

VA



U.S. Department
of Veterans Affairs



**Department of Veterans Affairs
Fiscal Year (FY) 2022/FY 2020
Annual Performance Plan and Report (APP&R)**

LETTER FROM THE SECRETARY

The Department of Veterans Affairs (VA) is in the middle of a renaissance that is revolutionizing the way we provide care and benefits for millions of Veterans. The attached report shows great progress made toward reaching VA's performance goals, even during the COVID-19 pandemic that required us to go above and beyond not just to serve Veterans, but to support the Nation during this time of crisis.



The Annual Performance Plan and Report (for FY 2022/FY 2020, respectively) conveys that VA will continue focusing on improving customer service and providing world-class service. Transparency and accountability remain key pillars for building trust and lifelong relationships with Veterans. Those Veterans who are at-risk or underserved will continue to be a priority as VA strives to end Veteran suicide, homelessness and poverty.

VA continues to make great strides in customer service, which remains my top priority for the organization. VA set aggressive targets of 90% for all key customer satisfaction measures and hit all-time high marks in this area in FY 2020. The continued successful implementation of the *John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018* (MISSION Act) is an important goal for FY 2021 if Veterans are going to remain satisfied. In the first 17 months of the MISSION Act, we referred more than 2.7 million Veterans to community care. The MISSION Act created an urgent care benefit for Veterans for the first time, and more than 460,000 urgent care visits have been completed since June 6, 2019.

On October 24, 2020, VA launched its new electronic health record (EHR) system at the Mann-Grandstaff VA Medical Center (VAMC) in Spokane, Washington, and the West Consolidated Patient Account Center in Las Vegas, Nevada. This technology will roll out across the Country through 2028 as part of VA's EHR Modernization Program and create a seamless health care experience for Veterans as they transition from active duty and seek care at VA's more than 1,200 facilities.

This year, the COVID-19 pandemic posed a challenge to health care systems around the world; however, VA was ready and rose to the challenge of caring for our Nation's heroes. Despite closures and challenges, VA worked to coordinate a nationwide response to the pandemic and continued to make tremendous accomplishments in the administration of benefits and services. Our success is driven by a dedicated and compassionate workforce who are proud to fulfill President Lincoln's promise: "To care for him who shall have borne the battle and for his widow, and his orphan."

Robert L. Wilkie

Table of Contents

- Mission Statement 5
- VA Core Values and Characteristics 5
- Organizational Structure 5
- Agency Priority Goals 7
- Cross-Agency Priority Goals 8
- Strategic Goals Overview 8
- VA Priorities 9
 - Goal 1: Veterans choose VA for easy access, greater choices and clear information to make informed decisions 10
 - Strategic Objective 1.1: VA understands Veterans’ needs throughout their lives to enhance their choices and improve customer experiences 10
 - Strategic Objective 1.2: VA ensures Veterans are informed of, understand and can get the benefits, care, and services they earned, in a timely manner 16
 - Goal 2: Veterans receive highly reliable integrated care, support and excellent customer service that emphasizes their well-being and independence throughout their life journey 22
 - Strategic Objective 2.1: VA has collaborative, high-performing and integrated delivery networks that enhance Veteran well-being and independence 22
 - Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to end Veteran suicide, homelessness, and poverty 31
 - Goal 3: Veterans trust VA to be consistently accountable and transparent 36
 - Strategic Objective 3.1: VA is always transparent to enhance Veterans’ choices, to maintain trust, and to be openly accountable for its actions 36
 - Strategic Objective 3.2: VA holds personnel and external service providers accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse 39
 - Goal 4: VA will transform business operations by modernizing systems and focusing resources more efficiently to be competitive and to provide world-class CUSTOMER SERVICE to Veterans and its employees 42
 - Management Objective 4.1: VA’s infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to adapt to changing business environments and Veteran needs 42
 - Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world-class services to Veterans and their families 48
 - Management Objective 4.3: VA IT modernization will deliver effective solutions that enable VA to provide improved customer service and a secure, seamless experience within available resources in a cost-effective manner 53
 - Management Objective 4.4: VA will institutionalize data supported and performance focused decision making that improves the quality of outcomes 58
- VA OIG FY 2020 Major Management Challenges 61

GAO High Risk List Progress Summaries	61
Issue 1: Managing Risks and Improving VA Health Care.....	61
Issue 2: Improving and Modernizing Federal Disability Programs	63
Issue 3: VA Acquisition Management	64
Cross-Agency Collaboration	65
Interagency governance	65
Veterans Health Administration	66
Veterans Benefits Administration.....	67
National Cemetery Administration	69
ENDIX A – APP&R Table	73
APPENDIX B –	86
of Acronyms	86

List of Tables

Table 1 – Strategic Objective 1.1 Performance Measures	11
Table 2 – Strategic Objective 1.2 Performance Measures	17
Table 3 - Strategic Objective 2.1 Performance Measures.....	26
Table 4 – Strategic Objective 2.2 Performance Measures	32
Table 5 – Strategic Objective 3.1 Performance Measures	37
Table 6 – Strategic Objective 3.2 Performance Measures	40
Table 7 – Management Objective 4.1 Performance Measures	44
Table 8 – Management Objective 4.2 Performance Measures	48
Table 9 – Management Objective 4.3 Performance Measures	54
Table 10 – Management Objective 4.4 Performance Measures	58
Table 11 – Examples of Demonstrated Progress in FY 2020.....	63

List of Figures

Figure 1 – VA Organization Chart	6
Figure 2 – Veterans Journey Map	7
Figure 3 - VA Customer Experience as measured by Trust, Ease, Effectiveness and Emotion .	12

MISSION STATEMENT

To fulfill President Lincoln's promise *"To care for him who shall have borne the battle, and for his widow, and his orphan"* by serving and honoring the men and women who are America's Veterans.

VA CORE VALUES AND CHARACTERISTICS

VA Core Values — Integrity, Commitment, Advocacy, Respect and Excellence — define our culture and strengthen our dedication to those we serve. They provide a baseline for the standards of behavior expected of all VA employees. They remind us and others that "I CARE."



While VA Core Values guide the behavior of VA employees, VA Core Characteristics – Trustworthy, Accessible, Quality, Innovative, Agile and Integrated – identify what VA stands for and what VA strives to be as an organization. These are goals that VA want employees, Veterans, Service members, their families, caregivers and survivors to associate with the Department and its workforce.

Customer Experience (CX) Principles commit all VA employees to providing the best customer experience to Veterans, Service members, their families, caregivers and survivors in the delivery of care, benefits and memorial services. CX is the product of interactions between an organization and a customer over the duration of their relationship. VA measures these interactions through Ease, Effectiveness and Emotion, all of which impact the overall trust the customer has in the organization. VA uses CX data and insights in strategy development and decision-making to ensure that the voices of Veterans, Service members, their families, caregivers and survivors inform how VA delivers care, benefits and memorial services.

ORGANIZATIONAL STRUCTURE

VA is comprised of the following three administrations that deliver services to Veterans and staff offices that support the Department (Figure 1):

- **The Veterans Health Administration (VHA)** provides a broad range of primary care, specialized care and related medical and social support services that are uniquely related to Veterans' health or special needs. VHA advances medical research and development in ways that support Veterans' health and wellness by

pursuing medical research in areas that most directly address the diseases and conditions that affect Veterans;

- **The Veterans Benefits Administration (VBA)** provides a variety of financial and other benefits to Veterans and their families. These benefits include compensation, pension, fiduciary services, educational opportunities, vocational rehabilitation and employment services, home ownership promotion, transition assistance and life insurance;
- **The National Cemetery Administration (NCA)** provides burial and memorial benefits to Veterans and their eligible family members. These benefits include burial at national cemeteries, cemetery grants, headstones, markers, medallions and Presidential Memorial Certificates; and
- **VA Staff Offices** provide a variety of services to the Department, including information technology (IT), human resources (HR) management, strategic planning, Veterans outreach and education, financial management, acquisition and facilities management.

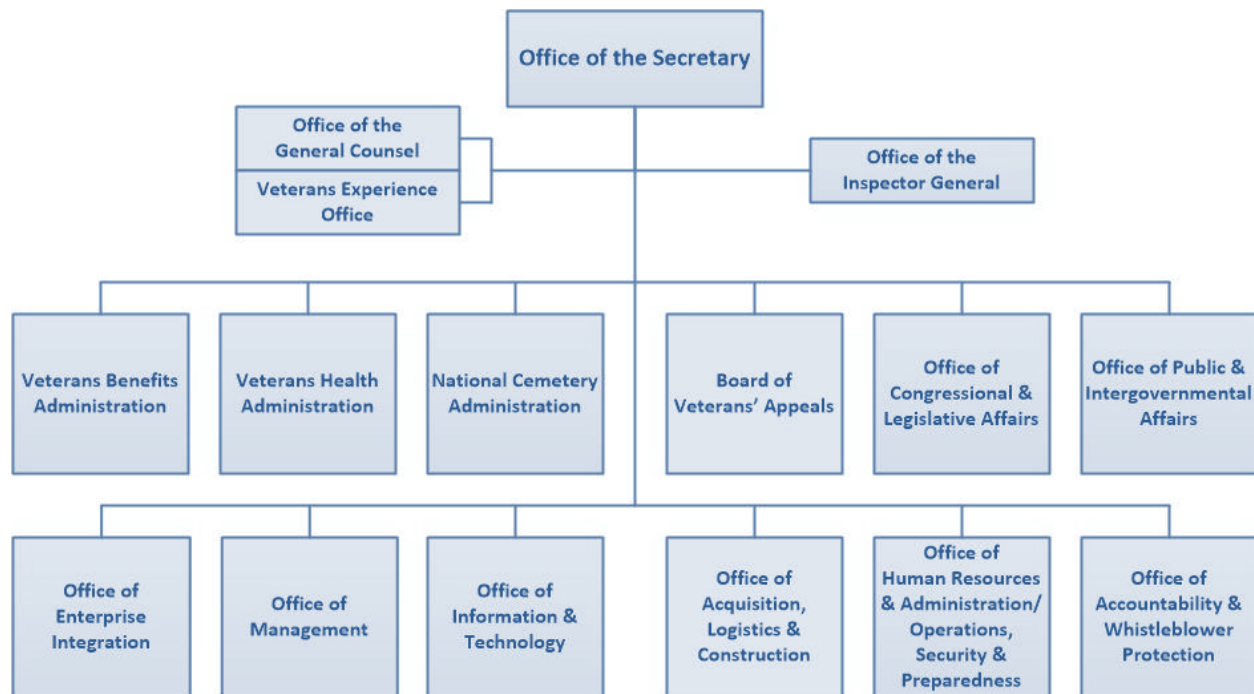


Figure 1 – VA Organization Chart

VA touches a Veteran’s life at all stages. The Veterans Journey Map (Figure 2) illustrates how VA care, benefits and services fit into distinct events of a Veteran’s life journey.

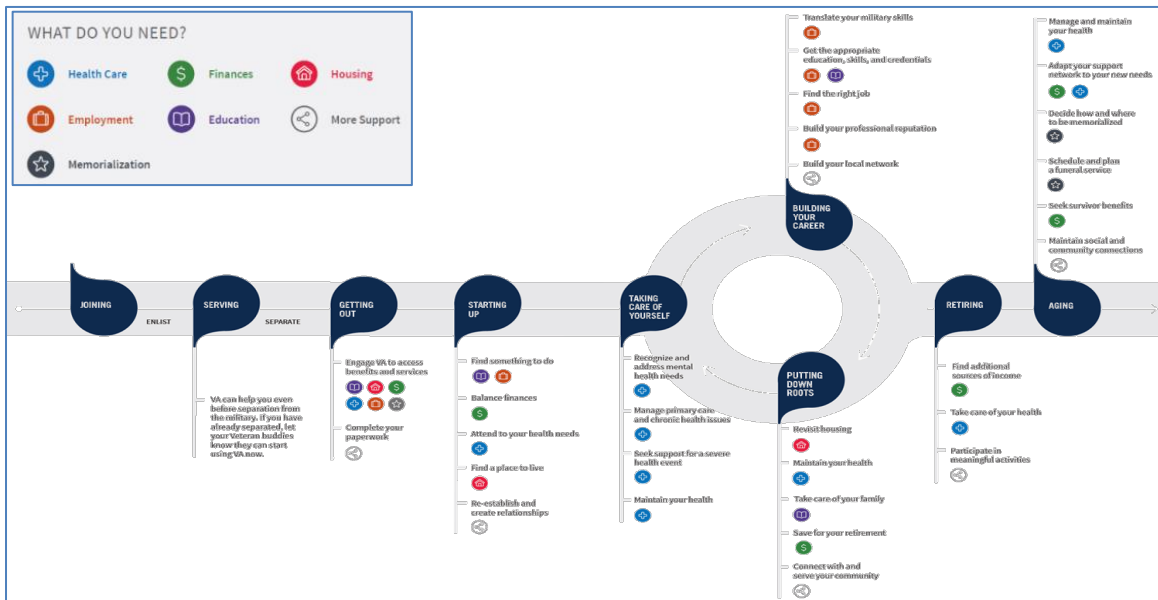


Figure 2 – Veterans Journey Map

A more detailed version of the Veterans Journey Map can be found at: <https://www.blogs.va.gov/Vantage/wp-content/uploads/2020/02/Veteran-Journey-Map.pdf>.

AGENCY PRIORITY GOALS

Agency Priority Goals (APG) are a mechanism to focus leadership priorities, set outcomes and measure results bringing focus to mission areas where agencies need to drive significant progress and change. APG statements are outcome-oriented, ambitious and measurable with specific targets set that reflect a near-term result or achievement that Agency leadership wants to accomplish within 24 months.

Agency leaders, from major Federal agencies, select approximately 4 to 5 goals every 2 years; identify responsible officials for goal achievement; and review performance quarterly to identify barriers to progress and make changes to implementation strategies to achieve goal outcomes. VA has the following four APGs for the FY 2020 – FY 2021 cycle:

- 1. Decision Review and Appeals:** VA will provide claimants who disagree with VA’s decisions on benefits claims and appeals with timely reviews under the new, streamlined process authorized by the *Veterans Appeals Improvement and Modernization Act of 2017 (AMA)*. By September 30, 2021, VA will process and adjudicate Supplemental Claims and Higher-Level Reviews within 125 days on average, and Direct Docket Appeals within 365 days on average. VA will collect data throughout FY 2020 and FY 2021 in order to establish average processing times for Evidence Docket and Hearing Docket appeals;

2. **Suicide Prevention:** Through clinical and community strategies, VHA will proactively identify and provide interventions for at-risk Veterans, for those using VHA care and those using other care systems, to prevent suicide and overdose death. VA will increase the implementation of Safety Planning in Emergency Departments (SPED), increase the use of predictive modeling to reach high-risk Veterans and partner with the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to develop statewide plans to end Veteran suicide;
3. **Connected Care/Telehealth:** VA will improve Veterans’ access to quality health care using digital care delivery methods. VA will focus efforts on ambulatory care providers providing care to Veterans using video telehealth in the home, expand the use of VA’s text messaging app, expand the use of secure messaging and increase triage support from clinical contact centers; and
4. **Veterans Experience with VA.gov:** VA will measure and improve Veterans experience with VA.gov using the Government-wide drivers identified for measuring CX with the Federal Government, by September 30, 2021. Veterans experience scores related to VA.gov will increase by 5% compared to an FY 2020 baseline with a long-range plan to reach an aspirational goal of at least 90%.

For additional information on these APGs, as well as quarterly updates on their progress, please go to <https://www.performance.gov/veterans-affairs/>.

CROSS-AGENCY PRIORITY GOALS

The Government Performance and Results Modernization Act requires each Agency to address Cross-Agency Priority (CAP) Goals in the Agency strategic plan, the annual performance plan and the annual performance report. Please refer to <https://www.performance.gov/CAP/overview/> for the VA’s contribution to those goals and progress, where applicable.

STRATEGIC GOALS OVERVIEW

The Department’s refreshed strategic plan for FY 2018 – FY 2024 articulates the framework for transforming VA over the next 5 years. Under the plan, to which the Annual Performance Plan and Report aligns, VA will accomplish the following strategic goals:

- **Strategic Goal 1:** Veterans choose VA for easy access, greater choices and clear information to make informed decisions;
- **Strategic Goal 2:** Veterans receive highly reliable integrated care, support and excellent customer service that emphasizes their well-being and independence throughout their life journey;
- **Strategic Goal 3:** Veterans trust VA to be consistently accountable and transparent; and

- **Strategic Goal 4:** VA will transform business operations by modernizing systems and focusing resources more efficiently to be competitive and provide world-class customer service to Veterans and its employees.

VA PRIORITIES

The Secretary has identified four VA priority goals for FY 2021 – FY 2022, which are used to guide the Department’s activities and decision-making. The following priorities are designed to guide each individual to move the organization forward in its mission to provide the best services and benefits to Veterans:

- **Customer Service:** Customer service is VA’s priority. When Veterans come to VA, it is not up to them to get us to say yes, it is up to us to get Veterans to yes. We are going to ensure that our employees are trained and equipped to achieve that standard;
- **Implementing the MISSION Act:** This has fundamentally transformed VA health care. We consolidated community care into a single program that is easier for Veterans, families, community providers and VA employees to navigate. The MISSION Act also expands our family caregivers’ program to provide much-needed assistance to the people caring for some of our most needy Veterans daily. The first quadrennial market assessment work will increase quality and access to the health care Veterans receive; improve Veterans satisfaction and experience; balance supply and demand of services in a local market by utilizing VA resources supplemented by Government partners, academic affiliates and private sector resources; and implement world-class facilities in the right locations to best serve Veterans;
- **Replacing our Aging EHR:** The new EHR will modernize our appointment system; automate our disability payment claims systems; and connect VA to the Department of Defense (DoD), private health care providers and private pharmacies. Implementing the new EHR will be an ongoing iterative process to build a continuum of care that is organized around Veterans’ needs;
- **Transforming our Business Systems:** We are modernizing human resource management, finance acquisition and our supply chain to provide more leeway to manage budgets, recruit, retain and relocate staff that are needed to serve Veterans. We are also cultivating more robust partnerships with state and local communities to address challenges like Veteran homelessness and suicide prevention, our top clinical priority.

GOAL 1: VETERANS CHOOSE VA FOR EASY ACCESS, GREATER CHOICES AND CLEAR INFORMATION TO MAKE INFORMED DECISIONS

To provide Veterans with better choices and improved access to the benefits, care and services they need, we must enhance our understanding of what Veterans are experiencing at each phase of their life journey. To that end, VA will establish interactive relationships with Veterans prior to their release from active duty, during their transition to civilian life and thereafter to provide better information to Veterans about the care, benefits and services available to them. We will engage Veterans in a multitude of ways including, but not limited to: in-person conversations, surveys, call centers and by providing enhanced digital content, all for the express purpose of proactively providing information relevant to the Veteran’s stage in life. VA will leverage data accumulated from these communication channels, from market analyses and from other sources to enhance Veterans’ options.

Our goal is to make it easy for the Veteran to access benefits, care and services from VA and our partners who support Veterans. VA must compete for our Veteran customers or risk losing them. We believe competing with the private sector to serve our Veterans will make us stronger, and we welcome the challenge. This goal expands easy access, beyond making an appointment and reducing wait times, to ensure that Veterans are able to use any benefit, care or service they need, no matter where they are. VA, in its quest to better serve Veterans in the manner they wish to be served, has identified three major elements pertaining to enhanced access for Veterans: VA understand Veterans’ needs; Veterans are informed; and care, benefits and services are available for Veterans to use.

STRATEGIC OBJECTIVE 1.1: VA UNDERSTANDS VETERANS’ NEEDS THROUGHOUT THEIR LIVES TO ENHANCE THEIR CHOICES AND IMPROVE CUSTOMER EXPERIENCES

VA understands our Veterans’ lives and relevant experiences to better anticipate what they need. This includes understanding the evolving nature of military service and combat; understanding their experiences and the new and pervasive challenges transitioning Service members face; and communicating with our Veterans to ensure we provide the services they need and achieve the outcomes they have earned. See Table 1 below for performance measures.

PERFORMANCE MEASURES BY FISCAL YEAR

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Trust in VA among America's Veterans (VEO #692)	70%	72%	90%	79%	90%	90%	N/A	Off Track
Easy to get services (VEO #746)	69%	71%	90%	76%	90%	90%	N/A	Off Track
Customer Satisfaction with Outreach Events Office of Small and Disadvantaged Business Utilization (OSDBU #966)	N/A	N/A	0	5	N/A	N/A	N/A	Baseline

Table 1 – Strategic Objective 1.1 Performance Measures

ACCOMPLISHMENTS

- In 2015, VA embarked on the mission of adopting and implementing the best practices of CX from industry leaders and innovators both inside and outside VA in the delivery of care, benefits and memorial services for Veterans, their families, caregivers and survivors. The Veterans Experience Office (VEO) is VA’s lead organization for CX and supports this mission through providing our customers with easy, effective and emotionally resonant experiences so that Veterans, their families, caregivers, survivors and VA employees trust and choose VA. VA accomplishes this through the following four core CX capabilities: real-time CX data, tangible CX tools, modern CX technology and targeted CX engagement. The strategic deployment of these capabilities across the Department enables VA to not only listen to, and learn from, our customers in real-time, but also make strategic decisions based on the “voice of the Veteran” to launch more rapid, results-driven service recovery and program improvement responses to their requests and recommendations.
- Since 2015, VA deployed 65 unique Veteran Signals (VSignals) surveys for 14 VA business lines , sending 30.8 million surveys, receiving 5.4 million survey responses from Veterans and 2 million free-text responses. Through this data, VA worked with stakeholders and identified opportunities in service recovery and systems improvement that dramatically increased Veteran trust. Each quarter (Q), VA surveys Veterans who use any VA service, about VA’s performance. This survey reached over 5 million Veterans since September 2016. VA-wide trust currently stands at 79%, representing an increase of 24% between FY 2016 and FY 2020. Such an increase reflects improvements in Veterans experience and overall sentiment of trust in VA. This improvement is a testament to the dedication of VA’s frontline employees and a strong customer-centric approach across the Department. Frontline employees are applying best practices and methodologies to implement service improvements based on direct feedback from Veteran customers. As illustrated in Figure 3 below, VA trust, ease and emotion scores increased since the initial measurement period in FY 2016 Q2.

Goal 1 – Choose VA for easy access
Objective 1 – Understand Veterans needs

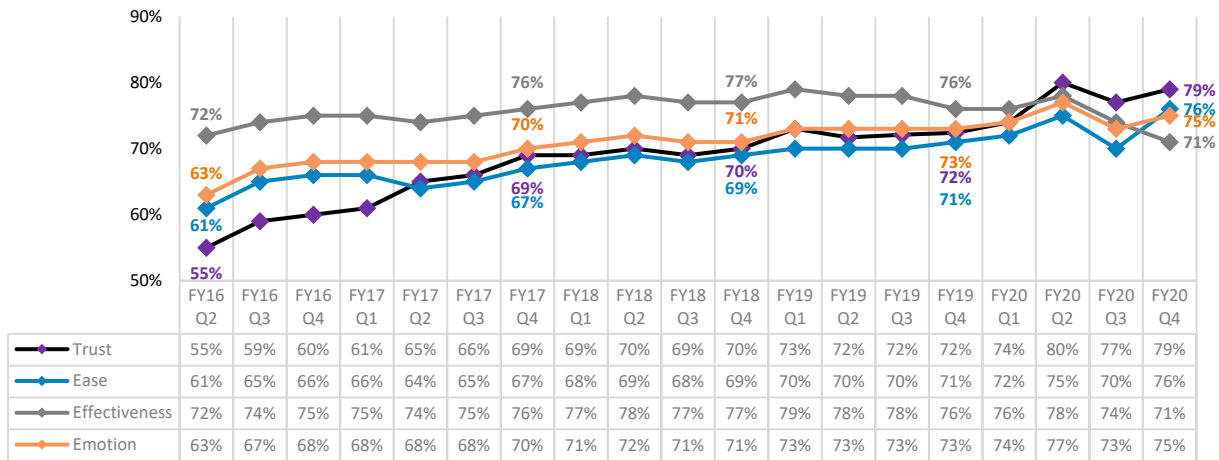


Figure 3 - VA Customer Experience as measured by Trust, Ease, Effectiveness and Emotion

- VA historically has set a long-range, aspirational goal of 90% because Veterans, their families, caregivers and survivors deserve the best experiences from VA. Of note, the Veterans experience data tells us that VA has made marked improvements in the past few years, which brings the Department closer to reaching this goal over time.
- Through the CX survey data, VA deployed algorithms to detect free-text responses from Veterans that may be at risk for suicide and homelessness. As a result, over 2,000 suicide alerts have been immediately routed to the Veterans Crisis Line (VCL) and more than 400 alerts sent to the National Call Center (NCC) for Homeless Veterans. In response to the COVID-19 pandemic, VA utilized this capability to quickly launch three COVID-19 focused surveys to further understand Veterans’ comfortability with their care, either in-person or via telehealth.
- To ensure ease of access to services, VA streamlined Veteran interactions with all benefits and services through the launch of “VA Profile,” which synchronizes contact information for 14.7 million Veterans and family members across VA systems. Since launching in May 2018, as part of VA’s data modernization efforts, more than 650,000 Veterans and family members have updated their contact information on VA.gov, and undeliverable mailings decreased by 78%.
- VA helped improve point-of-service experiences through the launch of Veterans Health Administration Profiles (VHAP) as part of the new EHR system rollout. VHAPs ensure that 12.2 million Veteran records have the appropriate contact information, medical benefits enrollment information, service connection and other data. It subsequently applies laws, policies and regulations, that could not be processed by the off-the-shelf EHR system, to provide coverage or co-payment information that Veterans and their care teams can use in real time. VA supported the launch of a new self-scheduling tool, which integrates VHAP information with the new EHR scheduling tool, allowing Veterans to self-schedule and adjust medical appointments. VA engaged with 30,000 Veterans in the

Columbus, Ohio region to raise awareness of the self-scheduling pilot. Using VHAPs, VA validates EHR data such as contact information; Veteran health benefits status; disability rating with Federal partners, including DoD, the Internal Revenue Service and the Social Security Administration, simplifying benefits validation for Veterans.

- VA partnered with DoD to establish the Joint Health Information Exchange. Through the Joint Health Information Exchange, participating community partners who care for DoD and VA beneficiaries are able to electronically access and retrieve data from the Veteran's health record to provide safer and more timely, efficient, effective and equitable patient-centered care.
- The Women's Health Transition Training Program was developed by VA Women's Health Services, VBA Office of Transition and Economic Development (OTED) and DoD. The program teaches active duty women about the range of available women's health care services offered by VA; the process and eligibility requirements for enrollment into VA health care; and how to stay connected with other women through Veteran networks, resources and programs, post-service.
- The VA and DoD SkillBridge Memorandum of Understanding (MOU) was signed in December 2019 to expand additional VA career fields into the SkillBridge Program. In collaboration with OTED and DoD SkillBridge, the VHA Office of Primary Care launched an Intermediate Care Technician Internship Pilot SkillBridge Program to train transitioning military health care professionals at the Palo Alto Health Care System in Palo Alto, California. OTED has engaged 13 VA organizations that expressed interest in establishing and/or expanding a VA SkillBridge Program for transitioning Service members.
- VA published the first round of the multi-year Post-Separation Transition Assistance Program (TAP) Assessment (PSTAP) Outcome Study to help determine the effectiveness of TAP on transitioning Service member long-term outcomes. The study is designed to ensure transitioning Service members are prepared for their transition to civilian life by identifying what is most important to Veterans in determining satisfaction with TAP and determining actions to improve TAP experience for transitioning Service members. The end state is to use the information garnered from PSTAP to guide training and/or operational activities to enhance quality of benefits and services provided to Veterans.
- VA's TAP pivoted to virtual one-on-one sessions, due to COVID-19. From April 1, 2020, to October 21, 2020, 34,203 one-on-one assistance sessions have been provided to Service members, Veterans, family members and caregivers via phone and email. The top 3 assistance topics were Disability Compensation Benefits (34%), Education Benefits (28%) and Health Care (13%).
- The VA TAP Benefits and Services Participant Guide was recently awarded two Hermes Creative Platinum awards from the Association of Marketing and Communications Professionals, as part of their 2020 competition. This industry-recognized design award highlights VA's efforts to improve the user experience with the Participant Guide as an educational tool when participating in TAP. This award is a "stamp of approval" on using creative design standards to make a professional product on par with those from major corporations and non-profits.

Goal 1 – Choose VA for easy access
Objective 1 – Understand Veterans needs

- VBA awarded 2,100 Science, Technology, Engineering and Mathematics scholarships, totaling \$63 million, to ensure that these Veterans or dependents studying in critical in-demand fields can finish pursuing their educational goals.
- VA successfully implemented section 105 of the Colmery Act, which increases the Post-9/11 GI Bill benefit level for individuals, with at least 90 days but less than 6 months of qualifying service, from 40% to 50%; and for those with at least 6 months but less than 12 months of qualifying service, from 50% to 60%. Since the section's August 1, 2020, effective date, 3,724 individuals have been positively impacted by this change.
- VA's Vocational Rehabilitation and Employment was rebranded as Veteran Readiness and Employment (VR&E) with the tagline "Empower. Achieve. Succeed." A comprehensive human-centered design (HCD) research effort was conducted to understand VR&E Program strengths, weaknesses, pain points and opportunities to facilitate program awareness and delivery. Service members and Veterans were part of the HCD research; provided valuable information on their perceptions and experience with the program; and voted for the new tagline for the program. Through HCD research, VR&E learned that confusion around the previous program name, a general misunderstanding of the services provided, and stigma attached to the previous naming convention deterred some potential program participants from seeking Chapter 31 services. The new name places emphasis on the Veteran and the mission to help them reach their employment goals. The new name and brand also eliminate any confusion about the mission of the program and highlight Chapter 31 as a career/employment program, while promoting a positive image. The rebranding is part of VR&E modernization designed to leverage people, processes and technology, to provide benefits more efficiently, with the highest standards of customer service.
- On September 29, 2020, VA and the Department of Labor's (DOL) Veterans' Employment and Training Service signed a Memorandum of Agreement to formalize each Agency's commitment to continue cooperative efforts to help VR&E participants achieve their employment goals.
- In FY 2020, VA developed and published 11, 1-page informational papers, named Quick Start Guides (QSG), as part of the VA Welcome Kit (<https://www.va.gov/welcome-kit/>), detailing how to best access specific VA benefits and services. QSG topics include: VA mental health services, COVID-19 support, survivors benefits, women Veterans health services, Vet Center services, caregiver benefits, community care, urgent care, burial in a VA National cemetery and understanding the modernized decision review process.
- VA developed a "Welcome to Telehealth" Kit, for Veterans and telehealth providers, to improve understanding and utilization of telehealth services based on a specific telehealth journey map and insights report. After the release of this kit, which was developed in collaboration with the VHA Office of Telehealth, 25% more patients successfully completed their first telehealth appointment.

ASSESSMENT

VA prides itself on providing top-notch care to Veterans. For example, a study in the August 2020 issue of Health Affairs¹, found that, overall, Veterans had a favorable view of their care at VA facilities and in the community. However, VA care scored higher than community care in the following three of the four categories covered in the surveys: overall provider rating, communication and coordination. The fourth category, access to care, produced mixed results, depending on the type of care. The survey showed lower scores on access to specialty care, such as cardiology or orthopedics. There were no differences in access to primary or mental health care.

Each year, VA finds innovative ways to improve the scheduling process. In August 2020, VA rolled out a new online tool named My VA Health which uses VA's new Centralized Scheduling Solution (CSS). This is an all-in-one system that provides Veterans with cutting-edge capabilities to make and manage their appointments.

VA's Office of Small and Disadvantaged Business Utilization (OSDBU) performed strongly on highly relevant FY 2020 goals aimed at informing Veterans, improving access and maximum utilization for small businesses. Veterans, Veteran-Owned Small Businesses (VOSB) and other partners remained the focal point in a year that was filled with tremendous change and uncertainty due to the COVID-19 pandemic.

As a final example, VA launched the first Virtual Veterans Experience Action Center (VEAC) that assisted Veterans, throughout the state of Florida, with VA benefits, health care and resources, in partnership with the Northeast Florida Community Veterans Engagement Board (CVEB).

Throughout FY 2020, VA tracked the confidence level Veterans have in VA; the level of ease experienced by Veterans when attempting to get service; and satisfaction levels felt by Veterans and Service members with outreach events. Although two out of three measures resulted in an off-track status, the off-track status can be attributed to the change in operations throughout VA as a result of the COVID-19 pandemic. For example, in-person appointments transitioned to telehealth visits and the use of online tools increased, which meant more self-help training by Veterans. Despite these challenges, VA made noteworthy progress towards understanding Veterans' needs throughout their lives to enhance their choices and improve customer satisfaction.

VA, in collaboration with the Office of Management and Budget (OMB), has determined that Strategic Objective 1.1 is making noteworthy progress.

¹ www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.01375.

STRATEGIC OBJECTIVE 1.2: VA ENSURES VETERANS ARE INFORMED OF, UNDERSTAND AND CAN GET THE BENEFITS, CARE, AND SERVICES THEY EARNED, IN A TIMELY MANNER

As the chief advocate for Veterans, VA proactively educates and informs all Veterans about the benefits and services for which they are eligible, as well as the non-VA provided benefits available to them based on their personal needs, location and desires, before departing military service. VA will continue to reach out to Veterans who are not using VA, to ensure they are aware of their potential eligibility for benefits and care.

Informed by customer feedback, VA will integrate digital information, contact centers and databases so that Veterans can easily find what they need, no matter which communication channel they choose. Using HCD practices and working with Veterans, VA will continually ensure that the VA.gov website is Veteran-centric and user friendly, and that it provides seamless and personalized forms, tools, online communities and information. VA will also unify Veteran data, adding customer preferences for electronic correspondence to its new VA Profile database and integrating the VA Profile service with mobile apps. VA will also establish a governance structure to institutionalize the focus on CX and maintain senior VA leadership involvement in, and commitment to, the customer service effort. See Table 2 below for performance measures.

PERFORMANCE MEASURES BY FISCAL YEAR

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of IDES participants who have a proposed rating completed within 20-day standard (VBA #469)	61%	52%	63.00%	69.40%	63%	N/A	N/A	On Track
Increase the number of Veterans who are aware of using benefits, reached through advertising and marketing efforts (OPIA #536)	7.50%	10.86%	11.00%	10.12%	11%	10%	N/A	Off Track
Percent of disability compensation rating claims processed within 125 days (VBA #576)	74.54%	73.16%	71.00%	74.76%	63%	71%	N/A	On Track
Increase traffic to and from the content delivery [social media] platform (OPIA #659)	3.89%	29.69%	20.00%	59.02%	20%	20%	N/A	On Track
I felt like a valued customer (VEO #752)	71%	73%	90%	73%	90%	90%	N/A	Off Track
I got the services I needed (VEO #761)	77%	76%	90%	74%	90%	90%	N/A	Off Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Average number of days from VR&E's receipt of Veteran's application to notification that the Veteran was found entitled or not entitled to services (VBA #852)	N/A	42.25	45.00	35.96	45	45	N/A	On Track
Customer satisfaction for VA portion of the Transition Assistance Program (TAP) (VBA #917)	N/A	N/A	95%	95.8%	95%	95%	N/A	On Track
Percentage of pension rating claims processed within 125 days (VBA #918)	N/A	N/A	N/A	N/A	80%	80%	N/A	Not Started
Expand awareness of VA programs for Veterans who are homeless or at risk of homelessness (OPIA #923)	N/A	N/A	N/A	N/A	1%	1%	N/A	Not Started
Percent of eligible Veterans contacted within their first year of separation from military service (VBA #982)	N/A	N/A	N/A	N/A	40%	N/A	N/A	Not Started

Table 2 – Strategic Objective 1.2 Performance Measures

ACCOMPLISHMENTS

- VA issued 16,500 Certificates of Eligibility (COE) to Veterans seeking to participate in the Veteran Employment Through Technology Education Courses (VET TEC) Pilot Program. Average processing time for these COEs is less than 11 days, and in FY 2020, the program's popularity led to VA reaching the statutorily mandated annual funding cap of \$15 million. As a result of VET TEC training, 470 Veteran participants secured meaningful employment.
- VBA moved towards electronic communications with Post 9/11 GI Bill beneficiaries in order to reduce the burden and costs of manually printing and mailing letters. This was accomplished through a phased approach, with the goal of going paperless, beginning with removing paper management from the Regional Processing Offices (RPO).
- Due to additional access to Veteran data and technological system enhancements, VA issued over 1.6 million Home Loan COEs, automatically.
- VA created the Blue Water Navy (BWN) Ship Locator Tool using U.S. Navy deck logs and other data. The tool overlays ship locations for specific time periods on a map. This allows VA field claims processors to quickly determine whether certain Navy ships transited the areas identified in BWN legislation while Veterans were aboard, and therefore, would be covered by presumptive condition criteria. It significantly simplifies and facilitates identification of eligibility. To date, the tool has supported 33,542 granted claims, providing \$656 million in benefits to eligible Veterans.

- VA modernized the way Veterans learn about and apply for compensation benefits through the self-service disability compensation benefits claims tool located at www.va.gov/disability/how-to-file-claim/. Built with Veterans, for Veterans, the tool was developed through HCD principles and utilizes data integration and conditional logic to personalize the digital claim submission process for Veterans and Service members. The tool gives Veterans more control over claims submission and represents an innovative leap forward in VA services.
- Following VA's complete suspension of in-person medical disability examinations (MDE), to protect Veterans and examination providers from the pandemic during April and May 2020, VBA's MDE Office quickly developed and implemented a plan to resume MDEs in phases, according to local risk assessments. By the end of the FY 2020, the MDE Office had safely expanded availability of in-person examinations to cover approximately 99.9% of all pending examinations. This included the 121 DoD Military Treatment Facilities that provide examinations for transitioning Service members in the VA/DoD Pre-Discharge programs. Moreover, the MDE Office implemented a supplemental phased restart plan for a subset of examinations that required removal of personal protective equipment (PPE), again based upon local risk assessments. Additionally, the MDE Office successfully limited this remaining restriction on examinations to only 4% of the examination inventory. As a result of these efforts, and despite the continuing pandemic, VBA collaborated with its contract examination vendors and ended FY 2020 at pre-pandemic examination completion levels; stopped the growth of the pandemic-related examination inventory; and completed more examinations than in FY 2019. The MDE Office also collaborated with VBA's vendors to safely implement their plans for increasing examination capacity and reducing and eliminating the remaining pandemic-related examination inventory. These efforts ensured that VBA had the medical evidence it needed to resume increasing levels of disability compensation claim processing for Veterans during a period of national emergency.
- On August 1, 2020, VA expanded the Private Medical Records Program internationally, resulting in a cost savings of \$65,000 in FY 2020. International record retrievals are now completed in 19.62 days, which is a 67.3% reduction from historical performance. As a result, anywhere in the world that a Veteran received medical treatment, VA is now receiving their records faster and cheaper, improving the overall claims experience through more expedient decisions.
- During the COVID-19 pandemic, VA utilized many communication avenues to ensure Veterans, their families, caregivers and survivors were aware of available VA and non-VA resources, benefits and services. Using #VetResources, VA emailed critical COVID-19 guidance and vaccination trial information to Veterans and their families during 16 specific campaigns, prompting 33 million opens and 7.5 million clicks to both VA and non-VA COVID-related resources. Each #VetResources newsletter sent now includes a VA COVID-19 status update. VA assisted with texting critical COVID-19 information to more than 32.2 million Veterans, leveraging contact information from the VA Profile database.

- VA launched its first interactive “chatbot” on VA.gov to answer COVID-19 questions or route customers to the right resource. The chatbot has served over 78,000 customers with approximately 500 unique visitors per day since launch. To address the influx of COVID-19 related inquiries, VA streamlined contact center operations by providing callers with general COVID-19 information as well as updates on closures and re-openings. Live agent COVID-19 support was given to more than 42,000 callers through the White House VA Hotline or VA311. More than 38,000 COVID-19 administrative calls were alleviated from the queues of VA Health facilities in the Northwest, Southern California and Southern Nevada, allowing those facilities to focus on clinical calls.
- Through community engagement, VA assisted Veterans, their families, caregivers and survivors in receiving the services they need through VEACs. VEACs are large-scale, comprehensive Veteran resource events scheduled in collaboration with local VA facilities and local communities to provide access to VA services. Since 2017, 9 in-person VEACs were executed, assisting over 6,500 Veterans, families, caregivers and survivors with information about VA care and services and in filing over 2,000 claims and appeals. In FY 2020, VA pivoted from in-person to virtual VEACs in response to the COVID-19 pandemic. Virtual VEACs allowed Veterans, their families, caregivers and survivors to schedule appointments to discuss issues with VA representatives over the phone. Utilizing a virtual call center with a base of agents (state/county Veterans Service Organizations (VSO)) contacting the individuals to address their issues. If the VSO representative was unable to address the issues, the caller was transferred to the appropriate VA representative. VA held its first ever virtual VEAC with Florida Veterans. The 3-day event assisted more than 400 people with information and access to VA services and received a 94% satisfaction rate.
- VA has improved Veteran experience and trust through VA’s signature CX, named “Own the Moment.” Own the Moment teaches guiding principles that assist all staff in connecting with Veterans and understanding and responding to their needs. Over 100,000 VHA employees have completed this workshop. As a result, VHA Trust scores increased from 85.2% to 89.6% between FY 2017 and FY 2020. Through Own the Moment, VA is establishing a principles-based culture to ensure ease, effectiveness and emotional resonance in Veteran experiences.
- VA supports improved response time and case management through the nationwide deployment of the Patient Advocate Tracking System Replacement (PATS-R), which enables patient advocates, service line representatives, facility leadership and other CX representatives a single view of patient and other customer service issues, for tracking and resolution. After integrating with PATS-R, the White House VA Hotline case resolution time decreased from 19 days to 6 days. More than 25,000 VA employees who have direct responsibilities and impact on service recovery and resolution now use PATS-R.
- VA implemented an innovative “Commit to Sit” initiative that encourages health care professionals to communicate with patients in a way that demonstrates compassion, respect, empathy and competence. From FY 2019 Q1 to FY 2020 Q2, survey scores on communication with doctors increased from 75.7% to 77%.

- In FY 2020, VA providers conducted 127,413 goals of care conversations with seriously ill Veterans and documented their goals and preferences for life sustaining treatments. To date (since July 11, 2018), there have been 335,398 goals of care conversations with distinct patients. In addition, a study of goal-concordant care in 18,163 deceased Veterans demonstrated that 80% of Veterans who had comfort-care goals received hospice and 57% received palliative care consults. When comfort care was documented in the EHR, patients had 44% lower odds of being hospitalized in the last 30 days of life. These findings support VA's commitment to honoring Veterans' preferences.²
- At the onset of the COVID-19 pandemic, VA's Office of Public and Intergovernmental Affairs (OPIA) immediately organized Department-wide communications to speak with one voice and eliminate conflicting information. The Office of Digital Media Engagement (DME) served as a hub to publish and promote important news and information to more than 12 million Veterans across the country, each week. As a result, Vantage Point became a primary source of helpful news and resources that was timely, accurate and reliable. DME also leveraged its highly ranked podcast Borne the Battle for special COVID-19 updates. These podcasts were often recorded and promoted the same day. As a result of these efforts, Veterans, caregivers and survivors had access to the most recent and accurate information possible across multiple platforms and social media.
- VA's National Veterans Outreach Office identified an immediate need to increase awareness and improved access for Veterans and family members to VA benefits and services. This was accomplished through a comprehensive review, edit and updating of all VA programs, services and Federal benefits into one handbook. The 2020 Federal Benefits Handbook for Veterans, Dependents and Survivors was completely updated. More than 70,000 copies were printed and distributed nationally to outreach programs. A significant improvement was the addition of a digital version with website hyperlinks that provide direct access to program offices. The handbook is posted on VA.gov. and found at www.VA.gov/getstarted. This handbook is 508 compliant to provide access to certain Veterans with disabilities. Veterans and their families lives have been improved through this one-source benefits and services handbook.
- During the September 2020 San Antonio, Texas virtual Economic Investment Initiative, VBA successfully engaged and collaborated with more than 40 internal and external stakeholders to deliver direct services, education, resources and a foundation for long term solutions to local challenges for transitioning Service members, their spouses, Veterans, their families and caregivers. The event concluded with a hiring fair that provided valuable career opportunities and resources specific to local challenges in San Antonio, Texas.
- In December 2019, VBA implemented VA Solid Start (VASS), and has a 58.9% success rate, far above the 15% benchmark for the percent of eligible Veterans contacted within their first year of separation from military service. VASS seeks to make early and consistent, caring contact with transitioning Service members

² Honoring Veterans' Preferences: The Association Between Comfort Care Goals and Care Received at the End of Life. <https://www.sciencedirect.com/science/article/abs/pii/S0885392420307272>.

and Veterans in order to continue their relationship with VA; ensure their awareness of available benefits and services; lower their barrier to entry into VA mental health care; and support their successful transition into civilian life. Newly separated Service members can expect three calls from qualified VASS representatives over the first year of separation. Of the 'Priority Group,' those transitioning Service members who had a mental health appointment in their last year of service, 12,389 (75.6%) were successfully reached (these Veterans are included in the total numbers above). No barriers or issues have been reported. The success rate for calls is dependent on up-to-date phone numbers and Veterans answering the calls.

ASSESSMENT

VA has maintained progress towards ensuring Veterans are informed of, understand, and receive benefits, care and services in a timely manner. VA takes seriously, and remains committed to, its Veterans to "care for him who shall have borne the battle, and for his widow, and his orphan." The Strategic Objective 1.2 Accomplishment section, lists many of the programs, tools, processes and services that were developed, improved or implemented in FY 2020 to keep VA moving in the right direction.

Throughout VA, different organizations established performance measures to rate the level of service in alignment with this objective. In FY 2019, 100% of VA's 1.2 measures were on-track. However, with each year, new challenges emerge that require VA to shift how business is done and how services are provided. Due to COVID-19, VA had to shift its way of thinking, processes and technology. In turn, this change caused a re-evaluation of measures. New, baseline measures make up 43% of the measures. As has been experienced by all Federal agencies, private corporations and non-profits, new guidelines had to be established or modified for in-person meeting and virtual treatment. As a result of the development of new measures, only 36% of the total 1.2 measures were on-track. With the expansion of new treatment programs and avenues to receive treatment, it is expected this number will be higher in FY 2021. The remaining 21% of the measures are off-track. One significant VA challenge is making telehealth modalities available in rural and tribal areas. VA continues its work with tribes to expand telehealth services and plans to establish one coordinated approach in providing the services they need in the environment they choose. VA is in the process of collaborating with internet service providers, mobile phone providers and others to establish the foundation that will allow these areas to take advantage of telehealth capabilities.

VA, in collaboration with OMB, has determined that Strategic Objective 1.2 is maintaining progress.

GOAL 2: VETERANS RECEIVE HIGHLY RELIABLE INTEGRATED CARE, SUPPORT AND EXCELLENT CUSTOMER SERVICE THAT EMPHASIZES THEIR WELL-BEING AND INDEPENDENCE THROUGHOUT THEIR LIFE JOURNEY

Serving as a leading advocate and honoring military service, VA will deliver integrated and seamless benefits, care and services, enhancing the lives of Service members, Veterans, their families, caregivers and survivors. Improved quality of life means Veterans are independent; economically secure; socially engaged, however they choose; and enjoy enhanced well-being. VA will engender the full trust of our customers.

STRATEGIC OBJECTIVE 2.1: VA HAS COLLABORATIVE, HIGH-PERFORMING AND INTEGRATED DELIVERY NETWORKS THAT ENHANCE VETERAN WELL-BEING AND INDEPENDENCE

VA will leverage highly integrated partnerships with the public and private sectors to ensure Veterans get the best care and services available, whether from VA, VA-approved community providers or others external to VA. If the community provides a better outcome, Veterans will be able to use that service. Veterans deserve the opportunity to achieve the best outcomes. This means that VA will excel at its service offerings. VA will also, in partnership with DoD and DOL, better prepare Veterans for employment and reintegration into civilian life. See Table 3 below for performance measures.

PERFORMANCE MEASURES BY FISCAL YEAR

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Appeals adjudicated (BVA #65)	85,288	95,089	91,500	102,663	93,600	98,104	N/A	On Track
Average days to complete original education claims (VBA #218)	24.45	24.1	28.0	15.4	24	24	N/A	On Track
Average days to complete supplemental education claims (VBA #219)	12.3	13.4	14.0	6.9	12	12	N/A	On Track
Default resolution rate for VA-backed home loans (VBA #226)	87.6%	87.4%	80.00%	93.81%	80%	80%	N/A	On Track

Goal 2 – Veterans receive reliable integrated care
Objective 1 – VA enhances Veterans well-being and independence

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence (NCA #234)	92.10%	92.40%	92.40%	93.00%	94%	94%	N/A	On Track
Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (NCA #580)	N/A	96.80%	97%	97%	97%	97%	N/A	On Track
Percent of Dependents Indemnity Compensation (DIC) rating claims processed within 125 days (VBA #649)	N/A	69.60%	84.00%	78.30%	N/A	N/A	N/A	Off Track
Composite measure: the average of the percent always or usually responses for the four access measures found in the Patient Centered Medical Home Survey and the Specialty Care Consumer Assessment of Healthcare Providers and Systems survey (VHA #681)	N/A	81.31%	83.00%	82.52%	83%	84%	85%	Off Track
Percent of primary care patients who respond Always and Usually regarding their ability to get an appointment for needed care right away (VHA #682)	N/A	74.91%	77.00%	74.90%	78%	79%	80%	Off Track

Goal 2 – Veterans receive reliable integrated care
Objective 1 – VA enhances Veterans well-being and independence

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of women assigned to designated women's health primary care providers (VHA #834)	77.44%	80.57%	83%	81.85%	83%	84%	85%	Off Track
Percentage of community care claims processed timely (VHA #635)	52.23%	52.48%	90%	71%	90%	91%	92%	Off Track
Hearings Held (BVA #712)	16,423	22,743	24,300	15,669	50,000	50,000	N/A	Off Track
Percent of patients who rated their primary care provider a 9 or 10, where 0 is the worst provider possible and 10 is the best provider possible (VHA #741)	N/A	N/A	71.00%	73.53%	74%	75%	76%	On Track
Percentage of eligible Veterans who have received telehealth services during the fiscal year. This is a composite of the eligible Veterans who have received Home Telehealth (HT), Clinical Video Telehealth (CVT), and Store and Forward Telehealth (SFT) (VHA #742)	3.23%	15.24%	16.00%	27.19%	30%	32.5%	35%	On Track
Overall Rating of Hospital (VHA #747)	N/A	67.46%	68.00%	70.13%	71%	72%	73%	On Track
Overall rating of specialty care provider (VHA #750)	N/A	71.93%	70.50%	74.80%	75%	76%	77%	On Track
Video telehealth to off-site patients (VHA #753)	0.15%	1.67%	2.50%	18.80%	20%	22%	24%	On Track
Overall satisfaction with community care (VHA #760)	N/A	0%	79.00%	77.97%	79%	80%	81%	Off Track
Number of issues decided (BVA #778)	253,450	305,078	299,205	294,161	272,376	285,482	N/A	Off Track

Goal 2 – Veterans receive reliable integrated care
Objective 1 – VA enhances Veterans well-being and independence

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Appeals decided per FTE (BVA #780)	68	88	77	89	78	84.5	N/A	On Track
Percentage of unique Veterans accessing Whole Health services (VHA #790)	N/A	4.48%	5.40%	6.46%	7.5%	8.2%	9%	On Track
Number of Whole Health encounters (VHA #791)	N/A	1,151,311	1,266,440	1,148,140	1,393,086	1,532,395	N/A	Off Track
Percent of calls answered by the VBA National Call Center within 2 minutes (VBA #840)	N/A	32%	67.00%	74.26%	69%	70%	N/A	On Track
Percent of calls blocked by the VBA National Call Center (VBA #841)	N/A	00.01%	00.04%	0%	00.04%	00.04%	N/A	On Track
Percentage of interactions correctly managed by the National Call Center (VBA #842)	N/A	92.34%	90.00%	92.14%	91%	91%	N/A	On Track
Average days to complete higher-level reviews (VBA #843)	N/A	37	125	94	125	125	N/A	On Track
Percent of life insurance clients highly satisfied with the program (VBA #846)	92.8%	93.3%	95%	93%	95%	95%	N/A	Off Track
Percent of Survivors Pension entitlement determinations processed within 60 days (VBA #847)	N/A	11%	60.00%	20.20%	N/A	N/A	N/A	Off Track
National claim-based quality for pension claims (Rating) (VBA #848)	N/A	92.6	93.5	93.7	93	93	N/A	On Track
Percent of Veterans Pension rating claims processed within 125 days (VBA #849)	N/A	66.4%	80.0%	76.1%	N/A	N/A	N/A	Off Track

Goal 2 – Veterans receive reliable integrated care
Objective 1 – VA enhances Veterans well-being and independence

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percentage of total procurement awarded to Veteran-owned small business (OSDBU #878)	23.30%	25.70%	17.00%	22.70%	17%	17%	N/A	On Track
VR&E program participation rate (VBA #919)	N/A	N/A	N/A	33,200	N/A	N/A	N/A	Not Started
Pending appeals inventory (Board – AMA Appeals) (BVA #958)	N/A	N/A	N/A	52,993	N/A	N/A	N/A	Not Started
New contract awards using SDVOSB or VOSB set-aside (OSDBU #967)	N/A	N/A	N/A	15.3	10	10	N/A	Not Started
Percentage of total procurement awarded to service-disabled Veteran-owned small business (SDVOSB) (OSDBU #968)	N/A	N/A	15.00%	22.50%	15%	N/A	N/A	On Track

Table 3 - Strategic Objective 2.1 Performance Measures

ACCOMPLISHMENTS

- During FY 2020, Veterans’ access to care remained a VA priority, especially during the COVID-19 pandemic. VHA had already begun to expand telehealth capability; therefore, it was able to quickly shift routine care appointments to virtual modalities to keep Veterans safe. Overall, 1.1 million Veterans received video visits in their homes, which is a 1,037% increase from FY 2019. The number of daily video visits increased from approximately 2,500 in February 2020 to 38,000 in September 2020. Telehealth visits into the home or other non-VA site for women Veterans grew by 1,021% from FY 2019 to FY 2020. iPads were distributed to Veterans in need to enable them to connect to their clinical teams.
- VA providers in Primary Care, Mental Health and Specialty Care increased the use of video visits during FY 2020; thereby, conducting an unprecedented amount of outreach to Veterans, as they pivoted from face-to-face to telephone and video care, to keep Veterans safe during the COVID-19 pandemic.
 - During FY 2020, Mental Health completed the highest volume, with more than 1.5 million video visits into the home or other non-VA site. This represents a 693,111 increase since FY 2019.

Goal 2 – Veterans receive reliable integrated care
Objective 1 – VA enhances Veterans well-being and independence

- During FY 2020, Primary Care completed more than 639,600 video visits into Veterans homes or other non-VA sites. This represents a 1,933% increase since FY 2019.
- Specialty Care completed more than 611,268 video visits directly into Veterans homes or other non-VA sites in FY 2020, compared to 24,256 visits in FY 2019. This represents a 2,420% increase since FY 2019.
- VHA continually improved its Veteran satisfaction scores, year-over-year, by focusing on communication and care coordination related to in-patient, primary care, community care and specialty care services.
 - VHA focused efforts on satisfaction related to access to care, recognizing that Veterans obtaining an appointment when it is convenient for them is important.
 - VHA continues to transition to the Community Care Network (CCN) contract for purchasing community care. CCN includes provisions which assist in improving the care coordination for Veterans. VA is still transitioning to CCN and continues to see steady growth in customer satisfaction with community care.
 - VHA launched the VSignals Survey, measuring Veterans community care experience to include choosing community care, scheduling an appointment, attending an appointment, filling a prescription, receiving a bill and contacting VA about billing.
 - VHA launched additional VSignal surveys in the areas of emergency medicine; non-emergency same day services; scheduling or receiving care during the pandemic; and the experience of a Veteran who missed an appointment.
- Community Care focused efforts on reducing the backlog of non-contract claims, which began at over 2 million at the beginning of FY 2020 and is currently less than 400,000. VHA implemented a portfolio of backlog reduction projects to improve payment timeliness to providers. The backlog reduction strategies include increasing contract staffing support; deploying a new claims system that increases auto-adjudication of claims; and introducing several process efficiencies.
- VHA strengthened and maintained public/private partnerships with organizations such as the Rosalyn Carter Institute; Sesame Street; VetXL; RallyPoint; and the Elizabeth Dole Foundation (EDF). Remarkably, VA and EDF partnered to launch the Campaign for Inclusive Care (CIC) as a groundbreaking model of inclusive care that sets a new standard for health care systems nationwide by equipping doctors, nurses, social workers and frontline medical personnel with the training and tools to integrate caregivers into their Veterans' medical teams. VHA also took part in the 5th Annual National Convening, in support of military and Veteran caregivers, where stakeholders came together to ensure alignment in helping caregivers during challenging times.
- Whole Health (WH) is an approach to health care that empowers and equips people to take charge of their health and well-being, and live their lives to the fullest. Two significant outcomes from our 18 Whole Health System Flagship sites are: 1) threefold reduction in opioid use of those with chronic pain utilizing

Goal 2 – Veterans receive reliable integrated care
Objective 1 – VA enhances Veterans well-being and independence

WH services, compared to those who did not; and 2) opioid use among WH users decreased 38%, compared to an 11% decrease among those with no WH use.

- Despite the unprecedented challenges presented by the COVID-19 pandemic, the Board of Veterans' Appeals (Board) dispatched a historic 102,663 appeals decisions to Veterans and their families. This represents 11,163 more decisions (12.2% higher) than the FY 2020 goal of 91,500 decisions and almost 8% higher than VA's record decision output in FY 2019.
- With 47% of Veteran appellants continuing to elect a hearing with a Veterans Law Judge, virtual tele-hearing technology has played a critical role in the Board's ability to conduct hearings during the COVID-19 pandemic. Virtual tele-hearings rapidly evolved from an option to the exclusive means of conducting hearings for Veterans, representatives, judges and hearing branch employees, during the pandemic. Virtual tele-hearings allow Veterans and their representatives to participate in hearings over the internet using non-VA cell phones, tablets and computers, from the comfort and safety of their homes. The Board has worked diligently to increase the availability of virtual tele-hearings since rolling them out in early 2020. In fact, the Board has set a robust stretch goal to hold 50,000 hearings in FY 2021.
- The Board continues to enhance its outreach to VSOs, including providing regular appeals modernization progress updates and closely collaborating with the VSO staff co-located at the Board, so that VSOs can better assist Veterans with their appeals. Specifically, in FY 2020, the Board hired a VSO/Stakeholder Liaison, dedicated exclusively to coordinating with and assisting VSO partners; and a Strategic Engagement and Communications Director, tasked with enhancing external communications and outreach for the Board. These employees are tasked with: 1) regular appeals modernization progress update discussions with VSOs and close collaboration with VSO staff co-located with the Board; 2) weekly inventory tracking and inventory age information for each VSO; 3) ongoing in-house VSO training activities; 4) conducting extensive surveys with VSOs; 5) developing fact sheets and training materials for Veterans and VSOs; and 6) developing and distributing user guides to Veterans scheduled for virtual hearings, to help them navigate virtual tele-hearings.
- In FY 2020, VBA implemented multiple strategic initiatives in the NCC to drive performance improvement and create a better customer experience. Through these efforts, the NCC exceeded the goal of 67% of calls answered in 2 minutes or less by answering 74.26% of calls within this timeframe. In addition, the NCC achieved a 0% blocked call rate, exceeding the goal of 0.04%. VBA also continued to focus its attention on ensuring that each interaction was of the highest quality, and during FY 2020, the NCC exceeded the established goal of 90% on the quality of customer interaction by ending FY 2020 with 92.14%.
- Due to the pandemic's impact on the Veteran population, VBA focused additional efforts during Q3 and Q4 FY 2020 to improve the level of access and support available to Veterans during this critical time. During this period, the NCC answered 96.4% (Q3) and 94.4% (Q4) of calls in 2 minutes or less, with an average speed to answer of 30 seconds in Q4 and exceeded the established

Goal 2 – Veterans receive reliable integrated care
Objective 1 – VA enhances Veterans well-being and independence

quality goal. In comparison to the same period in FY 2019, the NCC serviced 487,416 more callers compared to this period in FY 2020, ensuring Veterans and other customers had access to and information about the benefits and services they earned.

- Since the beginning of FY 2020, VBA's Office of Administrative Review (OAR) reduced the Compensation and Pension (C&P) legacy appeals inventory by 76.8%. OAR also reduced the Notice of Disagreement (NOD) inventory by 96.5%, despite the addition of 19,449 NODs during FY 2020.
- During FY 2020, VBA's Insurance Service (INS) paid over 111,000 disbursements. Over 93% of INS customers were highly satisfied with customer service. Service recovery is important for INS to ensure the best quality is provided to our Veterans and beneficiaries. In FY 2021, INS is implementing VSignals to align with VA measures.
- Since the beginning of FY 2020, VBA Education Service (EDU) processed over 3.5 million education claims. Original claims have been processed on average in 15.4 days and supplemental claims have been processed on average in 6.9 days, exceeding timeliness targets of 28 days for original claims and 14 days for supplemental claims.
- EDU established a dedicated phone line for GI Bill beneficiaries who are the survivors of an active duty Service member who died in the line of duty on or after September 11, 2001, and need assistance with their education benefits. As a result, 15,759 survivors' calls were answered by an agent with specialized training.
- VBA Compensation Service (CS) continues to collaborate with DoD to improve the process and accuracy of adjusting a Veteran's disability compensation when a Service member is simultaneously receiving military service drill pay and VA disability compensation. CS transitioned from a fully manual process to a batch process in FY 2015, to reduce the workload on VA field personnel and improve the timeliness for processing these adjustments. FY 2019 had 115,485 drill pay adjustments that required review in calendar year 2020. Of these, 72% of cases (83,602) were processed via the batch process and 28% of cases (13,604) were manually reviewed and processed. Automation has reduced the reliance on field personnel and equated to a Government cost savings of roughly 30 full-time employees per year.
- NCA assesses customer satisfaction for all services provided by NCA. The survey results show very high satisfaction with headstones and markers; the physical appearance of the cemeteries; and the Presidential Memorial Certificates. The responses reflect a high degree of trust in NCA's ability to provide quality interment services.
- The combined results of establishing planned new national cemeteries; working with our state and tribal partners in establishing new grant-funded Veterans' cemeteries through the NCA Veterans Cemetery Grants Program; and completing the transfer of responsibility for 11 cemeteries formerly managed by the U.S. Army, has resulted in a significant increase in the percent of Veterans served with burial access.

Goal 2 – Veterans receive reliable integrated care
Objective 1 – VA enhances Veterans well-being and independence

- NCA will continue the efforts that delivered consistently high scores for customer service and satisfaction, and those activities that earned VA the highest ranking ever achieved on the independently administered American Customer Satisfaction Index.

ASSESSMENT

VA is committed to providing the best services and timeliest benefits possible, knowing that Veterans earned these benefits and depend on them for their well-being. COVID-19 tested this commitment; however, the Department quickly pivoted across all its business lines and found innovative ways to use technology and community resources to ensure that it continued to serve Veterans and their families. In a year full of challenges, VA met its goals for 20 of 32 active measures aligned to this strategic objective.

During the COVID-19 pandemic, VA utilized many communication avenues to ensure Veterans, their families, caregivers and survivors were aware of available VA and non-VA resources, benefits and services. VA also ensured that Veterans had accurate, timely information on COVID-19, through a variety of communication channels. VHA used telehealth and video capabilities to stay in contact with patients in primary care, specialty care and mental health. The Board expanded its tele-hearing program significantly and continued adjudicating appeals. VBA agilely adjusted processes in order to continue to provide Veterans with the benefits they have earned.

VA, in collaboration with OMB, has determined that Strategic Objective 2.1 is maintaining progress.

STRATEGIC OBJECTIVE 2.2: VA ENSURES AT-RISK AND UNDERSERVED VETERANS RECEIVE WHAT THEY NEED TO END VETERAN SUICIDE, HOMELESSNESS, AND POVERTY

VA will proactively identify at-risk Veterans. While most Veterans reintegrate successfully into civilian life, some face social, economic and health challenges that impede their transition into civil society. Through the REACH VET initiative, VA identifies existing conditions, that increase Veterans’ risk of suicide, to pro-actively enhance care. VA will expand the use of predictive analytics tools, like REACH VET, to reach out to Veterans before transition and leverage our integrated network to provide services catered to their specific needs. We will no longer wait until Veterans are in crisis to reach out to them. VA will improve support to Veteran families and caregivers to prepare and sustain them as they take care of their Veteran. See Table 4 below for performance measures.

PERFORMANCE MEASURES BY FISCAL YEAR

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of HUD-VASH vouchers allocated that resulted in a homeless Veteran obtaining permanent housing (end of fiscal year point in time percentage) (VHA #535)	N/A	84%	92%	83%	92%	92%	92%	Off Track
Vocational Rehabilitation and Employment class achievement rate (VBA #601)	65.2%	63.05%	68.00%	61.35%	N/A	N/A	N/A	Off Track
Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (VHA #606)	N/A	91%	90%	89%	90%	90%	90%	Off Track
Average days to complete initial appointment exam (VBA #647)	91.9	68.60	76.00	38.20	76	76	N/A	On Track
Percentage of Veterans flagged as high risk for suicide who have received all recommended interventions and follow-up (VHA #756)	N/A	80.90%	83.00%	85.97%	87%	89%	90%	On Track

Goal 2 – Veterans receive reliable integrated care
Objective 2 – Veterans receive what they need to end Veteran suicide

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by the mental health component of the Short Form-12 (VHA #788)	N/A	2.56	2.30	2.30	3	4	5	On Track
Percent of long-term service and support obligations and/or expenditures devoted to purchased Personal Care Service for frail elderly and disabled Veterans wishing to remain at home (VHA #804)	N/A	10.5%	11.5%	8.8%	9.5%	10%	10.5%	Off Track
Percent of Homeless field positions currently filled funded by VHA Homeless Program Office Including HUD-VASH case managers (VHA #826).	N/A	86%	90%	86%	90%	90%	90%	Off Track
Percentage of caregiver applications processed within 90 days (VHA #832)	N/A	90.31%	90.00%	96.88%	90%	92%	92%	On Track
Use of interventions for Veterans at-risk for suicide through the use of predictive modeling and enhanced engagement strategies (REACHVET & STORM) (VHA #835)	N/A	85.19%	91.00%	96.10%	95%	95%	95%	On Track
Percentage of follow-up field exams for which Veteran well-being is confirmed (VBA #851)	N/A	99%	99.9%	99.9%	N/A	N/A	N/A	On Track
Accuracy of requirements in closing a Veteran's case or declaring the Veteran rehabilitated or discontinued (VBA #853)	98.2	98.8	98.00	98.48	98	98	N/A	On Track
Average days to complete – AMA Direct Docket from Notice of Disagreement (BVA #984)	0	0	0	0	365	365	0	Not Started

Table 4 – Strategic Objective 2.2 Performance Measures

ACCOMPLISHMENTS

- VA implemented a coordinated plan for an immediate and long-term impact on suicide prevention and mental well-being as our Nation addresses the COVID-19 pandemic, including supporting the most vulnerable Veterans as well as providing outreach and resources to all 20 million Veterans.
- To ensure safety of patients at high risk for suicide, who may have been impacted by the pandemic, VHA developed and implemented a follow-up protocol, dashboard and outreach policy for patients at high risk for suicide, with a positive diagnosis of the Coronavirus. These patients received proactive follow-up by mental health providers to ensure that their care needs were met during this additional stressor.
- To reach Veterans nationwide, VA implemented several communication strategies, including websites for Veterans regarding Mental Health information related to COVID-19; paid media campaigns with expanded focus on the “Be There” campaign; Lethal Means Safety; and VCL. This effort resulted in 2 million website visits, over 218,000 resource engagements and over 450,000 cumulative impressions, through August 2020.
- VHA utilized the weekly #VetResources newsletter to reach 11.2 million Veterans with relevant information on access to mental health services, including suicide prevention and mental health resources. VHA used VetText to send a message to 7.8 million Veterans that highlighted information on COVID-19 and access to services. VHA launched the COVID Coach Mobile App which has had over 135,000 downloads, as of September 20, 2020.
- VCL continued to expand its services during the COVID-19 pandemic. VCL launched Caring Letters, an evidence-based intervention for suicide prevention found to reduce the rate of suicide death, attempts and ideation. Caring Letters will reach over 90,000 Veterans annually with 9 letters, over the course of a year, after their call to VCL. In FY 2020, VCL engaged approximately 1,756 calls daily and an additional 294 contacts through chat and text programs. VCL dispatched emergency services to callers at immediate risk approximately 79 times per day.
- For those Veterans at risk for homelessness, VHA increased emergency housing and eviction prevention efforts by dramatically expanding services and funding through authorities granted by the CARES Act. Between March 2020 and November 30, 2020, over 21,000 Veterans were placed in hotels. Funding supported the purchase of PPE; modifications to support social distancing and isolation efforts; deep cleaning of transitional housing; and equipment to increase access to virtual resources, including medical and mental health care. VA purchased approximately 50,000 disposable smartphones, with unlimited data plans, to be distributed to Veterans with the greatest need. VHA also introduced and mandated COVID-19 testing in its residential programs, to enable rapid identification of infections and reduce the risk of breakouts in congregate settings.
- VHA is working to improve patient safety by transforming VA Emergency Department care for frail older Veterans. Twenty VA facilities are working toward accreditation as Geriatric Emergency Departments and six have received accreditation by the American College of Emergency Physicians. The

Goal 2 – Veterans receive reliable integrated care
Objective 2 – Veterans receive what they need to end Veteran suicide

requirements under this accreditation process reduce the number of Veterans requiring return to the emergency department, which is more essential during the pandemic.

- To reduce hospital readmission for our most frail and elderly Veterans, VHA developed a field guide with proven practices that improves safe, effective transition from hospital to home. As a result, high-risk Veterans discharging from VA hospitals have a 45% lower likelihood of hospital readmission in the following 30 days.
- In FY 2020, VA contacted women Veterans through RallyPoint Town Halls and Facebook Live Events, offering live interactive virtual training sessions for service women to learn about the health services offered by VA and enrollment information. These sessions addressed potential physical and mental health challenges women may face such as depression, musculoskeletal conditions, chronic pain, obesity, infertility, prenatal care and Military Sexual Trauma.
- VHA implemented several improved services targeting caregivers: 1) expanded services under the Annie Caregiver Text Support System to send self-care texts to caregivers; 2) monthly Caregiver Education Calls with new topics each month; 3) extended access to the 6-week Building Better Caregivers workshop for those caring for someone with dementia, memory problems, post-traumatic stress disorder and any other serious injury or illness; and (4) recurring Spanish speaking calls, as part of the Peer Support Mentoring Program, for those caregivers whose primary language was Spanish.
- In response to the COVID-19 pandemic, VHA conducted a multi-level response to address caregiver needs; appropriately modified Caregiver Program procedures; identified high-risk Veterans that needed additional support; and provided PPE to caregivers. In addition, VHA publicly shared a tip sheet for caregivers, with useful information on staying safe; contact information for VA resources (medication refill line, My HealthVet, VA Mobile App, etc.); the number to the Caregiver Support Line; and other useful website links for VA resources and public assistance (Red Cross, Centers for Disease Control, Sesame Street.org for children, etc.).
- In response to COVID-19, VBA explored multiple legislative, regulatory and policy options to assist VA borrowers who received CARES Act mortgage relief, upon completion of the forbearance term. The final options developed will ensure VA borrowers impacted by COVID-19 have multiple choices to choose from that best meet their needs to retain homeownership or avoid foreclosure.
- VA developed a toolkit which highlights a variety of mental health and suicide prevention resources available through VA and in the community. The toolkit includes information such as VCL; applications for developing a support network and suicide safety plan; and resources for family members.
- VA developed a list of points of contact to increase communication and collaboration between VR&E and VHA and help Veterans at risk. This list was shared with the Suicide Prevention Coordinators in each VAMC. As appropriate, callers to VCL are referred to their local Suicide Prevention Coordinators (SPC) for support and assistance. The goal for VHA is to provide referrals to VR&E if they speak with a Veteran who may be eligible to apply for VR&E benefits, so

Goal 2 – Veterans receive reliable integrated care
Objective 2 – Veterans receive what they need to end Veteran suicide

that VR&E can provide general information about the program. A list of the SPCs was also provided to VR&E, as a resource, should a VR&E participant need suicide prevention counseling and support.

ASSESSMENT

VA has a special commitment to Veterans who are most vulnerable and most at risk: 1) those struggling with mental health issues; 2) the homeless or those at risk of homelessness; and the elderly and their caregivers. In FY 2020, VA met performance targets for 7 of 12 active measures aligned with this strategic objective.

VA always takes the utmost care to understand these Veterans' needs and their situations; however, this became even more important during the pandemic. VA was proactive in reaching out to Veterans through websites; the #VetResources newsletter; VetText; the COVID Coach Mobile App; paid media campaigns; and the VCL Caring Letters. These outreach efforts provided Veterans with current, accurate information on the COVID-19 pandemic and where to find the resources they needed.

In addition to providing timely information during the pandemic, VA took steps to adapt quickly in order to take advantage of technological solutions and additional funding provided through the CARES Act. Veterans at risk for suicide, or those who found themselves dealing with too many stressors, had the opportunity to meet with mental health professionals via VCL, telehealth appointments or phone calls. For those Veterans at risk for homelessness, VA increased emergency housing and eviction prevention efforts, by dramatically expanding services and funding through authorities granted by the CARES Act.

Unfortunately, VA saw a decrease in the overall utilization of HUD-VASH vouchers for housing. Because many public housing authorities closed or reduced their operations during the pandemic, VA was unable to permanently house as many Veterans and their families as planned through this program. HUD-VASH partnered with another VA program addressing homelessness, Supportive Services for Veteran Families (SSVF), to expand the ability for SSVF to support Veterans in obtaining permanent housing placements when public housing authorities are unable to issue HUD-VASH vouchers due to the pandemic.

VA, in collaboration with OMB, has determined that Strategic Objective 2.2 is maintaining progress.

GOAL 3: VETERANS TRUST VA TO BE CONSISTENTLY ACCOUNTABLE AND TRANSPARENT

VA pledges to build lifelong, trusted relationships with its Veterans. This is the foundational basis for delivering relevant and excellent benefits, care and services to our Veterans that enhance their lives. VA understands that earning Veterans' and employees' trust is the standard we aspire to achieve and is critical to our long-term success. How VA delivers on its promises is as important as the services it delivers. VA is committed to enhancing the cultural integrity of the Department. We continue to earn the trust and be the provider of choice for Veterans by holding ourselves accountable; being transparent about how we are performing; and showing how we adhere to our core values with every interaction. Specifically, VA will focus on accountability, transparency and value to the Veteran.

- **Accountability:** The Secretary set the standard for excellence in his State of VA address, stating Veterans deserve the best, no matter where they are or who serves them. Accountability occurs at all levels and is translated as follows:
 - **Organizational accountability:** VA has clearly stated outcomes and consistently measures and shares the value of its efforts on behalf of Veterans. The organization is committed to using data for process and performance improvement. VA continues to improve accountability, communication and cross-functional collaboration throughout the organization.
 - **Individual accountability:** Veterans deserve the best and brightest that the Nation has to offer. VA only hires and retains individuals who embody our values and are committed to VA's mission. Leaders and staff incorporate VA's values into everything they do and are measured by their adherence to those values for achieving positive outcomes for Veterans.
- **Transparency:** VA publicly and consistently shares critical metrics demonstrating how it improved the Veteran's experience, well-being, independence and quality of life.
- **Value:** VA will deliver value to the Veteran by achieving excellent outcomes that enhance their lives and provide what they need. This is how VA will meet the highest standard of performance.

STRATEGIC OBJECTIVE 3.1: VA IS ALWAYS TRANSPARENT TO ENHANCE VETERANS' CHOICES, TO MAINTAIN TRUST, AND TO BE OPENLY ACCOUNTABLE FOR ITS ACTIONS

VA will continue self-assessments based on how well it delivers positive outcomes to Veterans and how well the Veteran is satisfied. Further, VA will share its performance with Veterans and the Nation to keep ourselves honest about how we are doing. See Table 5 below for performance measures.

PERFORMANCE MEASURE BY FISCAL YEAR

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Overall Confidence/Trust Score (BVA #960)	N/A	N/A	N/A	40.8%	N/A	N/A	N/A	Not Started

Table 5 – Strategic Objective 3.1 Performance Measures

ACCOMPLISHMENTS

- VHA has an Oversight and Accountability Program that created a toolkit, providing information and resources to employees and managers, to help them implement and practice accountability in the workplace. Three notable elements of this tool kit are the Code of Integrity; the High Reliability Organization journey; and the Three Lines Model.
- VEO administered a VSignals CX survey to Veterans who had an active appeal at the Board. These surveys provide valuable insight into Veteran experiences at various stages of the appeals process, both legacy and AMA. The compiled survey results provide the Board with important comparative data regarding Veteran experiences in both the legacy and new, streamlined appeals systems. The Board continues to use survey data and service recovery principles to revise its letters and decisions to provide better information and clarity to Veterans. To decrease the number of erroneous VA home loan funding fee charges, VBA issued guidance to lenders requiring that they obtain an updated COE within 3 days of closing, to avoid a funding fee charge to exempt Veterans. Lenders are now required to ask Service members if they have a pre-discharge claim pending and, if so, notify VBA immediately so that a proposed or memo rating may be obtained to ensure the exemption status is established prior to closing.
- In FY 2020, EDU launched a revised national quality scorecard and began using the Quality Management System for national quality reviews. In FY 2020, EDU saw a 98.3% national quality score for payment accuracy.
- EDU successfully implemented section 501 of the Colmery Act, fully automating 96% of the retroactive batch run which resulted in updating over 870,000 claimants ahead of schedule. Beginning in April 2020, EDU began accepting recertifications impacted by section 107 of the Colmery Act and has paid over \$5.7 million to 2,952 claimants.
- Since the beginning of FY 2020, EDU’s Stakeholder Engagement has sent 155 emails through GovDelivery to nearly 903,000 stakeholders, to include School Certifying Officials, GI Bill students, VSOs and State Approving Agencies, regarding topics such as legislative changes, school closures, benefit updates and COVID-19 impact on GI Bill beneficiaries and schools.
- Through their social media platform, Facebook, EDU had 135 posts, with over 108,000 followers; 1.1 million reaches; nearly 85,000 engagements; hosted 4 Facebook Live events; and posted 3 video series, with 51,000 views. These provided updates to GI bill beneficiaries, on topics such as benefit updates and COVID-19 impact, while providing general responses to beneficiaries’ questions.

ASSESSMENT

VA strives to be transparent, in order to enhance Veterans' choices, to maintain trust and to be openly accountable for its actions. In FY 2020, only one performance measure, the Board of Veterans' Appeals' metric tracking Veterans' response to VSignals question related to trust in the Board to fulfill our commitment to Veterans and their families, was aligned with Strategic Objective 3.1. At the end of the fiscal year, the Board's trust score was 40.8%. This question is asked on all four of the Board's surveys (Filing an Appeal; Filing an NOD; Hearing; and Decisions). However, after a thorough review of the survey responses, the Board and VEO discovered data errors. For example, some Veterans were being asked to complete a hearing survey who had not yet had a hearing. The Board is currently working with VEO and hopes to have the issues resolved by late January 2021 and will baseline this measure again in FY 2021.

VA has additional initiatives underway to improve accountability, including programs in VHA and VBA, with VHA providing toolkits to their employees to help implement and practice accountability in the workplace, and VBA launching a national quality scorecard to ensure VBA customers are receiving an accurate education payment.

VA, in collaboration with OMB, has determined that Strategic Objective 3.1 is an area requiring additional focus.

STRATEGIC OBJECTIVE 3.2: VA HOLDS PERSONNEL AND EXTERNAL SERVICE PROVIDERS ACCOUNTABLE FOR DELIVERING EXCELLENT CUSTOMER SERVICE AND EXPERIENCES WHILE ELIMINATING FRAUD, WASTE, AND ABUSE

VA will achieve accountability by establishing and ensuring that high-quality care and service standards are delivered consistently across our integrated delivery networks. This will ensure VA and community providers are held to the same high standards no matter where they are, and Veterans can count on us to deliver the same quality of care and services no matter which VA facility or community provider they choose. Veterans should be able to walk into any VA facility and receive the same level of care and service. See Table 6 below for performance measures.

PERFORMANCE MEASURES BY FISCAL YEAR

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Education claim quality (VBA #845)	N/A	97.60%	95%	98.30%	95%	95%	N/A	On Track
National Accuracy Rate - Percent of disability compensation rating issues processed accurately (VBA #304)	94.90%	95.70%	96%	95.91%	96%	96%	N/A	Off Track
Percentage of reports (formerly number of reports, see measure above) (audit, inspection, evaluation, contract review, Comprehensive Healthcare Inspection Program (formerly known as Combined Assessment Program), and Community Based Outpatient Clinic reports) issued that identify opportunities for improvement (OIG #585)	N/A	N/A	70%	90%	70%	70%	N/A	On Track
Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (OIG #586)	2,914	2,372	2,100	2,224	2,100	2,330	N/A	On Track

Goal 3 – Veterans trust VA
Objective 2 –VA holds service providers accountable

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Monetary benefits (\$ in millions) from audits, investigations, contract reviews, inspections, and other evaluations (OIG #587)	\$2,840	\$5,666	\$3,700	\$4,007	\$4,000	\$4,000	N/A	On Track
Return on investment (monetary benefits divided by cost of operations in dollars) (OIG #588)	21	37	22	23	22	22	N/A	On Track
Percentage of recommendations implemented within one year to improve efficiencies in operations through legislative, regulatory, policy, practice, and procedural changes in VA (OIG #590)	86%	83%	85%	73%	85%	85%	N/A	Off Track
Percentage of recommended recoveries achieved from post-award contract reviews (OIG #591)	100%	100%	98%	100%	98%	98%	N/A	On Track
Percentage of full cases that result in criminal, civil, or administrative actions (OIG #694)	74%	65%	74%	64%	74%	74%	N/A	Off Track
Quality of higher-level review decisions (VBA #844)	N/A	96.30%	96.00%	96.90%	96%	96%	N/A	On Track
Percentage of follow-up field exams completed within 175 days (VBA #850)	N/A	74.93%	75.00%	90.70%	75%	75%	N/A	On Track
The average amount of days a case takes in OAWP, from the time that it is received to the time it is closed or a recommendation from the Assistant Secretary is made, whichever occurs first. (OAWP #926)	N/A	0	120	200	120	120	N/A	Off Track

Table 6 – Strategic Objective 3.2 Performance Measures

ACCOMPLISHMENTS

- During FY 2020, VA's Office of Accountability and Whistleblower Protection (OAWP) substantially improved the quality of investigations and streamlined its intake process. OAWP established a quality assurance division to ensure that their investigations conform to nationally accepted standards. The organization developed and implemented whistleblower rights and protection training for all VA employees and established a compliance division to implement the requirements of 38 U.S.C. § 323(c)(1)(F). OAWP's improvements were recognized by VA's Office of Inspector General (OIG) and the U.S. Government Accountability Office (GAO), which closed several recommendations to the office. The improvements also resulted in a reduction of OAWP's investigations backlog by over 88%.
- In FY 2020, VA's OIG oversight work is detailed in the 335 publications issued and identified more than \$4 billion in monetary impact for a return on investment of 23 to 1. Further, VA's OIG hotline received and triaged more than 29,000 contacts to help identify wrongdoing and concerns with VA programs and activities. OIG criminal investigators opened 380 investigations and closed 471. Collectively, this work was essential to ongoing efforts to hold wrongdoers accountable, resulting in 2,224 arrests, indictments, convictions, criminal complaints, pretrial diversions and administrative sanctions.
- VBA's Office of Financial Management developed and deployed two innovative capabilities to combat fraud: Machine-Learning Based Detection and Connected Case Analysis. These two changes enabled VBA to ramp up its ability to detect fraud, as highlighted by key convictions for fraudulent VA Aid and Attendance claims (\$1.8 million) and a pension fraud scheme (\$22.1 million).
- VBA identified potentially unlawful advertising aimed at Veteran borrowers and worked with the Consumer Financial Protection Bureau to address them. This led to an ongoing sweep of investigations to ensure the financial marketplace is fair and accurate for all consumers, including Service members, Veterans and surviving spouses for whom VA-guaranteed mortgages are designed to benefit. As of September 2020, there have been numerous settlements, resulting in \$2.645 million in civil penalties. The settlements also impose injunctive relief to prevent future violations.
- VBA created the Exam Management System Dashboard that monitors and provides the status of pending, completed, cancelled and historical contracted Veteran exams. This new dashboard allows VA to better hold vendors accountable for their performance of VA contracted medical exam services for Veterans.

ASSESSMENT

VA holds personnel and external service providers accountable for delivering excellent customer service and experiences while eliminating fraud, waste and abuse. In FY 2020, VBA, OIG and OAWP contributed a total of 12 performance measures, to align with the strategic objective. At the end of the fiscal year, 8 performance measures were on track and four measures were listed as off track.

VA developed and deployed innovative capabilities to combat fraud, waste and abuse. Key highlights include convictions for fraudulent VA Aid and Attendance claims and a pension fraud scheme. Using the OIG hotline, OIG received and triaged more than 29,000 contacts to help identify wrongdoing; concerns with VA programs and activities; and potentially unlawful advertising aimed at Veteran borrowers. VA also developed and implemented whistleblower rights and protection training for all VA employees.

VA, in collaboration with OMB, has determined that Strategic Objective 3.2 is an area maintaining progress.

GOAL 4: VA WILL TRANSFORM BUSINESS OPERATIONS BY MODERNIZING SYSTEMS AND FOCUSING RESOURCES MORE EFFICIENTLY TO BE COMPETITIVE AND TO PROVIDE WORLD-CLASS CUSTOMER SERVICE TO VETERANS AND ITS EMPLOYEES

The cross-cutting objectives and strategies in this goal adapt the Department's behavior into four critical categories that will enable it to perform in an ever-changing business environment. It will also address two critical functions, HR and IT, that must be optimized for the Department to modernize. These strategies will help the Department make choices about its strategic footprint (capital assets and construction); rapidly deploy human capital capabilities as mission requirements evolve; establish an IT infrastructure that supports Veteran engagement and delivery goals; and emphasize value analytics so that VA makes smart, implementable and relevant business decisions. VA will either develop or take advantage of shared services to improve hiring, procurement and IT to drive improved service and delivery.

MANAGEMENT OBJECTIVE 4.1: VA'S INFRASTRUCTURE IMPROVEMENTS, IMPROVED DECISION-MAKING PROTOCOLS, AND STREAMLINED SERVICES ENABLE VA TO ADAPT TO CHANGING BUSINESS ENVIRONMENTS AND VETERAN NEEDS

Organizational agility will ensure that VA is able to adapt quickly to market forces; deliver quality customer experiences and service to Veterans; and ensure preparedness and resilience to provide essential services continuously in times of crisis.

Institutionalizing a data driven governance structure, in which leadership makes time-sensitive decisions that are quickly deployed, will become a hallmark of VA operations.

Evolving Veteran needs and a changing business environment dictate the need for an agile strategic footprint, allowing VA to make quick infrastructure and personnel shifts that best serve Veterans.

VA has a robust research and development capability and innovates to improve services to Veterans and employees. The rapid incorporation of new approaches to how we serve Veterans is critical to the delivery of world-class health care and benefits. The

Goal 4 – VA transforms business operations
Objective 1 – VA improves decision making protocols

future focus of VA medical research will be on personalized medicine driven by application of clinical genomics to tailor treatment to individual needs.

VA will shape the business operating environment and champion legislative authorities that reduce bureaucracy; shift resources and employees to Veterans’ services and most important needs; and give VA flexibility to adapt operations to serve Veterans. By working with communities, other Government agencies, Federal, state, Tribal, local and other public and private institutions to shape smarter and better approaches to service delivery, VA can focus on its strengths and ensure Veterans receive what they need, where they need it. See Table 7 below for performance measures.

PERFORMANCE MEASURES BY FISCAL YEAR

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percentage of Facilities customers who are satisfied with services being provided (OALC #253)	N/A	79.80%	70%	76%	75%	75%	N/A	On Track
Percent of construction projects accepted by VA as substantially complete in the quarter identified (OALC #400)	N/A	60%	70%	67%	75%	75%	N/A	Off Track
Percent of continuity assessment criteria completed at the “Performed without Challenges” rating during the annual Eagle Horizon Exercise (OSP #805)	N/A	100%	70%	0%	N/A	N/A	N/A	Off Track
Number of on-site inspections of VA Police Programs across the Department during the fiscal year (OSP #806)	N/A	56	60	34	N/A	N/A	N/A	Off Track
Percent of major leasing projects accepted by VA as substantially complete in the quarter identified (OALC #825)	N/A	100%	75%	67%	75%	75%	N/A	Off Track
Percentage of Procurements awarded on time for eCMS Procurements (PALT) (OALC #836)	N/A	92%	90.00%	70.80%	N/A	N/A	N/A	Off Track
Procurement Customer Satisfaction (OALC #838)	N/A	4.88	4.00	4.64	N/A	N/A	N/A	On Track
Percent of cleared employees who receive Insider Threat training during the calendar year (OSP #865)	N/A	0%	100.00%	86%	N/A	N/A	N/A	Off Track
Comprehensive continuity capability score on the federal continuity assessment tool (OSP #900)	N/A	9.1	7	10	N/A	N/A	N/A	On Track
Percent of students who graduate from the VA Law Enforcement Training Center (OSP #901)	N/A	0%	80%	85%	N/A	N/A	N/A	On Track

Goal 4 – VA transforms business operations
Objective 1 – VA improves decision making protocols

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of new VA employees and contractors onboarded with USAccess cards in the fiscal year. (OSP #902)	N/A	0%	80%	1%	N/A	N/A	N/A	Off Track
Percent of timeliness requirements in service level agreements met for adjudication of VA contractor background investigation cases received from the Defense Counterintelligence and Security Agency (DCSA). (OSP #903)	N/A	0%	90%	96%	N/A	N/A	N/A	On Track
Number of violent crimes committed on VA property (i.e., Active Shooter, Aggravated Assault, Homicide, Robbery and Sexual Assault). OCOP (OSP #971)	3,141	4,420	3,757	5,002	4,251	361	N/A	Not Started
Procurement Action Lead Time (PALT) (OALC #973)	N/A	N/A	N/A	0	120	90	N/A	Not Started
Acquisition Customer Satisfaction - Pre-Solicitation Functions (OALC #974)	N/A	N/A	N/A	0	4.3	4.5	N/A	Not Started
Acquisition Customer Satisfaction - Pre-Award Activity (OALC #975)	N/A	N/A	N/A	0	4.2	4.3	N/A	Not Started
Acquisition Customer Satisfaction – Program Performance Management/Contract Administration (OALC #976)	N/A	N/A	N/A	0	4.2	4.3	N/A	Not Started
VA Category Management - Reduce Contract Actions (OALC #977)	N/A	N/A	N/A	0	7	9	N/A	Not Started
VA Achievement Federal Category Management Targets (OALC #980)	N/A	N/A	N/A	0	80	85	N/A	Not Started

Table 7 – Management Objective 4.1 Performance Measures

ACCOMPLISHMENTS

- The Comprehensive Continuity Capability Score on the Federal Continuity Assessment Tool identifies Continuity Program strengths and areas for improvement. This is a quarterly assessment of VA’s continuity capability that informs VA leaders of the Department’s readiness posture. Awareness of VA’s readiness posture allows VA leaders to make informed decisions that impact and save lives of Veterans, employees, visitors and civilians, as appropriate. VA has achieved modest scoring due to the resetting of continuity priorities and preparing for the alignment to a Federal Mission Resilience Strategy. This alignment will further ensure the continuation of VA’s Mission Essential Functions under any condition or circumstances.
- The Office of Security and Preparedness (OSP) evaluated 34 field facilities’ Police Services’ implementation of VA’s Security and Law Enforcement

Goal 4 – VA transforms business operations
Objective 1 – VA improves decision making protocols

regulations, policies and procedures designed to provide a safe and secure environment for Veterans, staff and visitors. Due to COVID-19 and associated travel restrictions, VA inspectors were prevented from conducting additional facility inspections as actual onsite visits are required. Current mitigation plans include individual risk assessments of travel to facilities and locations of facilities scheduled for inspections. The actual physical inspection process is currently being reviewed and streamlined to limit personal staff exposure and adhere to social distancing protocols. As the conditions of COVID-19 improve, inspections will continue, which will improve the safety and security of Veterans, staff and visitors.

- The Law Enforcement Training Center maintained an 85% or more graduation rate in VA's Police Officer Standardized Training (VA-POST) Academy enabling VAMCs to receive highly trained VA Police Officers who are Veteran centric, able to verbally de-escalate situations and assist our Veterans. Providing a safe and secure environment for Veterans to receive quality care is paramount to VA's Police mission. The unique mission of the VA Police provides trained professionals to complement the medical personnel.
- VA successfully established and competitively selected its first ever Chief Security Officer (CSO), paving the way for active recruitment of a national VA Chief of Police (a position that will report directly to the CSO) who will be responsible for modernizing the police force and focusing on police operations and training. VA also established a governance board; established a Chief of Police position; created the organizational framework for a Police Modernization Office; classified positions for Regional Director and District Director; and hosted the first VA Police Governance Council meeting in September 2020.
- The Department was unable to receive a continuity assessment for Eagle Horizon Exercise 2020, as this event was cancelled due to the COVID-19 pandemic. However, since the beginning of the COVID-19 response in March 2020, the Department demonstrated its resilience and ability to respond to this catastrophic event while also responding to the impacts of civil unrest and disastrous weather events. The Department successfully continued VA's Primary Mission Essential Function and other Mission Essential Functions with no disruptions of service to Veterans. Additionally, VA received and resourced several external requests for support, via mission assignments, for Federal response efforts.
- Improvements in automation of personnel security and access management were implemented through an automated tool that tracks all steps in the background investigation process for all VA employees and contractors. VA also conducted a 100% audit of personnel with current or previous access to VA facilities and information systems.
- VA achieved 96% timeliness requirements in service level agreements for adjudication of VA contractor background investigation cases received from the National Background Investigations Bureau. All VA offices that hire contractors to support the delivery of Veterans benefits and services will now be able to hire contractors and have them begin work more quickly, thus ensuring timely delivery of VA services and benefits to Veterans.

Goal 4 – VA transforms business operations
Objective 1 – VA improves decision making protocols

- VBA Pension and Fiduciary Service (P&F) implemented enhancements to the automatic payment process of state plot benefits to State Veteran Cemeteries. By expanding automation capabilities, improving workload tracking and fostering greater communication with state cemeteries, P&F ensured accurate and timely payments while reducing the processing actions required by field personnel. As a result, VBA exceeded prior year state plot claim completions by 33% in FY 2020. State plot claim inventory, at its peak, was 2,555 claims. Inventory at the end of FY 2020 was 105 claims, with 83% of state plot claims processed within 30 days.
- P&F acquired modern devices for fiduciary personnel to assist in increased efficiency and effectiveness in completing duties as Field Examiners. The devices are equipped with digital signature capabilities that limit the need for physical documents and features that permit a more customer-centric process. These devices are now standard issue for new Field Examiners.
- P&F launched the Fiduciary Accountings Submission Tool (FAST) to fiduciary hubs. The FAST portal allows fiduciaries to electronically submit data and upload documents for beneficiary accountings. FAST provides an intuitive, guided experience for fiduciaries that streamlines and simplifies the accounting process for both fiduciaries and fiduciary hub personnel. This modernized approach provides enhanced oversight, workload efficiencies and delivers faster and more accurate initial accountings for beneficiaries.
- VA awarded a multi-million-dollar contract for a development, security and operations (DevSecOps) vehicle to supplement VA Home Loan operations and incorporate technological changes more efficiently. This award led to the implementation of training and processes for the scaled agile framework (SAFe 5.0) methodology, which is driving cutting-edge software used in the industry.
- VBA Performance Analysis and Integrity (PA&I) Office acquired and deployed industry leading Oracle M8 Supercluster servers that have 5 times the computing power; 50 times the data compression of current servers; and integrated machine learning. This system will allow VBA's data warehouse to support next generation data capture, reporting and analysis that improves delivery of benefits services to Veterans.
- VA partnered with DoD on development of the Federal EHR Modernization (FEHRM) Interoperability Strategic Plan. This is an executive-level collaborative effort between VA, DoD and other Federal agencies responsible for identifying goals and objectives for a joint interoperability strategic plan, which was submitted to Congress on September 15, 2020. FEHRM, aimed at improving benefits delivery, timeliness and quality, will receive VA-level support, sponsorship and funding.
- The Office of Acquisition, Logistics and Construction's (OALC) accomplishments, when fully implemented, will positively impact the overall Veteran experience. Through increased training and certification, VA will be able to effectively deliver Veteran services and benefits in a more fully integrated, seamless and customer-centric environment. Launching the new Acquisition Knowledge Portal (AKP), with newer and more updated acquisition regulations and policies, will make the delivery of VA services more efficient, timely and focused on the health and safety of Veterans.

Goal 4 – VA transforms business operations
Objective 1 – VA improves decision making protocols

- Additionally, VA employee training in the area of category management; the transformation of VA's logistics and supply chain systems; and other modernization efforts will help the Department move beyond the old siloed approach to mission accomplishment. Overall transformation will be evidenced by an empowered VA workforce ably serving Veterans in the field with world-class customer service and improved outcomes.

ASSESSMENT

Veterans' service needs are continuously changing, and VA must be agile and adapt quickly in this dynamic environment. VA needs to capitalize on data-driven governance; conduct robust research and development; rapidly incorporate new approaches to service delivery; and collaborate with community stakeholders. VA strives to make time-sensitive decisions; quick infrastructure and personnel changes; and deliver critical benefits and services to Veterans.

During FY 2020, VA experienced setbacks in many planned operations and performance measurements, due to the COVID-19 pandemic, resulting in only 5 of 12 measures ending the year on track. However, customer satisfaction was still evident in services provided to facilities customers and procurement customers. OSP reported a high Comprehensive Continuity Capability Score on the Federal Continuity Assessment Tool, which reflects that mission-critical functions will continue under any circumstances or challenges. The VA Law Enforcement Training Center graduated 85% of its students, exceeding the 80% target. This ensures that VA will continue to maintain facilities, properties and operations where Veterans and their families feel safe and protected.

The Department was unable to receive a continuity assessment for Eagle Horizon Exercise 2020, as this event was cancelled due to the COVID-19 pandemic. However, since the beginning of the COVID-19 response in March 2020, the Department demonstrated its resilience and ability to respond to this catastrophic event while also responding to the impacts of civil unrest and disastrous weather events. The Department successfully continued VA's Primary Mission Essential Function and other Mission Essential Functions with no disruptions of service to Veterans benefits and services. Additionally, VA received and resourced several external requests for support, via mission assignments, for Federal response efforts.

VA, in collaboration with OMB, has determined that Strategic Objective 4.1 is maintaining progress towards its goal of adapting to changing business environments and Veteran needs by making infrastructure improvements, improved decision-making protocols and streamlined services.

MANAGEMENT OBJECTIVE 4.2: VA WILL MODERNIZE ITS HUMAN CAPITAL MANAGEMENT CAPABILITIES TO EMPOWER AND ENABLE A DIVERSE, FULLY STAFFED, AND HIGHLY SKILLED WORKFORCE THAT CONSISTENTLY DELIVERS WORLD-CLASS SERVICES TO VETERANS AND THEIR FAMILIES

A robust human capital management capability is paramount to VA’s ability to effectively and efficiently recruit and empower its workforce in service to Veterans. The needs of our Veterans are ever-growing, placing a greater demand on our workforce. We must optimize their skills and abilities to fulfill our service mission. See Table 8 for performance measures.

PERFORMANCE MEASURES BY FISCAL YEAR

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Executive fill rate – Medical Center Directors (MCD) (HRA #86)	86.40%	90.60%	90.0%	95.7%	90%	90%	N/A	On Track
Percent of VA employees who are preference eligible Veterans (HRA #278)	32.47%	32.40%	30.00%	30.7%	30%	30%	N/A	On Track
Employee Engagement Index (EEI) (HRA #608)	69.30%	70.30%	65%	72%	65%	65%	N/A	On Track
Executive fill rate – Non-Medical Center Directors (Non-MCD) (HRA #715)	N/A	85%	90.00%	73.90%	90%	90%	N/A	Off Track
Best Places to Work Index Score (HRA #795)	64%	65.30%	62%	69%	63%	63%	N/A	On Track
Physician (primary care) - Critical Occupation (Quit Rate) (HRA #796)	4.76%	4.51%	<5.53%	3.97%	N/A	N/A	N/A	On Track
Psychologist - Critical Occupation Quit Rate (HRA #797)	3.68%	3.75%	<3.90%	3.27%	N/A	N/A	N/A	On Track
Psychiatrist - Critical Occupation Quit Rate (HRA #798)	5.18%	5.07%	<5.76%	4.39%	N/A	N/A	N/A	On Track
Adherence to the 1:125 Vocational Rehabilitation Counselor (VRC) to Veteran National Ratio Per P.L. 114-223 § 254 (VBA #921)	N/A	0	1:125	1:120	1:125	1:125	N/A	On Track
Retention of VA workforce (VA-wide new hire 2-yr retention rate) (HRA #979)	N/A	N/A	N/A	0	70%	70%	N/A	Not Started

Table 8 – Management Objective 4.2 Performance Measures

ACCOMPLISHMENTS

- Fill rates for Medical Center Directors (MCD) have been consistent in FY 2020, ending above the target. Successful recruiting strategies included utilizing the National Announcement strategy for MCD positions to enable every Veterans Integrated Service Network (VISN) Director to review the best qualified candidates against their vacancy requirements. This strategy improved executive time-to-hire and allowed VISNs to collaborate on hiring selections. Additionally, VA leveraged pay authorities to aggressively recruit candidates to fill MCD positions and utilize the SES candidate development program.
- One of the long-held goals for VA has been to hire employees who represent the Veterans and families we serve. The percent of preference eligible Veterans onboard in FY 2020 remains above the Office of Personnel Management's (OPM) target guidance. While this result is less than in FY 2019, the decrease is mostly driven by the successful surge in VHA health care staff hiring in response to the COVID-19 pandemic. Due to the relative size of VHA and various longstanding factors resulting in a smaller percentage of Veterans hired for medical positions, the percentage of VA Veterans employed who are preference eligible trended lower. Fortunately, supporting the Veterans onboard metric is the consistent retention rate of VA employees who are Veterans, which closely compares with the non-Veteran rate. FY 2020 ended with 30.7% of VA employees who are preference eligible Veterans. The entire VA employee population remains highly supportive of VA's ultimate customers, our Nation's Veterans and their families.
- VA is proud of the significant improvements made in employee satisfaction, engagement and commitment. With noteworthy improvements in "Best Places to Work" index scores since 2017, VA has become a preferred employer of choice. VA's Engagement Score has also improved each year since 2017, and VA continues to enhance the culture supporting employee engagement, focusing on multiple touchpoints to receive employee feedback and make progress towards addressing and implementing solutions. While cultural improvements are taking hold across VA, senior leadership has focused on engagement at all levels. Increasing the employees' sense of importance in their work is evident in their display of dedication, persistence and commitment to the mission.
- In response to the pandemic, VA expedited a wide range of human capital operational support related to the COVID-19 impact on employees, including flexible human capital policies; maximized flexibilities in the CARES Act; and implemented OPM guidance swiftly. The response also included modifications to facility environments, including safe re-entry; interim procedures for onboarding and background checks; and streamlined emergency employee notifications. Owing to the detailed planning and efficiency surrounding the expedited human capital support, the expanded range of authorities and flexibilities enabled delivery of continuous service to our Veterans.
- As of September 2020, VA has hired a large number of employees since the onset of the COVID-19 pandemic and improved the time-to-hire, as evidenced by the large majority of new-hire VA employees brought on board within OPM's target guidance of 80 days (from 49% in FY 2019 to 63% in FY 2020). This effort

brought considerable improvement over previous months, due to expedited COVID-19 surge hiring, even as hiring volume neared an all-time high. For clinical hires specifically, more than two-thirds were brought on board within 100 days in September 2020, far surpassing the target for this population. COVID-19 clinical surge hiring efforts included such practices as waivers/postponements of pre-employment requirements, expedited credentialing, a 3-day onboarding process and new Direct Hire Authorities.

- A new Strategic Leadership Development Framework was established with a clear roadmap for growing leaders of character, at all levels across VA, as well as integrated new learning tools and more access to external sources (podcasts, LinkedIn) for all employees. An individual development roadmap, accessible in the VA Talent Management System (TMS), was also deployed to allow all employees to build a course-work plan for career succession in VA using the TMS system and other tools.
- VA was successful in maintaining voluntary quit rates below the FY 2020 target rate (or threshold) for the following occupations: primary care physicians, psychologists and psychiatrists. VHA has worked to reduce quit rates among these and other occupations via targeted use of recruitment, retention and relocation incentives, combined with the Education Debt Reduction Program. Additionally, a significant reduction in FY 2020 quit rates is due to the economic impact and increased private sector health care unemployment rates associated with the COVID-19 pandemic. A focus on regular market pay reviews has also allowed facilities to improve retention by reducing pay gaps. The 5-year reporting period for these occupations has been completed. VA will work with OPM in FY 2021 to establish new 5-year plans for these or other identified occupations.
- In FY 2020, VA continued to make significant progress in enterprise HR information systems by adding four additional standardized resources: HR-Smart; Automated Classification Hub; Employee Relations/Labor Relations System (ER/LR); and Enterprise Performance Management System (EPMS). Additionally, VA's HR transactional system, HR-Smart added two new capabilities: tracking Workers without Compensation (WOC); and piloting a manpower management module to manage human capital requirements and vacancies. This significant progress has improved the modernity of VA's human capital management capabilities and greatly enhanced Enterprise-wide visibility and reporting.
- All VA offices that hire contractors to support the delivery of Veterans benefits and services and will now be able to hire contractors and have them begin work more quickly, thus ensuring timely delivery of VA services and benefits to Veterans.
- VBA's Office of Talent Management (OTM) recognizes its critical role in building a highly skilled workforce to serve our Veterans and their families. In early FY 2020, OTM converted the Employee Learning Inspires True Excellence (ELITE) Instructor Certification program to a more rigorous Certification program, ELITE Master Instructor Certification. The Master Instructor Certification program was designed to rival industry, DoD and other Federal agencies' Master programs while ensuring instructors are effective trainers that will empower the workforce

with the tools and knowledge to deliver world-class service to our Nation's Veterans.

- OTM established HR Technical Training Team (HRTT) to standardize HR-specific recruitment and staffing training for VBA. Formed to specifically support HR training and transformation initiatives, HRTT will ensure that the VBA workforce is equipped and properly trained to efficiently serve our Veterans.
- In FY 2019, OTM developed an HR Dashboard for monitoring the time-to-hire initiative. Since then, the Dashboard has provided valuable insights on VBA mission to fill critical positions. For FY 2020, OTM made tremendous improvements in the time-to-hire efforts. For FY 2020, the overall days to hire averages dropped from 73.7 days in FY 2019 to 66.1 days, exceeding the OPM time-to-hire target of 80 days.
- OTM completed modernization of the VBA FY 2020 Succession Plan and Strategic Workforce plan to ensure the workforce meets the needs of Veterans and their families. VBA performed gap analyses to better prepare, develop and identify strategies to close the workforce gap of leadership and critical mission positions while implementing GAO report findings and applying leading practices from OPM and industry.

ASSESSMENT

VA has moved forward in modernizing its Human Capital Management capabilities in order to create a world-class workforce that can deliver the highest quality benefits and services to Veterans. In FY 2020, 89% of the active performance measures under this strategic objective were on-track.

VA has been tremendously successful in hiring and staffing VHA medical positions at record levels during the COVID-19 pandemic. The Department has successfully managed to keep the voluntary quit rates below the FY 2020 target rate for VHA positions such as primary care physicians, psychologists and psychiatrists. This has been a critical issue for VA in recent years because of the pay differential between the private sector and Federal Government, making it difficult to attract and retain staff in these critical areas. This accomplishment has been particularly impactful in FY 2020, which was a challenge for hospitals across the Country.

In FY 2020, VA improved its time-to-hire metric even as hiring volume neared an all-time high. For clinical hires specifically, more than two-thirds were brought on board within 100 days, far surpassing the target for this population. COVID-19 clinical surge hiring efforts included such practices as waivers/postponements of pre-employment requirements, expedited credentialing, a 3-day onboarding process and new Direct Hire Authorities.

Due to the COVID-19 pandemic delay, the FY 2020 VA All Employee Survey (AES) was not administered until late September 2020. Remarkably, the AES closed with a final response rate of 70.8% (288,369 responses), which is the highest response rate VA has ever had for a 3-week survey administration. Results from the AES were made publicly available December 7, 2020. The 2020 VA Best Places to Work score was 69 (+4 since

Goal 4 – VA transforms business operations
Objective 2 – VA modernizes its human capital

last year), and the Employee Engagement Index score was 72 (+2 since last year). VA is incredibly proud of the positive feedback and response rates, especially considering the challenges of 2020.

VA, in collaboration with OMB, has determined that Management Objective 4.2 is making noteworthy progress.

MANAGEMENT OBJECTIVE 4.3: VA IT MODERNIZATION WILL DELIVER EFFECTIVE SOLUTIONS THAT ENABLE VA TO PROVIDE IMPROVED CUSTOMER SERVICE AND A SECURE, SEAMLESS EXPERIENCE WITHIN AVAILABLE RESOURCES IN A COST-EFFECTIVE MANNER

VA will invest in the replacement and modernization of systems and processes that better respond to the needs of Veterans, business partners and employees; rapidly changing technology; and pervasive security threats.

In alignment with the President’s Management Agenda CAP Goal 4, which emphasizes the need to improve customer service across the Government, VA will provide Veterans a coordinated and seamless experience in delivering the highest quality care, benefits and services. VA will modernize by building a unified enterprise of integrated and interoperable business processes and technical services that put Veterans first. See Table 9 below for performance measures.

PERFORMANCE MEASURES BY FISCAL YEAR

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
FITARA Implementation Met (OIT #854)	N/A	N/A	90%	90%	N/A	N/A	N/A	On Track
Intrusion Detection & Prevention (OIT #855)	N/A	N/A	90%	89%	100%	100%	N/A	Off Track
Exfiltration & Enhanced Defenses (OIT #856)	N/A	N/A	90%	77%	90%	90%	N/A	Off Track
Data Protection (OIT #857)	N/A	N/A	90%	90%	90%	90%	N/A	On Track
Hardware Asset Management (OIT #858)	N/A	N/A	95%	95%	95%	95%	N/A	On Track
Software Asset Management (OIT #859)	N/A	N/A	95%	100%	95%	95%	N/A	On Track
Authorization Management (OIT #860)	N/A	N/A	100%	100%	100%	100%	N/A	On Track
Mobile Device Management (OIT #861)	N/A	N/A	95%	100%	95%	95%	N/A	On Track
Privileged Network Access Management (OIT #862)	N/A	N/A	95%	100%	95%	95%	N/A	On Track
High Value Asset Access Management (OIT #863)	N/A	N/A	95%	100%	90%	90%	N/A	On Track
Automated Access Management (OIT #864)	N/A	N/A	100%	100%	95%	95%	N/A	On Track
Assess adequate legal support for Agency: Average number of case hours per attorney produced each quarter. (OGC #885)	N/A	0	325	332	325	325	N/A	On Track
Assess adequate legal support for Agency: Average number of case hours per paralegal produced each quarter. (OGC #886)	N/A	0	200	259	225	225	N/A	On Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Assess adequate legal support for Agency: Average dollar cost per case hour. (OGC #887)	N/A	\$0	\$270	\$195	\$250	\$250	N/A	On Track

Table 9 – Management Objective 4.3 Performance Measures

ACCOMPLISHMENTS

- In a landmark event for Veteran health care, VA began using its new EHR system at select facilities in the Pacific Northwest and Las Vegas, Nevada, on October 24,2020. This modern EHR will help improve the health care experience for Veterans by connecting VAMCs and clinics with DoD, the U.S. Coast Guard and community care providers. It will allow clinicians to easily access a Veteran’s full medical history in one location, without needing to track down information such as pharmacy or lab records. Mann-Grandstaff VAMC in Spokane, Washington, and its associated clinics in Wenatchee, Washington; Libby, Montana; and Coeur d’Alene and Sandpoint, Idaho, are the first VA medical facilities using the new EHR system. Together, these locations serve more than 24,000 Veterans. VA clinicians and administrative staff at these sites can now more easily access patient information directly within the EHR itself, rather than using multiple systems as they had before. This includes patient medications, allergies, immunizations, past medical procedures and ongoing health concerns, as well as contact information, such as addresses, phone numbers and emails. With this information more accessible, VA care providers will be able to view patient medical histories that will support clinical decision-making and improve Veteran health results. This more complete view of a patient’s records will also allow clinicians to make better connections between Veterans’ time on active duty and potential medical issues they might experience later in life.
- In FY 2020, VA’s Office of General Counsel (OGC) increased onboard personnel by 11% without a significant increase in personnel funding, by continuing its aggressive implementation of manpower management principles and practices. OGC implemented legal support staff-to-attorney ratios; developed standardized position descriptions and performance plans; and continued workload balancing activities to ensure prompt service. OGC continued its improvement on productivity and efficiency measures for attorneys, paralegals and overall dollar-spent-per-case hour. This was accomplished by implementing disciplined manpower management practices and improving OGC’s overall time-to-hire metrics.
- Improvements in continuous monitoring through aggressive implementation of the Department of Homeland Security’s (DHS) Continuous Diagnostics and Mitigation Program, coupled with VA’s Enterprise-wide information security initiatives, will continue to strengthen VA’s security posture and provide a path forward to achieving all goal targets.
- In FY 2020, the Office of Information and Technology (OIT) met 1 of the 2 subsets of the Intrusion and Detection measure (4 of 6 cyber metrics meeting the

90% threshold) and improved from 96% to 99% compliance for the domain migration under VA's network.

- OIT has also improved from 55% to 77% compliance (with a target of 90%) for the Exfiltration and Enhanced Defenses metric.
- Due to the COVID-19 pandemic, OIT mobilized its support to the Administrations and Staff Offices to ensure a seamless transition to a telework and virtual environment. OIT supported VHA's massive increase in telehealth to ensure Veterans' needs are met. Clinical Video Telehealth (CVT) grew nearly 851% between February and June 2020, for primary care. CVT for mental health grew nearly 220% between February and June 2020. Additionally, with OIT collaboration, the Board quickly moved to a virtual tele-hearing environment with approximately 4,600 virtual tele-hearings held in FY 2020. For VA employees, OIT procured and delivered over 200,000 laptops and 12,000 cell phones.
- VA remains committed to making additional progress in securing its information technology infrastructure as expeditiously as possible. Information protection remains one of the Department's highest priorities, as is securing Veterans' confidence in VA's ability to protect their sensitive information. In June 2020, the Secretary approved The Ethical Principles for Access to and Use of Veteran Data. Implementing this framework will place VA at the forefront of organizational responsibility in data access and use by setting clear expectations for Veterans, the public, VA staff and VA partners. The framework is intended to be applied by all parties who oversee access to or use of Veteran data, and who access or use Veteran data themselves.
- The Electronic Virtual Assistant (e-VA) allows Veterans to contact to their VR&E counselors virtually. e-VA is an artificial intelligence platform, streamlining routine electronic communication with Veterans, bidirectionally through either text message or e-mail. All of this can be done privately and securely from a smartphone, tablet or computer. This technology is readily available in the marketplace with similar applications successfully employed in other industries such as medical, hospitality and banking. The national deployment of this platform was completed, as scheduled, on August 11, 2020. Since June 30, 2020, e-VA has documented more than 2 million case notes and automated over 22,000 messages between case managers and program participants. VR&E is experiencing an 89% adoption rate among program participants enrolled in a plan of service.
- The importance of VA Video Connect and VR&E tele-counseling was amplified by the onset of the COVID-19 pandemic. The ability to pivot from a brick-and-mortar operation to a virtual posture overnight was facilitated through the capabilities of VA Video Connect. This platform enabled continuity of operations and determined the baseline for managing business virtually. More than 500 additional personnel from other VBA business lines were able to leverage this technology to sustain their operations during COVID-19. The program has 65,211 scheduled calls as of September 30, 2020. Related to the COVID-19 response, there were over 43,000 scheduled calls between March and May 2020, and VBA experienced a 76% increase in the use of VR&E VA Video Connect.

- The Invoice Payment Processing System (IPPS) is an electronic invoicing platform which enables vendors to receive electronic authorizations from and submit electronic invoices directly to VR&E. The platform standardizes and streamlines, the invoice payment process, significantly reducing the amount of time needed to receive, process and pay vendors. It also supports compliance with P.L. 115-407, the *Veterans Benefits and Transition Act of 2018* requiring payment within 60 days. VR&E trained over 1,400 personnel in IPPS and enrolled over 2,100 service providers. During FY 2020, VR&E paid more than 160,000 invoices, totaling more than \$450 million, boasting a 99.4% on-time payment rate.
- VR&E implemented active file digitization to increase access to Veteran case files, transitioning VR&E into a digital and paperless work environment. Effective March 13, 2020, VR&E began shipping active cases, as needed, to maintain continuity of operations due to the COVID-19 pandemic. This enables VR&E to store electronic records within the Veterans Benefits Management System e-Folder. Between March 13, 2020, and September 30, 2020, VR&E digitized more than 66,100 records.
- VBA implemented Centralized Mail for VR&E, effective March 30, 2020. Centralized Mail reduces the labor-intensive task of physical mail distribution and allows for a seamless transfer of correspondence digitally. Centralized Mail was deployed and implemented in the wake of the COVID-19 pandemic to maintain continuity of operations. VR&E successfully uploaded more than 18,500 mail packets between March 30, 2020, and September 30, 2020.
- In FY 2020, OAR leveraged efficiency through technology by creating an alternative virtual platform to counter the restrictions on in-person hearings due to the COVID-19 pandemic. On January 2, 2020, there were 4,233 pending legacy appeals-related hearings with VBA. In April 2020, OAR offered virtual hearings to provide Veterans the opportunity to present their stories before a decision review officer. As of September 30, 2020, there were 330 pending legacy appeals-related hearings with VBA. As VA continues to expand the VA Video Connect application and capabilities, OAR seeks to utilize this platform to increase virtual hearings in the elimination of the remaining legacy appeals inventory and establish a long-term cost-efficient technological solution for the higher-level review informal conferences. This will reduce the need for Veterans to travel while allowing the face-to-face interaction that an in-person hearing provides.
- EDU and OIT established preliminary requirements and an acquisition strategy to support implementation of the Digital GI Bill, a modernized systems platform for claims processing and customer service.

ASSESSMENT

One of VA's most important objectives is to maintain a secure environment that puts the protection of Veterans' information at the forefront of operations. VA invests in replacement and modernization of systems to keep up with rapidly changing technology while continuing to provide first class services. Twelve of the fourteen measures aligned with this goal ended the fiscal year on track, showing that protection of data,

information, hardware, software and network access continues to be a high priority even in these challenging times.

Not only is VA maintaining the focus on protection of Veterans' information and systems, but significant progress is being made on new systems and growth. Certain VA sites began using the Electronic Health Record Management (EHRM) system in FY 2020 and it is expected to be expanded to many more sites in FY 2021. OGC implemented disciplined manpower management practices, to include increasing its manpower by 11%, which will improve productivity and efficiency measures and ensure prompt service to internal and external VA stakeholders. e-VA is an artificial intelligence program deployed in FY 2020 to safely and securely allow Veterans to access and communicate with their VR&E counselors through their smartphones, tablets or computers. The use of VA Video Connect and tele-counseling services rapidly increased this year, in response to the pandemic.

In many ways, VA leveraged efficiency through technology to respond to these challenging times to ensure the safety and security of Veterans while maintaining services. VA has made noteworthy progress in the goal of modernizing IT systems; delivering effective solutions; and enabling a secure, seamless experience within available resources, in a cost-effective manner.

VA, in collaboration with OMB, has determined that Strategic Objective 4.3 is an area of noteworthy progress.

MANAGEMENT OBJECTIVE 4.4: VA WILL INSTITUTIONALIZE DATA SUPPORTED AND PERFORMANCE FOCUSED DECISION MAKING THAT IMPROVES THE QUALITY OF OUTCOMES

To ensure modernization efforts are effective and resources are focused efficiently, VA will use value analytics to quantify improved outcomes for Veterans, who are efficiently and effectively using taxpayer funds, and reduce non-monetary costs. Further, VA will consistently analyze ways to improve efforts; make appropriately aligned high-value investments; and continuously assess the improvements achieved. Implementing this value management approach, along with data-driven decision-making, will complement VA’s approach to value management.

Consistently reliable, accessible, comprehensive and up-to-date data is critical to achieving VA agility and implementing value management in the Department. This will support data-driven decision making. VA will ensure managers and decision-makers have accurate information to drive data-based analytics and management efforts. Further, VA will institutionalize Enterprise-wide modeling, value analytics and forecasting capabilities. This will enable VA to project future needs and ensure that VA is providing excellent care and services to Veterans. See Table 10 below for performance measures.

PERFORMANCE MEASURES BY FISCAL YEAR

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Accuracy Rate: Legacy Decisions (BVA #959)	N/A	91.4%	92.%	90.7%	92%	92%	N/A	Off Track
Number of Executive Order 13771 Regulatory Actions Issued (OSVA #993)	N/A	6	5	1	4	4	N/A	On Track
Number of Executive Order 13771 Deregulatory Actions Issued (OSVA #994)	N/A	5	2	0	2	2	N/A	On Track
Total incremental cost of all Executive Order 13771 regulatory and deregulatory actions (OSVA #995)	N/A	0	0	0	0	0	N/A	On Track

Table 10 – Management Objective 4.4 Performance Measures

ACCOMPLISHMENTS

- The intent of Executive Order 13771, *Reducing Regulation and Controlling Regulatory Cost* is for agencies to reduce the number of regulatory actions issued. VA issued only one regulatory action, which is four less than what was expected. The one regulatory action issued/published was statutorily required by the MISSION Act of 2018. This regulatory action was published in an expeditious manner and within the statutory deadline. The regulatory action provides exclusive authority under which VA would authorize “covered Veterans” who elect to receive community care, such as hospital care; medical services; and extended care services, through eligible non-VA entities or providers, at VA

Goal 4 – VA transforms business operations
Objective 4 – VA Institutionalizes data and performance

expense. Additionally, the regulatory action will strengthen the access to VA health care, overall, by increasing the choices Veterans have for their health care and complementing the increasingly timely, high-quality care provided by VA medical facilities.

- The Million Veteran Program (MVP) is VA's national research effort that uses voluntary health data to identify genetic factors that contribute to disease, to include conditions like Post Traumatic Stress Disorder. Voluntary data is allowing VA medical professionals across the country to conduct their own innovative research that will benefit millions of Americans. To date, 43 peer-reviewed scientific papers have been published in scholarly journals on discoveries using MVP data.
- Data is playing a significant role in the groundbreaking work VA is doing in precision oncology. Through precision oncology, VA can study the genetic makeup of tumors and design treatments that attack the cancer, not the patient. VA has already built targeted therapies to attack some forms of leukemia. These therapies are more effective and are already making these cancers less lethal. Precision oncology means earlier and more accurate cancer detection; less guesswork about treatment; and patients who are more comfortable and have more peace of mind.
- VA administered a VSignals CX survey to Veterans who have an appeal at the Board. To measure Veteran experiences with filing Board appeals, hearings and decisions, the Board has developed three surveys that target feedback from legacy and AMA appeals. The Board's ability to track survey responses enables Board leadership to use real-time data to identify emerging trends and identify opportunities to improve CX. The Board uses this feedback data to identify opportunities to improve overall CX and to provide comparisons of Veteran satisfaction under each appeals system.
- To build a data analytics environment to provide proactive oversight of mortgage industry partners, VBA's Loan Guaranty (LGY) program developed 20 dynamic dashboards to manage and improve the performance of external program participants and VA staff. The data in these dashboards contain information related to individual loan servicer performance; indicators developed in response to OIG recommendations; information pertaining to LGY's performance in the era of COVID-19; and serial refinancing metrics. These dashboards include data and visualizations that can be manipulated to drill down to specific criteria.
- PA&I developed and maintains a COVID-19 Analysis Dashboard which provides leadership and analysts access to patterns and trend data that summarizes COVID-19 impacts on delivery of benefits to Veterans. This impacts medical exam status; Federal records requests; and allows "what if" scenario forecasting to identify how recovery or further delays in claims development would impact benefits claims completions and timeliness. With this awareness, leaders can apply resources in near real time to meet the most urgent needs regarding providing benefits to Veterans.
- Despite growth and persistent change, the Board continued to issue legacy appeals decisions, reflecting a high level of quality, as evidenced by a legacy appeal accuracy rating of approximately 90.7% in FY 2020 which was only

Goal 4 – VA transforms business operations
Objective 4 – VA Institutionalizes data and performance

approximately 1.3% short of the target. The errors identified by the Board's Quality Review (QR) office can be substantial or non-substantial in nature. The Board closely monitors trends in the types of errors identified by QR and uses the data to pivot and provide enhanced training and guidance in real time to Veterans Law Judges and attorneys. Additionally, the Board continues to work closely with internal stakeholders to improve training for adjudicators and clinicians to reduce errors in the claims/appeals process. The Board actively participates in working groups and otherwise collaborates with all Agencies of Original Jurisdiction (AOJ), namely VHA, VBA, NCA and OGC, to enhance service to Veterans through innovative process improvements and increased accuracy in appeals adjudication.

ASSESSMENT

The purpose of the strategic objective is to ensure VA will institutionalize data-supported and performance-focused decision making that improves the quality of outcomes. In FY 2020, the Board and the Office of the Secretary of VA contributed a total of four performance measures to align with the strategic objective. At the end of the fiscal year, three performance measures were on track and one measure was listed as off track.

VA used data analytics to review patterns and trends that summarizes COVID-19 impacts on delivery of benefits to meet the needs of Veterans. VA also uses data to measure Veteran experience with VHA, VBA, NCA and the Board.

While VA has a limited number of metrics aligned with this strategic objective, it has taken several steps to improve its use of data to support decision-making and will continue with these practices. VA has institutionalized its VA Operations Board (VAOB) meetings. The Deputy Secretary chairs the monthly VAOB meetings with senior leaders from across the Department, where performance metrics and financial/budget information are discussed. In the second quarter of FY 2020, VA leadership began asking senior leaders to demonstrate how their programs and metrics support VA's Strategic Plan. This innovative meeting format encourages the collective ownership of the Strategic Plan and reinforces the principle that anything VA does must align to and support the Strategic Plan.

VA, in collaboration with OMB, has determined that Strategic Objective 4.4 is a focus area for improvement.

In addition to the performance measures outlined above, VA OIG major management challenges and items identified in GAO's High-Risk List remain a focus. The OIG and GAO sections that follow outline VA corrective actions and progress relating to outside audit findings.

VA OIG FY 2020 MAJOR MANAGEMENT CHALLENGES

The Inspector General's statements regarding major management challenges and VA's responses can be found in the Agency Financial Report:

<https://www.va.gov/finance/afr/index.asp>.

GAO HIGH RISK LIST PROGRESS SUMMARIES

ISSUE 1: MANAGING RISKS AND IMPROVING VA HEALTH CARE

GAO assessment: "[R]isks to the timeliness, cost-effectiveness, quality, and safety of veterans' health care, along with other persistent weaknesses we have identified in recent years, raise serious concerns about VA's management and oversight of its health care system." (GAO 2015 High Risk Report, p. 28:

<https://www.gao.gov/assets/670/668415.pdf>)

During FY 2020, VA established its systematic approach for managing High-Risk List (HRL) Areas of Concern (AOC) and integrating major modernization initiatives into its action plan. VA's updated HRL action plan, for the first time, contains nearly three dozen measures to monitor progress toward achieving mutually agreed-upon outcomes. VHA established its portfolio management office, the GAO-OIG Accountability Liaison (GOAL) Office, as part of the Department's implementation of the Program Management Improvement and Accountability Act of 2016.

GAO has determined that the key elements needed to make progress in high-risk areas are the following 5 criteria: leadership commitment, capacity actions, action plan, monitoring and demonstrated progress. The following is a summary of VA's actions:

- **Leadership Commitment:** VA leadership commitment to managing risks and improving VA health care is evidenced through its high-level governance structure established by the Secretary of Veterans Affairs. The HRL Executive Advisory Board oversees all high-risk listings involving VA. This board reviews and approves strategic approaches, action plans and Agency-level submissions to GAO.
- **Capacity Actions:** VA dedicated approximately three dozen Government staff and allocated over \$27 million in contract support to addressing this issue. VA also leveraged contract support with MITRE Corporation for best practices and training staff in portfolio management, risk management and change management.
- **Action Plan:** VA and GAO agreed upon 20 outcomes that, when achieved, will resolve the 5 areas of concern GAO found to be high risk for Veterans' health care. VA's 2020 action plan includes over 250 actions and incorporates 7

transformational initiatives from VHA’s Plan for Modernization. GOAL, in collaboration with the Office of Enterprise Integration, ensured actions align with the Department’s strategic priorities.

- **Monitoring:** VA developed quantifiable metrics for measuring progress toward agreed upon outcomes. GOAL collects and tracks supporting documentation and collects metric data that is populated in a dashboard. GOAL developed the Integrated Operations Platform for recording and storing GAO HRL-related artifacts and data.
- **Demonstrated Progress:** Table 11 below provides examples of the progress VA has made regarding this issue.

Areas of Concern	Examples of Demonstrated Progress in FY 2020
Policies and Processes	<ul style="list-style-type: none"> • Total # of VHA national policies: reduced from 554 to 511 and # of expired policies reduced from 207 to 159. • Successfully implemented business rules designed to reduce and improve VHA’s policy framework, leading to 17% reduction in local policies in first 6 months. • Began collaborations within VA to pilot a new policy library.
Oversight and Accountability	<ul style="list-style-type: none"> • Created and implemented new governance bodies, refined roles and decision rights at each level of authority. • Expanded and documented the role of its Compliance and Business Integrity program. • Created three subcommittees of the senior leadership Audit, Risk and Compliance Committee for: 1) Risk Management; 2) Compliance; and 3) Fraud, Waste and Abuse Prevention and Detection. • Forged partnerships and integration with the other HRL AOCs; established a High Reliability Organization Steering Committee.
Information Technology Challenges	<ul style="list-style-type: none"> • Instituted Joint Business Plans focusing on VHA’s highest mission priorities by: <ul style="list-style-type: none"> (a) Delivering a minimum viable product for supporting the MISSION ACT; (b) Launching DevOps and Product Line Management transformation; (c) Supporting the IT infrastructure upgrades required for EHR Modernization; (d) Empowering VA Interoperability leadership to seamlessly integrate and exchange health information, data and best practices across DoD and other partners; and (e) Aligning strategy with business goals; cataloging current plans for modernization, decommission and facilitating decision making. • By June 2020, the Legacy System Modernization workgroup completed 24% of assessments on VA systems to determine their disposition and funding status for future years.
Training	<ul style="list-style-type: none"> • Updated and submitted the Training Action Plan, which addresses GAO concerns and move VHA to a sustainable, effective and efficient training system.

Areas of Concern	Examples of Demonstrated Progress in FY 2020
	<ul style="list-style-type: none"> • Began drafting training-related directives that detail oversight; accountability; roles and responsibilities; and supporting processes and procedures. • Distributed training effectively and efficiently across the Enterprise to the targeted population, at the right time, and to the requisite standard during the COVID-19 pandemic; and used many of the draft processes to effectively support VA's 4th Mission.
Resource Allocation	<ul style="list-style-type: none"> • Continued to manage budget allocation through new manpower policies and capabilities and improved funds distribution. • Streamlined policies to remove ambiguities and align the allocation of resources with leadership priorities. For example: <ul style="list-style-type: none"> (a) VHA's Offices of Finance and Manpower Management are collaborating to baseline a metric and design a refined joint resource request process to reduce requests for unfunded requirements. (b) VHA's Manpower Management Office established standard operating procedures for requesting backfills, new positions and organizational changes within the VHA Central Office and established a standard process for annual review of Network organizational charts.

Table 11 — Examples of Demonstrated Progress in FY 2020

ISSUE 2: IMPROVING AND MODERNIZING FEDERAL DISABILITY PROGRAMS

GAO assessment: “Management attention and efforts are needed across the government to ensure that disability programs provide benefits in a timely manner, reflect current ideas about disability, and achieve positive employment outcomes.” (GAO 2015 High Risk Report, p. 259: <https://www.gao.gov/assets/670/668415.pdf>)

GAO has determined that the key elements needed to make progress in high-risk areas are the following 5 criteria: leadership commitment, capacity actions, action plan, monitoring and demonstrated progress. This issue is addressed in two areas. The following is a summary of VA's actions in each area.

Managing Disability Claims Workloads (Appeals)

- **Leadership Commitment:** While VA met this criterion in the 2019 report, it has strengthened its overall approach to all GAO HRL areas with VA's “Executive Advisory Board” (EAB) governance structure to provide strategic guidance on solutions on all open HRL areas.
- **Capacity:** Through the Periodic Progress Report on Appeals, required by P.L. 115-55 § 3, VBA and the Board routinely share process plans for legacy and AMA appeals, performance metrics, resource requirements, outreach and risks. VBA expanded capacity to process AMA claims and reduce the legacy appeals through its hiring of 605 full-time equivalents (FTE). The Board dispatched a record 102,663 decisions in FY 2020 and held over 15,000 hearings.

- **Action Plan:** VA continues to implement plans to reduce the initial disability claims backlog by addressing issues identified in the root cause analysis. VBA and the Board routinely comply with reporting requirements in P.L. 115-55 § 3. VA also adopted the new Action Plan template and will work with the EAB to ensure GAO receives timely updates.
- **Monitoring:** VA utilizes AMA production and receipt data to monitor and forecast future workloads, production and staffing requirements. VBA and the Board have regular communications with VSOs and Veterans' advocates to gather feedback about the new process.
- **Demonstrated Progress:** Since AMA implementation on February 19, 2019, VA has reduced pending legacy appeals from over 400,000 to approximately 174,600. VA has completed non-remand legacy appeals, except for a small amount impacted by the COVID-19 pandemic, and forecasts resolution of legacy inventory by December 2022, with an exception for remanded appeals.

Updating Disability Benefit Eligibility Criteria (Veterans Affairs Schedule for Rating Disabilities - VASRD)

- **Leadership Commitment:** VA sustains leadership focus on the progress for all VASRD rules, as evidence in three new leadership roles and the dedicated staffing.
- **Capacity:** VBA drafted a new Project Management Plan (PMP); 50% of VASRD updates are implemented; and the VASRD Office is established with a continuous funding mechanism in place to support long-term sustainability.
- **Action Plan:** Seven of the 14 regulations for the 15 VASRD Body Systems have been implemented. The Integrated Master Schedule (IMS) and PMP are being executed as planned.
- **Monitoring:** VBA's IMS and PMPs ensure consistent operations, to include meeting with internal stakeholders; scheduling; publication of rulemakings; and implementation.
- **Demonstrated Progress:** VBA's establishment of the VASRD Office standardizes and assures continuous progress. VBA initiated a second Earning Loss Study (ELS) in 2020 to complete a review of 13 Diagnostic Codes (DC) under 5 body systems (actively pursuing data-sharing with the Census Bureau and Social Security Administration, for more robust data). VBA has also initiated work to engage in a third ELS. In addition, VBA has, and will continue to strategically publish companion rules to offset costs and ensure budget neutrality.

ISSUE 3: VA ACQUISITION MANAGEMENT

GAO assessment: "The Department of Veterans Affairs (VA) Acquisition Management is a new high-risk area as VA must demonstrate greater leadership commitment and strategic planning to ensure efficient use of its acquisition funding and staffing resources." (GAO 2019 High Risk Report, p. 210, <https://www.gao.gov/assets/700/697245.pdf>)

GAO has determined that the key elements needed to make progress in high-risk areas are the following 5 criteria: leadership commitment, capacity actions, action plan, monitoring and demonstrated progress. The following is a summary of VA's actions in each area for this issue.

- **Leadership Commitment:** VA's Community includes the leadership responsible for the mission areas and oversight for the various departmental acquisition activities. VA Leadership is committed, as evidenced by the intentional collaboration, across the Enterprise, addressing modernization and transformation of acquisition management along with strategic planning. This led to the development and implementation of governance and standardization.
- **Capacity:** VA is also addressing the capacity (i.e., people and resources) to resolve the risk(s) as it relates to modernizing and transforming acquisition management. There is currently an Enterprise manpower assessment focus on current people and resources analyzing the current activities; considering implementation of emerging technology; and aligning VA's capacity based on future needs (reducing non-value added and manual activities).
- **Action Plan:** A corrective action plan is being developed to address the areas of concern in the GAO High Risk List (HRL) which will define the root causes; provide solutions; and provide for substantially completing corrective measures, including steps necessary to implement solutions recommended by GAO. The action plan will be an overarching systematic approach with sustainable and repeatable standardized business practices; updated organizational structures; continuous monitoring; and demonstrated progress. Planned completion Q2 FY 2021
- **Monitoring:** The action plan will include various methods and apply proven programmatic models that will institutionalize monitoring and independent validation of the effective and efficient sustainability of corrective measures. Planned completion Q2 FY 2021
- **Demonstrated Progress:** Considering VA Leadership commitment and current modernization efforts, the need to validate and demonstrate progress is critical, a key component of the action plan will include implementing corrective measures leading to solutions for the high-risk areas. Planned completion Q2 FY 2021

CROSS-AGENCY COLLABORATION

VA works with many Departments and Bureaus across the Federal Government to achieve its strategic objectives and performance goals, leveraging other organizations' contacts with Veterans, to ensure that they receive timely and seamless benefits and services. The following section highlights collaborations between VA and other Federal agencies.

INTERAGENCY GOVERNANCE

VA works closely with interagency partners under the formal governance of the VA-DoD Joint Executive Committee (JEC) as prescribed in 38 U.S.C. § 320 - Department of Veterans Affairs-Department of Defense Joint Executive Committee. The JEC works to

remove barriers and challenges which impede collaborative efforts; assert and support mutually beneficial opportunities to improve business practices; ensure high quality cost-effective services for VA and DoD beneficiaries; and facilitate opportunities to improve resource utilization.

- Co-chaired by the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness, with membership from VA, DoD, the Military Services and DOL, the JEC sets the strategic direction for joint coordination and sharing efforts between VA, DoD and other Federal partners. The JEC oversees the work of several interagency subcommittees and working groups on strategic priorities in the areas of health care; benefits delivery; efficiencies of operation; and interoperability as documented in the VA-DoD Joint Strategic Plan. The JEC reviews progress on key milestones at quarterly meetings and the Co-Chairs conduct bi-weekly meetings to quickly resolve issues that arise in between.
- In FY 2020, the JEC Co-Chairs made evidence-based decisions to eliminate gaps and increased collaboration with other agencies (DOL, Department of Education (ED), Small Business Administration (SBA), etc.) by moving the Interagency Transition Assistance Program Executive Committee and the VA/DoD Information and Technology Executive Committee directly under JEC oversight.
- The JEC submits an Annual Joint Report to Congress at the same time as the President's budget submission each year, to report interagency outcomes and achievements supporting JEC priorities from the prior fiscal year.

VETERANS HEALTH ADMINISTRATION

VHA works with several organizations on a wide range of issues related to Veterans' health. The following are some examples:

- The Office of Mental Health's major Federal partners in these efforts are DoD and the Department of Energy. VHA is collaborating with these partners on the Joint Incentive Funded projects entitled Opioid Management and Safety Initiative (OMSI) and Interagency Collaboration for Advancing Predictive Analytics (ICAPA) which seek to develop predictive models and decision support to reduce risk of suicide, overdose and traumatic brain injury-related harm across Service member transitions. The planned outcomes of these collaborations are improvements in current decision support and targeted prevention programs, such that Service members are engaged in care and adverse outcomes are prevented during the transition from DoD to VHA. DoD may also benefit from early identification of at-risk Service members who may benefit from preventative services. These informatics innovations should improve care quality and proactivity for new Veterans entering VHA care. The Office of Mental Health has other major Federal partners in efforts with DoD. VHA worked with DoD to harmonize suicide risk screening and high risk for suicide care management protocols for implementation in the new Cerner medical record. These informatics innovations should improve care quality and engagement for new Veterans at risk for suicide.

- Geriatrics and Extended Care (GEC) has two major Federal partners for Purchased Long Term Services and Supports: Administration for Community Living (ACL) and Center for Medicaid and CHIP Services, Disabled and Elderly Health Program Group. ACL assists GEC in finding local aging and disability network agencies to operate Veteran-Directed Care programs under contract with local VAMCs. Veterans benefit by having more home care options and by having care delivered by people they know and trust. Federal Medicaid assists GEC in identifying newly adopted quality measures for personal care services. Veterans benefit by having assurance that VA is purchasing quality home care.
- The Office of Community Care has a rich history of cooperating and sharing health care resources with DoD. As of September 2020, VA has 138 resource sharing agreements with DoD, of which 78 are for clinical care. From the beginning of FY 2020 through September 2020, VA has purchased over \$99.5 million worth of health care from DoD.
- VA also partners with Indian Health Service (IHS). In 2012, VA and IHS signed a national reimbursement agreement that called for VA to reimburse IHS for direct care services provided to eligible American Indian/Alaska Native Veterans. The national reimbursement agreement with IHS has been extended to June 30, 2024. It was recently amended to cover additional services such as COVID-19 testing and telehealth. Seventy-three IHS sites are currently participating in the reimbursement program, pursuant to the national reimbursement agreement. VA will continue to collaborate with our Federal partners to provide health care to Veterans, closer to their home, in a culturally sensitive environment for best possible outcomes.
- VA is a member of the National Disaster Medical System (NDMS) which is a federally coordinated health care system and partnership of the Departments of Health and Human Services (HHS), DHS, DoD and VA. The purpose of the NDMS is to support state, local, Tribal and Territorial authorities, following disasters and emergencies, by supplementing health and medical systems and response capabilities. NDMS would also support the military and the VA health care systems in caring for combat casualties, should requirements exceed their capacity.
- VA's Office of Management and VHA's Office of Compliance and Business Integrity partnered with Centers for Medicare and Medicaid Services (CMS) to prevent and detect provider fraud and abuse in VHA, by developing and implementing a computer matching agreement.

These initiatives seek to improve the Veteran experience and increase access to care by reducing wait times; balancing supply and demand; and ensuring patients are receiving the care when and where they need it, even during a pandemic.

VETERANS BENEFITS ADMINISTRATION

VBA continues to leverage public and private partnerships to improve the Veteran experience. VBA collaborates with other Federal and state agencies, VSOs and

educational institutions to improve benefits delivered, as demonstrated by the following examples:

- VBA partnered with the U.S. Department of Treasury (USDT) Internal Revenue Service to ensure our most vulnerable Veterans and survivors, who do not normally file an annual tax return, were able to automatically receive their Economic Impact Payments (EIP). As a result, nearly 410,000 Veterans and survivors received their EIPs automatically, totaling over \$491 million.
- VBA has an MOU with USDT's Bureau of the Fiscal Service (BFS) National Payment Recovery Center (NPRC) that covers benefit post-payment activities. In FY 2020, there were over 311,000 returned benefit payments totaling \$561 million and over 7,000 reclamations totaling \$18 million. This MOU addresses the expectations for handling these post-payment activities between VBA's Finance Center and NPRC and ensures that the level of service provided under the previous organizational structure within USDT Fiscal Service continues and is maintained for the integrity of VBA business practices.
- In December 2019, VA partnered with the Association of Military Banks of America to create the Veterans Benefits Banking Program (VBBP). This program provides Veterans and beneficiaries the opportunity to safely, reliably and inexpensively receive and manage their VA monetary benefits, through financial services provided by a consortium of participating military-friendly financial institutions. VBBP simplifies banking choices to help Veterans and beneficiaries select the right bank for themselves and their families and connects Veterans with banks that understand their needs.
- VBA partnered with USDT BFS on reducing the number of paper checks Veterans and beneficiaries receive for their benefit payments and encouraging direct deposit instead, which is a much safer, faster and more secure means of receiving their C&P benefits payments. VBA has an Inter-Agency Agreement with USDT BFS to fund the printing and mailing of monthly inserts (which are enclosed with USDT checks) designed to inform Veterans and beneficiaries of the benefits of direct deposit and provide information on the Veterans Benefits Banking Program. This partnership resulted in the printing and mailing of 301,245 inserts to accompany monthly benefits checks. This directly contributed to reducing the total number of unbanked Veterans by 7%, from a high of 180,114 to 167,652, and reducing the number of new check recipients by 24%, from a high of 17,310 to 13,219.
- LGY continues to collaborate with U.S. Federal housing agencies to address housing related responsibilities and actions required by the CARES Act. VBA matched existing policy utilized by partner housing agencies, and ensured that consistent, uniform guidance is provided regarding available options for borrowers of Federally backed loans. Further, VBA helped to design a housing portal, located on the Consumer Financial Protection Bureau website, to provide a one-stop location for comprehensive and consolidated COVID-19 housing resources.
- INS implemented the Do Not Pay web portal to research individual accounts with returned mail or returned payments. This allows claims processors to research insurance payments flagged through USDT's payment application. The web

portal allows claims examiners to obtain more timely Notifications of Death (NOD); confirm NODs with multiple data sources; proactively invite claimants; and confirm that potential claimants are alive, prior to attempting to contact them. This partnership strengthened both claims process and internal controls/fraud prevention measures.

- INS consulted with DoD and partnered with the U.S. Military Service Branches to conduct a review of the Servicemembers' Group Life Insurance Traumatic Injury Protection Program after 10 years of experience covering Service members. In conjunction with DoD, INS also promulgated two rulemakings that expand eligibility for spousal life insurance coverage and provides Veterans more time to apply for Veterans' Group Life Insurance.
- VBA VR&E Services' Integrated Disability Evaluation System (IDES) program collaborates with 70 DoD military installations across the Nation. The program has IDES Counselors permanently located on specific military installations to provide early intervention and early participation to those injured, ill or wounded into the Chapter 31 program.
- In FY 2020, VA and ED implemented the first automatic discharge of Federal student loans for Veterans who are totally disabled. Implementation of the automatic discharge relieved Veterans from the burden of applying to ED to request loan discharges. The loan discharge is a significant financial benefit to Veterans who are 100% service-connected or totally disabled based on individual unemployability. The initial data match resulted in more than \$650 million in student loan relief to over 22,000 Veterans. VA and ED continue to automatically discharge Federal student loans for newly totally disabled Veterans.
- On December 6, 2019, DoD and VA signed an MOU to better prepare transitioning Service members to gain civilian training and work experience during their last 180 days of military service. As of September 2020, the collaboration between VA and DoD assisted with identification of vacancies; determination of training requirements; and/or establishment of a high-level program schedule for the SkillBridge programs within VA.
- Secretariat Senior Leaders and Directors of DoD, VA, DOL, SBA, OPM, ED, DHS and representatives from the Armed Services collaborate to provide oversight and direction to the interagency partnership. This partnership formulates and delivers transition assistance to transitioning Service members and promotes alignment; measures program progress; and applies interagency synergies and improvements to TAP.

NATIONAL CEMETERY ADMINISTRATION

NCA works with the following agencies and serves on joint boards to better serve Veterans and the public:

- U.S. Army - Defense Personnel Accounting Agency (DPAA): To identify Unknown Service members from various battles and wars.
- Cemetery Joint Mortuary Affairs Board (CJMAB) - NCA, Arlington, American Battlefield Monument Commission, Casualty Affairs from all branches of service and DoD's Military Funeral Honors Group. This group meets and discusses

challenges from across the spectrum and shares practices that are beneficial for all.

- NCA also attends meetings for the Chemically Contaminated Human Remains (C-CHR) program the Army has been developing, looking at ways to bring contaminated remains back to CONUS for final disposition.

NCA has worked with the Department of the Army for the successful transfer, to NCA jurisdiction, of 11 cemeteries where Army posts had been closed through Base Realignment and Closure.

NCA provided training on cemetery operations and maintenance, at its National Training Center in St. Louis, Missouri, to Federal partners such as the American Battle Monuments Commission, the Department of Interior (National Park Service) and Arlington National Cemetery.

In 2021, the History Office at Arlington National Cemetery is producing a monograph, commemorating the Centennial of the Tomb of the Unknowns. To enhance their text, NCA asked other Federal agencies, and scholars of war and memory, to contribute substantial sidebars highlighting the work of their offices or areas of expertise. The NCA History Program participated in a brainstorming session and committed to contributing two sidebars of approximately 1,000 words each, with images. Senior Historian Sara Leach wrote on the memorial practices utilized for Unknown headstones in national cemeteries. Historian Richard Hulver provided an overview of the Vietnam Unknown's positive identification as Michael J. Blassie, and his reburial in Jefferson Barracks National Cemetery in 1998.

NCA's History program collaborated with the Naval History and Heritage Command (NHHC) on two projects this fiscal year. First, NHHC historians reviewed NCA's comments and recommendations for the inaugural monument to the U.S. Navy Seawolves (a fast attack helicopter squadron in Vietnam), proposed for Great Lakes National Cemetery. NHHC's curators also aided NCA historians in their evaluation of a request to place a Medal of Honor headstone on a 19th century peacetime Sailor's grave in New Jersey.

NCA is working closely with the Library of Congress; the Veterans History Project; the National Museum of the American Indian (Smithsonian Institution); the U.S. Army Museum Network; and universities to share the stories of Veterans and Service members interred or memorialized in NCA cemeteries. The Veterans Legacy Program (VLP) contributes to NCA's statutory mission to "memorialize Veterans in perpetuity", through educational outreach and programming at VA national cemeteries, Soldier's lots and monument sites. VLP programs engage scholars, teachers and students, of all levels, in researching hometown Veterans in their local national cemeteries and then producing that research into instructional materials for Kindergarten (K) through 12 schools, as well as materials for public benefit. VLP products include lesson plans, annotated cemetery maps, documentaries, biographies and digital archives. The challenge of the COVID-19 pandemic has created an opportunity for VLP to enhance

and increase its digital posture, creating new GIS-based (Geographic Information System) materials to project the national cemetery experience in a digital format for remote experience. VLP leverages its educational outreach programs to increase community engagement with NCA cemeteries and raise awareness of VA memorial benefits.

THIS PAGE INTENTIONALLY LEFT BLANK

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures, by fiscal year, contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Trust in VA among America's Veterans (VEO #692)	70%	72%	90%	79%	90%	90%	N/A	Off Track
Easy to get services (VEO #746)	69%	71%	90%	76%	90%	90%	N/A	Off Track
Customer Satisfaction with Outreach Events Office of Small and Disadvantaged Business Utilization (OSDBU #966)	N/A	N/A	0	5	N/A	N/A	N/A	Baseline
% of IDES participants who have a proposed rating completed within 20-day standard (VBA #469)	61%	52%	63.00%	69.40%	63%	N/A	N/A	On Track
Increase the number of Veterans who are aware of using benefits, reached through advertising and marketing efforts (OPIA #536)	7.50%	10.86%	11%	10.12%	11%	10%	N/A	Off Track
Percent of Disability Compensation Rating Claims processed within 125 days (VBA #576)	74.54%	73.16%	71.00%	74.76%	63%	71%	N/A	On Track
Increase traffic to and from the content delivery [social media] platform (OPIA #659)	3.89%	29.69%	20.00%	59.02%	20%	20%	N/A	On Track
I felt like a valued customer (VEO #752)	71%	73%	90%	73%	90%	90%	N/A	Off Track
I got the services I needed (VEO #761)	77%	76%	90%	74%	90%	90%	N/A	Off Track
Average number of days from VR&E's receipt of Veteran's application to notification that the Veteran was found entitled or not entitled to services (VBA #852)	N/A	42.25	45.00	35.96	45	45	N/A	On Track
Customer Satisfaction for VA Portion of the Transition Assistance	N/A	N/A	95%	95.8%	95%	95%	N/A	Not Started

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Program (TAP) (VBA #917)								
Percentage of Pension Rating Claims Processed Within 125 Days (VBA #918)	N/A	N/A	N/A	N/A	80%	80%	N/A	Not Started
Expand awareness of VA programs for Veterans who are homeless or at risk of homelessness (OPIA #923)	N/A	N/A	N/A	N/A	1%	1%	N/A	Not Started
Percent of eligible Veterans contacted within their first year of separation from military service (VBA #982)	N/A	N/A	N/A	N/A	40%	N/A	N/A	Not Started
Appeals Adjudicated (BVA #65)	85,288	95,089	91,500	102,663	93,600	98,104	N/A	On Track
Average days to complete original education claims (VBA #218)	24.45	24.1	28.0	15.4	24	24	N/A	On Track
Average days to complete supplemental education claims (VBA #219)	12.3	13.4	14.0	6.9	12	12	N/A	On Track
Default Resolution Rate for VA-Backed Home Loans (VBA #226)	87.6%	87.4%	80.00%	93.81%	80%	80%	N/A	On Track
Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence (NCA #234)	92.10%	92.40%	92.40%	93.00%	94%	94%	N/A	On Track
Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (NCA #580)	N/A	96.80%	97%	97%	97%	97%	N/A	On Track
Percent of Dependents Indemnity Compensation (DIC) rating claims	N/A	69.60%	84.00%	78.30%	N/A	N/A	N/A	Off Track

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
processed within 125 days (VBA #649)								
Composite Measure: The average of the percent Always or Usually responses for the four access measures found in the Patient Centered Medical Home Survey and the Specialty Care Consumer Assessment of Healthcare Providers and Systems survey (VHA #681)	N/A	81.31%	83.00%	82.52%	83%	84%	85%	Off Track
Percent of Primary Care Patients who respond Always and Usually regarding their ability to get an appointment for needed care right away (VHA #682)	N/A	74.91%	77.00%	74.90%	78%	79%	80%	Off Track
Percent of women assigned to designated women's health primary care providers (VHA #834)	77.44%	80.57%	83%	81.85%	83%	84%	85%	Off Track
Percentage of Community Care Claims Processed Timely (VHA #635)	52.23%	52.48%	90%	71%	90%	91%	92%	Off Track
Hearings Held (BVA #712)	16,423	22,743	24,300	15,669	50,000	50,000	N/A	Off Track
Percent of Patients who rated their primary care provider a 9 or 10, where 0 is the worst provider possible and 10 is the best provider possible (VHA #741)	N/A	N/A	71.00%	73.53%	74%	75%	76%	On Track
Percentage of Eligible Veterans who have received Telehealth Services during the fiscal year. This is a composite of the eligible Veterans who have received Home	3.23%	15.24%	16.00%	27.19%	30%	32.5%	35%	On Track

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Telehealth (HT), Clinical Video Telehealth (CVT), and Store and Forward Telehealth (SFT) (VHA #742)								
Overall Rating of Hospital (VHA #747)	N/A	67.46%	68.00%	70.13%	71%	72%	31%	On Track
Overall Rating of Specialty Care Provider (VHA #750)	N/A	71.93%	70.50%	74.80%	75%	76%	77%	On Track
Video telehealth to Off-Site Patients (VHA #753)	0.15	1.67%	2.50%	18.80%	20%	22%	24%	On Track
Overall Satisfaction with Community Care (VHA #760)	N/A	0%	79.00%	77.97%	79%	80%	81%	Off Track
Number of Issues Decided (BVA #778)	253,450	305,078	299,205	294,161	272,376	285,482	N/A	Off Track
Appeals Decided per FTE (BVA #780)	68	88	77	89	78	84.5	N/A	On Track
Percentage of unique Veterans accessing Whole Health services (VHA #790)	N/A	4.48%	5.40%	6.46%	7.5%	8.2%	9%	On Track
Number of Whole Health encounters (VHA #791)	N/A	1,151,311	1,266,440	1,266,440	1,393,086	1,532,395	N/A	Off Track
Percent of calls answered by the VBA National Call Center within 2 minutes (VBA #840)	N/A	32%	67.00%	74.26%	69%	70%	N/A	On Track
Percent of calls blocked by the VBA National Call Center (VBA #841)	N/A	00.01%	00.04%	0%	00.04%	00.04%	N/A	On Track
Percentage of interactions correctly managed by the National Call Center (VBA #842)	N/A	92.34%	90.00%	92.14%	91%	91%	N/A	On Track
Average days to complete higher-level reviews (VBA #843)	N/A	37	125	94	125	125	N/A	On Track
Percent of Life Insurance Clients Highly Satisfied with	92.8%	93.3%%	95%	93%	95%	95%	N/A	Off Track

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
the Program (VBA #846)								
Percent of Survivors Pension entitlement determinations processed within 60 days (VBA #847)	N/A	11%	60.00%	20.20%	N/A	N/A	N/A	Off Track
National Claim-Based Quality for Pension Claims (Rating) (VBA #848)	N/A	92.6	93.5	93.7	93	93	N/A	On Track
Percent of Veterans Pension rating claims processed within 125 days (VBA #849)	N/A	66.4%	80.0%	76.1%	N/A	N/A	N/A	Off Track
Percentage of total procurement awarded to Veteran-owned small business (OSDBU #878)	23.30%	25.70%	17.00%	22.70%	17%	17%	N/A	On Track
VR&E Program Participation Rate (VBA #919)	N/A	N/A	N/A	33,200	N/A	N/A	N/A	Not Started
Pending Appeals Inventory (Board – AMA Appeals) (BVA #958)	N/A	N/A	N/A	52,993	N/A	N/A	N/A	Not Started
New Contract Awards Using SDVOSB or VOSB Set-Aside (OSDBU #967)	N/A	N/A	N/A	15.3	10	10	N/A	Not Started
Percentage of Total Procurement Awarded to Service-Disabled Veteran-Owned Small Business (SDVOSB) (OSDBU #968)	N/A	N/A	15.00%	22.50%	15%	N/A	N/A	On Track
Percent of HUD-VASH vouchers allocated that resulted in a homeless Veteran obtaining permanent housing (end of fiscal year point in time percentage) (VHA #535)	N/A	84%	92%	83%	92%	92%	92%	Off Track
Vocational Rehabilitation and Employment class achievement rate (VBA #601)	65.2%	63.05%	68.00%	61.35%	N/A	N/A	N/A	Off Track

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (VHA #606)	N/A	91%	90%	89%	90%	90%	90%	Off Track
Average Days to Complete Initial Appointment Exam (VBA #647)	91.9	68.60	76.00	38.20	76	76	N/A	On Track
Percentage of Veterans flagged as high risk for suicide who have received ALL recommended interventions and follow-up (VHA #756)	N/A	80.90%	83.00%	85.97%	87%	89%	90%	On Track
Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by the mental health component of the Short Form-12 (VHA #788)	N/A	2.56	2.30	2.30	3	4	5	On Track
Percent of long-term service and support obligations and/or expenditures devoted to purchased Personal Care Service for frail elderly and disabled Veterans wishing to remain at home (VHA #804)	N/A	10.5%	11.5%	8.8%	9.5%	10%	10.5%	Off Track
Percent of Homeless field positions currently filled funded by VHA Homeless Program Office Including HUD-VASH case managers (VHA #826)	N/A	86%	90%	86%	90%	90%	90%	Off Track
Percentage of caregiver applications	N/A	90.31%	90%	96.88%	90%	92%	92%	On Track

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
processed within 90 days (VHA #832)								
Use of interventions for Veterans at-risk for suicide through the use of predictive modeling and enhanced engagement strategies (REACHVET & STORM) (VHA #835)	N/A	85.19%	91.00%	96.10%	95%	95%	95%	On Track
Percentage of follow-up field exams for which Veteran well-being is confirmed (VBA #851)	N/A	99%	99.9%	99.9%	N/A	N/A	N/A	On Track
Accuracy of requirements in closing a Veteran's case or declaring the Veteran rehabilitated or discontinued (VBA #853)	98.2	98.8	98.00	98.48	98	98	N/A	On Track
Average Days to Complete – AMA Direct Docket from Notice of Disagreement (BVA #984)	0	0	0	0	365	365	0	Not Started
Overall Confidence/Trust Score (BVA #960)	N/A	N/A	N/A	40.8%	N/A	N/A	N/A	Not Started
Education Claim quality (based on QA) (VBA #845)	N/A	97.60%	95%	98.30%	95%	95%	N/A	On Track
National Accuracy Rate - Percent of disability compensation rating issues processed accurately (VBA #304)	94.90%	95.70%	96%	95.91%	96%	96%	N/A	Off Track
Number of reports (audit, inspection, evaluation, contract review, Comprehensive Healthcare Inspection Program (formerly known as Combined	309	237	N/A	N/A	N/A	N/A	N/A	N/A

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Assessment Program), and Community Based Outpatient Clinic reports) issued that identify opportunities for improvement (OIG #585)								
Percentage of reports (formerly number of reports, see measure above) (audit, inspection, evaluation, contract review, Comprehensive Healthcare Inspection Program (formerly known as Combined Assessment Program), and Community Based Outpatient Clinic reports) issued that identify opportunities for improvement (OIG #585)	N/A	N/A	70%	90%	70%	70%	N/A	On Track
Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (OIG #586)	2,914	2,372	2,100	2,224	2,100	2,330	N/A	On Track
Monetary benefits (\$ in millions) from audits, investigations, contract reviews, inspections, and other evaluations (OIG #587)	\$2,840	\$5,666	\$3,700	\$4,007	\$4,000	\$4,000	N/A	On Track
Return on investment (monetary benefits divided by cost of operations in dollars) (OIG #588)	21	37	22	23	22	22	N/A	On Track
Percentage of recommendations implemented within one year to improve efficiencies in operations through	86%	83%	85%	73%	85%	85%	N/A	Off Track

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
legislative, regulatory, policy, practice, and procedural changes in VA (OIG #590)								
Percentage of recommended recoveries achieved from post-award contract reviews (OIG #591)	100%	100%	98%	100%	98%	98%	N/A	On Track
Percentage of full cases that result in criminal, civil, or administrative actions (OIG #694)	74%	65%	74%	64%	74%	74%	N/A	Off Track
Quality of higher-level review decisions (VBA #844)	N/A	96.3%	96.00%	96.9%	96%	96%	N/A	On Track
Percentage of follow-up field exams completed within 175 days (VBA #850)	N/A	74.93%	75.0%	90.7%	75%	75%	N/A	On Track
The average amount of time a case takes in OAWP, from the time that it is received to the time it is closed or a recommendation from the Assistant Secretary is made, whichever occurs first (OAWP #926)	N/A	0	120	200	120	120	N/A	Off Track
Percentage of Facilities customers who are satisfied with services being provided (OALC #253)	N/A	79.80%	70%	76%	75%	75%	N/A	On Track
Percent of construction projects accepted by VA as substantially complete in the quarter identified (OALC #400)	N/A	60%	70%	67%	75%	75%	N/A	Off Track
Percent of continuity assessment criteria completed at the “Performed without Challenges” rating during the annual	N/A	100%	70%	0%	N/A	N/A	N/A	Off Track

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Eagle Horizon Exercise (OSP #805)								
Number of on-site inspections of VA Police Programs across the Department during the fiscal year (OSP #806)	N/A	56	60	34	N/A	N/A	N/A	Off Track
Percent of major leasing projects accepted by VA as substantially complete in the quarter identified (OALC #825)	N/A	100%	75%	69%	75%	75%	N/A	Off Track
Percentage of Procurements awarded on time for eCMS Procurements (PALT) (OALC #836)	N/A	92%	90.00%	70.80%	N/A	N/A	N/A	Off Track
Procurement Customer Satisfaction (OALC #838)	N/A	4.88	4.00	4.64	N/A	N/A	N/A	On Track
Percent of cleared employees who receive Insider Threat training during the calendar year (OSP #865)	N/A	0%	100.00%	50.31%	N/A	N/A	N/A	Off Track
Comprehensive Continuity Capability Score on the Federal Continuity Assessment Tool (OSP #900)	N/A	9.1	7	10	N/A	N/A	N/A	On Track
Percent of students who graduate from the VA Law Enforcement Training Center (OSP #901)	N/A	0%	80%	85%	N/A	N/A	N/A	On Track
Percent of new VA employees and contractors onboarded with USAccess cards in the fiscal year (OSP #902)	N/A	0%	80%	1%	N/A	N/A	N/A	Off Track

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of timeliness requirements in service level agreements met for adjudication of VA contractor background investigation cases received from the Defense Counterintelligence and Security Agency (DCSA) (OSP #903)	N/A	0%	90%	96%	N/A	N/A	N/A	On Track
Number of violent crimes committed on VA property (i.e., Active Shooter, Aggravated Assault, Homicide, Robbery and Sexual Assault) OCOP (OSP #971)	N/A	N/A	Baseline	0	360	360	N/A	Not Started
Procurement Action Lead Time (PALT) (OALC #973)	N/A	N/A	N/A	0	120	90	N/A	Not Started
Acquisition Customer Satisfaction - Pre-Solicitation Functions (OALC #974)	N/A	N/A	N/A	0	4.3	4.5	N/A	Not Started
Acquisition Customer Satisfaction - Pre-Award Activity (OALC #975)	N/A	N/A	N/A	0	4.2	4.3	N/A	Not Started
Acquisition Customer Satisfaction – Program Performance Management/Contract Administration (OALC #976)	N/A	N/A	N/A	0	4.2	4.3	N/A	Not Started
VA Category Management - Reduce Contract Actions (OALC #977)	N/A	N/A	N/A	0	7	9	N/A	Not Started
VA Achievement Federal Category Management Targets (OALC #980)	N/A	N/A	N/A	0	80	85	N/A	Not Started
Executive Fill Rate – Medical Center Directors (MCD) (HRA #86)	86.40%	90.60%	90.0%	95.7%	90%	90%	N/A	On Track

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of VA employees who are preference eligible Veterans (HRA #278)	32.47%	32.40%	30.00%	30.7%	30%	30%	N/A	On Track
Employee Engagement Index (EEI) (HRA #608)	69.30%	70.30%	65%	72%	65%	65%	N/A	On Track
Executive Fill Rate – Non-Medical Center Directors (Non-MCD) (HRA #715)	N/A	85%	90.00%	73.90%	90%	90%	N/A	Off Track
Best Places to Work Index Score (HRA #795)	64%	65.30%	62%	69%	63%	63%	N/A	On Track
Physician (primary care) Critical Occupation) Quit Rate (HRA #796)	4.76%	4.51%	<5.53%	3.97%	N/A	N/A	N/A	On Track
Psychologist Critical Occupation Quit Rate (HRA #797)	3.68%	3.75%	<3.90%	3.27%	N/A	N/A	N/A	On Track
Psychiatrist Critical Occupation Quit Rate (HRA #798)	5.18%	5.07%	<5.76%	4.39%	N/A	N/A	N/A	On Track
Adherence to the 1:125 Vocational Rehabilitation Counselor (VRC) to Veteran National Ratio Per PL 114-223, Section 254 (VBA #921)	N/A	0	1:125	1:120	1:125	1:125	N/A	On Track
Retention of VA Workforce (VA-wide New Hire 2-yr Retention Rate) (HRA #979)	N/A	N/A	N/A	0	70%	70%	N/A	Not Started
FITARA Implementation Met (OIT #854)	N/A	N/A	90%	90%	N/A	N/A	N/A	On Track
Intrusion Detection & Prevention (OIT #855)	N/A	N/A	90%	89%	100%	100%	N/A	Off Track
Exfiltration & Enhanced Defenses (OIT #856)	N/A	N/A	90%	77%	90%	90%	N/A	Off Track
Data Protection (OIT #857)	N/A	N/A	90%	90%	90%	90%	N/A	On Track

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Hardware Asset Management (OIT #858)	N/A	N/A	95%	95%	95%	95%	N/A	On Track
Software Asset Management (OIT #859)	N/A	N/A	95%	100%	95%	95%	N/A	On Track
Authorization Management (OIT #860)	N/A	N/A	100%	100%	100%	100%	N/A	On Track
Mobile Device Management (OIT #861)	N/A	N/A	95%	100%	95%	95%	N/A	On Track
Privileged Network Access Management (OIT #862)	N/A	N/A	95%	100%	95%	95%	N/A	On Track
High Value Asset Access Management (OIT #863)	N/A	N/A	95%	100%	90%	90%	N/A	On Track
Automated Access Management (OIT #864)	N/A	N/A	100%	100%	95%	95%	N/A	On Track
Assess adequate legal support for Agency: Average number of case hours per attorney produced each quarter (OGC #885)	N/A	0	325	332	325	325	N/A	On Track
Assess adequate legal support for Agency: Average number of case hours per paralegal produced each quarter (OGC #886)	N/A	0	200	259	225	225	N/A	On Track
Assess adequate legal support for Agency: Average dollar cost per case hour (OGC #887)	N/A	\$0	\$270	\$195	\$250	\$250	N/A	On Track
Accuracy Rate: Legacy Decisions (BVA #959)	N/A	91.4%	92.00%	90.70%	92%	92%	N/A	Off Track
Number of Executive Order 13771 Regulatory Actions Issued (OSVA #993)	N/A	6	5	0	4	4	N/A	On Track
Number of Executive Order 13771 Deregulatory Actions Issued (OSVA #994)	N/A	5	2	0	2	2	N/A	On Track

APPENDIX A – APP&R Table

This table is a consolidated list of all performance measures contained in this document.

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Total incremental cost of all Executive Order 13771 regulatory and deregulatory actions (OSVA #995)	N/A	0	0	0	0	0	N/A	On Track

APPENDIX B - List of Acronyms

ACL	Community Living	68
AKP	Acquisition Knowledge Portal	47
AMA	Veterans Appeals Improvement and Modernization Act of 2017.....	7
AOC	Areas of Concern.....	62
AOJ	Agencies of Original Jurisdiction	61
APG	Agency Priority Goals	7
BFS	USDT Bureau of the Fiscal Service.....	69
BWN	Blue Water Navy.....	17
C&P	Compensation and Pension	29
C-CHR	Chemically Contaminated Human Remains.....	71
CCN	Community Care Network	27
CJMAB	Cemetery Joint Mortuary Affairs Board.....	70
COE	Certificates of Eligibility.....	17
CSO	Chief Security Officer.....	46
CSS	Centralized Scheduling Solution.....	15
CVEB	Community Veterans Engagement Board	15
CVT	Clinical Video Telehealth	24
CX	Customer Experience	8
DCs	Diagnostic Codes	65
DevSecOps	Development, Security and Operations.....	47
DME	The Office of Digital Media Engagement.....	20
DOD	Department of Defense	13
DOL	Department of Labor.....	22
DPAA	Defense Personnel Accounting Agency	70
EAB	Executive Advisory Board.....	64
eCMS		

APPENDIX B - List of Acronyms

...Electronic Contract Management System	43
ED	
Department of Education	70
EDU	
Education Service.....	29
EHR	
Electronic Health Record	12
EHRM	
Electronic Health Record Management	58
EIP	
Economic Impact Payment.....	69
ELITE	
Employee Learning Inspires True Excellence	52
ELS	
Earning Loss Study	65
e-VA	
Eletronic Virtual Assistnat	56
fast	
Fiduciary Accountings Submission Tool.....	46
FEHRM	
Federal Electronic Health Record Modernization	47
GAO	
Government Accountability Office	41
GOAL	
GAO-OIG Accountability Liaison	62
HCD	
Human Centered Design	14
HR	
Human Resources.....	42
HRL	
High-Risk List	62
HRTT	
HR Technical Training Team.....	52
ICAPA	
Interagency Collaboration for Advancing Predictive Analytics.....	67
IDES	
Integrated Disability Evaluation System	70
IHS	
Indian Health Service	68
IMS	
Integrated Master Schedule	65
INS	
Insurance Service.....	29
IPPS	
Invoice Payment Processing System	56
LGY	
Loan Guaranty.....	60
MDE	
Medical Disability Examinations	18
MOU	
Memorandum of Understanding	69

APPENDIX B - List of Acronyms

MVP	Million Veteran Program	60
NCA	National Cemetery Administration	6
NCC	National Call Center	12
NHHC	Naval History and Heritage Command	71
NOD	Notification of Death	70
NODs	Notice of Disagreement	29
NPRC	National Payment Recovery Center	69
OAR	Office of Administrative Review	29
OAWP	Office of Accountability and Whistleblower Protection.....	41
OGC	Office of General Counsel	55
OIG	Office of Inspector General.....	41
OIT	Office of Information Technology.....	55
OMB	Office of Management and Budget.....	15
OMSI	Opioid Management and Safety Initiative.....	67
OPM	Office of Personnel Management	50
OSDBU	Office of Small and Disadvantaged Business Utilization	15
OSP	Office of Security and Preparedness	45
OTED	Office of Transition and Economic Development	13
P&F	Pension and Fiduciary Service	46
PA&I	Performance Analysis and Integrity.....	47
PATS-R	Patient Advocate Tracking System Replacemednt.....	19
PMP	Project Management Plan	65
PSTAP	Post Separation Transition Assistance Program Assessment.....	13
QR	Quality Review.....	61
QSG	Quick Start Guides	14
RPO		

APPENDIX B - List of Acronyms

Regional Processing Offices	17
SAFe 5.0	
Scaled Agile Framework.....	47
SBA	
Small Business Administration	67
SSVF	
Supportive Services for Veteran Families	35
TAP	
Transition Assistance Program.....	13
TMS	
Talent Management System.....	51
USDT	
US Department of Treasury.....	69
VAOB	
VA Operations Board.....	61
VA-POST	
VA's Police Officer Standardized Training.....	45
VASS	
VA Solid Start	21
VBA	
Veterans Benefits Administration	6
VBBP	
Veterans Benefits Banking Program	69
VCL	
Veterans Crisis Line	12
VEAC	
Veterans Experience Action Centers.....	19
VEO	
Veterans Experience Office	11
VET TEC	
Veteran Employment Through Technology	17
VHA	
Veterans Health Administration	5
VLP	
Veterans Legacy Program	71
VR&E	
Veterans Readiness and Employment	14
VSignals	
Veteran Signals	11
VSO	
Veterans Service Organization	19
V-VEAC	
Virtual Veterans Experience Action Center	15
WH	
Whole Health	27