U.S. Department of Veterans Affairs

FY 2017 / FY 2015

Annual Performance Plan and Report
(APP&R)

CARING FOR THOSE WHO HAVE BORNE THE BATTLE

AND FOR THEIR FAMILIES

Message from the Secretary of Veterans Affairs

February 9, 2016

To the President of the United States, President of the Senate, Speaker of the House of Representatives, and the President Pro Tempore:

This report presents the Department of Veterans Affairs' (VA) accomplishments and challenges in providing health care and benefits to Veterans and their eligible dependents in accordance with VA's mission as provided by President Lincoln: "To care for him who shall have borne the battle, and for his widow and his orphan." To accomplish this honored mission, we provide timely access to earned health care and benefits for millions of Veterans. This report documents our performance across the full array of VA programs.

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

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

Additionally, we are transforming how we do business through a new overarching initiative we call MyVA. The MyVA vision is to provide a seamless, unified Veteran experience across the entire organization and throughout the country. Our five initial priorities are: improving the Veteran experience; improving the employee experience; improving support services excellence; establishing a culture of continuous performance improvement; and enhancing strategic partnerships.

In the following pages, VA's performance achievements and commitments are documented, demonstrating our focus on delivering effective and timely care and benefits to Veterans. Our emphasis is on outcomes; Veteran satisfaction with their VA experiences; and robust, effective programs. Those measures are organized by our three strategic goals:

- Empower Veterans to improve their well-being;
- Enhance and develop trusted partnerships; and
- Manage and improve VA operations to deliver seamless and integrated support.

To improve Veterans' access to health care and meet increasing demand, we expanded our capacity. First, we have more people serving Veterans. The Veterans Health Administration's net staff is up over 15,000 from last year. Second, we activated 1.7 million square feet, increased the number of primary care exam rooms in fiscal year (FY) 2014, and added another 2.2 million square feet in FY 2015. The result was that in the year following the June 2014 access crisis, we completed 7 million more appointments than the same period the previous year, with 2.5 million of those at VA facilities and 4.5 million in the community. We completed 61.5 million appointments in FY 2015, 3.1 million more than the year before. Of these 3.1 million appointments, more than 2 million were at VA facilities and over a million were in the community. This past year 2.6 million Veterans were authorized care in the community, a 9-percent increase over the year before.

Right now, 97 percent of appointments are completed within 30 days, 92 percent are within 14 days, 87 percent are within 7 days, and 23 percent are the same day. Specialty care wait time is 6 days, primary care is 4 days, and mental health care is 3 days. As always, emergent patients are seen without waiting. These are impressive results, but we recognize that not every Veteran has this experience. For this reason, we are committed to further improving access by enhancing the use of care in the community and providing a seamless experience for all Veterans.

We made significant progress addressing Veteran homelessness. Since FY 2010, over 230,000 Veterans and family members have been permanently housed, rapidly rehoused, or prevented from falling into homelessness. Altogether across the country, there has been a 33-percent decline in homeless Veterans. We are seeing city after city declare that they no longer have unsheltered Veterans and that housing is adequate for every Veteran who needs a place to live. Working in concert with communities across the Nation, VA remains committed to addressing Veteran homelessness by providing shelter and homes for those who need it, and ensuring that such Veterans do not become homeless again.

VA has made significant progress in ending the disability claims backlog, which as of September 2015, is down 88 percent to 71,352 claims, from the peak of 611,000 claims in March 2013. We completed 1.4 million claims in FY 2015 – the highest in our history, and 67,000 claims more than last year. Today, Veterans wait about 93 days, on average, for claims decisions – that is 6 months less than in March 2013, and the lowest this century.

Yet, we have more work to do. Our MyVA transformation is shaping a seamless, unified, high-quality Veteran customer experience across the Department and VA facilities nationwide. We are realigning VA to facilitate internal coordination and collaboration among business lines – from nine disjointed, disparate organizational boundaries and

organizational structures to a single framework. That means down-sizing from 21 to 18 service networks that are aligned in 5 districts and defined by state boundaries, with limited exceptions. The realignment provides opportunities for local level integration, and it promotes consistently effective customer service for Veterans.

Our new Veterans Experience Office is fielding a VA staff of customer service experts who will help us ensure that every Veteran everywhere gets the same world-class service they have earned. They will be singularly focused on delivering consistent quality and the highest standards of professionalism and integrity. As of February 2015, the North Atlantic and Southeast Offices have opened, the Midwest Office is preparing to open in April 2016, and we are finalizing details for the Continental and Pacific Offices.

To make it easy for Veterans and their families to be VA customers, we have launched the MyVA Community model across the country. This model brings together local Veterans service providers, advocates, and others to improve outcomes for Veterans and their families. MyVA communities are not run by VA. They are community-driven networks chaired by local leaders. In August 2015, we established the first Veterans community board; only 5 months later, 37 other communities have adopted the MyVA model.

In May 2015, we kicked-off our Veterans Economic Communities initiative in 25 cities. Like MyVA Communities, Veteran Economic Communities promote local collaboration and partnership among organizations serving transitioning Servicemembers, Veterans, and their families. Veterans Economic Communities, however, focus on increasing employment and education opportunities for transitioning Servicemembers, Veterans, and their families by building integrated networks of support at the community level.

We are also investing in VA employees. We have already trained over 5,000 senior leaders while working with the University of Michigan on our Leaders Developing Leaders program. This training will cascade through the VA workforce as they return to facilities around the Nation and teach those leadership skills to their subordinates.

Great customer service companies use Human Centered Design (HCD) to understand what customers want and need, and then design customer experiences to meet those needs. Lean Six Sigma makes these processes effective, efficient, and repeatable. We started training leaders on Lean Six Sigma in December 2015. By December 2016, we intend to have 10 percent of leaders trained. We are using a combined top-down and bottom-up approach to train a cadre of leaders and employees on both Lean and HCD.

Access to care has improved. But here is the inevitability: improved access means more demand. Again, we completed 7 million more appointments in the year following the crisis than we did the year before. That should have satisfied demand twice-over. Still, the number of appointments not completed in 30 days grew from 300,000 to nearly 500,000.

Why? The more Veterans receive VA care, the more Veterans will seek VA care, and this results in supply shortages—without additional resources. That kind of imbalance predicts failure in any business, public or private. The health care industry is no different. The FY 2014 access crisis was predominantly a matter of a significant mismatch of supply and demand. The crisis was exacerbated by greater numbers of Veterans receiving services.

One of our most pressing challenges is in the appeals process – delivering timely decisions in the manner Veterans deserve. The process is too complex, too confusing to Veterans, and too lengthy. Last year, the Board of Veterans' Appeals served over 55,700 Veterans – more than we have in recent memory – and they held over 12,700 hearings. That number is significant, but it is not enough. Our capacity to serve Veterans with timely final appeals decisions is encumbered by antiquated laws. Appeals have evolved since World War I, and laws of that era do not serve today's Veterans well. We are working with Veteran Service Organizations and state and federal partners to reengineer the process. Now we are working with Congress to pass the laws necessary to bring the process into the 21st Century.

While many of our community partnerships are important, our most essential partnership is with Congress. Congress legislates the benefits we provide Veterans, and Congress funds these benefits. Specifically, we need Congress to fully fund the President's 2017 budget request, which will give us the flexibility to align resources with Veterans' demand for care. We need Congress to act on the proposal we submitted in May 2015 to end uncertainty about aspects of purchased care that are outside the Veterans Choice Program and that complicate provider participation in VA's other Care in the Community programs. We also need Congress to address the many statutory issues burdening VA with red tape and bureaucracy, which would allow us to streamline and consolidate all Care in the Community programs.

Our plan – the New Veterans Choice Program – was submitted to Congress in Fall 2015, and the President's 2017 budget requests several of the proposals contained within it. These proposals are intended to make immediate improvements to community care, with a focus on necessary business process enhancements to the referral and authorization process, customer service, and claims processing and payment. We ask Congress to act quickly on these proposals.

We continue to examine how the Veterans Choice Program interacts with other VA health programs, including the delivery of direct care. In addition, VA is evaluating how it will adapt to a rapidly changing health care environment and how it will interact with other health providers and insurers. As VA continues to refine its health care delivery model, we look forward to providing more detail on how to convert the principles outlined in the New Veterans Choice Plan into an executable, fiscally-sustainable future state. In addition, we plan to receive and potentially incorporate recommendations from the Commission on Care and other stakeholders.

This Agency Performance Plan and Report brings together for the first time both results from past years and VA's plans for the proposed budget years. Opportunities for Veterans through improved performance by VA are detailed in the accompanying President's Budget, and I look forward to presenting those plans to Congress and the American people.

Based on internal evaluations, I can provide reasonable assurance that the performance information contained in this report is complete, reliable and accurately describes VA results for FY 2015. The Agency Financial Report, submitted in November 2015, contains financial details about VA's FY 2015 activities.

Robert A. McDonald

A Reader's Guide to
VA's Annual Performance Plan and Report

VA's Annual Performance Plan and Report (APP&R) is organized around the structure of its FY 2014 – 2020 Strategic Plan.

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

Strategic Goal 1: Empower Veterans to Improve Their Well-being

- *Strategic Objective 1.1: Improve Veteran Wellness and Economic Security*

- *Strategic Objective 1.2: Increase Customer Satisfaction through Improvements in Benefits and Services Delivery Policies, Procedures, and Interfaces*

Strategic Goal 2: Enhance and Develop Trusted Partnerships

- *Strategic Objective 2.1: Enhance VA's Partnership with DoD*

- *Strategic Objective 2.2: Enhance VA's Partnerships with Federal, State, Private Sector, Academic Affiliates, Veteran Service Organizations and Non-Profit Organizations*

- *Strategic Objective 2.3: Amplify Awareness of Services and Benefits Available to Veterans through Improved Communications and Outreach*

Strategic Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated Support

- *Strategic Objective 3.1: Make VA a Place People Want to Serve*

- *Strategic Objective 3.2: Evolve VA Information Technology Capabilities to Meet Emerging Customer Service / Empowerment Expectations of Both VA Customers and Employees*

- *Strategic Objective 3.3: Build a Flexible and Scalable Infrastructure through Improved Organizational Design and Enhanced Capital Planning*

- *Strategic Objective 3.4: Enhance Productivity and Improve the Efficiency of the Provision of Veteran Benefits and Services*

- *Strategic Objective 3.5: Ensure Preparedness to Provide Services and Protect People and Assets Continuously and in Time of Crisis*

Performance measures are aligned with the strategic objectives of the Strategic plan, and are presented in the following format:

Strategic Goal X

Strategic Objective X.1

Performance Measure 1
- Analysis of Results
- Plans for the Future

Performance Measure 2
- Analysis of Results
- Plans for the Future

Objective Progress Update Summary

Strategic Objective X.2

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Objective Progress Update Summary

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Mission Statement

President Lincoln's immortal words – delivered in his Second Inaugural Address more than 150 years ago – best describe the mission of the Department of Veterans Affairs (VA). We care for Veterans, their families, and survivors – men and women who have responded when their Nation needed help. Our mission is clear-cut, direct, and historically significant. It is a mission that every VA employee is proud to fulfill.

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

Overview

VA is comprised of three administrations that deliver services to Veterans and staff offices that support the Department:

- 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' needs 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 benefits to Veterans and their families:
    - Compensation benefits;
    - Pension benefits;
    - Fiduciary services;
    - Educational opportunities;
    - Vocational rehabilitation and employment services;
    - Home ownership promotion; and
    - Life insurance benefits.
- The **National Cemetery Administration** (NCA) provides burial and memorial benefits to Veterans and their eligible family members.
- The staff offices provide a variety of services to the Department including information technology, human resources management, strategic planning, Veterans outreach and education, financial management, acquisition, and facilities management.

Organizational Chart for the Department of Veterans Affairs

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                                    │    Secretary     │- - - - │ Inspector General │
 ┌──────────────────┐               │                  │        └──────────────────┘
 │ Support Offices  │───────────────│ Deputy Secretary │        ┌──────────────────┐
 └──────────────────┘               │                  │────────│ Office of General Counsel │
 ┌──────────────────┐               │  Chief of Staff  │        └──────────────────┘
 │ Immediate Office │               └──────────────────┘        ┌──────────────────┐
 │ of the Secretary │                                           │ Board of Veterans Appeals │
 └──────────────────┘                                           └──────────────────┘
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 │ Special Staff    │                                           │ Acquisition, Logistics and │
 │ Offices          │                                           │ Construction      │
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| Assistant Secretary for Management | Assistant Secretary for Information and Technology | Assistant Secretary for Policy and Planning | Assistant Secretary for Operations, Security and Preparedness | Assistant Secretary for Human Resources and Administration | Assistant Secretary for Public and Intergovernmental Affairs | Assistant Secretary for Congressional and Legislative Affairs |

| Veterans Benefits Administration | Veterans Health Administration | National Cemetery Administration |

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 www.Performance.gov for the Department's contribution to those goals and progress, where applicable. VA currently leads efforts on the following CAP Goals: Servicemembers and Veterans Mental Health and Smarter IT Delivery.

Strategic Goals Overview

VA developed a new strategic plan in FY 2013 to encompass the period from FY 2014 to FY 2020. This plan, available at http://www.va.gov/op3/docs/StrategicPlanning/VA2014-2020strategicPlan.PDF, identifies three strategic goals and 10 related objectives. The three strategic goals are:

> Strategic Goal 1: Empower Veterans to Improve Their Well-being
> Strategic Goal 2: Enhance and Develop Trusted Partnerships
> Strategic Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated Support

Management Objectives and Priorities

VA will strengthen its business operations in targeted areas to ensure it is able to optimally and effectively serve Veterans and eligible beneficiaries. We are in a prolonged period of rapid technological and cultural change, as well as economic and emerging National Security threats. We must become nimble and responsive to change, giving ourselves maneuverability, space, and options in our response to shifting conditions. Our policies, processes, and approaches must allow us to expand and contract rapidly with minimal disruption to our business, benefits, services, and resources.

We must focus on developing cost-effective and integrated solutions to increase productivity and look for opportunities to divest, eliminate redundancies, and improve efficiency. We must integrate business support processes, Veteran-facing services and technology Department-wide.

VA Priority Goals

In FY 2014, VA identified three Agency Priority Goals (APG) focused on improving service to Veterans and eligible beneficiaries over two fiscal years, FY 2014 – FY 2015. Achieving these goals required extensive collaboration across VA organizations and non-VA partners. In addition to having long-term benefits for Veterans, each APG resulted in short-term and high-impact improvements in VA performance. The following sections provide a synopsis of the activity under each goal. For more detailed information, please visit www.Performance.gov.

VA Priority Goals Progress Summary FY 2014 – FY 2015

End Veteran Homelessness

The goal: In partnership, the Department of Housing and Urban Development (HUD) and VA aim to reduce the number of Veterans living on the streets, bringing homelessness to zero (as measured by the FY 2016 Point-In-Time (PIT) Count).

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

Effectively ending homelessness among Veterans requires rapid access to permanent housing, health care, employment, benefits, and other supportive services. VA works closely with community partners to meet current and new demands for any Veteran who is experiencing or is at imminent risk of homelessness. Housing First and Rapid Re-housing are two of the many evidence-based approaches VA uses to end homelessness. The Housing First model follows the philosophy of providing permanent housing as quickly as possible to Veterans or individuals experiencing homelessness, and then wrapping health care and other supportive services as needed around the Veteran to sustain housing and improve their quality of life. Rapid Re-housing is a set of strategies to help families quickly move out of homelessness and into permanent housing. It typically involves: housing search and landlord mediation assistance, short-term or flexible rental assistance, and transitional case management services. Rapid Re-housing provides crisis intervention services to quickly place an individual or family who is currently homeless into a permanent, sustainable housing situation.

Improve Veteran Virtual Access to VA Benefits and Services

The goal: Improve client and stakeholder awareness of, and access to, Veterans benefits and health care services. By September 30, 2015, VA will increase the use of virtual service options by increasing the percent of claims received electronically, by increasing the number of accredited Veterans service officers registered on the Stakeholder Enterprise Portal (SEP), by increasing the number of registered eBenefits users, and by increasing the percent of patients who access VA health care using a virtual format such as video telehealth or online services.

Results Reported:

Electronic Claims Filing: In FY 2013, 2.4 percent of Veterans' claims were received electronically. As of September 30, 2015, the percentage of disability compensation claims received electronically by VA grew to 12.5 percent. During the fourth quarter FY 2015, 40,867 compensation claims and 42,789 dependency claims were submitted electronically.

eBenefits: In FY 2014, there were 4,139,030 eBenefits portal registered users. As of September 30, 2015, the eBenefits portal had 5,160,568 registered users. Since June 30, 2015, 247,969 new individuals obtained access to eBenefits.

Stakeholder Enterprise Portal: Veteran Service Organization, attorneys, and claim agents are actively submitting claims electronically on behalf of claimants via SEP. The SEP electronic claim receipts target is 2.2 percent of the overall 20 percent goal for FY 2015 electronic claim receipts. During this reporting period, electronic claim receipts via SEP grew to 3 percent, exceeding the goal of 2.2 percent.

Virtual Care Measure (VCM): In FY 2014, VHA had a combined 1,831,221 individuals accessing care using a virtual format. As of September 30, 2015, VHA had a combined total of 2,297,473 individuals accessing care using a virtual format. VCM covers a number of tools, such as: Home Telehealth, Secure Messaging, and electronic consults (e-consult). Secure messaging makes up the greatest portion of VCM users, giving Veterans instant access to their health care team. Telehealth is the next most frequent VCM used within VA, providing convenient care to Veterans directly in their homes and communities.

Eliminate the Disability Claims Backlog

The goal: Improve accuracy and reduce the time it takes to complete disability compensation benefit claims. Eliminate the disability claims backlog and process all claims in 125 days in FY 2015.

Results reported: In the last 3 years, VA has made significant progress on the execution of its claims transformation plan to change the way benefits and services are delivered to Veterans, their families, and Survivors for generations to come. From the peak in March 2013 through September 30, 2015, the claims backlog (defined as claims that have been pending over 125 days) was reduced from 611,073 to 71,352 claims, an 88.3-percent decrease. The total inventory of claims dropped 58.9 percent from the peak of 883,930 in July 2012 to 363,034 on September 30, 2015.

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

Valuable tools, such as automated disability benefits questionnaires and an embedded rules engine, inject much-needed efficiency and effectiveness into VA's system. This helps VA meet today's demand while also preparing it to meet the demands of the future.

With the transition to a paperless claims process, VA is in a better position to adopt a national workload management strategy within VBMS that is "boundary-free" and improves overall production capacity to serve Veterans in the same way they served: side-by-side without regard to state affiliation. With VBMS, VBA can more efficiently manage the claims workload, prioritizing and distributing the claims electronically across its network of regional offices to improve resource utilization and improve and normalize processing timeliness.

VA Priority Goals for FY 2016 – FY 2017

VA has identified the following issues as APGs for FY 2016 and FY 2017.

Improve Veterans' Experience with VA: Fulfilling our country's commitment to Veterans, VA will deliver effective and easy customer experiences in which Veterans feel valued. By September 30, 2017, our goal is for Veterans to reach 90 percent agreement with the statement: "I trust VA to fulfill our country's commitment to Veterans."

Improve VA's employee experience by developing engaged leaders at all levels, who inspire and empower all VA employees to deliver a seamless, integrated, and responsive VA customer

service experience. Success by September 30, 2017 will be measured by a 4-percent or more increase in the "percent positive" responses by VA employees (over VA's FY 2015 baseline) to the following statements:

1) My supervisor provides me with constructive suggestions to improve my job performance.
2) In my work unit, steps are taken to deal with a poor performer who cannot or will not improve.
3) Employees have a feeling of personal empowerment with respect to work processes.
4) I feel encouraged to come up with new and better ways of doing things.
5) I am satisfied with the information I receive from management on what's going on in my organization.
6) My organization's leaders maintain high standards of honesty and integrity.

Improve Access to Health Care as Experienced by the Veteran: By September 30, 2017, Veterans will experience significant improvement in the ability of VA to provide appointments for needed care.

Improve access to benefits and the customer experience for Veterans who are entitled to additional benefits for their dependents. By September 30, 2017, VA will reduce the overall inventory of dependency claims to 100,000 (a 56-percent improvement from the FY 2015 baseline of 227,000) and improve the average days to complete dependency claims to 125 days (a 43-percent improvement from the FY 2015 baseline of 221 days).

Performance Results and Plans

Strategic Goal 1: Empower Veterans to Improve their Well-Being

Military service provides Servicemembers with tremendous skills, experience, and honor, but may also result in equally significant sacrifices and challenges. VA will work to ensure that Veterans are empowered, independent, self-sustaining, and well equipped for civilian life.

Each Veteran is unique, yet shaped by: their generation; the conditions of their military service, including any war or conflict in which they served; their gender; their ethnicity; and their support system of faith, family, friends, and caregivers. Each Veteran has different needs and expectations, which may change many times between the time they take their induction oath and when the last benefit is received by their survivors.

VA will both directly, and in collaboration with its partners, deliver benefits and services in an integrated, client-centered portfolio that is personalized to meet each Veteran's needs and situation. Success will be measured in terms relevant to individual Veteran outcomes from VA benefits and services.

Objective 1.1: Improve Veteran wellness and economic security

Numerous programs provide a broad spectrum of benefits and support services that assist Veterans and eligible beneficiaries. To enable Veterans and eligible beneficiaries to choose the best benefits and services for their needs, VA will improve coordination between our programs, leverage supportive interactions between programs, and reduce overlap across programs. Success will be measured by the differences made in the lives of the Veterans we serve, including decreasing Veteran unemployment, decreasing home foreclosures, decreasing homelessness, reducing processing times for disability compensation claims, increasing preventive care and healthy lifestyle changes, and increasing access to and utilization of virtual care modalities.

Objective 1.1 Related Performance Measures

Homelessness

Between FY 2010 and FY 2015, VA and its partners reduced the estimated number of homeless Veterans by 36 percent. The ambitious goal of ending Veteran homelessness with the urgency that the problem requires has galvanized the Federal government and local communities to work together to solve this important national problem. Data collected during the annual PIT Count, conducted on a single night in January 2015, estimates that there were fewer than 48,000 homeless Veterans in America, a decline of more than 26,360 Veterans since FY 2010. This includes a nearly 50-percent drop in the number of unsheltered Veterans sleeping on the street.

The PIT Count results are a snapshot of Veteran homelessness on a specific date. It provides an important national measure of annual progress and the overall direction of homelessness from year to year, but it does not depict the full scope of the effort and the number of Veterans prevented from becoming homeless or who have exited homelessness into permanent housing. Since FY 2010, more than 360,000 Veterans and their family members have been permanently housed, rapidly rehoused, or prevented from falling into homelessness as a result of VA's homeless continuum of services and targeted community resources.

The ability to partner with HUD, the U.S. Interagency Council on Homelessness, other Federal agencies, state and local governments, and volunteer organizations contributed to this significant accomplishment. In FY 2015 alone, VA provided services to more than 365,000 homeless or at-risk Veterans in VHA's homeless programs. Of those, nearly 65,000 Veterans obtained permanent housing through VA Homeless Programs, including moves into the HUD–Veterans Affairs Supportive Housing (HUD-VASH) Program, rapid re-housing through SSVF and moves into permanent housing from VA's residential treatment programs, and more than 36,000 Veterans and their family members were prevented from becoming homeless through the SSVF program, including 6,555 children.

End Veteran homelessness: Number of homeless Veterans permanently housed (VHA #404) (Measure discontinued after FY 2015)

	FY 2012	FY 2013	FY 2014	FY 2015
Target	N/Av	N/Av	40,000	49,000
Actual	N/Av	N/Av	53,475	64,902

Analysis of Results

VA has exceeded the target for "End Veteran homelessness: Number of homeless Veterans permanently housed" by placing 64,902 Veterans in permanent housing, including moves into the HUD–VASH Program, rapid rehousing placements through the SSVF program, and moves from VA residential treatment programs into permanent housing. VA's steady progress reflects its commitment to serving homeless Veterans, while targeting resources most effectively to an increasingly vulnerable Veteran population still experiencing homelessness.

VA's continuum of homeless services is designed to address the needs associated with both preventing first time homelessness as well as returns to homelessness. It focuses on the root causes associated with poverty, addiction, mental health, and disability so that homeless and at-risk Veterans can achieve their optimal level of functioning and quality of life. These services include, but are not limited to: primary and specialty medical care; mental health and substance use disorder treatment; case management; outreach; vocational rehabilitation/employment services; housing support; and coordination of related services with VBA and NCA. This continuum includes VA Medical Centers, Public Housing Authorities, and Continuums of Care, as well as community partners. The intent is a systematic end to homelessness, meaning that there are no Veterans sleeping on streets and every Veteran has access to permanent housing. Should Veterans become or be at-risk of becoming homeless,

there will be the capacity to quickly connect them to the help they need to achieve housing stability.

Plans for the Future

The measure "number of homeless Veterans permanently housed" is being discontinued after FY 2015. Although the number placed into permanent housing is important, it is impossible to set future targets because we assume the homeless Veteran population will continue to drop. VA is moving to percentage-based metrics in the future that will not be impacted by the size of the overall homeless Veteran population. VA's homeless programs will continue to place maximum emphasis and priority on assisting Veterans with obtaining permanent housing, and the remaining measures are consistent with that focus. We believe these ongoing efforts and retained measures will continue to result in success.

End Veteran Homelessness: Rapid engagement of street homeless Veterans (VHA #528)
(Measure discontinued after FY 2015)

	FY 2012	FY 2013	FY 2014	FY 2015
Target	N/Av	N/Av	80%	80%
Actual	N/Av	N/Av	89%	87%

Analysis of Results

VA exceeded the target for the performance measure "End Veteran Homelessness: Rapid engagement of street homeless Veterans (Supports Agency Priority Goal)" by moving 87 percent of unsheltered Veterans out of unsheltered status within 30 days of engagement. VA made it a top priority to quickly move Veterans from unsheltered situations to safe housing, either in transitional or permanent settings. A number of factors have contributed to the success of this metric, including utilization of Housing First and Rapid Re-housing models (http://usich.gov/resources/uploads/asset_library/Implementing_Housing_First_in_Permanent_Supportive_Housing.pdf) to move Veterans from unsheltered situations to safe housing and continued strong partnerships with community partners to assist with identification and engagement of unsheltered Veterans.

Plans for the Future

The measure "rapid engagement of street homeless Veterans" is being discontinued after FY 2015. Though the number placed into permanent housing is important, it is impossible to set future targets because VA assumes the homeless Veteran population will continue to drop. Operationally, VA will continue to emphasize the importance of engaging the unsheltered

homeless population, and will continue to track performance in this area even though it will not be a formal performance measure.

Percentage of Veterans reporting employment at discharge from VA homeless residential programs (VHA #604)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	30%	30%	45%	45%
Actual	N/Av	N/Av	42%	45%		

Analysis of Results

VA exceeded the target for the performance measure "Percentage of Veterans reporting employment at discharge from VA homeless residential programs." In FY 2015, 45 percent of Veterans reported employment at discharge from VA homeless residential programs. Securing long-term, stable and fulfilling employment is important for Veterans who are exiting homelessness or are at-risk of becoming homeless. Homeless and at-risk Veterans need access to employment opportunities to support their needs, improve the quality of their lives, and assist in their community reintegration efforts. As part of our commitment to this critical component of eliminating homelessness, VA introduced Community Employment Coordinators (CECs) at each VA Medical Center. Employment coordinators provide comprehensive vocational assessment, case management and placement services for homeless Veterans. In addition, they work with potential employers in the community to identify opportunities for Veterans.

Plans for the Future

As CECs become better established at each VA Medical Center and build employment networks with local employers, VA expects this employment rate to increase and exceed target.

Percent of participants (Veterans and households) that were admitted as homeless through Supportive Services for Veterans Families (SSVF) that were rapidly re-housed (VHA #605). (Measure discontinued after FY 2015)

	FY 2012	FY 2013	FY 2014	FY 2015
Target	N/Av	75%	80%	80%
Actual	79%	74%	80%	73%

Analysis of Results

VA did not reach the target for the performance measure "Percent of participants (Veterans and households) that were admitted as homeless through Supportive Services for Veterans Families (SSVF) that were rapidly re-housed." In FY 2015, 73 percent of SSVF participants were rapidly re-housed. Performance fell short of the 80 percent target because VA has encouraged grantees to serve those Veterans at the highest level of need. These Veterans present the highest barriers to successful placement. For example, 56.4 percent of Veterans in this group are disabled and 68.4 percent of homeless households fall significantly below the median income in their area, making placement of these Veterans challenging. The lower percentage of participants housed is reflective of grantee efforts to serve those most difficult to place in housing.

Plans for the Future

This measure is being discontinued after FY 2015 as the SSVF program shifts its focus to the prevention of future homelessness.

Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (VHA #606)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	85%	90%	90%	85%	85%
Actual	90%	88%	90%	84%		

Analysis of Results

VA did not reach the target for the performance measure "Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless." In FY 2015, 84 percent of participants at risk for homelessness were prevented from becoming homeless. Performance fell short of the 90 percent target because VA has worked with grantees to serve those Veterans at the highest need. These Veterans present the highest barriers to successful placement. The lower percentage is reflective of grantee efforts to serve those most difficult to keep in housing

Plans for the Future

In FY 2016, VA will lower the target for "Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless" to 85 percent to reflect the programmatic focus on those with greatest need. VA continues to emphasize the importance of serving those with the greatest need and wants to avoid the

unintended consequence of having grantees avoid serving those with higher barriers in order to meet a measure that is set too high.

Health Care

Prevention Index V (VHA #150) (measure discontinued after FY 2015)

	FY 2012	FY 2013	FY 2014	FY 2015
Target	93%	93%	94%	94%
Actual	92%	93%	92%	92%

Analysis of Results

For the "Prevention Index V" measure VA achieved the target established for FY 2015 (within 5 percent tolerance of the 94 percent target). Monitoring and tracking Prevention Index results helps VA medical staff with early identification of disease risk and intervention for other behaviors that affect Veterans' health. For example, VA tracks screenings for cervical and breast cancer, the percent of patients receiving flu shots, and the percentage of Veterans screened for depression and PTSD. As a matter of policy and practice, VA targets all outpatients for its prevention measures with the goal of promoting and maintaining a healthy population.

Prevention Index V is composed of individual Healthcare Effectiveness Data and Information Set (HEDIS) metrics recognized by the National Committee for Quality Assurance as essential measures of healthcare prevention. HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis. VA has consistently performed well against these measures.

Plans for the Future

The Prevention Index used in FY 2015 will not be used in FY 2016. In recognition of the fact that the health industry as a whole now performs well against the measures used for the last several years, the National Committee for Quality Assurance has updated a significant number of the individual measures that contributed to the composite score based on revised clinical practice guidelines that will target emerging issues. Some existing measures will no longer be available and a new measure will be included. Baseline analysis will be performed in FY 2016 and a new overall composite will be reported for FY 2017.

Clinical Practice Guidelines Index IV (VHA #151) (measure discontinued after FY 2015)

	FY 2012	FY 2013	FY 2014	FY 2015
Target	92%	92%	93%	93%
Actual	94%	92%	93%	92%

Analysis of Results

For the "Clinical Practice Guidelines Index IV" measure VA achieved the target established for FY 2015 (within 5 percent tolerance of the 93 percent target). This measure is an indicator of how well VA performs regarding early identification and treatment of potentially disabling or deadly diseases such as heart attack, inpatient congestive heart failure, high blood pressure, diabetes, and pneumonia. The index focuses primarily on hospital patients and is used to assess the quality of health care delivered to them, in accordance with industry standards.

Plans for the Future

The VA will not use the Clinical Practice Guidelines Index in FY 2016. A significant number of the individual measures that contributed to the composite score were updated based on new reporting requirement of the Joint Commission, an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. Some existing measures are no longer available and collection of data needed for a new measure is underway. Analysis, development, and testing of a new overall composite will be performed in FY 2016 to be reported in FY 2017.

Patient Safety Composite (VHA #550) (measure discontinued after FY 2015)

	FY 2012	FY 2013	FY 2014	FY 2015
Target	N/Av	N/Av	N/Av	N/Av
Actual	N/Av	N/Av	N/Av	N/Av

Analysis of Results

Hospital acquired complications such as pressure ulcers, falls, and infection are a significant issue throughout healthcare, and VA has expended considerable effort to track rates and to improve performance.

Plans for the Future

VA is making Version 6 of their Patient Safety Index Composite a new measure for validation and baselining in FY 2016 with the intent to have targets determined by the end of the fiscal year.

Patient Aligned Care Team Implementation Progress Index (VHA #553)

(measure discontinued after FY 2015)

	FY 2012	FY 2013	FY 2014	FY 2015
Target	N/Av	N/Av	N/Av	N/Av
Actual	N/Av	N/Av	N/Av	N/Av

Analysis of Results

The "Patient Aligned Care Team (PACT) Implementation Progress Index", which included an annual survey of VA PACT teams, has been discontinued based on our desire to measure Veteran outcomes more directly; promote more real time monitoring of performance and reduce overall survey burden. Closer analysis of the PACT Implementation Progress Index indicated that it correlated very closely with trends in Veteran experience of Access to Routine Care and Care Needed Right Away, which are both a part of the Agency Priority Goal for Access for FY 2016-2017.

Plans for the Future

VA will continue to track Veteran Access to Routine Care and Care Needed Right away, as these are patient-reported outcome measures that are updated quarterly and do not require any addition surveying of VA staff.

Mental Health Balanced Scorecard (VHA #598)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	N/Av	(Baseline)	90% of facilities at/or above target
Actual	N/Av	N/Av	N/Av	N/Av		

Analysis of Results

VA is in the process of collecting the first year of data for the Mental Health Balanced Scorecard. We intend to use the scorecard to evaluate the accessibility and quality of the mental health services we provide. One group of measures in the scorecard will focus on how well we are covering the population that requires these services. In other words, is the mental health program in each facility the right size, and can Veterans get into care when they need it? A second group of measures will focus on continuity of care. VA understands it is not sufficient to only address a Veteran's immediate mental health needs when he or she is in crisis; most Veterans will require a course of treatment and consistent, timely follow-up care to achieve and maintain recovery. The last group of measures in the index will monitor Veterans' and practitioners' experience of VA's mental health care system, by asking about the accessibility of care, its quality, and its perceived effectiveness. Holding these three groups of measures in balance is critical to providing the best mental health care system possible because over-emphasis in one area can lead to deficits in another area. The first scorecard results will be available at the end of FY 2017.

Plans for the Future

In FY 2016, VA will collect a year of baseline data for the Mental Health Balanced Scorecard measure and establish a target for FY 2017.

Percent of patients who responded 'Yes' on Patient Centered Medical Home survey questions that contribute to the Self-Management Support Composite ("providers support you in taking care of your own health") (VHA #386)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	57%	58%	58%	58%
Actual	N/Av	N/Av	57%	58%		

Analysis of Results

VA reached the target for "Percent of patients who responded 'yes' on Patient Centered Medical Home survey questions that contribute to the Self-Management Support Composite" in FY 2015. The Self-management Support composite measures the degree to which "providers support you in taking care of your own health," which is a principle component of the Patient Centered Medical Home.

Plans for the Future

In order to continue its success with the self-management support index in FY 2017, VA intends to train primary care clinical staff to discuss healthcare goal-setting and barriers with patients.

Patient Safety Indicator (PSI) 90 (new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	Baseline	TBD
Actual	N/A	N/A	N/A	N/A		

The Patient Safety Indicator 90 is a new version of the Patient Safety Index Composite (VHA #550). This new composite measure of inpatient safety will utilize an updated measurement and scoring algorithm that will be released by the Agency for Healthcare Research and Quality in January 2016; VA will establish new baselines and targets in FY 2016.

Benefits

Vocational Rehabilitation and Employment class success rate (VBA #600)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD
Actual	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD

Vocational Rehabilitation and Employment class persistence rate (VBA #601)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD
Actual	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD

Vocational Rehabilitation and Employment outcome rate (VBA #602)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD
Actual	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD

In FY 2016, VA will collect baseline data for three new measures for the Vocational Rehabilitation and Employment (VR&E) program. The previous performance measure, the Rehabilitation Rate, was not well understood by either internal or external stakeholders, and

did not provide adequate clarity for program oversight or to most effectively assess program performance. The most significant problems with the Rehabilitation Rate were:

1. It was not intuitive and therefore required a lot of explanation;
2. It was not a clear measure of success;
3. It did not provide clarity to management on actual Regional Office (RO) performance; and
4. It inadvertently encouraged the "holding" of inactive cases to maintain the ratio.

As a result of a January 2014 report from the U.S. Government Accountability Office (GAO), both VA leadership and White House Policy Council and the Office of Management and Budget requested that the program evaluate VR&E performance measures and develop new and updated standards. Per GAO's recommendations, VR&E adopted a national model of Veteran success roughly similar to a college graduation rate. VR&E Service recommended a six- year completion model as opposed to a four-year completion model. This approach was in alignment with the January 2014 GAO finding that 76 percent of the Veterans who completed the VR&E program successfully did so within 6 years.

The Class Success Model provides clearer, more intuitive accounting to stakeholders on Veterans' progress and employment outcomes; and better reflects the program mission, aligns with current graduation-rate reporting by institutes of higher learning, and reflects the individualized needs of disabled Veterans. VR&E's new model of "nested" employee/RO/national performance metrics also better measures performance in support of the VR&E program's mission.

Percent of Montgomery GI Bill or Post 9/11 GI Bill participants who successfully completed an education or training program (VBA #494)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD
Actual	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD

VA intended to collect initial data for three new Vocational Rehabilitation and Employment measures as well as a new measure on use of the Post 9/11 GI Bill in FY 2015 in order to determine targets for future years. The new measures, however, were deployed late in the year, so VA deferred the final baselining until the end of FY 2016 in order to continue to gather

data for the new measures. Future targets for FY 2017 will be based on this FY 2016 data, which will be the first full year of data for these measures.

Default Resolution Rate (VBA #226)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	81%	82%	83%	79%	80%	80%
Actual	81%	79%	80%	83%		

Analysis of Results

VA exceeded the target for the "Default Resolution Rate" in FY 2015. Factors contributing to success included improving economic conditions; a sustained period of low interest rates; and the ability of VA staff to leverage VA Loan Electronic Reporting Interface to identify borrowers when they initially default on their mortgage payments. This proactive default intervention allows VA to identify suitable loss-mitigation options such as repayment plan, loan forbearance, loan modification, compromise (short) sale, or deed-in-lieu of foreclosure.

Plans for the Future

The default resolution rate targets are set based on national mortgage and economic trends in the housing industry. VA continuously monitors these trends and adjusts performance targets accordingly. VA will continue to leverage the web-based servicing application, VA Loan Electronic Reporting Interface (VALERI), to track data on VA guaranteed home loans, and to provide proactive default and foreclosure avoidance assistance to Veteran borrowers who are behind on their VA guaranteed mortgage payment.

Fiduciary Program: Average Days to Complete Initial Appointment Process (VBA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	Baseline	244	186
Actual	N/A	N/A	N/A	204		

Analysis of Results

The fiduciary program's mission is to protect beneficiaries who, as a result of injury, disease, the infirmities of advanced age, or by reason of being less than age 18, are unable to manage their VA benefits. When VA receives medical evidence that indicates the beneficiary can no

longer manage his or her VA benefits, VA may decide that the individual needs the assistance of a fiduciary who is responsible for managing their VA benefit. VA conducts a field examination prior to the initial appointment of a fiduciary, which includes a face-to-face interview with the beneficiary and proposed fiduciary. Generally, an assessment of the fiduciary will include a criminal background check and review of credit history.

VA did not use the "Average Days to Complete Initial Appointment Process" as a performance measure in FY 2015. Previously, VA captured the average days to conduct the initial appointment field examination and did not measure the entire initial appointment process. VA updated the performance measure in FY 2016 to a Veteran-centric measure to capture timeliness of the initial appointment process to include the finalization of incompetency determination, appointment of a fiduciary, and the release of any retroactive benefits.

Plans for the Future

VA is creating IT business requirements to streamline the finalization of incompetency and release of retroactive benefits. VA is currently updating all policies and procedures in the Fiduciary Program Manual to gain efficiencies and improve the quality of fiduciary work. VA anticipates publication of the updated Fiduciary Program Manual in April 2016.

Fiduciary Program: Average Days to Complete Follow-up Field Examinations (VBA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	245	264	383
Actual	N/A	N/A	N/A	257		

Analysis of Results

VA did not reach the target for "Average Days to Complete Follow-up Field Examinations" in FY 2015. VA conducts follow-up field examinations to monitor beneficiary well-being and fiduciary performance. VA prioritizes the initial appointment process over completion of follow-up field examinations because the initial appointment process directly impacts the delivery of benefits to the beneficiary. VA will not see a reduction in the time to complete the follow-up field examination until the average days to complete initial appointment process is reduced to the strategic target of 76 days.

Plans for the Future:

The fiduciary program experienced significant changes in its workload processes in recent years. VA is currently updating all policies and procedures for the full range of fiduciary

processes. These manual updates will standardize fiduciary work nationwide, establish updated procedures for paperless processing, and revise procedures for many other aspects of fiduciary work. Specifically, VA is updating the information captured during the follow-up field examination to ensure that VA is only capturing information as it relates to ensuring the financial protection and overall well-being of beneficiaries in the fiduciary program. This is the first major update to the program manual since FY 2005. VA anticipates publication of the updated Fiduciary Program Manual in April 2016.

Loan Guaranty: Specialty Adapted Housing grantees who believe adaptation obtained under the program has helped them live more independently (VBA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	Baseline	TBD
Actual	N/A	N/A	N/A	N/A		

The goal of the Specially Adapted Housing grant program is to provide severely disabled Veterans with the ability to live independently in their homes. This key program outcome metric collects information directly from Veterans about their ability to live independently. Data collected provides the program with the level of success realized in meeting its mission. Results will also be used as an indicator of whether or not other associated survey and program data must be examined to identify ways in which the program could be enhanced to allow for greater levels of independent living.

Objective Progress Update Summary

Access the **VA FY 2014-2020 Strategic Plan** *for full Strategic Objective narratives.*

Achievements: In FY 2015, VA placed an estimate of 64,902 Veterans in permanent housing, including moves into the HUD-VASH[1] Program, rapid rehousing placements through SSVF[2] program, and moves from VA residential treatment programs into permanent housing. VA also moved 87 percent of unsheltered Veterans out of unsheltered status within 30 days of engagement.

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[1] http://www.va.gov/homeless/hud-vash.asp
[2] http://www.va.gov/homeless/ssvf.asp

VA continues to expand research through various initiatives. Over 518,000 Veterans have agreed to participate in the Million Veteran Program[3] since May 5, 2011, (goal is to study how genes affect health) and over 425,000 Veterans have completed the enrollment process as of November 2015. Genotype information on about 400,000 will be completed by December 2015. Initial phenotyping alpha and beta-tests are underway. Also, discussions with DoD have resulted in VA-funded researchers working on-site at the Millennium Cohort Study[4] at the Naval Health Research Center in San Diego. These researchers are studying issues that are of interest to VA, and may in the future provide critical information towards enhancing the long-term health of Veterans and future generations of military members.

VA improved Veteran economic security through the VetSuccess On Campus (VSOC)[5] program, which helps Veterans and dependents succeed with on-campus assistance and counseling. There are currently 74 VSOC counselors at 147 campuses, with the potential to support a population of nearly 137,758 Veterans, Servicemembers, and eligible dependents. VSOC counselors provide support in transition to campus life, and work with Veterans to enable their education and employment success. Also, the GI Bill Comparison Tool[6] was launched and enhanced in FY 2014, in response to Executive Order 13607. As of November 10, 2015, there were 1,304,606 unique page views of the Comparison Tool with over one million schools searched. Employers are reporting over 348,000 positions filled toward their Veteran hiring commitments. Since inception in April 2014, the Veterans Employment Center (VEC)[7] received more than 18 million page-views and features 2.2 million jobs. It contains over 15,000 publicly posted job seeker profiles and over 1,100 committed employers. Implementation of Veterans Economic Communities Initiative[8], a phased initiative to provide enhanced economic opportunities for Veterans and their families. On May 18, 2015, Phase 1 of the initiative rolled out to 25 U.S. communities evaluating success across 5 strategic focus areas: Employment, Education, Partnerships, Local Policy Academies, and Integration with Government.

Also, VA is implementing the Veteran's Choice Program through the use of Third Party Administrators to provide care to Veterans.[9.] In order to increase the number of Veterans who can use Choice, VA issued the "Hierarchy of Care" Memo to the field which makes Choice the top option for the VA Community, implemented the Choice First Program which offers Choice

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[3] http://www.research.va.gov/mvp/
[4] http://www.research.va.gov/mvp/
[5] https://www.ebenefits.va.gov/ebenefits/vsoc-fact-sheet
[6] http://department-of-veterans-affairs.github.io/gi-bill-comparison-tool/
[7] https://www.ebenefits.va.gov/ebenefits/jobs
[8] http://www.blogs.va.gov/VAntage/20015/va-launches-campaign-increase-veterans-economic-potential/
[9] http://www.va.gov/opa/choiceact/

when a local facility does not offer service, and expanded "undue burden" to allow more flexibility where medical or distance challenges exist. VA also utilized strategic communications to help Veterans, providers, and staff understand the Veterans Choice Program. VA instituted a user-friendly site, set up a Veterans Choice Google Hangout, sent Home Mailers to Veterans and created a mandatory training program for staff on VA's Talent Management System. Patient Aligned Care Teams (PACT) continue to transform "Veterans' care by providing patient-driven, proactive, personalized, team-based care oriented toward wellness and disease prevention resulting in improvements in Veteran satisfaction, improved healthcare outcomes and costs."[10] The Prevention Index V scores, which indicate how well VA promotes healthy lifestyle, have been positively trending from FY 2010. In FY 2015, the "maintain or exceed Prevention Index V" score is 92 percent.

Furthermore, VA continues to conduct internal and external outreach events that directly connect Service-Disabled Veteran-Owned Small Business (SDVOSB) and Veteran-Owned Small Business (VOSB) owners with Procurement Decision Makers from VA and other Federal and state agencies and corporations with Small Business needs to ensure procurement ready Small Businesses, particularly VOSBs, have access to relevant contracting opportunities. Over 3,900 VOSBs participated in an outreach event during FY 2015.

Challenges: There are some challenges in achieving Objective 1.1. Community help is needed to provide affordable housing options for Veterans, opportunities for meaningful and sustainable employment, and improved access to mainstream programs and services (Homelessness APG).

Also, major shifts in VA's contracting mix, mostly involving new dollars for non-VA health care, as well as dollars transferred within VA for completion of the Denver replacement hospital, will make VA's current small business goal percentages unachievable, even as the number of actual dollars awarded increases for SDVOSBs and VOSBs. The percentage changes will give the appearance of a reduction in effort on small business goals, even though at its current pace VA is on-track to award more than $4 billion to VOSBs for the first time ever.

Changes to VA contract policy around liquidated-damages clauses will require an additional $20M in FY 2016 for the VALERI initiative, which enables Loan Guaranty Program's success in assisting defaulted borrowers avoid foreclosure. VBA leadership will work to identify funding as needed in FY 2016.

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[10] http://www.va.gov/health/services/primarycare/pact/'

Although the prevention index continues to reflect VHA PACT focus on population management, health promotion and disease management, the metric should be recognized as one of sustainment of VHA's excellence in care delivery. It is unlikely that this metric will demonstrate significant improvement over time, mainly due to the Veterans preference to refuse screenings or vaccinations. The data demonstrate a flat trend over time.

Additionally, Intramural Research Sharing Opportunities between VA, DoD, the Department of Health and Human Services, and the National Institutes of Health are limited and do not allow intramural investigators to work seamlessly across agencies.

VA is experiencing issues communicating to all staff on the Veterans Choice Program and the mitigation plan is to institute mandatory training. Another challenge is Veteran awareness, knowledge, education, and utilization of the Veterans Choice Program.

Final Assessment: VA, in consultation with the Office of Management and Budget (OMB), determined that performance toward this objective is making noteworthy progress.

Objective 1.2: Increase customer satisfaction through improvements in benefit and service delivery policies, procedures, and interfaces

VA is a customer service organization. Complicated application processes, long processing time lines and difficulties getting information and appointments all impact the client's experience and satisfaction. Veterans and eligible beneficiaries deserve a support system that is responsive to their needs. VA must keep pace with Veterans' expectations and transform its customer services – soliciting regular customer feedback, streamlining processes, and delivering consistent service across customer-preferred channels.

Objective 1.2 Related Performance Measures

Health care

Measuring Veteran experiences is a main tenant of the Secretary's new MyVA plan. A Veteran walking into any medical facility should have a consistent, high-quality experience. At a bare minimum, every contact between Veterans and VA should be predictable, consistent, and easy. However, VA is also aiming to make each touch point exceptional. VA will gauge how Veterans view their partnership with VA as a measure of the effectiveness of our efforts. The following set of VA health care measures will help VA facilities to monitor areas identified by veterans

where facility performance can be improved through, for instance, making changes to local care processes, providing training, and hiring more staff.

The average rating by patients of their health care on a scale from 0 to 10 (outpatient) (VHA #532) (Measure discontinued after FY 2015)

	FY 2012	FY 2013	FY 2014	FY 2015
Target	N/Av	N/Av	N/Av	8.20
Actual	N/Av	N/Av	N/Av	8.20

Analysis of Results

The average rating of VA health care met its target goal for patient satisfaction for FY 2015.

Plans for the Future

The outpatient survey instrument that included this question was discontinued in FY 2016 to consolidate survey functions within the Survey of Veterans Healthcare Experiences Program (SHEP). The volume of data collected for this metric in the SHEP Outpatient survey instrument only supports system and not facility-level surveillance. We are still measuring patient satisfaction in the ambulatory care setting, but specifically as it relates to primary care and specialty care. The questions are similar in nature to the previous measure that is being dropped, but the population is more targeted. In addition, the quality improvement initiatives will be easier to implement.

The average rating by patients of their recent VA hospitalization on a scale from 0 to 10 (inpatient) (VHA #537)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	8.70	8.75	8.80
Actual	N/Av	N/Av	N/Av	8.60		

Analysis of Results

VA essentially met the target for the "The average rating by patients of their recent VA hospitalization on a scale from 0 to 10 (inpatient)" measure in FY 2015. The FY 2015 scores for this metric are beginning to recover from the decline in SHEP scores resulting from the FY 2014 access crisis. There is considerably more variation at the facility level.

Plans for the Future

Monthly reporting of this metric will continue at national, network, and facility levels. VA intends to drill down into the data to understand what is creating Veteran dissatisfaction in addition to reviewing employee morale and other employee survey data which has an effect on service provided to Veterans. On a local level, the scores for each medical center are being reported to facility leadership who are being held accountable for improving results.

Percent of patients who responded 'Always' regarding their ability to get an appointment for a routine checkup as soon as needed (VHA #543)*

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	56%	56%	57%
Actual	N/Av	N/Av	53%	52%		

The normal industry standard for measuring patient experience with Access is to report the percent indicating "Always" on a response scale of "Never – Sometimes – Usually – Always." Although this establishes a very high standard for access, it also allows health systems to better assess the consistency of their care delivery and to track improvement over time. The combined rate of Veterans reporting either "Usually" or "Always" to this question is 81 percent for the FY 2015 reporting period.

Analysis of Results

During the access crisis of FY 2014, the SHEP measures for urgent and routine access to primary care were accurate indicators of facilities experiencing high patient growth, clinical turnover, difficulty in hiring staff, or other causes of difficulties in scheduling patients when they thought they needed one. The "Percent of patients who responded 'Always' regarding their ability to get an appointment for a routine checkup as soon as needed" measure did not meet its target.

Plans for the Future

This measure will form one component of a composite measure of access that will be part of VA's two year focus on providing Veterans better access to their benefits. This composite will measure access to urgent and routine care in both the primary care and specialty care settings.

A major initiative on Veteran access to healthcare will be launched in FY 2016 and will include the deployment of new data tools for facilities to manage their clinics. There are also plans to provide system-wide training in Lean Six Sigma improvement methods meant to address barriers and constraints to outpatient access.

Percent of patients who responded 'Always' regarding their ability to get an appointment with a VA specialist (VHA #538)* (discontinued after FY 2015)

	FY 2012	FY 2013	FY 2014	FY 2015
Target	N/Av	N/Av	N/Av	45%
Actual	N/Av	N/Av	42%	45%

* *The normal industry standard for measuring patient experience with Access is to report the percent indicating "Always" on a response scale of "Never – Sometimes – Usually – Always." Although this establishes a very high standard for access, it also allows health systems to better assess the consistency of their care delivery and to track improvement over time. The combined rate of Veterans reporting either "Usually" or "Always" to this question is 71 percent for the FY 2015 reporting period.*

Analysis of Results

VHA did not meet the target for the "Percent of patients who responded 'Always' regarding their ability to get an appointment with a VA specialist" measure. In examining national trends by quarter, VA observed a precipitous down-turn in virtually every metric reported in SHEP, beginning in January of FY 2014 and continuing into the third quarter
(April – June) of FY 2014. This particular outpatient survey is no longer being conducted. Veteran experience with access to specialty care will be collected as part of a composite measure of Access which forms the APG for FY 2016-2017.

Plans for the Future

This particular outpatient survey is no longer being conducted. Veteran experience with access to specialty care will be collected as part of a composite measure of access which forms one of the APGs for FY 2016- 2017. Urgent and routine access to specialty care will be assessed using the new SHEP Specialty Care survey instrument.

Percent of patients who responded 'Always' regarding their ability to get an appointment for needed care right away (VHA #539)*

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	47%	47%	48%
Actual	N/Av	N/Av	44%	44%		

The normal industry standard for measuring patient experience with Access is to report the percent indicating "Always" on a response scale of "Never – Sometimes – Usually – Always." Although this establishes a very high standard for access, it also allows health systems to better assess the consistency of their care delivery and to track improvement over time. The combined rate of Veterans reporting either "Usually" or "Always" to this question is 69 percent for the FY 2015 reporting period.

Analysis of Results

FY 2015 scores for this metric are beginning to recover from the decline in SHEP scores resulting from the FY 2014 access crisis. Naturally, there is considerably more variation at the facility level. During FY 2014, the SHEP measures for urgent and routine access to primary care were accurate indicators of facilities experiencing high patient growth, clinical turnover, difficulty in hiring staff, or other causes of difficulties in scheduling patients when they thought they needed one. This measure did not meet its target, and may have been adversely impacted by the access crisis. It should be noted that changing patient demographics may also be contributing to declining scores.

Plans for the Future

This measure will form one component of a composite measure of access that will be an APG for FY 2016-2017. The measure will be one way VA will measure the effectiveness of its two year focus on providing Veterans better access to their benefits. The composite will measure access to urgent and routine care in both the primary care and specialty care settings.

The average patient rating VA primary care provider on a scale from 0 to 10 on the Patient Centered Medical Home Survey (VHA #544)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	8.60	8.65	8.70
Actual	N/Av	N/Av	N/Av	8.46		

Analysis of Results

VHA did not meet the target score for this measure in FY 2015. In examining national trends by quarter, we observed a precipitous down-turn in virtually every metric reported in SHEP beginning in January of FY 2014 and continuing into the third quarter (March – June) of FY 2014.

Plans for the Future

Monthly reporting of this metric will continue at national, network, and facility levels. VA intends to drill down into the data to understand what is creating Veteran dissatisfaction, in addition to reviewing employee morale and other employee survey data, which has an effect on service provided to Veterans.

Percent of patients who access VHA health care using a virtual format (including telephone care) (VHA #603) (measure will be discontinued after FY 2015)

	FY 2012	FY 2013	FY 2014	FY 2015
Target	N/Av	N/Av	N/Av	(Baseline)
Actual	N/Av	N/Av	N/Av	N/Av

VA's Management Quality Assurance Service (MQAS), Asset Accountability Division, conducted an independent validation and verification review of this measure in FY 2015. Final assurance documents for the verification and validation of data were not available and MQAS concluded that VHA #603 was not a valid metric. VA leadership agrees with MQAS that the current composite virtual care measure is not valid and should not be used for public accountability.

The average patient rating of VA specialty care provider on a scale from 0 to 10 on the Specialty Care Survey (VHA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	(baseline)	TBD
Actual	N/A	N/A	N/A	N/A		

The average patients rating of VA specialty care provider on a scale from 0 to 10 on the Specialty Care Survey (Replaces Measure VHA #532). This is a new metric in FY 2016. Data collection is underway and baseline data should be available early in calendar year FY 2016.

Percent of primary care patients who respond "Always" regarding their ability to get an appointment for a routine checkup as soon as needed (VHA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	(baseline)	TBD
Actual	N/A	N/A	N/A	N/A		

This measure will form one component of a composite measure of access that will be an APG for FY 2016-2017.

Percent of specialty care patients who respond "Always" regarding their ability to get an appointment for a routine checkup as soon as needed (VHA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	(baseline)	TBD
Actual	N/A	N/A	N/A	N/A		

This measure will form one component of a composite measure of access that will be an APG for FY 2016-2017.

Percent of primary care patients who respond "Always" regarding their ability to get an appointment for needed care right away (VHA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	(baseline)	TBD
Actual	N/A	N/A	N/A	N/A		

This measure will form one component of a composite measure of access that will be an APG for FY 2016- 2017.

Percent of specialty care patients who respond "Always" regarding their ability to get an appointment for needed care right away (VHA new measure)

	FY 2012	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**
Target	N/A	N/A	N/A	N/A	(baseline)	TBD
Actual	N/A	N/A	N/A	N/A		

This measure will form one component of a composite measure of access that will be an APG for FY 2016- 2017.

Veterans' Experience with VA

The new Veterans' Experience Office is leading a powerful new effort to improve customer experiences across VA, nationwide. The office's goal: fostering the delivery of effective and easy customer experiences in which Veterans feel valued. VA will achieve this goal the same way the world's most successful companies do: by listening to our customers – Veterans, their families, and supporters – when they describe how they want things to work. To measure VA's progress in achieving the Veteran Experience Agency Priority Goal, the Department developed and tested four new survey questions to ask every Veteran, for every line of business, and across every channel of interaction. Veterans will be asked their level of agreement with four statements, one assessing overall trust in VA, and three capturing specific aspects of their experience with VA. The four statements are:

- "I trust VA to fulfill our country's commitment with Veterans;"
- "I got the service I needed;"
- "It was easy to get the service I needed;" and
- "I felt like a valued customer."

The responses to these survey questions will measure VA's ability to progress toward achieving this goal.

Trust in VA among America's Veterans (Veterans' Experience Office new measure) (APG measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	(baseline)	90%
Actual	N/A	N/A	N/A	N/A		

Customer experiences with VA that are viewed positively by Veterans (Veterans' Experience Office new measure) (APG measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	(baseline)	TBD
Actual	N/A	N/A	N/A	N/A		

To build trust among our customers, VA must consistently deliver customer experiences marked by effectiveness, ease, and emotion.[11] To ensure comparability across VA's disparate service and product lines, the same measures of Trust and Customer Experience will be applied. VA will develop a baseline for this measure in FY 2016.

Benefits – Claims

VA fundamentally redesigned and streamlined the delivery of benefits and services to Veterans, their eligible dependents, and survivors. As of September 30, 2015, VA reduced the inventory of disability claims requiring a rating decision from 883,930 in July 2012 to 363,034 (a 58.9-percent reduction), and the backlog of disability claims pending over 125 days from 611,073 in March 2013 to 71,352 (an 88.3-percent reduction). We completed 1.4 million claims in FY 2015, the highest in our history and 67,000 more than last year. Today, Veterans wait about 93.1 days for claims decisions, which is 6 months fewer than March 2013.

We used the following performance metrics to track our progress toward the goal of eliminating the claims backlog, while providing highly accurate decisions on ratings claims.

Percentage of VA Disability Rating Claims pending more than 125-days (VBA #308)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	60%	40%	50%	0%	20%	15%
Actual	66%	58%	47%	20%		

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[11] Adopted from the Forrester Research customer experience framework.

Percentage of Disability Compensation Rating Claims inventory pending more than 125-days (VBA #576)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	(Baseline)	40%	50%	0%	20%	15%
Actual	67%	59%	48%	20%		

Analysis of Results

VA did not reach the target for either "Percentage of VA Disability Rating Claims pending more than 125 days" or "Percentage of VA Disability Compensation Claims Inventory pending more than 125 days" in FY 2015. The following factors contribute to this reality: VA frequently identifies additional disabilities that Veterans did not claim, but are related to their service-connected disabilities; VA also identifies unclaimed additional benefits intertwined with its decisions (e.g., adapted housing or a total evaluation based on the inability to maintain gainful employment as a result of service-connected disabilities); Veterans claim new conditions before VA decides their pending claims; Veterans submit new, additional evidence for pending claims late in the process; Veterans ask VA to reschedule their medical examinations for personal reasons, such as travel, acute illness, etc. VA's open-ended duty to assist Veterans in developing their claims, established in law, prevents VA from deciding all claims within 125 days. VA will always consider additional evidence or new medical conditions added – no matter how late in the claims process it is submitted.

Plans for the Future

For FY 2017, VA intends to reduce the backlog of claims pending more than 125 days by continuing to improve the productivity of the workforce through its organizational structure, national training, and updated performance standards. VA is also implementing the National Work Queue to more efficiently manage the claims workload, prioritizing, and distributing the claims electronically across its entire network of regional offices to maximize resources and improve processing timeliness.

National Accuracy Rate – Disability Compensation Rating Claims (VBA #303)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	87%	90%	94%	98%	91.5%	92%
Actual	86%	90%	90%	90%*		

During fiscal year 2015, VBA revised its compensation and pension quality-assurance program to reflect industry-standard best practices in statistical sampling and estimation. VBA now reports a margin of error with quality estimates. The margin of error associated with the 90 percent Disability Compensation Rating Claims Accuracy is +/- .74 percent.

National Accuracy Rate – Disability Compensation Rating Claims – Issue Based (VBA #304)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	(Baseline)	97%	98%	96%	96%
Actual	N/Av	96%	96%	96%*		

During fiscal year 2015, VBA revised its compensation and pension quality-assurance program to reflect industry-standard best practices in statistical sampling and estimation. VBA now reports a margin of error with quality estimates. The margin of error associated with the 96 percent Disability Compensation Rating Claims Accuracy - Issue Based is +/- .35 percent.

Analysis of Results

VA did not reach the target for either "National Accuracy Rate – Disability Compensation Rating Claims" or "National Accuracy Rate – Disability Compensation Rating Claims – Issue Based" in FY 2015. The following factors contributed to this result: Claim-level accuracy measures the claim as "pass or fail." Every medical condition must be 100 percent accurate within each of 8 error categories to achieve 98 percent. However, Veterans are consistently claiming more disabilities. For example, separating Servicemembers in the Benefits Delivery at Discharge program claim an average of 16 medical conditions. Therefore, attaining 98 percent accuracy at the claim or issue level with so many conditions is virtually impossible, as confirmed by a recently contracted analysis.

Plans for the Future

In FY 2017, VA intends to increase accuracy rates by conducting more consistency studies on disability claims to identify error trends that can lead to improved training materials, updated procedures, and implementation of corrective actions. Additionally, VA plans to deploy a new quality database that will capture and consolidate all quality data at the national, district, region office, and individual employee levels. The new database will improve the analysis of accuracy trends and help identify training opportunities for employees.

Percent of Disability Compensation Claims received virtually/electronically (VBA #444)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	(Baseline)	12%	20%	28%	36%
Actual	N/Av	2%	7%	13%		

Analysis of Results

VA did not reach the target for "Percentage of Disability Compensation Claims received virtually/electronically" in FY 2015. The following factor contributed to this result: VA experienced delays in deploying Digits-to-Digits (D2D), which allows Veterans Service Organizations, and County and State Veterans Affairs agencies that developed their own claims management systems to directly submit electronic compensation claims to VA.

Plans for the Future

For FY 2017, VA will continue its efforts to deploy D2D functionality nationally, providing Veteran Service Organizations a direct data exchange for claims submission. VA will also develop new forms through Veterans Online Application Direct Connect, providing further means to submit claims electronically rather than in paper.

Percentage of Dependency and Indemnity Compensation (DIC) Claims inventory more than 125-days (VBA #578)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	38%	20%	0%	15%	9%
Actual	41%	26%	16%	15%		

Analysis of Results

VA did not reach the target for "Percentage of Dependency and Indemnity Compensation Claims inventory pending more than 125 days." The following factors contributed to this reality: the law requires VA to assist claimants in obtaining all the relevant evidence to support their claims. VA may make repeated attempts to obtain, or try to obtain, relevant Federal records, resulting in a percentage of claims that inevitably take longer than 125 days to complete. VA will always consider additional evidence or new medical conditions added – no matter how late in the claims process it is submitted.

Plans for the Future

Dependency and Indemnity Compensation claims processing will continue to transition to the VBMS, allowing increased electronic processing of claims, which will help expedite their processing.

Non-Rating Claims, Compensation Average Days Pending (VBA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	(Baseline)	290	180
Actual	219	277	339	327		

Non-Rating Claims, Compensation Average Days to Complete (VBA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	(Baseline)	232	275
Actual	90	127	150	171		

Analysis of Results

Non-rating claims typically do not require a rating decision, and generally are an amendment to a beneficiary's award. Examples of non-rating claims include: adding a dependent, due-process notifications, drill pay adjustments, congressional correspondence, and hospitalization adjustments.

Plans for the Future

In FY 2017, VA requested funding for 300 full-time employees to improve the non-rating workload inventory and timeliness. VA will direct the new employees to complete the oldest claims in non-rating inventory, which will serve Veterans' who have been waiting the longest for a decision. As a result of working the oldest claims, VA's Average Days to Complete will increase during FY 2017, while the Average Days Pending will decrease. The Average Days Pending and Average Days to Complete results will continue to decrease in future fiscal years through workload management practices and strategic resource allocation plans.

Dependency Claims Processing: Inventory (Claims Pending) (VBA new measure)

(Thousands)	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	190	100
Actual	N/A	N/A	N/A	227		

Dependency Claims Processing: Timeliness (Month-to-Date Average Days to Complete as of the last month of the year) (VBA new measure)

(Thousands)	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	275	125
Actual	N/A	N/A	N/A	221		

Analysis of Results

It is VA's mission and responsibility to ensure Veterans receive the benefits and services they have earned accurately and within a reasonable amount of time. Since FY 2009, VA's APG for improving access to benefits was focused on eliminating the backlog of disability claims, defined as the number of rating-related claims pending more than 125 days. VA made dramatic progress reducing the backlog, improving timeliness of decisions, and reducing the overall pending inventory of disability rating claims – while at the same time improving the quality of its decisions. To achieve these service improvements, VA defined the requirement, transformed claims processing through implementation of streamlined processes and systems, and accordingly focused resources on achieving the goal.

Veterans who are awarded disability compensation at the 30-percent level or higher are entitled to additional compensation for their eligible dependents. Approximately 70 percent of the 4.1 million Veterans currently receiving compensation are eligible for this additional benefit – nearly 45 percent more than those eligible for the same benefits just five years ago. As the status of these Veterans' dependents changes (through marriage, divorce, death, birth or adoption of children, step-children, and school attendance for children over 18 years of age), adjustments must be made to Veterans' compensation awards. With VA's record-levels of production of disability rating decisions (almost 1.4 million disability claims completed in FY 2015), more and more Veterans continue to be added to the compensation rolls. The result was an inventory at the end of FY 2015 of almost 227,000 pending dependency claims that have been pending, on average, nearly a year.

Ensuring that Veterans receive timely and accurate claim decisions is paramount. As VA continues to improve timeliness of disability claims decisions, VA will also focus on the dependency claims that are the direct result of the dramatic increase in completed disability rating decisions and growth in the number of Veterans receiving compensation at the higher disability evaluation levels.

Plans for the Future:
VA's strategy for reducing the inventory and timeliness of dependency claims processing will require further enhancements to our automated, rules-based processing system and changes to processes.

We have taken steps to expand our capability to address this growing inventory, which is a direct result of our record-breaking achievements in reducing the claims backlog. Primarily, VA engineered a rules-based processing system that is designed to complete most dependency claims. Veterans input data about their dependents into an automated form in eBenefits. VA identified a set of exceptions that prevent automated processing and is reviewing the costs and functional requirements to eliminate these exceptions and expand Veterans' self-service.

VA will prioritize the oldest pending claims for completion to ensure that Veterans who have been waiting the longest receive their decisions as quickly as feasible. For this reason, VA projects an initial increase in the average days to complete as the oldest pending claims in the inventory are resolved.

Benefits – Appeals

The VA appeals process consists of multiple steps, most of which occur at the Agency of Original Jurisdiction (AOJ), which includes the VBA, VHA, the NCA, and the Office of General Counsel. While the vast majority (98 percent) of appeals considered by the Board of Veterans' Appeals (Board) involves claims for disability compensation, the Board also reviews appeals involving other types of Veterans benefits, to include insurance benefits, educational benefits, home loan guaranties, vocational rehabilitation, dependency and indemnity compensation, health care delivery, burial benefits, pension benefits, and fiduciary matters. If an appeal is not resolved at the AOJ level to the Veteran's (or Appellant's) satisfaction, he or she may formally continue that appeal to the Board for a *de novo* review (*i.e.*, new look) and the issuance of a decision on behalf of the Secretary.

Each year since 1996, the volume of appeals received by VBA equated to 9 to 15 percent of the total claims VBA completed in those years. Notably, as VBA has become more productive with claims decision output over the past 5 years, appeals volume has grown proportionately as VA's

historical appeal rate has remained constant, with approximately 11 to 12 percent of all claimants initiating an appeal and 4 to 5 percent completing an appeal to the Board.

To ensure full transparency on the multi-step appeals process, VA adopted new metrics that will track the amount of time it takes to process original and remanded appeals, the latter of which are cases the Board returned to a local VA office to collect further evidence. VA will use these metrics to identify barriers or obstacles in the appeals process and to increase efficiency in the processing of appeals.

Appeals processing – Notice of Disagreement (NODs) pending inventory (thousands) (VBA #514)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	(Baseline)	338	405
Actual	N/Av	N/Av	N/Av	228		

Appeals processing – NODs average days pending (VBA #545)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	(Baseline)	437	459
Actual	N/Av	N/Av	N/Av	394		

Appeals processing – substantive appeals to the Board (Form 9) pending inventory (thousands) (VBA #607)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	(Baseline)	94	138
Actual	N/Av	N/Av	N/Av	56		

Appeals processing – substantive appeals to the Board (Form 9) Average Days to Complete (VBA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	Baseline	576	664
Actual	N/Av	N/Av	N/Av	507		

Appeals processing – substantive appeals to the Board (Form 9) Average Days Pending (VBA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	Baseline	454	225
Actual	N/Av	N/Av	N/Av	617		

The VA appeals process, which is set in law, is a complex, non-linear process that is unique from standard appeals processes found in other judicial systems. The current VA appellate process has multiple processing steps, most of which occur at the AOJ (VBA, NCA, and VHA). If a Veteran is not satisfied with the initial AOJ determination, he or she may appeal to the Board for a final agency decision. A feature of the current VA appeals process is an open record that, with only narrow exceptions, allows a Veteran, Survivor, or other appellant to submit new evidence and/or make new arguments at any point from the beginning to the end of the appeals process. Additionally, the duty to assist throughout the appeals process requires VA to develop further evidence on the Veteran's behalf and pursue new arguments and theories of entitlement. When new arguments are presented and evidence is added or obtained, VA generally must issue another decision considering the new arguments and evidence, which lengthens the timeline for appellate resolution.

The current VA appeals process takes too long, as there is no defined endpoint or timeframe; is too complex, as Veterans do not understand the process; and involves continuous evidence-gathering and re-adjudication that delays the Department in reaching a final decision. VA's appeals process essentially contains another claims process, as new contentions and evolution of a condition are picked up as part of the appeal, rather than initiated as a new claim. Additionally, if the Veteran disagrees with any or all of the final appeals decision, the Veteran always has the option of filing a new claim for the same benefit once the appeal is resolved.

The current VA appeals process is broken and is providing a frustrating Veterans experience. The present legal framework is complex, inefficient, ineffective, and confusing, and Veterans

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wait much too long for final resolution of an appeal. The average processing time for all appeals resolved in FY 2015 was 3.1 years. For those appeals that reach the Board, on average, Veterans are waiting at least five years for an appeals decision, with thousands of Veterans waiting much longer. (In 2015, the Board was still deciding an appeal that originated 25 years ago, even though the appeal had previously been decided by VA over 27 times.) This process is failing to serve Veterans well.

Under the current process, Veterans receive multiple decisions by two organizations – VBA and the Board – contributing to lengthy appeals processing times and confusion for Veterans. For 22 percent of Veterans whose appeals were resolved in 2015 (approximately 25,000 Veterans), three or more appeals decisions were required to finally resolve the appeal. For 9 percent of Veterans whose appeals were resolved in 2015 (approximately 11,000 Veterans), 6 or more appeals decisions were required to finally resolve the appeal.

The status quo is not acceptable for Veterans or for taxpayers. VA continues to face rapid growth in its appeals workload. The increase in Veterans filing appeals is a function of the number of claims decisions made. As VA increased claims decision output over the past 5 years, appeals volume has proportionately grown (since 1996, approximately 11 to 12 percent of all claimants initiated an appeal and four to five percent completed an appeal to the Board).

Within the current legal framework, on average, VA issues approximately two additional decisions in each appeal beyond the original rating decision in order to resolve the appeal. For example, in FY 2015, only 46 percent of appeals decisions resulted in a final resolution for Veterans. In other words, the Department issued 252,246 total appeals decisions in order to finally resolve only 117,186 appeals, meaning that the Department issued 135,060 decisions that did not result in finality for Veterans. Such an inefficient process does not serve Veterans well or offer a good return on investment to American taxpayers. Between FY 2012 and FY 2015, the number of pending appeals climbed by 34 percent to more than 440,000 at the end of December 2015. Under the current legal framework and without additional resources for appeals, VA projects that the number of pending appeals will soar to more than 2.2 million by the end of FY 2027, which will require a significant increase in resources to address and result in Veterans continuing to wait for an appeals decision for years.

Veterans deserve an appeals decision within one year of filing. VA firmly believes that justice delayed is justice denied. The Department should be providing a final answer to Veteran's appeals within one year of filing an appeal rather than perpetuating frustration with a process that takes too long and has no defined end point.

The time to modernize the appeals process is now. If Congress and VA fail to act now, the magnitude of the problem will continue to compound. The appeals process must be modernized to fairly put the needs, expectations, and interests of Veterans and beneficiaries first. Absent comprehensive reform of the appeals process, VA will need significant sustained funding to hire significant staff to execute the current inefficient appeals process set forth in existing law.

Appeals dispositions – average days to complete returned remands (measuring from date case is returned to the Board after remand until Board disposition date) (BVA #571)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	(Baseline)	244	365
Actual	N/Av	N/Av	N/Av	244		

Appeals dispositions – average days to complete original appeals (from date of certification (Form 8) until Board disposition date) (BVA #573)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	(Baseline)	531	365
Actual	N/Av	N/Av	N/Av	531		

Note: By law, each case received by the Board shall be considered and decided in regular order according to its place upon the Board's docket. The docket date of each case on appeal continues to derive from the date that the Substantive Appeal was received at VA.

VA completed the first year of data collection for two new Appeals dispositions measures in FY 2015. These new measures will give VA information on the average length of time required to process original and remanded appeals.

Plans for the Future

FY 2016 marks the first year the Board of Veterans' Appeals has established a target for the 'Appeals dispositions – average days to complete returned remands (measuring from the date the case is returned to the Board after remand until Board disposition date)' and 'Appeals dispositions – average days to complete original appeals (from date of certification (Form 8) until Board disposition date)' measures.

Benefits - Various

Compensation: Overall customer satisfaction index score (out of 1000) (VBA #491)[#]

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	(Baseline)	650	654
Actual	N/Av	N/Av	N/Av	646		

 # Every VBA Program has a distinct mission, specific processes, Congressional mandates, and technologies. Surveys were developed to measure the effectiveness of processes within a program. Survey results cannot be compared between VBA programs.

Analysis of Results

VBA established the baseline for "Compensation: Overall Customer Satisfaction Index Score" in FY 2015. The results in FY 2015 are a direct result of maximum efforts put forth during that year to eliminate the backlog. The success of FY 2015 was due to initiatives that specifically addressed improvements in timeliness and additional automation of processes and procedures. In FY 2015 all 57 regional offices worked mandatory overtime hours in order to address the claims backlog. In addition, the Centralized Mail portal and the Private Medical Records program were rolled out to all 57 regional offices, which contributed to the reduction in development time for the overall claims process.

Plans for the Future

In FY 2016 and FY 2017, VA has scheduled service enhancements to the eBenefits electronic platform, which will allow Veterans additional access to evidence and claims status. VA will provide additional education for Veterans and employees to explain the Centralized Mail and electronic filing options in support of improved timeliness. VA is analyzing claims correspondence for opportunities to enhance clarity and simplicity. In FY 2017, we forecast a modest increase from FY 2016 due to potential gains in the servicing area. Ease of accessing information, availability, clarity and frequency of information are some of the contributing factors that are expected to result in a slight improvement from the FY 2016 performance numbers. By FY 2017, we anticipate a modest increase in Veterans' satisfaction as a result of implementing enhancements in automation, clarity in communications and improvements to the examination process. VA will use the Veterans' satisfaction data to evaluate areas of the Compensation program that will require additional policy enhancements or technological improvements to ensure continued Veterans' satisfaction.

National Call Center client satisfaction index score (out of 1000) (VBA #485)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	754	735	752	756	758
Actual	731	723	748	756		

Analysis of Results

The result for the "National Call Center (NCC) client satisfaction index score" in FY 2015 was 756 out of a possible 1,000 points. This score exceeds the Federal Government benchmark of 721 and other private-sector scores. VA's transformation efforts in technology have provided call center agents with the Customer Relationship Management Unified Desktop application that provides a single and concise view of the Veteran's claims and contact information. This application enables VBA staff to better respond to Veterans' needs and promotes efficiencies, improves timeliness, and increases accuracy of information provided. By improving the Veteran's experience, the NCC provide multiple channels of access and point-of-call resolution (e.g., dependency processing, emailing forms, uploading documents). VA also implemented ongoing weekly, structured training to increase agent awareness of VA benefits, services, and procedures.

Plans for the Future

For FY 2017, VBA's goal is to provide increased and improved access for Veterans who contact VA through the NCC. When call volumes exceed the capacity of current staffing, Veterans may receive a message asking them to call back later. We refer to this as the blocked call rate. In FY 2017, with additional staffing, the blocked call rate is projected to drop from 59 percent to 15 percent. The Veteran experience will be improved based on the enhancements of the Customer Relationship Management/Unified Desktop application technology, the utilization of other self-service tools (e.g., interactive voice recognition, eBenefits) and live chat access channel. Quality assurance tools will be used to ensure accurate interactions. Training pertaining to best practices and overall VBA benefits will support VBA staff and help resolve issues on the first call. Nationally, VA is reviewing NCC processes to improve call routing and timeliness.

Number of accredited Veterans advocates who are registered users on the Stakeholder Enterprise Portal (SEP) (VBA#446)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	(Baseline)	2,000	3,500	4,200	4,900
Actual	N/Av	1,000	1,861	3,299		

Analysis of Results

As part of the claims transformation plan, whose goal is to change the way we deliver benefits and services to Veterans, VA leverages the capabilities of electronic applications and portals to streamline the application process. The SEP (https://www.sep.va.gov/sep/web/guest/sep), which resembles the eBenefits system on va.gov, allows VA partners and Veterans Service Organizations to electronically file claims for benefits and services on behalf of the Veterans they represent. Tools such as SEP support VA's efforts to improve the timeliness and accuracy of claims processing through technology.

VA did not reach the target for "Number of accredited Veterans' advocates who are registered users on the Stakeholder Enterprise Portal" in FY 2015. The major factor that contributed to the result was technical difficulties that adversely impacted SEP registration rates.

Plans for the Future

In FY 2017, VA is streamlining and facilitating the SEP registration process by expanding online application options in eBenefits and SEP for additional business lines. This expansion will encourage accredited Veterans' advocates to become registered users on SEP.

Benefits - Pension

Average days to complete – original survivor's pension claims (VBA #498)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	(Baseline)	230	150	150	80	75
Actual	231	251	193	89		

Percentage of original and reopened pension claims inventory pending more than 125-days (VBA #577)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	(Baseline)	36%	20%	0%	3%	3%
Actual	34%	37%	5%	3%		

Analysis of Results

VA reached the target for "Average days to complete – original survivors pension claims" in FY 2015. Specialization of survivor benefit claims and increased efficiencies through paperless processing contributed to VA's success.

VA did not reach the target for "Percentage of original and reopened pension claims inventory pending more than 125 days." The following factors contributed to this reality: VA's open-ended duty to assist Veterans in developing their claims, established in law, prevents VA from deciding all claims within 125 days. VA will always consider additional evidence or new medical conditions added – no matter how late in the claims process it is submitted.

Plans for the Future

VA continues to aggressively pursue its Transformation Plan. Initiatives include shifting from a paper-based paradigm to a robust and intelligent digital operating environment to improve accuracy and productivity.

Pension: Overall customer satisfaction index score (out of 1000) (VBA #490) #

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	(Baseline)	688	692
Actual	N/Av	N/Av	N/Av	684		

 # Every VBA Program has a distinct mission, specific processes, Congressional mandates, and technologies. Surveys were developed to measure the effectiveness of processes within a program. Survey results cannot be compared between VBA programs.

Analysis of Results

VA established the baseline for "Pension: Overall customer satisfaction index score" in FY 2015.

Plans for the Future

For FY 2017, VA will continue to improve customer satisfaction in its monetary burial benefits program through automated payment of plot allowances. Expansion of the Rules-Based Processing System to automate pension claims will relieve capacity issues among claims processors. The Rules Based Processing System is part of a multi-pronged approach to create an automated paperless claims processing system. Utilizing business rules, the system will use data and information reported electronically to make decisions without human intervention. The system will require that fields essential to the decision-making process are completed prior to the acceptance of claims. The process includes functionality to record data, generate award payments and correspondence, or refer benefit claims for manual processing when it is determined that the claim fails to pass all of the established rules. Claims referred for manual processing will have identification error codes which will allow offices to better organize their inventory and provide claims processors essential data related to the information required to adjudicate the claim. Claims processors will be able to develop claims faster using the identification codes and the data they provide. For Veterans, rules-based processing will mean faster, higher-quality and more consistent decisions on claims. For our employees, the change will be a more user-friendly system that offers better access to decision-level information, rules-based calculators, and automated tools that help them process claims more consistently. Expansion and improvements to the Enterprise Veterans Self-Service will increase the number of online benefit applications. Additionally, VA will extend an existing Centralized Mail pilot at the Philadelphia Pension Management Center (PMC) to all PMCs, increasing VA's capability for paperless processing of pension and survivor claims. VA will complete site visits to the PMCs during FY 2016 to identify best practices and improve claim processing accuracy.

Pension call center client satisfaction index score (out of 1000) (VBA #484)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	735	770	770	772
Actual	N/Av	732	766	770		

Analysis of Results

VA reached the target for "Pension call center client satisfaction index score (out of 1,000)" in FY 2015. The following on-going initiatives contributed to VA's success: the Virtual Hold Call-Back System and the Unified Desktop, which provide Call Agents consolidated views of Veteran information, auto-populated data, and smart scripts, and increased utilization of VA's Knowledge Management site, which provides a relational, electronic database that allows call agents to provide greater customer service by searching a variety of information on breaking

VA news, pension policies and procedures, and crisis intervention. This database promoted efficiencies, improved timeliness, and increased the accuracy of information provided to callers. VA also provided intensive training for new VA initiatives in addition to recurring weekly training.

Plans for the Future

The National Pension Call Center Client (NPCC) will continue to monitor customer satisfaction and begin analysis of results at the first level supervisor position to develop best practices. J.D. Power and Associates, which conducts this survey, will also provide feedback and strategies to improve customer service processes in the call center, based upon industry standards. To further improve the Veteran's experience, VA will implement enhancements to technology such as optimization to the Customer Relationship Management/Unified Desktop and robust self-service models (e.g., interactive voice recognition, eBenefits). Nationally, VA is reviewing the NPCC processes to improve call routing and timeliness, and will implement training and technology changes to increase point-of-call issue resolution. In addition, specialization and routing changes will increase customer satisfaction and accuracy.

Benefits - Education

Average days to complete original education claims (VBA #218)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	23	28	28	28	28	21
Actual	31	26	17	18		

Average days to complete supplemental education claims (VBA #219)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	12	12	14	14	14	9
Actual	17	10	6	7		

Analysis of Results

VA reached the target for "Average days to complete original education claims" and "Average days to complete supplement education claims" in FY 2015. The following factors contributed to VA's success: the implementation of a national workload management strategy and utilization of brokering. Brokering allows claims to be processed no matter what jurisdiction the claim falls under by shifting the workload to available resources in any regional processing

office to process the claim timely. Reporting was streamlined and standardized across the board. Brokering is now managed and coordinated by Education Service to ensure that resources are effectively utilized to create a consistent experience for beneficiaries.

Plans for the Future

VA will continue its national brokering strategy for FY 2016 and FY 2017. Also, VA will continue to evaluate program policies and procedures to ensure improvements in timeliness and customer satisfaction.

Education: Overall customer satisfaction index score (out of 1000) (VBA #489)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	(Baseline)	764	754	757
Actual	N/Av	N/Av	TBD	754		

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Education call center client satisfaction index score (out of 1000) (VBA #476)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	720	750	780	835	832	835
Actual	760	803	832	831		

Analysis of Results

VA established the baseline for "Education: Overall customer satisfaction index score" in FY 2015.

Within the targeted range (793-835), VA reached the target for "Education Call Center (ECC) Client Satisfaction Index Score" in FY 2015. ECC is exceeding the J.D. Power and Associates' Call Center Cross-industry benchmark (815) by 16 points on a 1,000 point scale. In reviewing the current ECC resource climate and assessing ECC's performance target, data shows that promptness in speaking to a person decreased by .13 points on a 10-point scale. This decrease in promptness in speaking to a person is attributed to a reduction in staffing for the ECC. To mitigate the reduction in staffing: VA shifted the ECC operation hours and full-time employee

to handle calls during the peak call times. VA also leveraged social media to provide the Veteran student community with information for frequently asked questions.

Plans for the Future

For FY 2016, the Education Call Center hired additional full-time employees. Increased staffing will result in a positive impact to key performance metrics by increasing the availability of call agents.

In addition, VA is implementing enhancements to technology within the ECC to improve the efficiency and effectiveness of call agents such as the introduction of the Customer Relationship Management/Unified Desktop. Robust self-service models, e.g., interactive voice recognition, enhanced functionality in eBenefits and at the vets.gov website, etc., will be utilized to better meet the needs of our customers.

Benefits – Loan Guaranty, Vocational Rehabilitation and Employment, Insurance

Veterans' satisfaction level with the VA Loan Guaranty Program (out of 1000) (VBA #487)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	(Baseline)	822	825
Actual	N/Av	N/Av	N/Av	819		

 # Every VBA Program has a distinct mission, specific processes, Congressional mandates, and technologies. Surveys were developed to measure the effectiveness of processes within a program. Survey results cannot be compared between VBA programs.

Analysis of Results

VA helps Servicemembers, Veterans, and eligible surviving spouses become homeowners. VA Home Loans are provided by private lenders, such as banks and mortgage companies. VA guarantees a portion of the loan, enabling the lender to provide Veterans with more favorable terms.

VA established the baseline for "Veterans' satisfaction level with the VA Loan Guaranty Program" in FY 2015. The following factors contributed to the high level of satisfaction with this program: Loan Guaranty continued to utilize industry best practices and sustained high performance metrics. The population of Veterans seeking benefits remained stable. In addition, VA provided training to applicants and lenders seeking a Certificate of Eligibility (COE), which verifies to the lender that the Veteran is eligible for a VA-guaranteed home loan. The

training has helped streamline the application process and set expectations regarding COE processing. COE redesign initiatives and automation decreased processing time from 22 days to 2 days.

Plans for the Future

VA will use the Veterans' satisfaction data to evaluate areas of the Loan Guaranty Program that will require additional policy enhancements or technological improvements to ensure continued Veterans' satisfaction.

Veterans' satisfaction with the Vocational Rehabilitation and Employment Program (out of 1,000) (VBA #488)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	(N/Av)	Baseline	658	665
Actual	N/Av	N/Av	N/Av	658		

 # Every VBA Program has a distinct mission, specific processes, Congressional mandates, and technologies. Surveys were developed to measure the effectiveness of processes within a program. Survey results cannot be compared between VBA programs.

Analysis of Results

VA established the baseline for "Veterans' satisfaction with the Vocational Rehabilitation and Employment (VR&E) Program" in FY 2015. The results were impacted by the fact that VR&E participants increased by nearly 7 percent (from 123,383 participants in FY 2014 to 131,647 in FY 2015) as staffing levels remained constant. In correlation with these increases, the workload ratio increased from 134:1 to 139:1.

Plans for the Future

The VR&E Program implemented Telecounseling in March 2015. Telecounseling was developed as an option for Veterans who have busy schedules, live in rural locations, or have transportation challenges in meeting in person with their counselor to discuss their rehabilitation goals. Telecounseling is expected to reduce travel costs and time for Veterans and employees, and improve accessibility to VR&E services. New performance standards for all VR&E field staff were nationally implemented on July 1, 2015, and focus on reducing allowance processing time and increasing accuracy of payments.

Rate of high client satisfaction ratings on insurance services delivered (VBA #214)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	95%	95%	95%	95%	95%	95%
Actual	95%	93%	94%	94%		

Analysis of Results

VA reached the target for "rate of high client satisfaction on insurance services delivered" in FY 2015. In FY 2015, the Insurance program paid approximately $2.3 billion for payments to Servicemembers, Veterans, and their beneficiaries in the form of insurance death benefits, policy loans, and traumatic injury protection payments. VBA Insurance completed 155,000 insurance disbursements (death claims, loans, and cash surrenders) at 99.6 percent accuracy. Insurance answered an average of 2,500 insurance-related calls per day with an average speed of answer of 23 seconds and a 0.5 percent blocked call rate.

Plans for the Future

VA will implement the following strategies to achieve 95 percent rate of high client satisfaction on insurance services delivered in FY 2017: take action on customer survey responses to the question "How can we improve our service," conduct refresher training on customer service as needed, and maintain appropriate staffing levels to provide services quickly and accurately.

Memorial Services

Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence (NCA #234)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	90%	89.50%	89.60%	91.0%	91.5%	91.8%
Actual	89.60%	89.50%	89.80%	89.8%		

Analysis of Results

VA reached the target for the percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence in FY 2015. A new state Veterans cemetery in Aguadilla, Puerto Rico and a new tribal Veterans cemetery serving the Seminole Nation in Oklahoma funded by VA opened for interments in FY 2015.

Plans for the Future

In addition to Tallahassee and Cape Canaveral National Cemeteries, which opened to interments in October 2015 and January 2016 respectively, VA plans to open a new national cemetery in Omaha, Nebraska, in FY 2016. VA has also funded five new state and two new tribal Veterans cemeteries that are projected to open for interments in FY 2016. Two of these state cemeteries, Preston, MN and Rayville, LA, performed their first interments on Veterans Day 2015. Combined, these national, state, and tribal Veterans cemeteries will provide reasonable access to a burial option to more than 342,000 Veterans who are not currently considered served in this manner.

Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (NCA #580)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	98%	98%	98%	96%	97%	97%
Actual	96%	96%	96%*	96%		

*2014 results not reported in 2014 PAR. Results were not available until March 2015.

Percent of respondents who rate national cemetery appearance as excellent (NCA #581)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	99%	99%	99%	99%	99%	99%
Actual	99%	99%	98%*	99%		

*2014 results not reported in 2014 PAR. Results were not available until March 2015.

Percent of respondents who would recommend the national cemetery to Veteran families during their time of need (NCA #582)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	99%	99%	98%	99%	99%	99%
Actual	99%	99%	98%*	98%		

*2014 results not reported in 2014 PAR. Results were not available until March 2015.

Analysis of Results

VA reached the targets for the percent of respondents who rate the quality of service provided by the national cemeteries as excellent, the percent of respondents who rate national cemetery

appearance as excellent, and the percent of respondents who would recommend the national cemetery to Veteran families during their time of need in FY 2015. VA's continued focus on providing excellent customer service and maintaining national cemeteries as national shrines contributed to VA's success on these measures.

Plans for the Future

VA recognizes that high levels of client satisfaction cannot be assumed based on past history. VA will continue to collect client satisfaction data from our annual Survey of Satisfaction with National Cemeteries and our Memorial Products Survey to identify opportunities for improvement with the appearance and the level of service provided by national cemeteries and the quality of memorials furnished for Veterans worldwide. VA will also continue to identify and share best practices from high performing cemeteries throughout VA's national cemetery system. These efforts will continue to support progress towards ensuring that VA continues to meet the burial needs of Veterans and their eligible family members and to honor their service and sacrifice to our Nation.

Percent of respondents who agree or strongly agree that the quality of the headstone or marker received from VA was excellent (NCA #583)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	95%	96%	91%	92%	92%	93%
Actual	91%	90%	90%*	93%		

*2014 results not reported in 2014 PAR. Results were not available until March 2015.

Percent of respondents who agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA was excellent (NCA #584)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	97%	97%	90%	91%	91%	92%
Actual	90%	89%	87%*	89%		

*2014 results not reported in 2014 PAR. Results were not available until March 2015.

Analysis of Results

VA reached the targets for the percent of respondents who agree or strongly agree that the quality of the headstone or marker received from VA was excellent and the percent of respondents who agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA was excellent in FY 2015. VA's continued commitment to ensuring high-quality memorials and providing excellent customer service to Veterans regardless of their final resting place contributed to VA's success on this measure.

Plans for the Future

VA recognizes that high levels of client satisfaction cannot be assumed based on past history. VA will continue to collect client satisfaction data from our annual Survey of Satisfaction with National Cemeteries and our Memorial Products Survey to identify opportunities for improvement with the appearance and the level of service provided by national cemeteries and the quality of memorials furnished for Veterans worldwide. VA will also continue to identify and share best practices from high performing cemeteries throughout VA's national cemetery system. These efforts will continue to support progress towards ensuring that VA continues to meet the burial needs of Veterans and their eligible family members and to honor their service and sacrifice to our Nation.

Objective Progress Update Summary

Achievements: In FY 2015, VA made progress in improving access and reducing wait times for Veterans. As of October 1, 2015, VA completed 97 percent of appointments within 30 days, 92 percent within 14 days, 87 percent within 7 days, and 23 percent same day. [12] Between June 1, 2014, and October 1, 2015, the electronic wait list went from 56,271 appointments to 40,956, a 27.21-percent reduction and the New Enrollee Appointment Request line is down 81 percent.

Also, VA made significant strides in reducing the claims backlog from 611,073 in FY 2013 to 71,352, an 88.3-percent reduction at the end of FY 2015. The percentage of claims in the backlog decreased by 27.2 percent in FY 2015, from 46.9 percent on October 1, 2014, to 19.7 percent at the end of the fiscal year. 55.7 percent of claims received (718,394 of 1,289,599) have been Fully Developed Claims (FDCs), and 35.3 percent of completed claims (490,263 of 1,387,772) have been FDC, with an average processing time of 139.6 days. Using VBMS, 99.8 percent of disability compensation claims were processed electronically. The cumulative percentage of disability compensation claims received electronically by VA grew

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[12] http://www.va.gov/opa/speeches/2015/09_01_2015.asp

from 7.5 percent to 12.5 percent during FY 2015. This is an increase of 5.0 percent; a peak of 16.1 percent was achieved for the month of September 2015.

In FY 2015, VA established the Veterans Experience Office[13] (VEO) to streamline VA's presence and increase customer satisfaction through improvements in systems and processes. VEO is currently working to improve services provided through VA's call centers with the goal of establishing a single point-of-contact phone number for all Veterans.[14] VEO is also building a shared customer picture across all of VA's lines of business through the Customer Data Integration initiative. Additionally, VEO launched vets.gov in the fall 2015 in order to create a single, unified digital experience for Servicemembers and Veterans.

Also, VA is continuing to improve Veteran satisfaction through the implementation of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA). Since the Veterans Choice Program (Choice) went into effect on November 5, 2014, more than 297,000 medical appointments have been scheduled through the Choice, and 378,192 Veterans have requested to receive care using Choice as of September 30, 2015.[15] Also, VA posts twice-monthly updates of wait-times for new and established patients at each VA Medical Center,[16] which shows VA's progress on its efforts to increase access to health care.[17]

VA expanded virtual care modalities by expanding access to tele-health, e-consult, secure messaging, and My HealtheVet. My HealtheVet now has 3,356,494 registrants marking a 12-percent increase to the year baseline, exceeding the end of fiscal year target of 10 percent. As of September 30, 2015, My HealtheVet had 1,643,769 patients opted in for Secure Messaging, marking a 50-percent increase to the FY 2015 baseline and exceeding the end of fiscal year target of 35 percent. VHA had a combined total of 2,297,473 individuals accessing care using a virtual format. VA also launched the VA App Store[18] in December 2014 and deployed mobile tablets to 7000 providers[19]. In November 2014, VA launched "Connected" VA-developed apps that connect the Veteran to their VA Electronic Health Record. VA also pilot-tested scheduling apps that allow Veterans to make online requests for Mental Health and Primary Care Appointments, as well as directly schedule their own Primary Care appointments with their VA Primary Care Provider.

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[13] https://myva.va.gov/
[14] http://www.va.gov/opa/myva/docs/myva_integrated_plan.pdf
[15] Choice Contractor Dashboard
[16] http://www.va.gov/health/access-audit.asp
[17] http://www.va.gov/opa/choiceact/documents/Fact-Sheet-Publicly-Available-Data.pdf
[18] http://mobile.va.gov
[19] http://mobile.va.gov/providers/successstories

VA continues to increase access to burial options for rural and tribal, as well as urban Veterans. One new VA-funded state cemetery (Aguadilla, Puerto Rico) and one new VA-funded Tribal cemetery (Seminole Nation, Oklahoma) opened in FY 2015. Three new national cemeteries have moved into the construction phase and two other new national cemeteries are in the design phase. The percent of respondents who rate the quality of service provided by the national cemeteries as excellent is 96 percent in 2015. Also, 90 percent of the U.S. Veteran population is considered to be served by a burial option in a national or state Veterans cemetery within a reasonable distance (75 miles) of their residence.

Challenges: VA faces several challenges in achieving this objective. A major challenge is that as VA improves access, more Veterans come to the VA for care. [20] Also, coordination of care with non-VA providers is complex, long-term and involves multiple stakeholders.

Also, the delays in deploying D2D have affected the total number of electronic claims received to date. D2D is now projected for deployment in the second quarter of 2016. The D2D functionality allows Veterans Service Organizations, County Veterans Service Organizations, and State Veterans Affairs agencies with their own claims management systems to directly submit electronic compensation claims.

Another challenge is acquiring land for the seven VA national cemeteries (formerly known as National Veteran Burial Grounds) and three of the Urban Initiative cemetery sites.

Final Assessment: VA, in consultation with the Office of Management and Budget, determined that performance toward this objective is making noteworthy progress.

Strategic Goal 2: Enhance and Develop Trusted Partnerships

VA is not the sole provider of benefits, services, and resources to Veterans and eligible beneficiaries. We will improve our ability to partner and work with those who provide benefits, services, and resources to our clients through improved collaboration, business practices, and outreach. We will ensure that the necessary benefits, services, and resources are accessible regardless of who provides them.

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[20] http://www.va.gov/opa/speeches/2015/09_01_2015.asp

VA recognizes the importance of, and embraces, the opportunities to work with other Federal agencies, state, and local governments, tribal organizations, Veteran Service Organizations, Military Service Organizations, labor unions, nonprofits, and private industry to better serve Veterans and eligible beneficiaries. DoD and VA, for example, are intimately joined, and VA will build on this relationship to communicate with Servicemembers from the moment they enter into service.

Objective 2.1. Enhance VA's partnership with DoD

VA's life-long engagement with its clients begins when Servicemembers first enter service and continues through the remainder of their lives. In support of this engagement, VA and DoD are working together to improve the access, quality, effectiveness, and efficiency of health care, benefits, and services provided to Servicemembers, Veterans, and other beneficiaries. VA will work closely with DoD to ensure that these benefits and services are delivered through an integrated client-centric approach that anticipates and addresses client needs; that the delivery of health care is provided through a patient-driven health care system that delivers quality, access, satisfaction and value consistently across the Departments; and through the efficiency of operations that are delivered through joint planning, training, and execution. The Departments must ensure that authorized beneficiary and health information is accessible, usable, shared, and secure in order to meet the needs of clients, customers, and stakeholders.

Objective 2.1 Related Performance Measures

Percent of Integrated Disability Evaluation System (IDES) participants who will receive VA benefit notification letters within 30 days of discharge (Program Administered by VBA, but coordinated with DoD via VA Office of Policy and Planning) (VBA #469)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	(Baseline)	80%	80%
Actual	N/Av	N/Av	N/Av	55%		

Analysis of Results
The VA/DoD partnership is essential in the Integrated Disability Evaluation System (IDES). IDES helps facilitate the transition process for Servicemembers facing medical discharges by eliminating the need for separate VA/DoD processes. Through this VA/DoD partnership, IDES participants undergo a single set of examinations and are provided a single rating, which are used in determining both VA and Military compensation benefits. As part of the IDES process, participants are awarded VA benefits promptly upon their discharge from service.

VA established the baseline for 'Percentage of IDES participants who will receive VA benefit notification letters within 30 days of discharge.' Upon discharge or retirement from the military, transitioning Servicemembers often face sudden changes in income and financial uncertainty. Timely benefit notification is critical, as this letter serves to confirm that the VA award has been finalized, and financial benefits will soon be distributed.

Plans for the Future

In FY 2016 and FY 2017, VA will continue to collaborate with DoD on improving IDES performance, maintaining timeliness standards, and improving Servicemember satisfaction. VA will also continue moving toward a totally paperless IDES process in FY 2016 to reduce costs and increase efficiency.

Number of registered eBenefits users (VBA #443)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	1.65M	2.50M	3.80M	5M	5.7M	6.3M
Actual	1.93M	3.06M	4.14M	5.16M		

Analysis of Results

As part of the claims transformation plan, whose goal is to change the way we deliver benefits and services to Veterans, VA leverages the capabilities of electronic applications and portals. Due to VA's extensive outreach efforts, more Veterans are using the joint DoD/VA web portal eBenefits (https://www.ebenefits.va.gov/ebenefits/homepage) to interact with us. This tool gives them immediate access to information on benefits and services, the status of any claims or applications filed, as well as the ability to submit a claim for disabilities and apply for health care benefits.

VA exceeded the "Number of registered eBenefits users' in FY 2015." The major contributing factors for the increase in registered eBenefits user were: offering 55 self-service features; and launching a significant marketing campaign of printed materials, videos, and public service announcements that included two radio and two television announcements on the benefits of filing e-claims.

Plans for the Future

VA will continue to increase eBenefits users by: developing new forms through the Veterans Online Application Direct Connect Process, providing further opportunities for electronic forms completion instead of paper, and expanding online application options in D2D; deploying new

self-service capabilities within eBenefits for mobile devices and the portal environment in support of the Unified Digital Experience; providing a web-based tool for Interactive Customer Evaluation, and collecting patient/customer feedback (ratings and comments) related to the quality of services and/or products provided by VA facilities.

Objective Progress Update Summary

Achievements: The Veterans health and benefits portal, eBenefits, added 1,021,538 million individual accounts in FY 2015 and now has a total of 5,160,568 million enrolled, reaching the established FY 2015 target nearly 2 months ahead of schedule. Also, VA provides support to the DoD for IDES with responsibility for completing 4 Core Process Steps within a goal of 100 days. As of September 30, 2015, VA was at 91 days and meeting the 100 day goal.

In FY 2015, VA completed 77,862 Separation Health Assessment (SHA) exams, which included exams in support of IDES and those within one year of military separation. Additionally, VA has worked with DoD to create 2 research consortia for traumatic brain injury and post-traumatic stress disorder, at a combined investment of $107 million over 5 years.[21]

Furthermore, VA started collaborating with DoD Health Affairs to plan for the implementation of section 402 of VACAA. Section 402[22] authorized VA to provide Military Sexual Trauma-related health care services to active duty Servicemembers without a referral from TRICARE or a military treatment facility.

Also, DoD announced their electronic health record selection to replace the Armed Forces Health Longitudinal Technology Application system.

Challenges: Continued process improvements are needed in order to meet and sustain the joint VA/DoD IDES performance goal for processing 80 percent of all claims within 295 days. Also, it is a challenge to develop joint metrics for how the Departments will achieve the legal requirement for DoD and VA to deploy modernized electronic health record software supporting clinicians of the Departments by no later than December 31, 2016, while ensuring continued support and compatibility with the interoperability platform and full standards-based interoperability.

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[21] http://www.research.va.gov/topics/tbi.cfm
[22] http://www.va.gov/opa/choiceact/documents/Choice-Act-Summary.pdf

Another challenge is developing a tracking tool by DoD to verify that all Servicemembers who are not filing a VA disability claim prior to separation receive a SHA.

Final Assessment: VA, in consultation with the Office of Management and Budget, highlighted this objective as a focus area for improvement.

Objective 2.2: Enhance VA's partnerships with Federal, state, private sector, academic affiliates, Veteran Service Organizations, and non-profit organizations

While VA is not the sole provider of benefits, services, and resources to Veterans and eligible beneficiaries, we hold ourselves accountable for each Veteran's success, no matter who provides assistance. To provide Veterans and eligible beneficiaries an integrated, coordinated, personalized portfolio of benefits and services efficiently and effectively, we must improve our communication, coordination, and relationships with our partners in other Federal agencies; state, tribal, and local governments; Veteran Service Organizations; Military Service Organizations; academic affiliates; unions; nonprofits; and private industry. We must develop a partnership culture that entails trust, transparency, mutual benefit, responsibility, productivity, and accountability. Increased public-private partnership opportunities empower staff with effective tools and resources for collaborations, and allow for building open innovation platforms.

Objective 2.2 Related Performance Measures
VA does not currently have any performance measures tied to this strategic objective.

Objective Progress Update Summary

Achievements: VA established the MyVA Strategic Partnerships (SP) Team in order to leverage resources external to the VA on an effective and consistent basis, at all levels of the Department, to improve the Veteran experience while enhancing productivity and efficiency. The SP Team formed an internal workgroup with more than 25 representatives from across the Department. The workgroup met weekly to share best practices, new proposals, problem solve challenges and bring individual Administrations and Staff Offices together for updates. The SP Team published VA Directive 0008 on May 29, 2015, that provides fundamental guidance for exploring, establishing, managing, and evaluating public-private

partnerships for all employees.[1] The SP Team began creating a toolkit with needed resources to better equip and empower staff. The toolkit includes a departmental approved Memorandum of Agreement template, SP training course, internal website, non-profit due diligence worksheet draft, and several others in development - to standardize, streamline, and simplify the partnership process. In September 2015, the SP Team launched a SP 101 Training Course for all employees to build and increase their knowledge and awareness of relevant partnership information, strategies, and capabilities. The SP Team is beta-testing a relational database that will manage, track, and provide performance reports on external engagement activities and partnerships, expected to launch in summer FY 2016.[2] The SP Team has engaged regularly in meetings and discussions with external stakeholders leading to the formation of new and expanded partnerships – including the Summer of Service campaign where VA set a goal to serve 15,000 Veterans and family members from Memorial Day until Labor Day FY 2015. Through these new, expanded, and reenergized partnerships this goal was exceeded by 182 percent, thereby serving over 42,322 Veterans and family members.

In addition, VA is strengthening services to Veterans in local communities by partnering with private sector organizations in order to build networks of local Veteran support through MyVA Communities. MyVA Communities is currently working to train employers in the hiring and support of Veterans, holding employment summits, and learning resource hubs. They will continue to develop and partner with stakeholders and have set a goal of establishing 100 MyVA Communities by December 2016. They also set a goal to, "Reduce the average duration (weeks) of unemployment for Veterans within the first fifteen (15) months of separation by 20 percent in all metropolitan areas targeted for MyVA Communities." Address key economic growth areas and targeted at-risk Veteran populations across the country through community development efforts."

VA executed 17 active public-private partnerships including those with Bob Woodruff, LinkedIn, and Coursera. Twenty-eight additional local and national partnerships are currently in development, including partnerships that involve joint outreach and advocacy efforts, hiring/training commitments, enhancements to the VA's Veterans Employment Center, entrepreneurship cultivation, accelerated learning programs, cooperation with local communities, and other employment-related initiatives.

Challenges: None identified

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[1] http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=803&FType=2

[2] http://www.va.gov/opa/myva/docs/myva_integrated_plan.pdf

Final Assessment: VA, in consultation with the Office of Management and Budget, determined that performance toward this objective is making noteworthy progress.

Objective 2.3: Amplify awareness of services and benefits available to Veterans through improved communications and outreach

The benefits, services, and resources available to our current and future clients, and the means and mechanisms for delivering them, must be widely-known and well understood. We will expand the ways in which we connect to our clients to amplify awareness of the services and benefits available to Veterans and eligible beneficiaries. We will connect with Veterans and eligible beneficiaries, our partners, and the Nation through clear, aligned, and proactive interactions.

Objective 2.3 Related Performance Measures

Percent of visitors to VA's website that indicated that they are satisfied/highly satisfied with information presented (OPIA #43)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	73%	69%	77%	77%	N/A
Actual	0%	74%	67%	66%		

Analysis of Results

In FY 2015, VA did not reach the target for the "Percentage of visitors to the VA.Gov website who indicated they are satisfied with the information presented."   According to the analysis presented by Foresee, which conducted customer satisfaction surveys on va.gov, a number of factors influenced the overall percentage. Among those were the following:

- Information sought was not on va.gov but rather another VA website (eBenefits, MyHealtheVet, etc.)
- Technical issues with Adobe forms (this is government-wide depending on browser settings)
- Dissatisfaction with the information obtained (did not like the answers), unsuccessful telephone follow up, and forms listed but not available online (some only available at facilities).

In response to customer feedback, VA added a "top links" box at the top of the webpage to direct users to the most commonly sought after information on employment, benefits, prescription refills, forms and the Veterans Choice Program. This improved the month-to-month satisfaction after it was implemented.

Plans for the Future

In FY 2016 and FY 2017, a major overhaul of the online experience is being led by the Veterans Experience Office with the launch of vets.gov. The current website, va.gov, will transition to allow vets.gov to become the primary transaction-based website. The eventual intent is for the multitude of different sites (eBenefits, MyHealtheVet, and others) to be brought into the main vets.gov website, with va.gov remaining active as a "corporate" identity-based site, with press releases, biographies, social media links, etc. As such, the performance measure for VA and va.gov will adjust to focus on the number of visitors viewing content across the website versus satisfaction.

Increase percentage of Veterans aware of using benefits, reached through advertising and marketing effort (OPIA #536)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	10%	10%	15%	15%	15%
Actual	5%	15%	26%	19.8%		

Analysis of Results

In FY 2015, VA exceeded the target for "Increase percentage of Veterans aware of using benefits, reached through advertising and marketing effort" measure. The actual performance result was 19.8 percent. VA has a moral and legal obligation to conduct outreach to inform Veterans and their families of VA benefits and service and how to apply for them. The ability to measure our outreach campaign advertising and marketing effort not only ensures prudent use of taxpayer dollars, but provides reliable feedback on outreach effectiveness. VA constantly reviews performance metrics to shape campaign messages for greatest reach and impact. The following factors contributed to the positive result: The culmination of planning and execution associated with a 2-year contract for web development and digital outreach; flexibility to adjust digital outreach tactics using key word search optimization measures; coordination and integration of all VA administrations outreach efforts to maximize use of VA.gov for outreach programs and resources; monthly use of digital outreach platforms such as twitter chats and google hang-out forums featuring subject matter experts by benefit line; assessment of monthly performance measures to determine what is and is not performing; and finally,

frequent interface with Veteran Service and non-government organizations to amplify the VA homepage as a benefit and services resource too.

Plans for the Future

In FY 2016, the Office of Public Affairs will continue this successful program with the National Veterans Outreach Office sustaining the monthly performance analysis requirement. A new contract for digital outreach is in place. VA will spend $1 million dollars through digital advertising for key word purchase, banner ads, and monthly outreach engagement. The contract will also provide website maintenance and updates to ensure accuracy in VA communication. A contract option is planned for FY 2017 to include new video testimonials along with sustained digital engagement programs. Video testimonials provide the "Veteran-to-Veteran" perspective that past surveys did not.

Increase Veteran traffic to and from the various VA content delivery platforms (OPIA new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	(baseline)	(baseline)
Actual	N/A	N/A	N/A	N/A		

VA intends to capture baseline information for this new measure in FY 2016 and FY 2017. We have determined that measuring content delivery is a better gauge of the interaction between Veterans and other stakeholders and the Department utilizing our digital platforms.

Objective Progress Update Summary

Achievements: For FY 2015, VA pushed 56 communiques about town-hall events, VACAA, Veterans employment resources, Fry Scholarship, Supportive Services for Veteran Families Program Grant, and others – to external stakeholders serving Veterans, their families, Survivors, caregivers, and other beneficiaries. Also, during FY 2015, VA published 110 press releases regarding information on VA benefits and services.

Also, VA updated the VAntage Point[23] blog in March 2015, which serves as the bridge between VA's social content and VA.gov. Overall traffic has nearly doubled compared to the previous version of VAntage Point. Visitors are remaining on the site for longer and clicking on to other

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[23] http://www.blogs.va.gov/VAntage/

content more often. Tablet and mobile device use has increased nearly 100 percent more than use on personal computers (due to mobile responsiveness). From December 2014 to October 2015, VAntage Point had 2.7M page views, 1.6M sessions, and 1.2M users.

The Explore VA[24] campaign remains on-going. The VA homepage site continues to improve information on VA services and benefits and how to apply. Explore VA includes dozens of testimonial videos by Veterans discussing how VA benefits and services improve their lives. Explore VA also is host to monthly digital media events such as Google Hangouts, twitter chat, subscriber emails, and Crowd Hall forums to specifically discuss a VA service or benefit in focus. The objective of these tools is to drive Veterans and family members to VA.gov to increase awareness and access.

From April 2014 to October 2015, VA's Facebook page added 605,709 likes for a total of 944,000 (up 122 percent), reached 289.5M (up 240 percent) people and engaged 21.1M (up 354 percent). VA's Twitter gained 105,000 followers for a total of 254,000, (up 70 percent) and 224,310 mentions. In addition, VA uploaded 912 videos to YouTube and gained 10,111 subscribers (up 51 percent). VA's Instagram had 606 photos and 13,733 followers.

Challenges: Integrating messaging opportunities across not only the main VA digital channels, but administration, program office, and facility accounts continues to be a work-in-progress. Developing quality content and executing sustained messaging from the field level up will be a focus of traditional and digital media efforts going forward.

Final Assessment: VA, in consultation with the Office of Management and Budget, determined that performance toward this objective is making noteworthy progress.

Strategic Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated Support

VA will strengthen its business operations in targeted areas to ensure it is able to optimally and effectively serve Veterans and eligible beneficiaries. We are in a prolonged period of rapid technological and cultural change, as well as economic and emerging National Security threats. We must become nimble and responsive to change, giving ourselves maneuverability, space, and options in our response to shifting conditions. Our policies, processes, and approaches

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[24] http://explore.va.gov/

must allow us to expand and contract rapidly with minimal disruption to our business, benefits, services, and resources.

We must focus on developing cost-effective and integrated solutions to increase productivity and look for opportunities to divest, eliminate redundancies, and improve efficiency. VA must integrate business support processes, Veteran-facing services, and technology Department-wide.

The following objectives support Strategic Goal 3:

- Strategic Objective 3.1: Make VA a Place People Want to Serve

- Strategic Objective 3.2: Evolve VA Information Technology Capabilities to Meet Emerging Customer Service / Empowerment Expectations of Both VA Customers and Employees

- Strategic Objective 3.3: Build a Flexible and Scalable Infrastructure through Improved Organizational Design and Enhanced Capital Planning

- Strategic Objective 3.4: Enhance Productivity and Improve the Efficiency of the Provision of Veteran Benefits and Services

- Strategic Objective 3.5: Ensure Preparedness to Provide Services and Protect People and Assets Continuously and in Time of Crisis

The alignment of measures for this Strategic Goal is less detailed than for the first two Strategic Goals. As a result, the measures for this section are not presented under specific strategic objectives, but grouped together under the general heading of Strategic Goal 3.

OPM Federal Employees Viewpoint Survey (FEVS) Employee Engagement Index Score (Percentage of responses marked 'positive') (HRA #608)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	62%	63%	61%	62%	63%	64%
Actual	62%	63%	61%	61%		

Analysis of Results

The results of the Federal Employees Viewpoint Survey (FEVS), which was conducted May 4 - June 12, 2015, represent a snapshot in time of employee perceptions of their work environment, including employee engagement. VA is particularly interested in one elements of

the FEVS: the Employee Engagement Index. The Employee Engagement Index is made up of employee responses to questions from three sub-categories: leaders lead, supervisors, and intrinsic work experiences. After several years of decline, VA's Employee Engagement Index score stabilized. In FY 2015, 61.1 percent of VA respondents indicated that they agreed or strongly agreed with the employee engagement questions.

Percent of VA employees who are Veterans (HRA #278)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	35%	35%	35%	33.50%	34.30%	35%
Actual	32.04%	32.20%	32.66%	32.74%		

This measure assesses the degree to which VA's workforce reflects customers we serve, which is considered to enhance VA's ability to execute its mission. The Department has a goal of increasing the percentage of VA employees who are Veterans to 35 percent in FY 2017. As of September 30, 2015, VA has 118,565 Veterans on board, which accounts for 32.74 percent of the total workforce. This is an increase of 5,133 Veterans into the VA workforce compared with to FY 2014.

Employee Experience

Strong leaders are important to creating a positive organizational climate. Employees who are regularly engaged with their leaders are more innovative than others, more likely to want to remain with their employer, absent less often, enjoy greater levels of personal well-being, and perceive their workload to be more sustainable than others. Our customer, the Veteran, will likely enjoy a higher level of satisfaction with VA services as a result of an improved employee experience.

VA is committed to creating a work environment that provides all employees with a more consistent, positive employee experience, which ultimately improves the Veteran's experience with our organization. Studies indicate that employees who are satisfied with leadership behaviors provide a higher level of positive responses on employee surveys.

To evaluate progress, VA will use six questions from the FEVS to pulse VA employees on a quarterly basis about their experience with VA leaders. The six questions were selected after a thorough review and assessment of what leadership behaviors can drive the biggest improvements in employee engagement and job satisfaction.

My supervisor provides me with constructive suggestions to improve my job performance (new measure) (APG measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	N/Av	59.29%	60.48%
Actual	N/Av	N/Av	N/Av	Baseline		

In my work unit, steps are taken to deal with a poor performer who cannot or will not improve (new measure) (APG measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	N/Av	28.02%	28.58%
Actual	N/Av	N/Av	N/Av	Baseline		

Employees have a feeling of personal empowerment with respect to work processes (new measure) (APG measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	N/Av	40.31%	41.11%
Actual	N/Av	N/Av	N/Av	Baseline		

I feel encouraged to come up with new and better ways of doing things (new measure) (APG measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	N/Av	54.48%	55.57%
Actual	N/Av	N/Av	N/Av	Baseline		

How satisfied are you with the information you receive from management on what's going on in your organization? (new measure) (APG measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	N/Av	43.92%	44.80%
Actual	N/Av	N/Av	N/Av	Baseline		

My organization's leaders maintain high standards of honesty and integrity (new measure) (APG measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	N/Av	N/Av	44.38%	45.26%
Actual	N/Av	N/Av	N/Av	Baseline		

Plans for the Future

As VA undertakes the largest transformation in its history, bringing a laser-like focus on customer service to the organization, the agency is investing more than ever in its employees. One of the top priorities of the MyVA transformation, launched late last year, is improving the employee experience. As the Secretary said, "We have no hope of improving the Veteran experience if we don't improve the employee experience." The employee feedback found in the FEVS results is not only welcome, it is key to VA's ongoing efforts to improve the employee experience and transform the Department.

VA is developing programs and activities to facilitate leader understanding of organizational culture tenets and people skills so the leaders can better engage employees. These programs and activities will enable leaders to identify and influence critical elements of culture and climate that directly contribute to excellent Veteran service and support to the MyVA vision.

Objective Progress Update Summary

Strategic Objective 3.1 Make VA a Place People Want to Serve

Achievements: VA established the MyVA Employee Experience priority with the goal of improving the employee experience through a collaborative, inclusive experience that inspires and empowers all VA employees to deliver world-class customer service while demonstrating a sense of pride and achieving their full potential. As part of this initiative, VA added a

performance plan element to Senior Executive Service (SES) and managers for engagement action plans; implemented "Leaders Developing Leaders;" increased Senior Executive Coaching Program and Workshops; expanded Senior Executive Strategic Leadership Courses; and established SES Candidate Development Program. VA also distributed an "Engagement Playbook" for VA leaders and an "Engagement Handbook" for frontline leaders with recommended practices and behaviors to engage employees. In addition, VA administered **I**ntegrity **C**ommitment **A**dvocacy **R**espect **E**xcellence (I CARE) reaffirmation training to all VA employees with a completion rate of 97.5 percent and established the I CARE Secretary's Honor Award to recognize model employees. VA completed a culture case study, which included site visits within Veterans Integrated Service Network 1, to identify best practices for delivering outstanding Veteran and employee experiences. VA also administered the FEVS and the FY 2015 official response rate was 36 percent which represents an increase of over 3 percent from FY 2014.

Also, VA increased Veteran Employment Specialists to support district workforce requirements in order to assist in recruitment and retention of Veteran job seekers and current Veteran employees. The percentage of Veterans at VA increased to 32.74 percent in FY 2015 from 32.66 percent in FY 2014. And Veterans were consistently hired in less than 26 calendar days on average through noncompetitive appointments – this represents on average 3-days less hiring time than in FY 2014.

To improve employee leadership training and engagement, VA launched the Virtual Aspiring Leaders[25] pilot program in November 2014 for employees levels GS 9 through GS 13, with a total of 151 participants. This online leadership development program helps develop the leadership skills of high-performing VA employees. It is meant to augment the Leadership VA program, which is expected to graduate 76 fellows. Also, VA inaugurated the Profiles in Leadership open enrollment program that offers self-paced, web-based curriculum based around five leadership profiles[26]. VA also implemented a pilot program that improves the internal hiring process for VA employee candidate and a newly mandated customer service training for HR personnel.

Additionally, since November 2014, 752,895 users have visited the MyCareer@VA[27]website and completed 314,496 career development activities. VA continued HR SMART implementation (upgraded HR IT System). HR·SMART successfully completed the intensive Phase 1 rollout at NCA. In accordance with VACAA, wait time metrics or goals have been removed from

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[25] http://mycareeratva.va.gov/library/leadership-va/leadership-development-programs/valp
[26] http://www.valu.va.gov/slickSheet/view/103
[27] http://mycareeratva.va.gov/

employees' performance evaluations and VA Handbook 5021 has been revised to include a penalty for the falsification of data. VA also implemented a bi-monthly Executive Seminar Series for SES-level employees.

Challenges: There are a limited number of Veterans who are licensed medical professionals (Title 38), eligible to fill vacant VA positions. Compounding that fact is VACAA increased the number of medical positions in VA, making it even more challenging to find qualified/licensed Veterans to fill those positions.[28]

Another challenge is that a constrained resource environment threatens program continuation because budget reductions may reduce/limit delivery of services to employees. Other challenges include proposed or passed Congressional legislation that threaten or limit employee due process and congressional or organizational efforts to withhold performance awards.

Final Assessment: VA, in consultation with the Office of Management and Budget, determined that performance toward this objective is making noteworthy progress.

3.2 Evolve VA Information Technology Capabilities to Meet Emerging Customer Service/ Empowerment Expectations of Both VA Customers and Employees

Achievements: In FY 2015, VA launched various information technology initiatives that centered on improving Veteran outcomes. For example, Veterans can now access seven new mobile apps[29]: Move Coach Mobile, Exposure Ed, Mobile Blue Button, Summary of Care, Launchpad, Airborne Hazards, and Open Burn Pit Registry. Veterans using MyHealtheVet can now: receive appointment email reminders; view the last 45 days of shipped VA prescriptions to include actual pill images; and receive email notifications when their VA prescriptions are shipped. Veterans can now navigate between MyHealtheVet and eBenefits without additional sign on requirements. In eBenefits, Veterans can now edit Basic Personal Data and view dependent data, information on Open Burn Pit Registry, and ancillary benefits available.

VA also led several efforts to improve administration and corporate outcomes. VA initiated a heightened security awareness effort that includes: a layered defense strategy to detect and prevent attempts to compromise sensitive information; 100 percent continuous monitoring of all operational systems; Personal Identity Verification (PIV) enforcement for remote access

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[28] http://www.va.gov/opa/choiceact/factsheets_and_details.asp
[29] https://mobile.va.gov/appstore/all

users via RESCUE (VA's remote access portal) at 100 percent; and PIV compliance for all Windows-based users at 80 percent by means of technical controls; and/or managerial direction for VA internal access, with the remaining 20 percent being direct patient-facing caregivers.

In addition, VBMS[30] delivered releases that provided VA workforce and Veterans Service Organizations enhanced search, work queue information, and work flow for processing claims. VA providers and MyHealtheVet coordinators can now utilize their PIV card to access the MyHealtheVet Provider Secure Messaging portal. VA customers accessing the National Service Desk experience faster resolution of system outages in production and testing environments. Up to 10,500 clinicians are able to use iPads after the creation of the Mobile Application Environment/Mobile Device Management and 176 medical centers have wireless capability for clinician use. Workload has been reduced by 32 percent for IT project managers to produce data for the streamlined Project Management Accountability System Milestone Review templates. Also, VA and customers can now track nearly 700 active VA IT systems and associated technical, business and stakeholder attributes in the VA Systems Inventory serving as a framework to organize system related information, establish relationships to other critical VA information repositories, and create a common site picture of the systems environment. VA also initiated the development of an enterprise system divestiture capability and an application investment rationalization process to reduce sustainment costs related to these systems in order to enable redirection of funds to provide high value benefits and services to Veterans. An enterprise shared services strategy was developed for four key areas including identification, ownership, change management and funding.

Challenges: VA's Office of Information and Technology delivered a significant number of technology solutions and enhancements to improve health care and benefits delivery in FY 2015. VA's commitment to protecting Veteran information and VA data requires a comprehensive, enterprise cyber security strategy in which Veterans, VA, and VA's partners cooperate resulting in continuous improvement, eliminating the information technology material weakness, and institutionalizing capabilities to drive outcomes.

Additionally, VA will continue to focus on strengthening controls that ensure accessibility of the Agency's external and internal facing websites, applications, and eforms.

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[30] http://vbaw.vba.va.gov/VBMS/

Final Assessment: VA, in consultation with the Office of Management and Budget, highlighted this objective as a focus area for improvement.

3.3 Build a Flexible and Scalable Infrastructure through Improved Organizational Design and Enhanced Capital Planning

Achievements: VA stood up the MyVA Regionalization priority that created an integrated plan for regionalization that will align VA's disparate organizational boundaries into a single regional framework to enhance internal coordination.[31] VA also established the My VA Support Services Excellence priority to optimize the organization, functions and activities of VA's core support functions to best serve our internal customers to the ultimate benefit of Veterans. From the perspective of the client (VA's internal organizations), the priority is determining the "as-is," and propose a future state for nine support services in three waves: the Pilot (Security and Preparedness) and Group 1 (Human Resources, Information Management/Information & Technology, Finance, and Procurement) are in progress and Group 2 (Real Property, Public Affairs, Legislative Affairs, General Counsel) will be examined later this year. In addition, the MyVA Performance Improvement priority was established to partner across VA to identify and execute select process improvements, while establishing an enterprise-wide strategy and infrastructure that supports a culture of continuous performance and outcome improvement.[32]

In April 2015, the MyVA Performance Improvement priority developed VA101 Training to build employees' knowledge and awareness of critical VA and Veteran-specific topics. In FY 2015, the training was conducted at 85 sites to more than 6,000+ employees. The priority is also working to expand Guest Wi-Fi in all VHA facilities and clinics so Veterans and their families have Internet access. The priority is also looking to implement a direct scheduling process for ear and eye care so Veterans can bypass primary care and schedule appointments directly with Audiology and Optometry. The team is also standardizing signage and way-finding materials such as maps so Veterans can more easily navigate our facilities and creating an integrated town hall guide book for VA facilities to use to strengthen outreach and to plan and execute integrated town halls with Veterans.

VA completed the FY 2016 Strategic Capital Investment Planning (SCIP) process and delivered budget on time containing both the current year funding request and Long-Range (10-year) capital requirements to address VA's infrastructure deficiencies. Also the Department realigned the SCIP business case application to the current FY 2014-2020 Strategic Plan. In

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[31] http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2672
[32] http://www.va.gov/opa/myva/docs/myva_integrated_plan.pdf

addition, VA is expected to meet or exceed its performance target to seek public private partnerships to repurpose underutilized assets and build new facilities to provide supportive housing to Veterans. The target for FY 2015 is to close approximately 10 Enhanced Use Lease Projects and create 300 new units of housing online with 100 percent Veteran preference. VA also expects to award a total of $24 million in energy performance-based contract value by end of FY 2015.

Challenges: Accomplishment of Strategic Objective 3.3 is dependent on funding availability to implement capital plans developed through SCIP. Funding for capital initiatives contained in SCIP remains subdued with FY 2016 funding significantly well below the rates required to address the Long-Range (10-year) plan requirements to achieve full gap closure.

Final Assessment: VA, in consultation with the Office of Management and Budget, determined that performance toward this objective is making noteworthy progress.

3.4 Enhance Productivity and Improve the Efficiency of the Provision of Veterans Benefits and Services

Achievements: In FY 2015, VA implemented two new Federal Strategic Sourcing Initiative (FSSI) solutions and two follow-on FSSI solutions: DDS3 (small package delivery), OS3 (office supplies), JanSan (janitorial & sanitation products), and MRO (maintenance, repair, and operations support). Collectively, VA spent $120 million against various FSSI solutions, generating $26 million in cost avoidance. The FSSI is a government-wide program that helps agencies partner together and leverage its buying power as a single enterprise.[33] Also, in February 2015, VA's pharmaceutical, medical equipment, and IT software spend categories received "Tier 1" ratings using the Office of Management and Budget's new Spend Under Management Maturity Model. Tier 1 is considered "excellence" by the Office of Management and Budget. Collectively, these three categories of managed spend account for approximately $8.5 billion (46 percent) of VA's Federal Procurement Data System reported spending.

VHA and VA's Office of Acquisitions, Logistics, and Construction's Strategic Acquisition Center are partnering to implement medical-surgical strategic sourcing solutions which will better leverage VHA's buying power in FY 2016 and beyond. VA is innovating to provide health care supplies while balancing strategic sourcing goals and small business program requirements.

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[33] https://strategicsourcing.gov/

Furthermore, the VA Requirements Board (VARB) reviewed the Department's gaps across the enterprise on April 14 - 15, and 17, 2015. The results of the VARB were briefed to the Deputy Secretary on April 30, 2015. The Deputy Secretary tasked each Administration and Staff Office to identify key mission requirements, Veteran-centric standards, and the resources needed to manage their delivery by 2017. Also, there was successful resolution of the space needs addressed in VACAA.

Challenges: A challenge in strategic sourcing is that the VHA commodity management infrastructure is evolving too slowly to see rapid, significant strategic sourcing benefits in terms of reduced cost, process efficiencies, and improved customer satisfaction. Additionally, VA is utilizing an independent third-party organization's report to assess and strengthen VA's entire construction program.[34]

Also, some challenges in programming are a lack of a Programming Future Years Veterans Plan database, poor cross-functional integration, and a lack of identified trade-offs to close capability gaps. There is also an unclear return on investment or Value for Investment. Additionally, Medical Care associated growth continues to dwarf other issues within VA.

Final Assessment: VA, in consultation with the Office of Management and Budget, highlighted this objective as a focus area for improvement.

3.5 Ensure Preparedness to Provide Services and Protect People and Assets Continuously and in Time of Crisis

Achievements: As noted in Objective 3.3, in FY 2015 VA established the MyVA SSE Priority to increase operational efficiency in the Department. The Security and Preparedness support service is currently in the pilot phase and the team has identified 9 "Quick Wins" to improve security and preparedness services in the Department with a goal to implement by December 2016. On July 31, 2015, the team provided a third update to the Deputy Secretary and Executive Steering Committee on progress.

VA led additional initiatives to ensure preparedness for the Department. VA developed Insider Threat VA Directive 0327[35] and identified funding requirements and awarded funding for

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[34] http://www.va.gov/opa/speeches/2015/09_01_2015.asp

[35] http://www.va.gov/vapubs/search_action.cfm?dType=1

FY 2016. VA met all Insider Threat Minimum requirements, which placed the Department in the Initial Operation Capability. Also, 120,000 security clearance and suitability background investigation cases were digitized from closed file providing 24/7, VA-web enabled access to complete case files previously accessible only by hard copy. Furthermore, 77 percent of the Department's primary suitability adjudicators are trained and 33 percent are scheduled or pending scheduling in Office of Personnel Management's (OPM) Essentials of Suitability Adjudication Program course to comply with OPM and the Office of the Director of National Intelligence National Training Standards for Personnel Security and Suitability. The Phase II Suitability Adjudications Course is in development. Also, Identity Credential Access Management will release requirements documents every 6 months in order to achieve initial operation capability by November 2016.

The Homeland Security Presidential Directive-12 program office issued PIV cards for approximately 98 percent of the VA's workforce to include contractors, affiliates, and government employees. Also, the Department implemented Significant Physical Access System upgrades at over 100 VA facilities including duress alarms; planning next generation Physical Security Information System at four pilot sites.

Challenges: There are several challenges in achieving Objective 3.5. VA is unable to fully implement training, oversight, and compliance as required due to lack of resources (personnel and budget) for the Security and Suitability program. Also, the PIV Card Management System is outdated and unreliable; 180 vendor and VA software applications require remediation and prevent full implementation and use of the PIV card. Also, VHA reports an adverse impact to health care by implementing use of PIV card for logical access. Another challenge is fully understanding the "as-is" state and standardizing tasks/processes across the enterprise for the MyVA SSE priority.

The authorities in the Executive Order 13587, which calls for the protection of classified systems and classified information, presents challenges in resourcing a viable Insider Threat Program to protect Unclassified information that has national security implications. Compromise of this information could potentially damage national security and should be protected by establishing requirements and resourcing Insider Threat protection initiatives.

Final Assessment: VA, in consultation with the Office of Management and Budget, determined that performance toward this objective is making noteworthy progress.

Office of the Inspector General (OIG)

Number of reports (audit, inspections, evaluation, contract review Combined Assessment Program and Community Based Outpatient Clinic reports) issued that identify opportunities for improvement and provide recommendations for corrective action (OIG #585)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target				300	320	330
Actual	299	349	310	390		

Analysis of Results

OIG surpassed the FY 2015 target for the number of reports (audit, inspections, evaluation, contract review Combined Assessment Program, and Community-Based Outpatient Clinic reports) issued that identify opportunities for improvement and provide recommendations for corrective action in FY 2015. The primary factor that led to this accomplishment was a modest increase in budget resources between FY 2014 and FY 2015, which allowed for the hire and training of additional auditors, criminal investigators, health care inspectors, and other professionals.

Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (OIG #586)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target				2,200	2,300	2,400
Actual	2,683	2,491	2,537	2,536		

Analysis of Results

OIG surpassed the FY 2015 target for the number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions achieved. The primary factor that led to this accomplishment was a modest increase in budget resources between FY 2014 and FY 2015, which allowed for the hire and training of additional auditors, criminal investigators, health care inspectors, and other professionals.

Monetary benefits ($ in millions) from audits, investigations, contract reviews, inspections, and other evaluations (OIG #587)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target				$2,000	$2,100	$2,200
Actual	$3,477	$3,589	$2,300	$2,167		

Analysis of Results

OIG surpassed the FY 2015 target for monetary benefits ($ in millions) from audits, investigations, contract reviews, inspections, and other evaluations realized. The primary factor that led to this accomplishment was a modest increase in budget resources between FY 2014 and FY 2015, which allowed for the hire and training of additional auditors, criminal investigators, health care inspectors, and other professionals.

Return on investment (monetary benefits divided by cost of operations in dollars) (OIG #588)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target				18 to 1	18 to 1	18 to 1
Actual	36 to 1	36 to 1	22 to 1	20 to 1		

Analysis of Results

OIG surpassed the FY 2015 target for Return on investment (monetary benefits divided by cost of operations in dollars). The primary factor that led to this accomplishment was a modest increase in budget resources between FY 2014 and FY 2015, which allowed for the hire and training of additional auditors, criminal investigators, health care inspectors, and other professionals.

Plans for the Future

OIG's strategy to meet targets associated with these measures is to hire, train, and deploy sufficient numbers of auditors, criminal investigators, health care inspectors, and other professionals on par with the growth in demand for oversight of VA programs and services at facilities nationwide and to the extent allowable within appropriated resources.

Percent of prosecutions successfully completed (OIG #589)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target				94%	94%	deleted
Actual	94%	94%	94%	91%		

Analysis of Results

OIG achieved the FY 2015 target for Percent of full cases that result in criminal, civil, or administrative actions (tolerance of 5 percent). The primary factor that led to this accomplishment was a modest increase in budget resources between FY 2014 and FY 2015, which allowed for the hire and training of additional auditors, criminal investigators, health care inspectors, and other professionals available to support investigative activities.

Plans for the Future

This measure is being replaced in FY 2017.

Percentage of recommendations implemented within 1 year to improve efficiencies in operations through legislative, regulatory, policy, practices, and procedural changes in VA (OIG #590)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target				85%	85%	85%
Actual	87%	81%	85%	89%		

Analysis of Results

OIG surpassed the FY 2015 target for Percentage of recommendations implemented within 1 year to improve efficiencies in operations through legislative, regulatory, policy, practices, and procedural changes in VA. Although this target was achieved, OIG does not control how quickly VA responds to OIG recommendations.

Plans for the Future

OIG's strategy to meet targets associated with this measure is to continue to track and coordinate VA's progress towards report recommendations implemented on a quarterly basis and mitigate issues when noted through communication and collaboration with VA senior officials to the extent allowable within appropriated resources.

Percentage of recommended recoveries achieved from post-award contract reviews (OIG #591)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target				96%	96%	98%
Actual	100%	100%	100%	100%		

Analysis of Results

OIG surpassed the FY 2015 target for Percentage of Recommended recoveries achieved from post-award contract reviews. The primary factor that led to this accomplishment was the quality of review conducted by trained contract review teams.

Plans for the Future

OIG's strategy to meet targets associated with this measure is to hire, train, and deploy sufficient numbers of auditors and other professionals on par with the growth in demand for oversight of VA programs and services at facilities nationwide and to the extent allowable within appropriated resources.

OIG customer satisfaction survey scores (based on a scale of 1 – 5, where 5 is high): investigations (OIG #592)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target				4.5	4.5	delete
Actual	4.9	4.95	4.9	5.0		

Analysis of Results

OIG surpassed the FY 2015 target for this measure.

OIG customer satisfaction survey scores (based on a scale of 1 – 5, where 5 is high): audits and evaluations (OIG #593)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target				4.0	4.0	delete
Actual	4.0	3.9	4.2	3.9		

Analysis of Results
OIG surpassed the FY 2015 target for this measure.

OIG customer satisfaction survey scores (based on a scale of 1 – 5, where 5 is high): healthcare inspections (OIG #594)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target				4.3	4.3	delete
Actual	4.4	4.5	4.3	4.4		

Analysis of Results
OIG surpassed the FY 2015 target for this measure.

OIG customer satisfaction survey scores (based on a scale of 1 – 5, where 5 is high): contract review (OIG #595)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target				4.2	4.2	delete
Actual	4.7	4.7	4.8	4.71		

Analysis of Results
OIG surpassed the FY 2015 target for this measure.

Plans for the Future
OIG is proposing to drop these four measures in FY 2017.

Percent of full cases that result in criminal, civil, or administrative actions. (new measure)

	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	N/A	N/A	N/A	72%
Actual	N/A	N/A	N/A	N/A	N/A	

Plans for the Future
To meet the target in FY 2017, the OIG Investigative Division will carefully assess each allegation to determine the level of risk it presents to VA programs and personnel. Where facts and

circumstances reasonably indicate the possibility of criminal activity or administrative misconduct, the OIG will initiate a full investigation and submit its findings to either the Department of Justice, state, or local law enforcement, or VA Office of Administrative Responsibility, as appropriate. The decision to prosecute or invoke administrative action rests with the receiving authority. Where an allegation does not reasonably indicate the possibility criminal or administrative malfeasance, the Investigative Division may open a preliminary inquiry or developmental case to determine whether additional investigative resources are warranted.

Evaluation and Research

VA regularly evaluates the effectiveness of the programs and services it provides to Veterans. In FY 2015, VA conducted a variety of research studies focused on Veteran satisfaction. VR&E 20-year longitudinal study found the following trends in FY 2015:

- Majority of participants for all cohorts (approximately 90 percent) reported moderate to high satisfaction with the VR&E Program.
- 85 percent of Veterans who achieved rehabilitation from an Employment Plan from Cohorts FY 2010 and FY 2012 are currently still employed.
- Participants who achieved rehabilitation, as compared to those who have discontinued, report more positive economic outcomes than those who did not complete the program. These outcomes include higher employment rates, annual earnings, individual income, household income, and home ownership rates.

VA OIG FY 2015 Major Management Challenges

The Inspector General's statements regarding major management challenges and VA's response can be found in Section III, p. 59 of the Agency Financial Report: http://www.va.gov/finance/afr/index.asp.

Cross-Agency Collaborations

Veterans Benefits Administration
VBA continues to leverage public and private partnerships to improve the Veteran experience. VBA collaborates with other Federal and state agencies, Veteran Service Organizations, and educational institutions to improve benefits delivered as demonstrated by the following examples:

- The VA/DoD Self-Service Logon enabled Veterans to file claims online through eBenefits, which now has over 5 million registered users. Through eBenefits, there were 212 million contacts with Veterans in FY 2015, with 96 percent of them being online. This is a 211 percent increase from FY 2014 and a significant increase from 9 million contacts in FY 2009.
- VA continues to work closely with Veterans Service Organizations and state and county service officers to encourage the submission of Fully Developed Claims. In FY 2015, 46 percent of receipts from Veterans Service Organizations were fully developed claims. This represents a significant increased from 3 percent in FY 2012.
- In an effort to expand available on-campus services, VetSuccess on Campus counselors are coordinating with host institutions to establish and enhance peer-to-peer Veteran mentoring programs to address military-to-college transition issues.
- VA partnered with the U.S. Department of Agriculture to develop a process by which Loan Guaranty will begin managing U.S. Department of Agriculture foreclosed properties. VBA is currently responsible for all accounting supporting 7,745 foreclosed properties valued at $85 million.

National Cemetery Administration

VA's Veterans Cemetery Grants Program (VCGP) assists states, territories and Federally-recognized tribal governments in providing gravesites for Veterans in those areas where VA's national cemeteries cannot fully satisfy their burial needs. The VCGP provides grants for the purpose of establishing, expanding, or improving Veterans cemeteries that are owned and operated by a state, Federally recognized tribal government, or U.S. territory. Cemeteries established or assisted by a VA grant must be also maintained and operated according to the operational standards and measures of NCA.

NCA established a joint working group with the Army National Military Cemeteries (ANMC). The ANMC/VA-NCA Joint Working Group, which provides a forum for senior level interaction between the two agencies, seeks to collectively identify potential improvements, share lessons learned, avoid potential duplication, and develop solutions to common problems to ensure high-quality service and benefit delivery to our Nation's Veterans.

NCA is working closely with the American Battle Monuments Commission and the Library of Congress, Veterans History Project, to share Veterans' and Servicemember stories, which are preserved by these Federal agencies as part of NCA's Legacy Initiative. This initiative is designed to memorialize Veterans' service and sacrifice through educational products and programming using the rich resources found throughout VA national cemeteries, soldier's lots, and monument sites.

<u>Veterans Health Administration</u>

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

Suicide Risk Awareness and Prevention Strategies: Extensive collaboration and cooperation between DoD and VA continued in FY 2015 through the VA/DoD Health Executive Committee Psychological Health Work Group related to Suicide Risk Awareness and Prevention Strategies. Overall, since its launch in FY 2007 through June 2015, the Veterans/Military Crisis Line (veteranscrisisline.net) has received more than 1.86 million calls, more than 240,000 chats, more than 39,000 text messages, and has initiated more than 50,000 emergency interventions for suicidal callers.

Improved Access: Base access procedures and, in some cases, military installation controlled access points prevent Veterans from accessing DoD provided health care in a timely manner. The VA/DoD Medical Sharing Office (MSO) in collaboration with DoD-VA Program Coordination Office, and the Defense Health Agency, worked to bring this issue to the attention of senior leadership of both agencies. The MSO involved the VA's Office of Operations, Security, and Preparedness to work with DoD Physical Security Program and Policy Branch on new policy language for DoD to recognize the Veterans Health Identification Card as an acceptable form of identification, when accompanied by other state forms of identification. This approach will also support the caregivers/escorts that accompany the Veteran and will ease access congestion and delays. It is anticipated that the revised DoD-instruction policy language will be in staffing coordination in mid-late FY 2016.

Vista Evolution: VA and DoD share millions of health records between their systems. Having a Veteran's complete health history, from both DoD and VA, as well as community providers, is critical to providing seamless, high-quality access to care and benefits. In the third quarter of FY 2015, the Departments maintained data for 7.4 million unique correlated patients and unique DoD patients registered in the Master Veterans Index. Over the past year, VA has also seen rapid growth in utilization of the Joint Legacy Viewer (JLV). JLV is a read-only, web-based health record viewer that allows both VA and DoD to see a Veteran or Servicemember's complete health history from both Departments, integrated on a single screen. As of November 9, 2015, VA had over 21,000 JLV users, up from just a few hundred this time last year, when JLV became available at all VA medical centers.

National Research Action Plan for Mental Health: Since August 2012, Federal agencies have worked together to address the mental health needs of Veterans through the National

Research Action Plan (NRAP). The plan was developed by VA, DoD, the Department of Health and Human Services, and the Department of Education in response to Executive Order 13625. It outlines a vision for research on posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), and suicide prevention, and describes a goal-driven vision to improve treatment for PTSD and TBI. In the most recent NRAP progress report, all actions to improve mental health care were either on-track or completed.

The National Alzheimer's Project Act (NAPA): NAPA creates an important opportunity to leverage federal efforts to help change the trajectory of Alzheimer's disease and dementia care for Veterans and other Americans. VA is working with the Department of Health and Human Services, the National Science Foundation, and DoD to accelerate the development of treatments, improve early diagnosis and coordination of care, reduce ethnic and racial disparities, and coordinate with international efforts to fight these conditions. VA research applications focusing on the NAPA initiative have doubled within the past year.

Government Accountability Office (GAO) High Risk Areas

Excerpts from the Government Accountability Office's High-Risk Series and VA's response to the risks identified can be found in Section III, p. 116 of the Agency Financial Report: http://www.va.gov/finance/afr/index.asp.

Changes in Performance Measures

Org.	Measure name and number	Change type	Original measure in FY 2014 PAR	Proposed measure change	Reason for change
NCA	Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (NCA #580)	Revised results	Same	None	FY 2014 Results were not reported in the PAR. Results were available as of March 2015.
NCA	Percent of respondents who rate national cemetery appearance as excellent (NCA #581)	Revised results	Same	None	FY 2014 Results were not reported in the PAR. Results were available as of March 2015.
NCA	Percent of respondents who would recommend the national cemetery to Veteran families during their time of need (NCA #582)	Revised results	Same	None	FY 2014 Results were not reported in the PAR. Results were available as of March 2015.
NCA	Percent of respondents who agree or strongly agree that the quality of the headstone or	Revised results	Same	None	FY 2014 Results were not reported in the PAR. Results were available as

	marker received from VA was excellent (NCA #583)				of March 2015.
NCA	Percent of respondents who agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA was excellent (NCA #584)	Revised results	Same	None	FY 2014 Results were not reported in the PAR. Results were available as of March 2015.
OIG	Number of reports (audit, inspections, evaluation, contract review, Combined Assessment Program, and Community Based Outpatient Clinic reports) issued that identify opportunities for improvement and provide recommendation for corrective action (OIG #585)	Change description	Number of reports (audit, inspections, evaluation, contract review and CAP reports) issued that identify opportunities for improvement and provide recommendations for corrective action	Number of reports (audit, inspections, evaluation, contract review CAP and CBOC reports) issued that identify opportunities for improvement and provide recommendations for corrective action	Community Based Outpatient Clinic reports have always been included in measure count.

| OIG | Percent of full cases that result in criminal, civil, or administrative actions (OIG #589) | Change scope | Percent of Prosecutions successfully completed. | Percent of full cases that result in criminal, civil, or administrative actions. | Where facts and circumstances reasonably indicate the possibility of criminal activity or administrative misconduct, the OIG will initiate a full investigation and submit its findings to either the Department of Justice, State or Local law enforcement, or VA Office of Administrative Responsibility, as appropriate. The decision to prosecute or invoke administrative action rests with the receiving authority. |
| OIG | OIG Customer satisfaction survey scores (based on a scale of 1 - 5, where 5 is high): investigations (OIG #592) | Delete | Customer Satisfaction Survey Scores: Investigations | Delete measure | Surveys are not an effective means of uniformly assessing the quality and impact of oversight activities. |

OIG	OIG Customer satisfaction survey scores (based on a scale of 1 - 5, where 5 is high): audits and evaluations (OIG #593)	Delete	Customer Satisfaction Survey Scores: Audit and Evaluations	Delete measure	Surveys are not an effective means of uniformly assessing the quality and impact of oversight activities.
OIG	OIG Customer satisfaction survey scores (based on a scale of 1 - 5, where 5 is high): Health care inspections (OIG #594)	Delete	Customer Satisfaction Survey Scores: Healthcare Inspections	Delete measure	Surveys are not an effective means of uniformly assessing the quality and impact of oversight activities.
OIG	OIG Customer satisfaction survey scores (based on a scale of 1 - 5, where 5 is high): contract review (OIG #595)	Delete	Customer Satisfaction Survey Scores: Contract Review	Delete measure	Surveys are not an effective means of uniformly assessing the quality and impact of oversight activities.
VBA	National Accuracy Rate – Disability Compensation Rating Claims (VBA #303)	Revised targets and results	FY 12 Target: 86% FY14 Target: 91%	FY 12 Target: 87% FY14 Target: 94%	Correct reporting errors
VBA	Rate of High Client Satisfaction	Revised results	FY14 Actual: 93%	FY14 Actual: 94%	Correct reporting errors

	Ratings on Insurance Services Delivered (VBA #214)				
VBA	Percentage of Disability Compensation Claims Inventory over 125 Days (VBA #576)	Revised targets and results	FY13 Target: 38% FY14 Actual: 50%	FY13 Target: 40% FY14 Actual: 48%	Correct reporting errors
VBA	National Call Center Client Satisfaction Index Score (VBA #485)	Revised results	FY12 Actual: 744 FY13 Actual: 758	FY12 Actual: 731 FY13 Actual: 723	Correct reporting errors

Data Quality Review

VA uses the metrics reported in this document to administer programs for Veterans and their stakeholders. Managers and leaders rely on these measures for operating purposes, and the data also serves the essential requirements of public accountability. The quality of VA's data was called into question during the patient access crisis in FY 2014, and VA has worked to restore trust in our numbers. During FY 2015, VA initiated data quality reviews to independently validate performance measures and verify the results of those measures. Metrics "owners" and VA leaders received training in the principles of data quality, and have begun the lengthy process of fully documenting performance metrics so reported data can be verified in a systematic and on-going way. Unreliable measures are being discontinued when methodological weaknesses are discovered, and they are being replaced with valid measures. VA is also moving toward the use of metrics that reflect Veteran and stakeholder satisfaction with their experiences of VA, and these measures are the first ones being reviewed. In FY 2016, VA is committed to continuing the review of measures to ensure that Veterans, their stakeholders, and taxpayers can trust reported performance information.

Appendix – FY 2017 Annual Performance Plan

The following table provides a snapshot of the measures VA will use to track its performance for FY 2017, along with historical data on established measures.

Department of Veteran Affairs FY 2017 Performance Summary									
Performance Indicators, Historical Milestones & Agency Priority Goals	Performance Results & History					Fiscal Year Targets			Strategic Target
	2011	2012	2013	2014	2015	2016 (Final)	2017	2018	2021 (Target)
Veterans Health Administration (VHA)									
Medical Care - Existing Measures									
Percentage of Veterans reporting employment at a discharge from VA homeless residential programs (#604)	N/Av	N/Av	N/Av	42%	45%	45%	45%	TBD	TBD
Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (#606)	N/Av	90%	88%	90%	84%	85%	85%	85%	85%
Percent of patients who responded "yes" on Patient Centered Medical Home survey questions that contribute to the Self-Management Support Composite (providers support you in taking care of your own health) (#386)	N/Av	N/Av	N/Av	57%	58%	58%	58%	59%	64%

The average patients rating VA health care on a scale from 0 to 10 (Inpatient) (#537)	N/Av	N/Av	N/Av	N/Av	8.6	8.75	8.8	8.8	9.03
Percent of patients who responded "Always" regarding their ability to get an appointment for needed care right away (Patient Centered Medical Home Survey)(#539)	N/Av	N/Av	N/Av	44%	44%	47%	48%	49%	59%
Percent of patients who respond "Always" regarding their ability to get an appointment for a routine checkup as soon as needed (Patient Centered Medical Home Survey)(#543)	N/Av	N/Av	N/Av	53%	52%	56%	57%	58%	67%
The average patients rating VA primary care provider on a scale from 0 to 10 on the Patient Centered Medical Home Survey (#544)	N/Av	N/Av	N/Av	N/Av	8.46	8.65	8.7	8.75	8.95
Mental Health Balanced Scorecard (#598)	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	90% of facilities at/or above target	95% of facilities at/or above target	98% of facilities at/or above target

Medical Care - New Measures									
The average patients rating of VA specialty care provider on a scale from 0 to 10 on the Specialty Care Survey	N/Av	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD	TBD
Percent of Specialty Care patients who respond "Always" regarding their ability to get an appointment for needed care right away	N/Av	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD	TBD
Percent of Primary Care patients who respond "Always" regarding their ability to get an appointment for needed care right away	N/Av	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD	TBD
Percent of Primary Care patients who respond "Always" regarding their ability to get an appointment for a routine checkup as soon as needed	N/Av	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD	TBD
Percent of Specialty Care patients who respond "Always" regarding their ability to get an appointment for a routine checkup as soon as needed	N/Av	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD	TBD

Patient Safety Indicator (PSI) 90						(baseline)	TBD	TBD	TBD
Veterans Benefit Administration (VBA)									
Compensation - Existing Measures									
National Accuracy Rate - Disability Compensation Rating Claims (#303)	84%	86%	90%	90%	90%	91.5%*	92%		93%
Percentage of VA Disability Rating Claims Pending More Than 125 Days Old (#308)	60%	66%	58%	47%	20%	20%**	15%		10%
National Accuracy Rate - Disability Compensation Rating Claims - Issue Based (#304)	N/Av	(baseline)	96%	96%	96%	96%*	96%		97%
Number of registered eBenefits users (Millions) (#443)	1	1.93	3.06	4.14	5.16	5.7	6.3		7.5
Percent of disability compensation claims received virtually/electronically (#444)	N/Av	N/Av	2%	7%	13%	28%	36%		60%
Number of accredited Veterans advocates who are registered users on the Stakeholder Enterprise Portal (SEP) (#446)	N/Av	N/Av	1000	1861	3299	4200	4900		7000

National Call Center Client Satisfaction Index Score (out of 1000) (#485)	N/Av	731	723	748	756	756	758		792
Overall Customer Satisfaction Index Score (out of 1000) (Compensation) (#491)	N/Av	N/Av	N/Av	N/Av	646	650	654		671
Percentage of Disability Compensation Claims Inventory Pending Over 125 Days (#576)	62%	67%	59%	48%	20%	20%**	15%		10%
Appeals Processing - Notices of Disagreement (NODs) Average Days Pending (#545)	N/Av	N/Av	N/Av	N/Av	394	437	459		535
Appeals Processing - Substantive Appeals to the Board (Form 9) Pending Inventory (Thousands) (#607)	N/Av	N/Av	N/Av	N/Av	56.6	93.9	137.9		415.6
Appeals Processing - Notices of Disagreement (NODs) Pending Inventory (Thousands) (#514)	N/Av	N/Av	N/Av	N/Av	228.1	337.9	405.3		724.4
Percent of IDES participants who will receive VA Benefit notification letters within 30 days of discharge (#469)	N/Av	N/Av	N/Av	N/Av	55%	80%	80%		80%

Compensation - New Measures									
Non-Rating Claims, Compensation Average Days Pending	N/Av	219	277	339	327	290	180		125
Non-Rating Claims, Compensation Average Days to Complete	N/Av	90	127	150	171	232	275		156
Dependency Claims Processing: Claims Pending Inventory	N/Av	N/Av	N/Av	N/Av	227	190	100		75
Dependency Claims Processing: Timeliness (Month-to-Date Average Days to Complete as of the last month of the year)	N/Av	N/Av	N/Av	N/Av	221	275	125		60
Appeals Processing: Substantive Appeals to the Board (Form 9) Average Days Pending	N/Av	N/Av	N/Av	N/Av	617	454	225		767
Appeals Processing: Substantive Appeals to the Board (Form 9) Average Days to Complete	N/Av	N/Av	N/Av	N/Av	507	576	664		800
Pension and Fiduciary - Existing Measures									
Pension Call Center Client Satisfaction Index Score (out of 1000) (#484)	N/Av	N/Av	732	766	770	770	772		795
Overall Customer Satisfaction Index Score (out of 1000) (Pension) (#490)	N/Av	N/Av	N/Av	N/Av	684	688	692		706

Average Days to Complete - Original Survivors Pension Claims (#498)	172	231	251	193	89	80	75	■	75
Backlog: Percentage of Original and Reopened Pension Claims Inventory Over 125 Days(Supports Agency Priority Goal) (#577)	N/Av	34%	37%	5%	3%	3%	3%	■	3%
Backlog: Percentage of Dependency and Indemnity Compensation (DIC) Claims Inventory Over 125 Days(Supports Agency Priority Goal) (#578)	N/Av	41%	26%	16%	15%	15%	9%	■	5%
Pension and Fiduciary - New Measures									
Average Days to Complete - Follow-Up Field Examinations (#TBD)	N/Av	N/Av	N/Av	N/Av	257	264	383	■	120
Average Days to Complete - Initial Appointment Process (#TBD)	N/Av	N/Av	N/Av	N/Av	204	244	186	■	76
Education - Existing Measures									
Average Days to Complete Original Education Claims (#218)	24	31	26	17	18	28	21	■	21

Average Days to Complete Supplemental Education Claims #219)	12	17	10	6	7	14	9		9
Education Call Center Client Satisfaction Index Score (out of 1000) (#476)	781	760	803	832	831	832	835		840
Overall Customer Satisfaction Index Score (out of 1000) (Education) (#489)	N/Av	N/Av	N/Av	N/Av	754	754	757		760
Percent of Montgomery GI Bill or Post 9/11 GI Bill participants who successfully completed an education or training program (#494)	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD		TBD
Vocational Rehabilitation and Employment (VR&E) - Existing Measures									
Veterans' Satisfaction with the VR&E Program (out of 1000) (#488)	N/Av	N/Av	N/Av	N/Av	658	658	665		698
VR&E Class Persistence Rate (#601)	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD		TBD
VR&E Employment Outcome Rate (#602)	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD		TBD
VR&E Class Success Rate (#600)	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD		TBD
Loan Guaranty - Existing Measures									
Default Resolution Rate (DRR) (#226)	83%	81%	79%	80%	83%	80%	80%		85%

Veterans' Satisfaction Level with the VA Loan Guaranty Program (out of 1000) (#487)	N/Av	N/Av	N/Av	N/Av	819	822	825		835
Loan Guaranty - New Measure									
Specially Adapted Housing (SAH) grantees who believe adaptation obtained under the program has helped them live more independently	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD		TBD
Insurance - Existing Measure									
Rate of High Client Satisfaction Ratings on Insurance Services Delivered (#214)	95%	95%	93%	94%	94%	95%	95%		95%
National Cemetery Administration (NCA)									
Memorial Services - Existing Measures									
Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence. (#234)	89%	89.60%	89.50%	89.80%	89.8	91.50%	91.80%		95%
Percent of respondents who rate the quality of service provided by the national cemeteries as excellent. (#580)	95%	96%	96%	96%	96%	97%	97%		99%
Percent of respondents who rate national cemetery appearance as excellent (#581)	98%	99%	99%	98%	99%	99%	99%		99%

Percent of respondents who would recommend the national cemetery to Veteran families during their time of need (#582)	98%	99%	99%	98%	98%	99%	99%		99%
Percent of respondents who agree or strongly agree that the quality of the headstone or marker received from VA was excellent (#583)	95%	91%	90%	90%	93%	92%	93%		99%
Percent of respondents who agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA was excellent (#584)	94%	90%	89%	87%	89%	91%	92%		99%
Board of Veterans Appeals (BVA)									
BVA - Existing Measures									
Access: Appeals Dispositions – Average Days to Complete Returned Remands (Measuring from Date Case is Returned to the Board after Remand until Board Disposition Date)(Supports Agency Priority Goal) (#571)	N/Av	N/Av	N/Av	N/Av	244	244	244		0

10

Backlog: Appeals Dispositions - Average Days to Complete Original Appeals (From Date of Certification (Form 8) until Board Disposition Date)(Supports Agency Priority Goal) (#573)	N/Av	N/Av	N/Av	N/Av	531	531	531		0

OPIA - Existing Measures								
Increase percentage of Veterans aware of using benefits, reached through advertising and marketing efforts (#536)	N/Av	5%	15%	26%	19.80%	15%	15%		15%
Percent of visitors to VA's Website that indicated that they are satisfied/highly satisfied with information presented (#43)	67%	0%	74%	67%	66%	77%	N/A		80%

OPIA - New Measure								
Increase veteran traffic to and from the various VA content delivery platforms	N/Av	N/Av	N/Av	N/Av	N/Av	(baseline)	(baseline)		10%
Human Resources and Administration (HRA)								

HRA - Existing Measures									
Percentage of VA employees who are Veterans (#278)	32%	32.04%	32.20%	32.66%	32.74%	34.30%	35%		40%
OPM Federal Employee Viewpoint Survey (FEVS) Employee Engagement Index Score (Percentage of responses marked "Positive") (#608)	N/Av	62%	63%	61%	61%	63%	64%		67%
HRA - New Measure									
My supervisor provides me with constructive suggestions to improve my job performance (supports APG)	N/Av	N/Av	N/Av	N/Av	(baseline)	59.29%	60.48%		TBD
In my work unit, steps are taken to deal with a poor performer who cannot or will not improve (supports APG)	N/Av	N/Av	N/Av	N/Av	(baseline)	28.02%	28.58%		TBD
Employees have a feeling of personal empowerment with respect to work processes (supports APG)	N/Av	N/Av	N/Av	N/Av	(baseline)	40.31	41.11%		TBD
I feel encouraged to come up with new and better ways of doing things (supports APG)	N/Av	N/Av	N/Av	N/Av	(baseline)	54.48%	55.57%		TBD

How satisfied are you with the information you receive from management on what's going on in your organization? (supports APG)	N/Av	N/Av	N/Av	N/Av	(baseline)	43.92%	44.80%		TBD
My organization's leaders maintain high standards of honesty and integrity (supports APG)	N/Av	N/Av	N/Av	N/Av	(Baseline)	44.38%	4%.26%		TBD
Veterans' Experience Office (VEO)									
VEO New Measures									
Trust in VA among America's Veterans (Supports VE APG)	N/Av	N/Av	N/Av	N/Av	N/Av	(baseline)	90%		TBD
Customer experiences with VA that are viewed positively by Veterans (supports VE APG)	N/Av	N/Av	N/Av	N/Av	N/Av	(Baseline)	TBD		TBD
Office of Inspector General (OIG)									
OIG - Existing Measures									
Number of reports (audit, inspection, evaluation, contract review, and CAP reports) issued that identify opportunities for improvement and provide	301	299	349	310	390	320	330		340

recommendations for corrective action (#585)									
Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (#586)	1,939	2,683	2,491	2,537	2,536	2,300	2,400		2,750
Monetary benefits (dollars in millions) from audits, investigations, contract reviews, inspections, and other evaluations (#587)	$ 7,122	$ 3,477	$ 3,589	$ 2,300	$2,167	$2,100	$2,200		$2,800
Return on investment (monetary benefits divided by cost of operations in dollars) (#588)	76	36	36	22	20	18	18		20
Percentage of Recommendations implemented within 1 year to improve efficiencies in operations through legislative, regulatory, policy, practices, and procedural changes in VA (#590)	87%	87%	81%	85%	89%	85%	85%		85%
Percentage of Recommended recoveries achieved from post-award contract reviews (#591)	100%	100%	100%	100%	100%	96%	98%		98%

OIG New Measure								
Percent of full cases that result in criminal, civil, or administrative actions.						72%	███████	85%