SUMMARY:
VA HIGH RISK LIST ACTION PLAN, MANAGING RISKS AND IMPROVING VA HEALTH CARE

MARCH 2020

DEPARTMENT OF VETERANS AFFAIRS
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Abstract: The Department of Veteran Affairs (VA) High Risk List (HRL) Action Plan—Managing Risks and Improving VA Health Care full report to the U.S. Government Accountability Office (GAO) is available at https://www.va.gov/performance/. The March 2020 document is VA's action plan for addressing the five broad management issues described by the GAO in its 2015 High Risk Series Update, which include: policy and processes, oversight and accountability, information technology, adequate training, and resource allocation.

FOR FURTHER INFORMATION CONTACT: Karen Rasmussen, M.D., Director for GAO-OIG Accountability Liaison at VHAGAOHRLTeam@va.gov.
The Honorable Gene L. Dodaro
Comptroller General
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Mr. Dodaro:

I am pleased to submit the Department of Veteran Affairs (VA) High Risk List (HRL) Action Plan—Managing Risks and Improving VA Health Care report to the U.S. Government Accountability Office (GAO). This report updates VA’s approach to improving its overall management functions and identifies key metrics we will use to evaluate our success in resolving the issues identified by GAO in its 2015 High Risk Series Update. In addition, the report describes actions VA has already taken, both in its overall approach to the management of the Department, and more specifically how those actions have been incorporated into VA’s modernization efforts. VA’s modernization efforts are intended to streamline operations and focus attention on program improvements to move VA toward becoming a high reliability organization. Integrating foundational management practices will ensure these and future initiatives are positioned to have the right policies; staff with the right knowledge, skills, and abilities; receive the right IT support; obtain funding; and have management oversight.

Within this report, VA presents a comprehensive and coordinated action plan designed to address the root causes of VA’s health care management challenges and improve these foundational management functions. The plan also incorporates actions to ensure VA’s transformative health care initiatives (Modernization Lanes of Effort introduced in Chapter 1) are planned and implemented to avoid high risk management challenges. For example, implementation of the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (referred to herein as the MISSION Act) is planned to ensure appropriate policies, processes, oversight, accountability, information technology, training, and resources are defined, coordinated, and available as needed.

The report also describes the progress made since GAO identified health care as being at high risk – progress that is changing how VA does business and resulting in positive impacts on Veterans. For example, all proposed health care policies are now developed in close consultation with those who must comply with the policies. Moreover, each policy must confirm the timely availability of the resources, training, and necessary for effective policy implementation. These changes ensure that policies work as intended and are implemented consistently and without undue burden across VA health care facilities. As a result, Veterans consistently experience the same high-quality care across all VA facilities and errors in care delivery are reduced.
To fully transform VA’s critical management functions will take considerable time and unwavering commitment. As Secretary, I have strengthened leadership commitment by setting business transformation as a Departmental strategic priority. Within Veteran Health Administration (VHA), Dr. Richard Stone, Executive in Charge for VHA, is demonstrating leadership commitment by setting expectations that a highly reliable organization means achieving the seven key outcomes in transformational efforts. This includes setting into place robust governance and an office dedicated to managing VA progress in addressing HRL challenges. We are putting into place the initial capacity by dedicating human, technical, and contractor resources. We will use these as a foundation from which to work toward establishing longer-term capacity. Thus, VA is making a significant leadership investment to drive progress in a manner sustainable over the long term through a durable management structure. Progress depends on VA’s consistent support, including monitoring, adjusting, resourcing, and leading the Action Plan’s implementation over many years. VA is committed to this effort and we look forward to continued engagement with the GAO Health Care Team as we continue to demonstrate sustained progress in addressing high-risk management challenges.

Sincerely,

Robert L. Wilkie
Secretary of Veterans Affairs
Enclosure
The March 2020 Veterans Affairs (VA) High Risk List (HRL) Action Plan, Managing Risks and Improving VA Health Care is the VA’s updated action plan for addressing five broad management concerns described by the Government Accountability Office (GAO) in its 2015 High Risk Series Update. VA has embarked on a journey of self-improvement and rapid change. VA leaders and staff are motivated by a sincere commitment to transform the nation’s largest health care system and are determined to address and resolve the five areas of concern (AOCs) GAO identified. The five AOCs are: policies and processes, oversight and accountability, information technology (IT), training and resource allocation.

VA delivered its initial action plan to GAO in 2017. That action plan partially met GAO’s expectations. Subsequently VA conducted a more thorough root cause analysis on each of the AOC and reached mutual agreement with GAO on root causes, seven key outcomes and 20 AOC-specific outcomes. The seven key outcomes establish core target objectives for VA’s future state relative to the AOCs.

VA’s March 2020 updated action plan includes over 250 actions being undertaken throughout the Veterans Health Administration (VHA) and establishes nearly three dozen measures to monitor progress toward achieving the outcomes. The plan also identifies key transformational initiatives from VHA’s Plan for Modernization that complement or contribute to resolution of the areas of concern. These key transformational initiatives are known as VHA Modernization Lanes of Effort (LOEs). The VHA LOEs that integrate with high risk are:

- Commit to Zero Harm (become a High Reliability Organization)
- Organizational Improvement
- Develop Responsive Shared Services
- Engaging Veterans in Lifelong Health, Well-being and Resilience

Background

VA leaders and staff are motivated by a sincere commitment to transform the nation’s largest health care system.

VA Seven Key Outcomes

1. Policy drives correct behavior and is implemented consistently
2. Business processes are integrated and efficient
3. Resources are used effectively and efficiently
4. Systems are interoperable and meet business needs
5. Data are available, accurate, reliable, complete, and used to inform decisions
6. Governance and oversight mechanisms provide reasonable assurance that requirements are met
7. Targeted, standardized, and comprehensive training that supports policy or guidance and active field engagement

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2 Department of Veterans Affairs, Veterans Health Administration, VHA Plan for Modernization (Washington D.C.: March 2019).
• MISSION Act Access to Care: Access Standards
• Modernize Electronic Health Records
• Transform Supply Chain

Attending to core management functions during planning and execution ensures large transformational initiatives are reinforced by sound policy; are implemented by staff who have the right knowledge, skills and abilities; receive the right IT support; identify and secure essential human and financial resources; have management oversight; and are accountable throughout planning, implementation, and reinforcement. The VA High Risk List Action Plan is VA’s commitment to address management functions GAO highlighted in its 2015 report.

The timeline below highlights milestones in development of VA’s HRL Action Plan.

Summaries of Action Plans and Accomplishments

The information below provides details of the significant accomplishments within each of the five AOCs for VA health care since their classification as a high risk issue by GAO in 2015. Each summary provides the AOC specific outcomes identified by the leadership to drive them toward resolution of these issues. These outcomes were developed based on the root causes each AOC work group identified. The roadmap graphics below lay out how the AOC work group action plans will drive the agency from the root causes to the intended outcomes on a high level. Metrics paired with the identified outcomes define how the work groups determine their progress in achieving the AOC outcomes.
Over the past five years, VHA successfully built a robust foundation for developing, implementing and maintaining national policy. Led by the VHA Chief of National Policy and the Senior Advisor, VHA Office of Regulatory and Administrative Affairs (ORAA), the Policies and Processes (P&P) action plan sustains improved policy development processes and content standards; expands consolidation and clarification efforts of facility and regional policies; and plans development of a central repository for all policy and policy-related documents. Consistent execution of the action plan will result in clear, implementable VHA policy that incorporates industry best practices, stake-holder feedback and enables VA to deliver high-quality, consistent care for Veterans at all VA medical facilities.

**Significant Progress to Date —**

- Updated the VHA policy on the Controlled National Policy/Directives Management System to incorporate continuously improving VHA policy standards
- Streamlined and clarified the national policy inventory by reducing the number of national policy documents by 32 percent since 2015
- Required use of a pre-policy form for VHA program offices to ensure national policies are adequately resourced and capable of uniform implementation prior to publication
- Collected and hosted operational memoranda on the VHA Publications website to aid reference by VA medical center staff
- Launched a “Get to Zero” initiative to ensure national policies are current and have been appropriately reviewed and recertified within the prior five years
- Established business rules for policy development that empower local and regional leadership to streamline local policy inventory and will reduce time required for policy making and policy administration by VA medical facility staff
- Implemented a bi-annual VA medical facility policy census to track local policy inventory reduction initiatives and improve alignment of national and local policies

**Consistent execution of the action plan will result in clear, implementable VHA policy and enables VA to deliver high-quality, consistent care for Veterans at all VA medical facilities**
Policies and Processes Outcomes and Measures

Outcome P&P-1: Senior leaders of VHA programs and initiatives, including Modernization LOEs support the need for aligned, unambiguous policies and consistent policy implementation

- Measure: All VHA policies, both newly developed and recertified, demonstrate adequate implementation resources are in existence or approved before policy publication
- Measure: 100% of VHA’s Publications website houses document types currently considered policy (i.e., directives and notices)
- Measure: VHA operational memoranda do not contain policy information when issued

Outcome P&P-2: VHA policy development, recertification and amendment processes function with integrity according to VHA Directive 6330, including integration of a unified Risk Management Framework

- Measure: VHA policy development (writing new policies) and recertification (updating existing policies) occur within the standard timeframe
- Measure: VHA policy development (writing new policies) and recertification (updating existing policies) processes include receiving stakeholder feedback from all appropriate service lines and program offices
- Measure: VHA policies are current and have been reviewed and recertified in the prior 5 years (to the extent possible, e.g., pending regulations)

Outcome P&P-3: VHA applies standard business rules to determine when, what and how to create uniform policy development and implementation processes across the agency that reflect VHA indices of policy quality

- Measure: Regular informational and educational sessions occur between ORAA and policy stakeholders
- Measure: Reduced redundant and unnecessarily complex local policy for medical facilities

Outcome P&P-4: VHA standards and implementing processes are transparent and accessible to appropriate stakeholders

- Measure: Current VHA policies are located in a single online repository that is available to all VA staff and has broad searchability
Highlights of the root causes, key actions, and outcomes for improving policy development and consistent implementation nationwide are outlined in the figure below.

### Policies and Processes Roadmap

<table>
<thead>
<tr>
<th>Current - Root Causes</th>
<th>Key Milestones</th>
<th>Future - Outcomes</th>
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<tbody>
<tr>
<td>National policies do not consistently align with agency priorities and needs.</td>
<td>Enforce policy &amp; other document hierarchy</td>
<td>Senior leaders of VHA programs &amp; initiatives support the need for aligned, unambiguous policies &amp; consistent policy implementation.</td>
</tr>
<tr>
<td>VHA has failed to manage the concurrence process effectively to ensure timely, high quality policies.</td>
<td>Timely review process</td>
<td>VHA policy development, recertification, &amp; amendment processes function with integrity according to VHA Directive 6330, including integration of a unified Risk Management Framework.</td>
</tr>
<tr>
<td>VHA has not defined what policy is and what it should accomplish.</td>
<td>Provide opportunity to review and comment</td>
<td>VHA applies standard business rules to determine when, what, &amp; how to create uniform policy development &amp; implementation processes across the agency that reflect VHA indices of policy quality.</td>
</tr>
<tr>
<td>VHA rarely embedded policy in a broader change strategy to support implementation by the field.</td>
<td>Policy process has internal controls</td>
<td>VHA standards &amp; implementing process are transparent and accessible to appropriate stakeholders.</td>
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<tr>
<td></td>
<td>Have a transparent input gathering process</td>
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<td></td>
<td>Convenient ways to get information</td>
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<td>Clear ways to understand among policies and other documents</td>
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Photo Credit: Office of Public and Intergovernmental Affairs
The Oversight and Accountability action plan highlights the critical role modernization initiatives perform in addressing this area of concern. VA leadership recognizes oversight and accountability is pivotal to setting the foundation upon which mission services succeed. VA leadership commitment to this success is evidenced by the fact that several VHA modernization initiatives are focused on key oversight and accountability capabilities. Collectively, the Organization Improvement, Commit to Zero Harm and Shared Services LOEs tackle critical oversight and accountability components such as decision making at the appropriate organizational level, aligning decision rights, standardizing services, improving vertical alignment, and fostering a culture of integrity and accountability.

**Significant Progress to Date —**

Since 2015, VHA leadership took definitive actions to build new capacities and authorities that improve oversight and accountability functions. VHA leadership—

- Created a new Office of Integrity, headed by a new Assistant Deputy Under Secretary for Health for Integrity; this new office oversees previously unintegrated offices that conduct oversight activities – Office of Medical Inspector, Internal Audit, Compliance and Business Integrity and Risk Management; it also oversees VHA’s National Center for Ethics in Health Care, an essential component of a culture of integrity that is foundational to an accountable culture.
- Created a new VHA Internal Audit Office and hired an executive-level Chief Auditor and Deputy; the office is responsible for conducting internal audits on topics of interest to VHA.
- Created a governance structure, the Audit, Risk, & Compliance Committee (ARCC) and its Compliance subcommittee; this governance committee oversees internal audits, risk management and compliance with in VHA.
- Created a new VHA enterprise risk management function; hired a new risk manager.
- Hired a new SES-level Chief Compliance and Business Integrity Officer and Deputy Officer.
• Supported establishment a new VA Office of Accountability and Whistleblower Protection
• Published a Code of Integrity that sets expectations for conduct for all VHA employees
• Established a new Risk Register and Risk Profile that is reviewed by a governance body (the Risk sub-committee of the ARCC)
• Increased collaboration across VHA program offices on the Statement of Assurance driven by newly issued requirements
Oversight and Accountability Outcomes and Measures

**Outcome OA-1:** VHA organizations and employees demonstrate timely and effective risk management in accordance with a unified Risk Management Framework (RMF) to support governance and oversight

- Measure: VHA’s Enterprise Risk Manager coordinates VHA’s submission to the annual Statement of Assurance
- Measure: Annual audits or reviews completed on a three year cycle (plan, execute, report)
- Measure: Corrective Actions in response to Internal Audit recommendations are completed by their negotiated implementation date

**Outcome OA-2:** Governance and management decisions are made at the appropriate level of the organization, are informed by reliable data, and are timely

- Measure: Trend in All Employee Survey scores for relevant questions

**Outcome OA-3:** VHA oversight ensures governance and management decisions are implemented and focused on intended outcomes

- Measure: Standardize compliance risk identification and tracking
- Measure: Ensure minutes from ARCC are signed, approved and distributed with accountability on action items

**Outcome OA-4:** Leadership holds VHA organizations accountable to fulfill obligations imposed by decisions, regulations and other requirements

**Outcome OA-5:** VHA supports a Just Culture that fosters trust, integrity, learning and collaboration

- Measure: A patient safety culture demonstrates improved reporting of adverse events and close calls
- Measure: A Serious Safety Event results in harm that ranges from moderate to severe patient harm or death from hospital-acquired conditions
Highlights of the root causes, key actions and outcomes for effective Oversight and Accountability are outlined in the following figure.

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<tr>
<th>Current - Root Causes</th>
<th>Key Milestones</th>
<th>Future - Outcomes</th>
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<tbody>
<tr>
<td>Establish risk management practices for governance and oversight</td>
<td>Compliance and business integrity operations</td>
<td>Continuous monitoring and risk identification by ARCC</td>
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<td>Organizational Improvement LOE</td>
<td>Revise governance processes and align decision rights</td>
<td>VHA organizations and employees demonstrate timely and effective risk management in accordance with a unified Risk Management Framework to support governance and oversight.</td>
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<td>Developing appropriate governance bodies</td>
<td>Enhance processes for effective program reviews</td>
<td>Developing and integrate risk assessment processes</td>
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<td>Finalize VHA headquarters realignment</td>
<td>Develop plan to hold organizations accountable</td>
<td>Enhance reporting to governance bodies</td>
</tr>
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<td>Commit to Zero Harm LOE</td>
<td>High Reliability Organization Journey</td>
<td>VHA’s Code of Integrity</td>
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<td>Integrated organization efforts for culture change</td>
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VHA has a fragmented oversight operating a model that impedes its ability to effectively oversees policy implementation and ensure organizational accountability. (Affects all outcomes)

VHA has an organizational cultural gap between those delivering healthcare in the field and VHA central offices that impedes oversight and enhance ethical practice vertically across the enterprise (Outcome 3)

Photo Credit: Office of Public and Intergovernmental Affairs
Information Technology Challenges

VA made significant strides in advancing IT modernization and fielding critical capabilities for VHA health care delivery. VA updated its action plan to reflect progress on major programs, attainment of key initial operating capability milestones, and improvements enhancing interoperability and availability of reliable data. Successful action plan execution will result in interoperable systems that meet business needs and data that is accurate, reliable, complete and used to inform decisions. Delivering enhanced IT systems and services will enable VA to meet national commitments in Veteran care encompassed in key programs such as MISSION Act requirements, VHA modernization and ongoing program improvement initiatives.

VA’s Office of Information and Technology (OIT) instituted Joint Business Plans (JBPs) in fiscal year (FY) 2017 to focus on VHA’s highest mission priorities. A JBP identifies a discrete set of high-profile work that OIT makes a special commitment to deliver including leadership attention and oversight. A JBP seeks balance across multiple VHA priorities.

OIT integrates with all the VHA modernization efforts to ensure IT systems are underway and fully resourced. For example, OIT completed milestones in the FY 2020 JBP on Electronic Health Record Modernization (EHRM). Additionally, OIT completed milestones in the FY 2020 JBP on Defense Medical Logistics Standard Support (DMLSS) /LogiCole/Medcoi Implementation.

Significant Progress to Date —

- Delivering on-time, production ready incremental releases for major programs (30+)
- Integrating deployments to minimize transitional re-work and manage interdependencies
- Integrating 24×7 incident management teams to triage and resolve issues in real time
- Launching DevOps and Product Line Management transformation to deliver capabilities faster
- Establishing an office to steward Electronic Health Record Modernization at the Deputy Secretary level
• Empowering VA Interoperability leadership to seamlessly integrate and exchange health information/data/best practices across the Department of Defense (DOD), industry and other partners
• Launching the Lighthouse open digital platform enabling rapid industry innovation for Veterans
• Aligning IT strategy with business goals through consistent IT governance processes

**IT Outcomes and Measures**

**Outcome IT-1:** Deliver IT capabilities to support VHA-determined data and interoperability business needs

- Measure: Consolidated Community Care fully supported by modernized IT systems
- Measure: VA IT Process Request Addendum tab is reviewed by the OIT Accounts Management Office Intake Triage

**Outcome IT-2:** Improve system interoperability to execute core health care mission functions

- Measure: Initial electronic health record modernization (EHRM) deployment to regions

**Outcome IT-3:** Provide governance and oversight bodies with accurate, reliable, timely, and relevant information to support decision making

- Measure: The IT Governance Board provides direction for strategy and vision of VA OIT

**Outcome IT-4:** Reduce the number of legacy systems while continuing to meet business needs

- Measure: Conduct thorough and complete evaluations and assessments, including functional, cost and schedule, technical, security and operational characteristics

**Outcome IT-5:** Reduce the number of duplicative IT systems and capabilities to support business needs

- Measure: Duplicative IT systems and capabilities
Highlights of the root causes, key actions, and outcomes for IT Challenges are outlined in the following figure.

### Information Technology Roadmap

<table>
<thead>
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<th>Current - Root Causes</th>
<th>Key Milestones</th>
<th>Future - Outcomes</th>
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</thead>
<tbody>
<tr>
<td>Insufficient skilled/trained staff, future skills gaps, and ineffective workforce planning.</td>
<td>Establish joint ownership and accountability, IT execution consistent with VHA program priorities</td>
<td>Deliver IT capabilities to support VHA determined data and interoperability business needs.</td>
</tr>
<tr>
<td>Inability to operate and/or integrate with partners and customers.</td>
<td>Establish a dedicated EHR program Office, Commonality with DoD EHR solutions, Integrated EHRM program approach</td>
<td>Improve system interoperability to execute core healthcare mission functions.</td>
</tr>
<tr>
<td>Inadequate accountability and governance structures.</td>
<td>Developing appropriate governance bodies, Enhance processes for effective program reviews, Operational improvements for effective IT and Field collaboration</td>
<td>Provide governance and oversight bodies with accurate, reliable, timely, and relevant information to support decision-making.</td>
</tr>
<tr>
<td>Lack of standardized processes, including streamlined service delivery and effective strategic sourcing.</td>
<td>Disciplined approach to legacy systems modernization, Improve reliability of authoritative system resources, Modernize targeted systems, Retire and Decommission designated systems</td>
<td>Reduce the number of legacy systems while continuing to meet business needs.</td>
</tr>
<tr>
<td>Inefficient tracking methods, poor data quality, and delayed response to material weaknesses.</td>
<td>Employ Portfolio Management and Product Line Management, Product Lines as framework for organizing IT services, Product Lines as framework for aligning key VHA support systems, Product Line initiatives evolve system capability employment more effectively</td>
<td>Reduce the number of duplicative IT systems and capabilities to support business needs.</td>
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Photo Credit: Office of Public and Intergovernmental Affairs
Inadequate Training for VA Staff

VHA is actively developing comprehensive training policy and planning processes to address this AOC. Led by VHA’s Deputy Chief Learning Officer and Director of Client Services, VA updated its action plan to reflect completed actions, expansion of leadership commitment and development of supporting capabilities. Successful action plan implementation will result in a systematic approach to training delivery and management. This will drive implementation of an educational infrastructure throughout the organization. Targeted, standardized, and comprehensive training will support active field engagement while enhancing consistent Veteran care at all medical facilities.

Significant Progress to Date —

- Appointing a permanent VA Chief Learning Officer to lead the Talent Development Council
- Establishing the National Designated Learning Officer Community of Practice
- Implementing Learning Advisory Councils to provide training expertise, identify training resource needs, understand training needs and review training outcomes in program offices across VA
- Establishing software to manage custom training development and delivery
- Aligning training priorities to support 18 priority operational strategies and Modernization LOEs
- Optimizing mandatory training to reduce demand on clinical staff time
- Upgrading the Learning Management System to a cloud-based platform
- Developing a systematic approach to training assignment, execution and competency assessment

Successful action plan implementation will result in a systematic approach to training delivery and management.
Training Outcomes and Measures

Outcome T-1: Training is developed in response to priorities identified by senior VHA leadership (national and field; delivered to nationally specified standards; and evaluated and reported by program office guidelines delineated in national policies

- Measure: Training data reporting process (percentage of training that complies with the training reporting process)
- Measure: Training Evaluation Process: Training accomplishes the initial objectives of the training sponsor and is validated through evaluation of the learners and reported back to the sponsor
- Measure: Trainees demonstrate required knowledge and proficiency

Outcome T-2: Accurately identified audience is trained at the appropriate time to specific program/process requirements

- Measure: Compliance with training assignment process (this will allow accurate identification of individuals who need certain training)
- Measure: Compliance with lifecycle maintenance procedure and sunset review process

Outcome T-3: Using the most resource-efficient approach, training is planned and developed, coordinated and implemented, then evaluated and managed to achieve effective training outcomes

- Measure: Compliance with resource/budget reduction strategy (percent of externally contracted training reduced)
Highlights of the root causes, key actions, and outcomes for Training are outlined in the following figure.

**Training Roadmap**

- **Current - Root Causes**
  - VA lacks a comprehensive, enterprise-wide training policy and planning process.
  - VA lacks systematic approach to competency assessment and execution.
  - Inadequate resources for development and implementation of appropriate educational infrastructure at the enterprise and administration levels.

- **Key Milestones**
  - Review and update training data reporting process
  - Review and update training evaluation process
  - Review and update training oversight directives
  - Review and update lifecycle maintenance procedure for training

- **Future - Outcomes**
  - Training is developed in response to priorities identified by senior VHA leadership (national and field), delivered to nationally specified standards, and evaluated and reported by program office guidelines delineated in national policies.
  - Accurately identified audience is trained at the appropriate time to specific program process requirements.
  - Using the most resource-efficient approach, training is planned and developed, coordinated and implemented, then evaluated and managed to achieve effective training outcomes.

**Photo Credit:** Office of Public and Intergovernmental Affairs
Unclear Resource Needs and Allocation Priorities

VA continues to increase capacity to manage within budget through new manpower policies and improved funds planning and management. This action plan reflects demonstrated progress of resource alignment to leadership priorities through evidence-based budget justifications, and enhanced reporting and decision-making capabilities. Successful action plan execution will result in defensible resource prioritization and allocation decisions informed by timely, robust data and reporting mechanisms. Consistently implemented practices will align resources with leadership priorities.

Significant Progress to Date —

- Hiring leaders in Manpower, Finance and Workforce Management and Consulting (WMC)
- Piloting a process to improve resource allocation and enhancing funding guidance to the field
- Establishing VA Manpower Management Service authority for overseeing VA’s manpower management program, organizational and position structures
- Co-leading implementation of the Organizational Improvement LOE by WMC and Finance
- Implementing early controlled funds release to improve field funds planning and management
- Leveraging standing Chief Financial Officer teleconferences to address resource and budget allocation concerns
- Introducing evidence-based justifications to VHA Medical Care program budget requests
- In addition to leveraging the robust analytic capability for staffing and productivity provided in the Office of Productivity, Efficiency and Staffing, the VA developed staffing models for critical programs such as police and VHA Caregiver Support Program
- Launching an initiative budget submission process prior to current and budget FY

Successful implementation will result in resource prioritization and allocation decisions informed by timely, robust data and reporting mechanisms

Customer-focused guidance and practices will improve alignment of resources with leadership priorities
Resource Allocation Outcomes and Measures

Outcome RA-1: Unified resource planning and allocation process is clearly documented and consistently applied

- Measure: Decrease in unfunded requirements
- Measure: Increase in timely release of program funds

Outcome RA-2: VHA utilizes a comprehensive strategic guidance process to ensure alignment of resources to leadership priorities

- Measure: Initiative budget submissions from each Deputy Under Secretary for Health and region that contain evidence-based justifications
- Measure: VHA has validated approach to Full Time Equivalent (FTE) staffing levels
- Measure: Organizations have standardized support staff by grade according to organizational level

Outcome RA-3: Adequate data and reporting mechanisms are used for making, evaluating and informing resource planning and allocation decisions

- Measure: Reduce variance in FTE reporting within budgeting systems and HR IT system of record (HR Smart)

Photo Credit: Office of Public and Intergovernmental Affairs
Highlights of the root causes, key actions, and outcomes for improving resource allocation are outlined in the following figure.
Integration of AOCs with Key Transformational Initiatives

The summaries below provide high level rationale and information on how the AOCs are being integrated with VHA’s priority initiatives, the Modernization LOEs. More details on each initiative can be found in VHA’s Plan for Modernization1. All LOEs have identified how they are measuring execution of these core business functions. Further details are described in Chapter 1 of the VA High Risk List Action Plan, Managing Risks and Improving VA Health Care.

Lane of Effort Support to AOC Outcome Attainment

While managed separately from the AOC action plans, some LOEs provide direct and significant contribution to the attainment of the AOC outcomes. All contributions toward transforming Veterans health care delivery regardless of their status as AOC action plans or LOEs are considered significant and vital to achieving VA's mission.

Photo Credit: Office of Public and Intergovernmental Affairs

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1 Department of Veterans Affairs, Veterans Health Administration, VHA Plan for Modernization (Washington D.C.: March 2019).
Commit to Zero Harm

Lane of Effort Objectives

For over 15 years, the National Center for Patient Safety, working with patient safety officers and managers across VHA, developed a range of innovations including a methodology for root cause analysis that includes events that occurred and near-misses. To expand on this approach, VHA established a High Reliability Organization (HRO) Steering Committee in 2018 to adopt HRO. The commitment to Zero Harm requires that VHA transforms the workplace culture to empower VA’s dedicated, compassionate employees. The overarching objectives of VHA’s HRO journey and commitment to Zero Harm include the following:

- Build a Just Culture\(^1\) of transparency and trust where HRO practices can thrive
- Empower employees to lead front line improvement efforts and speak up for safety
- Improve system-wide performance across multiple domains (including safety, quality, access)
- Affirm trust with Veterans and VA’s workforce through greater reliability and transparency

Key Measures

**Policies and Processes Measure:** All medical facilities have established a site-specific HRO roadmap informed by a standardized, facilitated HRO self-assessment with implementation of and progress against the HRO plan overseen by the region

**Oversight and Accountability Measure:** A patient safety culture demonstrates improved reporting of adverse events and close calls

**IT Measure:** Data are available and accurate, reliable, complete and used to inform decision making (Specific measures focus on preventing harm within the HRO context, as to be recommended by the Measurement Advisory Group)

**Training Measure:** Training (field) drives effective behavior change consistent with HRO values, principles and standards

**Resource Allocation Measure:** Appropriate funds are prioritized and allocated across headquarters functions, regions and facilities

Lane of Effort Support to AOC Outcomes

- Oversight and Accountability: OA-5
- IT: IT-3

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\(^1\) Sculli GL, Hemphill R. *Culture of Safety and Just Culture.* VA National Center for Patient Safety. 2013. Available at: https://www.patientsafety.va.gov/about/approach.asp
Organizational Improvement

Lane of Effort Objectives

The Organizational Improvement portfolio comprises three LOEs – Streamline VHA Central Office (VHACO), Governance and Integrated Clinical Communities (ICCs) – which address deficiencies in VHA’s management and governance structures. Addressing these deficiencies will improve the alignment of VHA’s programs, people and resources to support Veterans and allow VHA to become a matrixed, change-ready learning organization. Implementation of organizational improvements requires frequent, transparent communication, strong executive sponsorship and detailed project management.

The changes implemented through these Modernization LOEs will drive continuous improvement and support VHA’s transformation into a high reliability organization. Below is a summary of the goals, accomplishments and a look ahead for each LOE.

Integrated Clinical Communities (ICCs): The goal of ICC implementation is to establish an enterprise-wide clinical framework with common structures, roles and responsibilities at health care facilities, regions and VHACO. Leveraging data analytics and strengths from existing models will inform our process improvement efforts, enable the rapid flow of information and communication, and drive a consistent, effective employee and Veteran experience.

Streamline VHACO: VHA is redesigning its Central Office (headquarters) to consolidate many programs into fewer, clearly defined programs with related missions. These programs will be grouped and categorized to avoid unnecessary overlap, redundancies and fragmentation. There will be no reduction in force as a result of this reorganization. The Streamline VHACO effort will better align our talent and resources to support the delivery of exceptional health care that improves Veterans’ health and well-being. VHACO leadership and project teams will begin implementation in the second quarter of FY 2020, after communicating with key stakeholders, including Congress, unions and Veterans Service Organizations.

Revise Governance Processes and Align Decision Rights: VHA’s efforts over the last four years have positioned the organization to adopt changes to existing governance structures, focus on patient care priorities and ensure proactive decision making. Both functional and structural change, with an emphasis on leadership engagement, a Just Culture and continuous process improvement, are critical to change VHA’s current structure.
Key Measures

The current efforts of the Implementation Planning Team closely align to the actions of the Resource Allocation work group and create enabling steps for the achievement of the Resource Allocation AOC outcomes. The Resource Allocation action plan metrics demonstrate alignment with this initiative.

Lane of Effort Support to AOC Outcomes

- Oversight and Accountability: OA-2, OA-3

Photo Credit: Office of Public and Intergovernmental Affairs
Shared Services

Lane of Effort Objectives

Responsive shared services will be implemented in VHA to meet Veterans’ growing needs, while balancing quality and cost. Human Resources (HR) will be the first to adopt the Shared Services model, consolidating over 150 facility led HR offices to 18 regionally led HR Offices by September 2020. Lessons learned from HR modernization will be leveraged to transform other VHA administrative services to Shared Services (e.g., IT, Contracting, Supply Chain). To achieve the objective, this initiative will provide—

- Clear oversight and reporting structures consolidated at the regional level
- Consistent HR training and development
- Standard position descriptions and performance plans for HR staff
- Standard Operating Procedures (SOPs) for all HR functional areas
- Reliable HR Information System data
- HR functional area governance

Leadership will monitor the modernization and its impacts on HR services through performance metrics and stakeholder feedback and will target HR staff training and development as needed.

Key Measures

Policies and Processes Measure: Standardized position descriptions, processes, accompanying SOPs and performance plans across regions reduce variance in services delivery

Oversight and Accountability Measure: The target HR shared services reporting structure is standardized and fully implemented, including governance and oversight over shared services

IT Measure: HR systems can meet HR shared services requirements

Training Measure: HR Training is standardized and required for entry level through advanced competency levels

Resource Allocation Measure: At this time, there is no VHA Resources measure needed

Lane of Effort Support to AOC Outcomes

- Oversight and Accountability: OA-2, OA-3
**Lane of Effort Objectives**

VHA, the nation’s largest integrated healthcare system, is expanding from a system designed around episodic points of clinical care primarily focused on disease management, to a partnership between Veterans and VHA over time, focused on whole health. Whole health is an approach to health care that empowers and equips Veterans to take charge of their health and well-being and to live their lives to the fullest. This initiative—

- Is supported by and reports through the governance body at every level of the organization
- Incorporates and embodies the principles of being a HRO (empowering staff, continuous improvement)
- Utilizes the communication and collaboration enhancements afforded by the new EHR platform.

This effort will lead VHA toward its vision of providing exceptional, coordinated and connected care, and engaging Veterans in lifelong health, well-being and resiliency.

**Key Measures**

**Policies and Processes Measure:** Lifelong Health, Well-Being and Resilience expectations and standards are consistently applied at all medical facilities

**Oversight and Accountability Measure:** Assignment of oversight and accountability to Regional Director and medical facility leadership through inclusion of an annual performance plan metric related to this LOE

**IT Measure:** Integration of the Whole Health approach into patient electronic health records to ensure care providers can address Whole Health objectives

**Training Measure:** Percentage of staff completing required Whole Health approach trainings within the targeted timeframes

**Resource Allocation Measure:** Resources are aligned with Lifelong Health, Well-Being and Resilience priority needs as reflected in the increased participation of Veterans in Whole Health encounters

**Lane of Effort Support to AOC Outcomes**

This LOE does not directly contribute to resolution of any specific AOC outcomes. However, its innovation and plans to transform VA health care delivery are critical to achieving the overarching goal of delivering high-quality, safe, timely health care to all Veterans.
MISSION Act Access to Care: Access Standards

Lane of Effort Objectives

VA is taking a comprehensive approach to meet the MISSION Act’s requirements, deliver on milestones, and modernize its health system to achieve high reliability. While implementing the MISSION Act, VA has demonstrated the maturation of processes and clear definition of policies for large-scale transformation, established clear lines of monitoring and accountability, and developed a collaborative IT decision making and project management infrastructure that puts end users at the center of the software development lifecycle.

Background

The MISSION Act includes five titles with more than 60 provisions that either create new laws or amend sections of existing laws. In fact, the first phase of MISSION Act, implementation of the new community care program, has given VA a proven operating model driving consistency, efficiency, accountability and interoperability that is being replicated in other major VA initiatives.

Key Measures

Policies and Processes Measure: Standardize business processes and field guidance across the Veteran Community Care Programs (VCCP) to provide better access to care

Oversight and Accountability Measure: Create a structure that helps ensure the consistency, objectivity and effectiveness of the processes identified to implement the MISSION Act standards for quality and monitor the quality and performance of the community care network and newly established Veteran Care Agreements

IT Measure: Develop and modernize IT systems to address current community care challenges

Training Measure: Effectively train employees affected by re-engineered or new business processes and areas of responsibility and evaluate the effectiveness of the MISSION Act curriculum virtual training (eLearning and webinar) and in-person workshop courses for both VA and contractor staff

Resource Allocation Measure: Align available resources to consistently execute established processes for the VCCP

Lane of Effort Support to AOC Outcomes

- Policies and Processes: P&P-4
- Training: T-1
- Resource Allocation: RA-3
Modernize Electronic Health Record

Lane of Effort Objectives

This initiative supports providing quality care, a positive Veteran experience, efficiency, safety, and innovation. Through Cerner, Modernize Electronic Health Record (EHRM) will allow VA to leverage the same commercial solution being deployed by DOD. This will achieve interoperability within VA, with DOD and with community care providers.

- A single common system will replace over 130 separate EHRs, dramatically reducing maintenance and complexity (e.g., system updates), and variations across sites
- VA will share a single EHR system with DOD, facilitating innovation, security and efficiency
- A common, shared solution across VA and DOD will facilitate the secure transfer of active duty service members’ health data as they transition to Veteran status
- Standardized workflows and reporting support a common standard of health care throughout VA
- A single lifetime Veteran record and care plan available to all providers – VA, DOD and community – will enable a continuum of care and care coordination
- Common capabilities for scheduling, refilling prescriptions, telehealth, care plans and accessing health information will empower Veterans to take active roles in managing their health

Key Measures

Policies and Processes Measure: Uniform implementation, standardized business processes and care across the health care delivery systems

Oversight and Accountability Measure: Oversight and accountability controls assess the effectiveness of clinical and health care delivery support systems using electronic health records

IT Measure: EHRM eliminates current VistA challenges and remedies lack of data due to non-interoperable systems (e.g., Defense Medical Logistics Supply Support, EHRM, Financial Management Business Transformation)

Training Measure: Training plans address core competencies, competency gaps and enhanced system functionality available in the modernized solution to reduce implementation variation

Resource Allocation Measure: Resources are allocated and prioritized to support EHRM implementation

Lane of Effort Support to AOC Outcomes

- Oversight and Accountability: OA-2
- IT: IT-2, IT-3, IT-5
- Resource Allocation: RA-3
Lane of Effort Objectives

VHA’s current supply chain management systems and processes are outdated and create inefficiencies that limit VA’s ability to fully realize this important mission. In response, a VHA Supply Chain Modernization framework has been built around three critical pillars: systems, strategic sourcing and governance. Supply Chain Systems Modernization primarily implements the Defense Medical Logistics Standard Support (DMLSS) Supply Chain Master Catalog programs. Supply Chain Strategic Sourcing Modernization includes:

- Equipment Modernization provides a process to proactively plan and track equipment inventory and the procurement of replacements – helping the VHA efficiently deliver the items that clinicians and Veterans need. This effort also establishes a single National Equipment Catalog that will be the central source for all VHA equipment.
- Clinically Driven Strategic Sourcing, which is a process that collects, monitors and evaluates clinician input on commodities and equipment in partnership with supply chain professionals. The impacts of clinically driven strategic sourcing will improve Veteran outcomes, increase clinical satisfaction and decrease acquisition cycle time.
- Medical/Surgical Prime Vendor (MSPV) 2.0 program. The process streamlines supply chain management for medical, surgical, dental, lab and environmental medical supplies to create a national listing of available items to be integrated with DMLSS/LogiCole.
- National Equipment Catalog program. In January 2018 VA began using DOD’s Electronic Medical Catalog as the preferred method for end of FY equipment purchases and to fill current MSPV-Next Generation gaps. Since then, Electronic Medical Catalog use has expanded to all 18 regions. These efforts will maximize VHA’s purchasing power and reduce purchase card spending.
- Medical/Surgical Supplies Modernization: the MSPV 2.0. VHA also is partnering with DOD to establish a joint MSPV product. VHA will conduct the DLA MSPV Pilot with DMLSS fielding in one region (VISN 20).
Key Measures

Policies and Processes Measure: Updated and accurate policy and procedures to facilitate a lean and efficient supply chain

Oversight and Accountability Measure: Maturation of governance entities and ensuring compliance with policy to ensure a lean and efficient supply chain is in place

IT Measure: Modernized IT systems eliminate current IT challenges and remedy lack of data interoperable systems; data is available and accurate, reliable, complete and used to inform decision making

Training Measure: Training and role standardization drive compliance, understanding, modernization and a consistent product for clinicians and Veterans

Resource Allocation Measure: Appropriate funds are prioritized and allocated across functions; resources are sufficient, prioritized and allocated to support supply chain modernization

Lane of Effort Support to AOC Outcomes

- IT: IT-4
GAO uses five criteria to assess progress toward resolving the AOCs and ultimate removal from the HRL: leadership commitment, capacity, action plan, monitoring and demonstrated progress. GAO rates agencies on each criterion using the star diagram. Ratings are either “not met,” “partially met,” or “met.” With the March 2020 VA High Risk List Action Plan, VA believes it will continue to make progress in all five AOCs to earn at least a “partially met” rating in each criterion for removal by 2021. These goals were graphically represented in the summaries of each AOC section above. Key VA actions that were not part of GAO’s most recent rating period¹ are briefly summarized below.

**Leadership Commitment**

In FY 2018, Secretary Wilkie strengthened leadership commitment by making business transformation a Departmental strategic priority. Secretary Wilkie also established a high-level governance structure to oversee the Department’s high-risk plans and actions. The high-level governance structure, managed through the Office of Enterprise Integration, consists of three decision-making bodies: VA Operations Board (chaired by the VA Deputy Secretary), Executive Advisory Board and a Steering Committee supported by individual AOC work groups.

In FY 2019, Dr. Richard Stone, Executive in Charge (EIC) for VHA, articulated that becoming a highly reliable organization means achieving the seven key outcomes articulated in the VHA Plan for Modernization². At his request, modernization project teams met with GAO to receive input on their initiatives and included actions and measures relative to the AOCs in their operating plans. Dr. Stone also established a permanent program management office for GAO High Risk Series work called the GAO/OIG Accountability Liaison Office (GOAL). GOAL serves as VHA’s primary liaison to GAO; leads portfolio management, change management and risk management across the five AOC work groups; coordinates across transformational project teams; establishes strategic direction.

² Department of Veterans Affairs, Veterans Health Administration, VHA Plan for Modernization (Washington D.C.: March 2019).
and plans; tracks and monitors planned actions; develops reports to senior leadership, GAO and Congress; and chairs and staffs the Steering Committee. VHA leadership allocated funding and government staff to establish GOAL in FY 2019, described in more detail in Chapter 3 of the full version of the Action Plan.

VHA leadership directly participates in high-level governance structures. The EIC is a member of the VA Operations Board; the VHA Principal Deputy Under Secretary for Health co-leads the Executive Advisory Board; the Deputy Under Secretary for Organizational Excellence is a member of the Executive Advisory Board. VA and VHA executive leaders have also allocated resources in the form of government employees or contract support for all five AOC work groups.

**Capacity Actions**

In 2018 and 2019, VA built the management capacity needed to address the AOCs by dedicating government and contract staff; leveraging its federally funded research and development center and the private sector for best practices; supporting staff training for skill development; and allocating funds. VA trained GOAL staff in disciplines critical to long-term success – program/portfolio management, risk management and change management – and VA allocated over $27 million in contract support. Nearly three dozen government personnel are actively involved in addition to dedicated contractor staff. VA expects dedicated staff and contract support will be needed through FY 2025. Stakeholder program offices use current funding and staff to support efforts to address GAO concerns. VA does not anticipate requesting additional funds to manage action plan activities in the upcoming budget cycle.

In FY 2018, VA established a Manpower Management Office (MMO) to develop and oversee position management, organizational structure and validate analytic tools to determine workload-based staffing requirements. In FY 2019, VHA established a corresponding MMO to provide resource prioritization and oversight regarding funded positions and to implement manpower management policies established by the VA Manpower Management Policy directive published in October 2019. Skills and expertise in the VA and VHA MMOs contribute directly to VA’s work to promote the most efficient and
economical use of resources to meet the VA’s mission. VHA also stood up a new Risk Management function that bears directly on VA’s work to increase oversight through a risk management framework.

VA focused training efforts under the Office of Client Services. This realignment brought both broader expertise and a more operational approach to planning. VA expects this change will spur more effective execution and progress.

VA’s Office of Information and Technology (OIT) increased leadership and aligned responsible officials with work in the IT challenges area of concern. OIT retained its core team to promote integration across its five outcomes and to monitor action plan progress.

**Action Plan**

The March 2020 VA *High Risk List Action Plan* is VA’s updated action plan for addressing the five AOCs on improving VA health care that GAO cited in its *High Risk Series*. The full March 2020 updated action plan can be found at https://www.va.gov/performance/ and contains the following new elements—

- Root causes for each AOC, mutually agreed upon by VA and GAO
- Description of select initiatives from the *VHA Plan for Modernization* and measures for ensuring applicable AOCs are part of planning, execution and success of the initiatives
- Each area of concern action plan contains—
  - Outcome descriptions and alignment of outcomes to root causes
  - A description of progress made thus far for each outcome and progress toward meeting criteria for removal
  - Actions toward accomplishing the outcome, rectifying the root cause(s)
  - Key metrics and milestones for measuring progress in each outcome

*VA is committed to a durable management structure for overseeing this work that persists through changes to VA leadership and executive branch administrations*
- Alignment of select outcomes to current transformational initiatives, as applicable
- A high-level roadmap for each AOC
  - Key VA and AOC level outcomes, mutually agreed upon by VA and GAO
  - A crosswalk aligning select planned actions to root causes

**VA’s Way Forward**

VA and GAO agree this should be a dynamic action plan. Over time leadership priorities will evolve or change, which may bring about course corrections to VA’s approach to the AOCs. Similarly, outcomes and initiatives may evolve, and metrics will evolve with them. Most important, VA is committed to a durable management structure for overseeing this work that persists through changes to VA leadership and executive branch administrations. With the action plan described in this document, VA can proceed with monitoring actions and demonstrating progress.

**Monitoring**

In VA’s 2016 and 2018 submissions, VA monitored planned actions using a general set of status categories: “in planning,” “in progress,” “completed,” or “sustaining.” VA determined these categories were appropriate for high-level reporting on the status of planned work. In 2019, VA created quantifiable metrics for outcomes in both the Modernization LOEs and AOC Action Plans. The GOAL Office, in collaboration with internal stakeholders, is implementing a regular monitoring process in FY 2020.

**Demonstrated Progress**

VA looks forward to monitoring progress on this action plan and providing GAO with evidence needed to rate VA on “Demonstrated Progress.” The summary descriptions of each AOC in this document highlight some of the progress that has already occurred. Additional details can be found in Chapter 2 of the March 2020 VA High Risk List Action Plan update.
Together, the AOC action plans, the GOAL Office and VHA modernization initiatives establish framework for an integrated strategy that will remediate, correct and prevent future occurrence of the systemic foundational issues that have limited VA’s business transformation with respect to VA health care delivery. VA’s continued efforts to update and advance this integrated strategy will further VA’s goal of becoming a continuously learning and high reliability organization. The cumulative effect of this work will contribute to VA’s ability to provide high-quality, safe, timely health care to Veterans, their families and caregivers. The March 2020 VA High Risk List Action Plan describes an iterative process that will continue to evolve over time.

The cumulative effect of this work will contribute to VA’s ability to provide high-quality, safe, timely health care to Veterans, their families, and caregivers.
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The Department of Veterans Affairs (VA) High Risk List Action Plan—Managing Risks and Improving VA Health Care full report to the U.S. Government Accountability Office (GAO) is available at: https://www.va.gov/performance/

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