. This means that the accuracy of VBA disability rating claims has not substantially changed in the past quarter. VBA continues to monitor errors and trends to provide feedback and training for VA employees.

As we have made major progress in reducing the claims backlog, we also dramatically increased the accuracy of our claim decisions. VA's aspirational 98-percent accuracy goal for disability claims was initially reflected in the 2005 President's Budget as a method to drive VBA's decision quality as high as possible – and VA has done that with monumental progress over the past 4 years. In fact, VA is now correct 98 percent of the time in 7 of the 8 categories measured within a Veteran's disability claim, with the eighth factor coming in at 97.7 percent.

A recently contracted external analysis found that VA's 98 percent claim-level accuracy goal is not considered to be achievable in VA's current human-operated system. Claim-level accuracy measures the claim with the "pass or fail" method. Every issue within each of the eight error categories must be 100-percent accurate to "pass." Because Veterans are claiming more disabilities than ever before – with separating Servicemembers in our Benefits Delivery at Discharge Program averaging 16 medical conditions per claim – attaining 98-percent accuracy at the claim-level is virtually impossible.

Each quarter, VBMS releases new features and functionalities, allowing the system to evolve to meet the needs of the organization and claim processors. As major software releases are implemented, VBMS progresses toward the future end-state of a complete, end-to-end electronic claims processing system. This quarter, VBMS focused on enhancements within the work queue, the new deferral process, and auto assignment configuration rules in support of National Work Queue rollout in FY 2016. At the end of this quarter, 94.1 percent of the claims inventory for rating end products was in digital format for electronic processing. Paper claims received by VBA are immediately sent for scanning and digitally uploaded to VBMS. As of the end of the FY 2015, more than 1.77 billion images have been scanned through the Veterans Claims Intake Program with 99-percent image accuracy. Scanning provides a front-end catalyst that facilitates shared access to the claims folder and eliminates transfer time delays throughout the claims process.

Due to VBA's extensive outreach efforts, more Veterans are using an electronic intake method – the joint DoD/VA web portal eBenefits – to submit claims electronically. In FY 2013, 2.4 percent of Veterans' claims (20,035) were received electronically; in FY 2015, 12.5 percent (154,398) of claims were received electronically. As of September 30, 2015, there are 5.1 million registered eBenefits users with access to



benefits information and the capability to submit claims and upload evidence online through electronic claims submission that will feed directly into VBMS. Registered eBenefits users with a free premium-level account can track the status of their claims and access a variety of other benefit information including pension, education, health care, home loan eligibility, and vocational rehabilitation and employment. Additionally, the SEP, an electronic web portal that mirrors eBenefits, allows VA partners and Veterans Service Organizations (VSO) to electronically file claims for benefits and services on behalf of Veterans for whom they have power of attorney.

VBA continues to work closely with Congressional and VSO partners to promote VBA's Fully Developed Claim (FDC) Program, which reduces the longest phase of the claims-processing timeline by allowing Veterans to certify that they have submitted their claims with all available supporting information and non-Federal private medical evidence. Many Veterans are submitting their claims as FDCs, and more continue to do so thanks in large part to strong support and endorsement by our VSO partners. From July 1, 2015, through September 30, 2015, approximately 62.6 percent of claims received were submitted as FDCs. Veterans filing their initial disability compensation claim as an FDC through August 5, 2015, may be eligible for up to 1 year of retroactive benefits.

None of the progress VBA has made would be possible without the tremendous support VA receives from its partners, including Congress, VSOs, and county and state Departments of Veterans Affairs. VBA's progress is also the result of unprecedented effort and dedication by the more than 21,000 VBA employees (of which over 50 percent are Veterans themselves), and the support provided by our partners in VHA and OIT.

As a direct result of the claims transformation initiatives VBA has implemented over the last 3 years, VBA is deciding more disability compensation rating claims for Veterans at higher accuracy levels than ever before in the history of VBA. But there is still more work to do. The groundwork laid thus far will help VBA continue to transform the way benefits are delivered to Veterans, their family members, and survivors for generations to come. As VBA moves into advanced generations of VBMS, it is improving access, driving automation, enabling greater exchange of information, and increasing transparency to Veterans, our workforce, and other stakeholders.

Valuable tools, such as automated disability benefits questionnaires and an embedded rules engine, inject much-needed efficiency and effectiveness into VBA's system. This helps VBA meet today's demand while also preparing it to meet the demands of the future. VBMS uses an iterative and agile development model in which software development is broken down into smaller components to design, test, and release new functionality. Progressive software releases will continue building out these automated capabilities, allowing employees to focus on more difficult claims by automating more routine processes. With the transition to a paperless claims process, VBA is in a better position to adopt a national workload management strategy within VBMS that is "boundary-free" and improves overall production capacity to serve Veterans in the same



way they served: side by side without regard to state affiliation. With VBMS, VBA can more efficiently manage the claims workload, prioritizing and distributing the claims electronically across its network of regional offices to improve resource utilization and improve and normalize processing timeliness.

VBA will continue to drive and incentivize claims filing through eBenefits and SEP, especially the filing of electronic FDCs. VBA is continuing its comprehensive communications and training efforts to increase Veterans' and stakeholders' awareness of the ability to file claims online. As VBA continues to refine these technologies, it is also improving its customer relationship management program by increasing integration across VA systems by providing a single view of Veterans' information, benefits utilization, and interactions across VA. With data from many separate systems available in a single place, VA will have a comprehensive view of each Veteran from his or her service commencement date onward.

FY 2015 Actions & Milestones:

1. Completed over 1.38 million claims in FY 2015 compared to 1.32 million in FY 2014.
2. Increased percentage of FDC disability compensation receipts from 38.5 percent in FY 2014 to 55.7 percent in FY 2015.
3. Increased the annual percent of disability compensation claims received virtually or electronically from 6.9 percent in FY 2014 to 12.5 percent in FY 2015.
4. Reduced average days pending for Veterans' disability claims from 150 days at the end of FY 2014 to 93.1 days at the end of FY 2015.



Major Management Priorities and Challenges Identified by the Office of Inspector General (OIG)

Detailed information regarding VA's Major Management Challenges can be found in the FY 2015 Annual Financial Report [here](#).

Major Management Challenge		Estimated Resolution Timeframe (Fiscal Year)	FY 2015 AFR Pg #
No.	Description (Responsible Office)		
OIG 1	Health Care Delivery (VHA)		
1A	Quality of Care (VHA)	2016	III-60
1B	Access to Care (VHA)	2016	III-67
1C	Care for Homeless Veterans (VHA)	2015	III-71
OIG 2	Benefits Processing (VBA)		
2A	Improving the Accuracy of Claims Decisions (VBA)	2016	III-75
2B	Improving Data Integrity and Management Within the VA Regional Offices (VBA)	2016	III-79
2C	Improving Management of the Fiduciary Program (VBA)	2016	III-82
OIG 3	Financial Management (OM,OIT,VHA,VBA)		
3A	Compliance with the Improper Payments Elimination and Recovery Improvement Act (OM,VHA,VBA)	2016	III-86
3B	Improving Management of Appropriated Funds (OM,OIT,VHA)	2015	III-89
OIG 4	Procurement Practice (OALC,VHA)		
4A	Improving Contracting Practices (OALC,VHA)	2015 (OALC, OPIA) 2016 (VHA)	III-93
4B	Improving Oversight of Patient Centered Community Care Contracts (OALC,VHA)	2015 (OALC) 2016 (VHA)	III-96
OIG 5	Information Management (OIT)		
5A	Develop an Effective Information Security Program and System Security Controls (OIT)	2016	III-98
5B	Improving Compliance with Federal Financial Management Improvement Act (OIT)	Unknown	III-102
5C	Improving Accountability and Oversight of the Project Management Accountability System (OIT)	2015	III-104



High Risk Areas

High-Risk Areas Identified by the U.S. Government Accountability Office (GAO)

Detailed information regarding VA's High Risk Areas can be found in the FY 2015 Annual Financial Report [here](#).

High-Risk Area		Estimated Resolution Timeframe (Fiscal Year)	FY 2015 AFR Pg. #
No.	Description		
GAO 1	Managing Risks and Improving VA Health Care (VHA)	2016 - 2018	III-117
GAO 2	Improving the Management of IT Acquisitions and Operations (OIT)	Continuing Resolution	III-125
GAO 3	Improving and Modernizing Federal Disability Programs (VBA)	2016	III-127



VA Online: Fast and Easy Access to Information

The table below provides links to several websites that provide information for and about Veterans.

<i>What Information Do You Need?</i>	<i>Web Site</i>
<i>Veterans' Home Page*</i>	www.vets.gov
<i>VA's Home Page</i>	www.va.gov
<i>VA's AFR Submission and Strategic Plans</i>	www.va.gov/performance
<i>VA's Budget Submission</i>	www.va.gov/budget/products.asp
<i>Health Care in VA</i>	www1.va.gov/health/index.asp
<i>VA Health Quality and Safety Performance</i>	www.hospitalcompare.va.gov
<i>Managing My Health as a Veteran</i>	www.myhealth.va.gov
<i>Medical Research in VA</i>	www.research.va.gov
<i>Clinical Training Opportunities and Education Affiliates</i>	www.va.gov/oaa
<i>Office of Rural Health</i>	www.ruralhealth.va.gov
<i>Public Health</i>	www.publichealth.va.gov
<i>Health Promotion and Disease Prevention</i>	www.prevention.va.gov/
<i>Employment</i>	www.vaforvets.va.gov
<i>VA Benefits</i>	www.benefits.va.gov
<i>Education Benefits for Veterans</i>	www.gibill.va.gov
<i>Insurance for Servicemembers and Veterans</i>	www.benefits.va.gov/insurance
<i>Vocational Rehabilitation and Employment</i>	www.benefits.va.gov/vocrehab



<i>What Information Do You Need?</i>	<i>Web Site</i>
<i>Disability Compensation for Veterans</i>	www.benefits.va.gov/compensation/
<i>Pension Information for Veterans and Survivors</i>	www.benefits.va.gov/pension
<i>Educational and Vocational Counseling</i>	www.benefits.va.gov/vocrehab/edu_voc_counseling.asp
<i>Dependent and Survivor Benefits</i>	www.va.gov/opa/persona/dependent_survivor.asp
<i>Dependency and Indemnity Compensation</i>	www.benefits.va.gov/COMPENSATION/types-dependency_and_indemnity.asp
<i>Home Loans</i>	www.benefits.va.gov/homeloans/index.asp
<i>eBenefits</i>	www.ebenefits.va.gov
<i>Vow to Hire Heroes</i>	www.benefits.va.gov/vow
<i>Burial and Memorial Benefits for Veterans</i>	www.cem.va.gov
<i>Opportunities for Veteran-Owned Small Businesses</i>	www.vetbiz.gov
<i>Minority Veterans</i>	www.va.gov/centerforminorityVeterans/
<i>Women Veterans</i>	www.va.gov/womenvet
<i>Survivors Assistance</i>	www.va.gov/survivors
<i>Operations, Security and Preparedness</i>	www.osp.va.gov
<i>Recently Published VA Regulations</i>	www.va.gov/ORPM/
<i>VA's Social Media Sites</i>	www.va.gov/opa/SocialMedia.asp
<i>Human Resources and Administration</i>	www.vacareers.va.gov/veterans
<i>Reports, Surveys, or Statistics Regarding the Veteran Population</i>	www.va.gov/vetdata/
<i>Freedom of Information Act</i>	www.foia.va.gov/



<i>What Information Do You Need?</i>	<i>Web Site</i>
<i>Privacy Policy Information</i>	www.va.gov/privacy/
<i>VA Directives and Handbooks</i>	www.va.gov/vapubs/
<i>Green VA</i>	www.green.va.gov
<i>Center for Faith-based and Neighborhood Partnerships</i>	www.va.gov/cfbnpartnerships/
<i>Homelessness Info</i>	www.va.gov/homeless/

*Part of VA's MyVA vision is to provide our Veterans with a seamless, unified Veteran Experience across the entire organization and throughout the country. In support of this goal VA is creating a website solely dedicated to helping Veterans learn about the benefits they have earned and providing a clear path for applying for them. MyVA's Veterans Experience office along with our Digital Service team are building a new Veteran-centric experience that will consolidate our services and benefit application process into one portfolio for an organized and distinct destination for Veterans.

Vets.gov (<https://vets.gov>) was launched in November 2015 and provides clear instructions and steps for some of VA's most popular services and transactions. Vets.gov will evolve over the upcoming year as we include existing and build new self-service functionality and tools. The ultimate goal for Vets.gov is to become the single, one-stop shop for information and self-service for Veterans and those that care for them. This initial launch is your first look into how we are modernizing the Veteran experience. New content and functionality will be added week by week, with improvements based on user feedback and usage data, incrementally evolving to become a valued Veteran-focused digital experience.