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Department of Veterans Affairs  
FY 2014-2020 Strategic Plan

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As of  
August 8, 2013

As of August 8, 2013  
Office of Policy and Planning  
Washington, DC 20420

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## 1 I. INTRODUCTION

2 Rapidly evolving technology across multiple disciplines, an increasingly unpredictable  
3 world, shifting social and demographic changes, and tight fiscal constraints drive the  
4 Department of Veterans Affairs (VA) to continually reassess how to efficiently and  
5 effectively provide the best services and benefits for America's Veterans.

6 We serve a shrinking, but increasingly diverse, Veteran population. The number and  
7 complexity of disability claims continues to increase. Changes in health technologies,  
8 health legislation, and health care delivery systems will impact both public and private  
9 sector health care models. Technological advances in all disciplines are changing the  
10 way we communicate, learn, shop, travel, monitor our health, conduct warfare, and  
11 even memorialize the fallen. Our service to Veterans must reflect these changes.

12 This VA Strategic Plan for FY 2014-2020 builds on our prior (FY 2011-2015) strategic  
13 plan. We will continue to significantly transform how we operate as a Department. We  
14 will keep the promises we have made to increase access, eliminate the claims backlog,  
15 and end Veteran homelessness. In addition, this plan places a stronger emphasis on  
16 defining success by Veteran outcomes; enhancing the quality of and access to benefits  
17 and services through integration within VA and with our partners; and developing our  
18 workforce with the skills, tools, and leadership to meet our clients' needs and  
19 expectations.

20 VA serves Veterans. Our success must be defined by Veterans. We intend to measure  
21 Veteran success in terms relevant to individual Veteran outcomes from VA benefits and  
22 services such as decreasing Veteran unemployment, decreasing home foreclosures,  
23 decreasing homelessness, reducing processing times for disability compensation  
24 claims, increasing preventive care and healthy lifestyle changes, and increasing access  
25 to and utilization of virtual care modalities. We trust our military Servicemembers to  
26 protect our freedoms every day. The men and women serving our Nation can, in turn,  
27 trust VA to be an accessible advocate for Servicemembers, Veterans, survivors, and  
28 their beneficiaries – a model of unrivaled excellence in providing high quality and  
29 integrated services as an agile and innovative organization.

30

## 31 **II. THE DEPARTMENT OF VETERANS AFFAIRS**

32 The Department of Veterans Affairs (VA), established as an independent agency under  
33 the President by Executive Order 5398 on July 21, 1930, was elevated to Cabinet level  
34 on March 15, 1989 (Public Law No. 100-527). The laws relating to Veterans benefits are  
35 revised, codified, and enacted as Title 38, United States Code, 'Veterans' Benefits.'<sup>1</sup>

36 The Department of Veterans Affairs serves America's Veterans and is their principal  
37 advocate to ensure that they receive medical care, benefits, social support, and lasting  
38 memorials. The Department promotes the health, welfare, and dignity of all Veterans in  
39 recognition of their service to this Nation.

### 40 ***Mission***

41 Mission: To fulfill President Lincoln's promise

- 42
- 43 - *"To care for him who shall have borne the battle, and for his widow and his*  
44 *orphan"*<sup>2</sup>
- 45 - By serving and honoring the men and women who are America's Veterans

### 46 **America's Veterans**

47

48 VA is a customer service organization. We serve Veterans. Veterans are individuals who  
49 have served in one of the seven uniformed services who meet the length of service and  
50 character of discharge requirements prescribed by law. This includes the Army, Navy,  
51 Marine Corps, Air Force, Coast Guard, Public Health Service, and Commissioned  
52 Officer Corps of the National Oceanic and Atmospheric Administration as well as eligible  
53 members of the Reserve and National Guard components, World War II Merchant  
54 Mariners, and certain members of the Philippine Armed Forces. VA also provides  
55 benefits and services to eligible survivors, spouses, dependents, and parents of  
56 Veterans, as well as caregivers of certain disabled Veterans.

57 Servicemembers in an active status may also be eligible for certain VA benefits and  
58 services, such as Servicemembers' Group Life Insurance, Traumatic Injury Protection,  
59 the Post-9/11 GI-Bill, and the VA home loan program.

60 In this VA strategic plan, when the phrase "Veterans and eligible beneficiaries" is used, it  
61 is intended to be inclusive of all who are eligible for VA  
62 benefits and services.

### 63 ***Core Values and Characteristics***

64 VA's five core values underscore the obligations inherent in  
65 VA's mission: integrity, commitment, advocacy, respect, and  
66 excellence. The core values define "who we are," our



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<sup>1</sup> The Department of Veterans Affairs was established by Public Law No. 100-527 and all laws relating to Veterans benefits are revised, codified, and enacted as Title 38, United States Code, 'Veterans' Benefits'.

<sup>2</sup> Lincoln, Abraham. "Second Inaugural Address." Inauguration. United States Capital, Washington, D.C. 4 Mar. 1865.

67 culture, and how we care for Veterans and eligible beneficiaries. Our values are more  
68 than just words – they affect outcomes in our daily interactions with Veterans and  
69 eligible beneficiaries and with each other. Taking the first letter of each word—Integrity,  
70 Commitment, Advocacy, Respect, Excellence—creates a powerful acronym, “I CARE,”  
71 that reminds each VA employee of the importance of their role in this Department.  
72 These core values come together as five promises we make as individuals and as an  
73 organization to those we serve. VA’s core characteristics define “what we stand for,” and  
74 help guide how we will perform our mission. They shape our strategy, guide the  
75 execution of our mission, and influence key decisions made within VA. The  
76 characteristics are Trustworthy, Accessible, Quality, Agile, Innovative, and Integrated.

## 77 ***Programs***

78 VA operates the largest integrated health care delivery system in America. VA provides  
79 a broad range of primary care, specialized care, and related medical and social support  
80 services. VA is also the Nation’s largest integrated provider of health care education and  
81 training for physician residents and other health care trainees. VA advances medical  
82 research and development in areas that most directly address the diseases and  
83 conditions that affect Veterans and eligible beneficiaries.

84 VA administers compensation benefits, pension benefits, fiduciary services, education  
85 benefits, vocational rehabilitation and employment services, transition services, and  
86 home loan and life insurance programs.

87 VA operates the largest national cemetery system honoring Veterans and eligible  
88 beneficiaries and their families with final resting places in national shrines, and with  
89 lasting tributes that commemorate their service and sacrifice to our Nation.

90 VA provides contingency support for the Department of Defense (DoD) and Department  
91 of Health and Human Services (HHS) during times of war or national emergency.

## 92 ***Organization***

93 VA is comprised of a Central Office (VACO), which is located in Washington, DC, and  
94 field facilities throughout the Nation, as well as the U.S. territories and the Philippines.  
95 Programs are administered by its three major line organizations: Veterans Health  
96 Administration (VHA), Veterans Benefits Administration (VBA), and National Cemetery  
97 Administration (NCA). VA is the second largest Federal department, with a workforce of  
98 over 327,000 employees.<sup>3</sup>

99 Services and benefits are provided through a nationwide network of 151 Medical  
100 Centers, 300 Vet Centers, 827 Community-based Outpatient Clinics (CBOC), 135  
101 Community Living Centers, 6 Independent Outpatient Clinics, 103 Residential  
102 Rehabilitation Centers, 139 Integrated Disability Evaluation System (IDES) sites, 131  
103 National and 88 State or Tribal Cemeteries, 56 Regional Offices, 6 Fiduciary Hubs, 3  
104 Pension Management Centers, 1 Insurance Center, 84 VetSuccess on Campus sites<sup>4</sup>,  
105 169 Outbased benefits services offices, 4 Regional Processing Offices (RPO), and 9

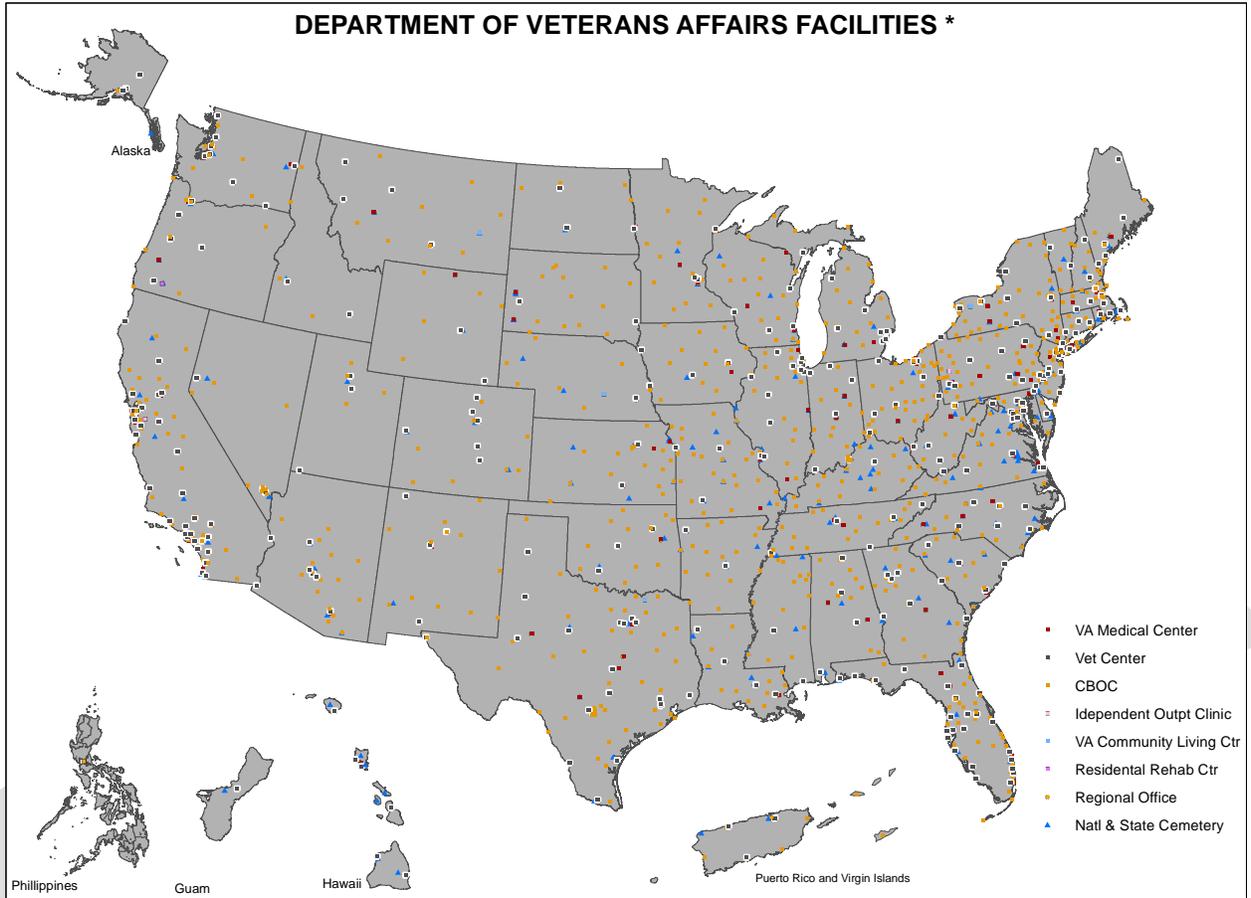
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<sup>3</sup> About VA. *Department of Veterans Affairs*. 14 Mar. 2013. [http://www.va.gov/about\\_va/vahistory.asp](http://www.va.gov/about_va/vahistory.asp)

<sup>4</sup> Department of Veterans Affairs, Office of Public Affairs, News Release April 10, 2013.

106 loan guaranty centers. Figure 1 depicts the geographical locations of select VA facilities  
107 by primary service as of September 30, 2012.<sup>5</sup>

108 **Figure 1.**



109 Source: VAST Q4 FY12

110 VA Office of Policy and Planning -- National Center for Veterans Analysis and Statistics (008B1)

<sup>5</sup> National Center for Veterans Affairs Statistics (NCVAS). *Department of Veterans Affairs Statistics at a Glance*. Washington, D.C.: 2012. [http://www.va.gov/about\\_va/vahistory.asp](http://www.va.gov/about_va/vahistory.asp).

### 111 **III. VA TRANSFORMATION – WHAT WE HAVE ACCOMPLISHED**

112 In 2008, President-elect Barack Obama set an aggressive goal to transform VA into a  
113 modern 21<sup>st</sup> century organization that would effectively and efficiently care for Veterans  
114 and eligible beneficiaries and their families. This transformation involved a fundamental  
115 change to VA operations and a significant shift in VA's culture.

116 VA is achieving cultural change, in part, by applying three guiding principles to its  
117 problem-solving and decision-making processes: being people-centric, results-driven,  
118 and forward-looking.

- 119 • People-centric – To become an accessible and responsive organization, VA  
120 needed to expand and enhance its connections with Veterans and eligible  
121 beneficiaries, emphasize commitment and transparency, and engage with its own  
122 employees. VA also made a commitment to be more flexible and agile to ensure  
123 it could put in place the structure necessary to meet the service and benefit  
124 needs of Veterans and eligible beneficiaries, while equipping the VA workforce  
125 with the wherewithal to do so.
- 126 • Results-driven – The provision of effective and efficient benefits and services  
127 necessitated a new emphasis on data collection, metrics, and performance  
128 monitoring. Managers needed to be held accountable for results that mattered to  
129 Veterans and eligible beneficiaries. Additionally, it was essential that strategic  
130 vision drive budgetary decisions and program planning.
- 131 • Forward-looking – Investment in VA facilities, technology, systems, programs,  
132 and business processes needed to be conducted with a view to requirements  
133 emerging decades in the future, including the needs of an increasingly diverse  
134 demographic of Veterans and eligible beneficiaries.

135 VA's 2011-2015 strategic goals focused on quality, customer service, and improving  
136 internal operations. These goals shaped our efforts to transform VA into a 21<sup>st</sup> century  
137 organization:

- 138 • Improve the quality and accessibility of health care, benefits, and memorial  
139 services while optimizing value.
- 140 • Increase Veteran satisfaction with health, education, training, counseling,  
141 financial, and burial benefits and services.
- 142 • Raise readiness to provide services and protect people and assets continuously  
143 and in time of crisis.
- 144 • Improve internal customer satisfaction with management systems and support  
145 services to make VA an employer of choice by investing in human capital.

146 Over the past four years, VA has made great strides implementing the transformation  
147 efforts. Highlights of these accomplishments include:

- 148 • Access – Facilities expansion and upgrades, as well as new memorial service  
149 locations, have diversified VA's nationwide presence, creating additional access

150 in both rural and urban areas. VA was able to re-invest more than \$2 billion in  
151 both 2012 and 2013 in high-priority medical programs. As a result, more than  
152 4,000 mental health providers have been trained in evidence-based  
153 psychotherapies for Post Traumatic Stress Disorder (PTSD) and other mental  
154 health conditions, and more than 1.9 million Veterans and eligible beneficiaries  
155 benefited from rural health programs in the first half of FY 2012, comprising 37  
156 percent of all Veterans and eligible beneficiaries served. Additionally, new  
157 memorial service plans beginning in 2013 will ensure that 95 percent of Veterans  
158 and eligible beneficiaries live within 75 miles of a VA cemetery.<sup>6</sup>

- 159 • Backlog – The disability claims backlog continues to be a challenge for VA.  
160 However, the organization has developed a comprehensive and aggressive  
161 Transformational Plan that includes robust technological solutions. Despite  
162 increased claims from Veterans of the Vietnam and Gulf War eras, VA has  
163 adjudicated a record number of claims in recent years, with more than one million  
164 claims processed in each of the last three years. Current trends indicate that the  
165 number of backlog claims is coming down. Furthermore, VA has improved  
166 disability claims quality by five percent over the last two years.
- 167 • Homelessness – VA, in partnership with the Department of Housing and Urban  
168 Development (HUD), has reduced the Veteran homeless population from an  
169 estimated 75,600 in 2009 to approximately 62,619 by the latest count in January  
170 2012, a 17 percent improvement.<sup>7</sup>
- 171 • Home Loan Program – VA Home Loan Guaranty program had over 1.7 million  
172 active participants in FY 2012. Between FY 2008 and April 2013, the program  
173 prevented 308,000 Servicemembers, Veterans, and families from foreclosure.  
174 This enabled VA to avoid an estimated \$10.15 billion in foreclosure claim costs.
- 175 • DoD Collaboration – VA has continued collaboration efforts with DoD on a variety  
176 of programs to ensure a seamless transition from Servicemember to Veteran  
177 status, including the Integrated Electronic Health Record (iEHR), the Integrated  
178 Disability Evaluation System (IDES) process, sharing more comprehensive data  
179 through the Virtual Lifetime Electronic Record (VLER), and implementation of  
180 transition assistance provisions in the Veterans Opportunity to Work (VOW) to  
181 Hire Heroes Act of 2011.
- 182 • Human Capital Management – VA launched the Human Capital Investment Plan  
183 (HCIP) to transform the way it approaches managing its human capital, including  
184 programs that improve VA's ability to hire and retain high-quality employees,  
185 empower employees to advance their careers, improve their performance and  
186 skills, and increase their personal development. HCIP has enabled VA's human  
187 resources and administration office to launch critical initiatives and build  
188 infrastructure that supports them, including speed in recruiting, hiring, and

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<sup>6</sup> United States of America. Department of Veterans Affairs. *FY2013 Budget*. Washington, D.C.: Department of Veterans Affairs, February 2012.

<sup>7</sup> The 2012 "Point-in-Time Estimates of Homelessness, Volume I of the 2012 Annual Homeless Assessment Report.

189 retention (average days improved from 102 days to 87 days), and a corporate  
190 approach to training and development (with 140,000 VA employees trained to fill  
191 critical professional skills gaps).<sup>8</sup>

- 192 • Outreach – Access to VA has diversified and continued to grow through online  
193 efforts. The eBenefits portal has more than 50 self-service features to manage  
194 and view benefit and service offerings online, including accessing official military  
195 personnel documents, viewing the status of disability compensation claims,  
196 transferring entitlement of Post-9/11 GI Bill to eligible dependents  
197 (Servicemembers only), and registering for and updating direct deposit  
198 information for certain benefits. As of March 31, 2013, there were 2,606,173  
199 individuals with access to eBenefits, up from just 250,000 in 2009. Outreach  
200 spans across multiple areas including Veteran employment initiatives. VA uses a  
201 multi-pronged approach to improve Veteran employment opportunities, and  
202 recent initiatives to ensure employment success for Veterans and eligible  
203 beneficiaries. As of April 2013, the Veterans Retraining Assistance Program  
204 (VRAP) has issued 96,000 Certificates of Eligibility since its inception in July  
205 2012. Vocational rehabilitation benefits for Veterans and eligible beneficiaries  
206 who previously exhausted unemployment benefits were extended, and tax  
207 incentives for private enterprises hiring Veterans and eligible beneficiaries were  
208 also provided.

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<sup>8</sup> United States of America. Department of Veterans Affairs. *FY2013 Budget*. Washington, D.C.: Department of Veterans Affairs, February 2012.

## 210 **IV. LOOKING TOWARD THE FUTURE**

211 Secretary Shinseki stated that VA cannot limit itself to “two-year changes or five-year  
212 changes. [We must] put in place the processes, the systems, the disciplines, the  
213 behaviors that will change this [Department] in transformational ways for a very long  
214 time.”<sup>9</sup>

215 In developing this strategic plan, we looked beyond the FY 2014-2020 timeframe to  
216 develop goals and objectives that improve VA in the short term while positioning the  
217 Department to be able to respond to the challenges and opportunities we may face in  
218 the next 15-20 years.

219 This FY 2014-2020 Strategic Plan is based on rigorous analysis of long-term trends that  
220 may affect Veterans, VA’s benefits and service delivery, and the workforce. We  
221 conducted environmental scans and created a set of alternate future scenarios to  
222 describe a range of future environments, challenges, and opportunities the Department  
223 may confront 20 years from now.

224 The most pertinent trends, challenges, and opportunities are summarized in the  
225 following paragraphs.

### 226 ***Veteran Demographic Trends***

#### 227 ***Summary***

228 Today, there are an estimated 22 million Veterans, whose service ranges from World  
229 War II, Korea, Vietnam, the Gulf War (includes OEF/OIF/OND) and the intervening  
230 peacetime operations. More than three quarters served during a war or conflict.<sup>10</sup>

231 Vietnam Veterans are the largest cohort followed by Gulf War Veterans. Veterans are  
232 predominately male and white. This will change over the next 30 years; women will  
233 make up almost one-fifth of the Veteran population and nearly 35 percent will be  
234 nonwhite. Gulf War Veterans will overtake Vietnam Veterans as the largest cohort. The  
235 age distribution of Veterans will remain stable over time, with the largest segment being  
236 those over 65 years old. However, the age distribution of women Veterans will shift from  
237 the largest segment being the 30-49 year old range to those 65 years and older.

#### 238 ***Implications***

239 Increases in the diversity of the Veteran population will result in the need for more  
240 diverse services, outreach, communications, and research and development. Utilization  
241 of services and benefits is unique to the individual, but on average, increases with age.  
242 The sustained percentage of Veterans over the age of 65, and the increasing  
243 percentage of women Veterans over the age of 65, means geriatric care will continue to  
244 be a significant portion of VA’s health care.

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<sup>9</sup> Phil Stewart, “Special Report: Obama’s struggle to mend veterans’ safety net,” Reuters (2012):  
accessed May 9, 2013, <http://www.reuters.com/article/2012/07/26/us-usa-veterans-obama-idUSBRE86P0JG20120726>.

<sup>10</sup> Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, Statistics at a  
Glance Pocket Card, FY 2008 to FY 2012.

**Figure 2. Veteran Population Demographic Trends**

		2010	2020	2030	2040	% Change (2010 to 2040)
<b>Total Veteran Population</b>		23,031,892	19,604,276	16,776,896	14,462,805	-37.2%
<b>Period of service<sup>5</sup></b>	<i>WWII<sup>1</sup></i>	2,120,409	289,953	6,998	100	-100.0%
	<i>Korean Conflict<sup>2</sup></i>	2,531,471	989,383	118,921	2,742	-99.9%
	<i>Vietnam Era<sup>3</sup></i>	7,695,836	6,049,166	3,734,662	1,292,854	-83.2%
	<i>Gulf War<sup>4</sup></i>	5,599,420	7,935,460	8,451,138	7,996,459	42.8%
<b>Period of service as a percent of total Veteran population<sup>5</sup></b>	<i>WWII<sup>1</sup></i>	9.2%	1.5%	0.0%	0.0%	
	<i>Korean Conflict<sup>2</sup></i>	11.0%	5.0%	0.7%	0.0%	
	<i>Vietnam Era<sup>3</sup></i>	33.4%	30.9%	22.3%	8.9%	
	<i>Gulf War<sup>4</sup></i>	24.3%	40.5%	50.4%	55.3%	
<b>Race/Ethnicity</b>	<i>White</i>	18,305,837	14,736,198	11,841,647	9,549,132	-47.8%
	<i>Black</i>	2,603,956	2,618,613	2,547,840	2,388,461	-8.3%
	<i>Hispanic</i>	1,343,105	1,448,494	1,557,605	1,655,098	23.2%
	<i>All other races</i>	778,994	800,971	829,804	870,114	11.7%
<b>Race/Ethnicity as a percent of total Veteran population</b>	<i>White</i>	79.5%	75.2%	70.6%	66.0%	
	<i>Black</i>	11.3%	13.4%	15.2%	16.5%	
	<i>Hispanic</i>	5.8%	7.4%	9.3%	11.4%	
	<i>All other races</i>	3.4%	4.1%	4.9%	6.0%	
<b>Gender</b>	<i>Male</i>	20,827,101	17,174,975	14,230,421	11,906,640	-42.8%
	<i>Female</i>	2,204,790	2,429,301	2,546,476	2,556,166	15.9%
<b>Gender as a percent of total Veteran population</b>	<i>Male</i>	90.4%	87.6%	84.8%	82.3%	
	<i>Female</i>	9.6%	12.4%	15.2%	17.7%	
<b>Age segments</b>	<i>18-29</i>	1,029,841	738,077	704,633	726,137	-29.5%
	<i>30-49</i>	5,457,818	4,669,894	4,129,257	3,538,118	-35.2%
	<i>50-64</i>	7,330,160	5,323,003	4,327,866	3,859,162	-47.4%
	<i>65+</i>	9,214,073	8,873,302	7,615,141	6,339,388	-31.2%
<b>Age segment as a percent of total Veteran population</b>	<i>18-29</i>	4.5%	3.8%	4.2%	5.0%	
	<i>30-49</i>	23.7%	23.8%	24.6%	24.5%	
	<i>50-64</i>	31.8%	27.2%	25.8%	26.7%	
	<i>65+</i>	40.0%	45.3%	45.4%	43.8%	
<b>Female Age segments</b>	<i>18-29</i>	215,027	150,666	128,503	144,320	-29.5%
	<i>30-49</i>	1,122,427	949,822	727,007	594,542	-47.0%
	<i>50-64</i>	563,691	896,603	913,479	716,471	27.1%
	<i>65+</i>	303,645	432,209	777,487	1,100,833	262.5%
<b>Female Age segment as a percent of total Veteran population</b>	<i>18-29</i>	0.9%	0.8%	0.8%	1.0%	
	<i>30-49</i>	4.9%	4.8%	4.3%	4.1%	
	<i>50-64</i>	2.4%	4.6%	5.4%	5.0%	
	<i>65+</i>	1.3%	2.2%	4.6%	7.6%	
<b>Male Age segments</b>	<i>18-29</i>	814,814	587,411	576,130	581,817	-29.5%
	<i>30-49</i>	4,335,391	3,720,071	3,402,251	2,943,576	-32.1%
	<i>50-64</i>	6,766,469	4,426,399	3,414,386	3,142,692	-53.6%
	<i>65+</i>	8,910,428	8,441,093	6,837,654	5,238,555	-41.2%
<b>Male Age segment as a percent of total Veteran population</b>	<i>18-29</i>	3.5%	3.0%	3.4%	4.0%	
	<i>30-49</i>	18.8%	19.0%	20.3%	20.4%	
	<i>50-64</i>	29.4%	22.6%	20.4%	21.7%	
	<i>65+</i>	38.7%	43.1%	40.8%	36.2%	

<sup>1</sup>World War II: December 7, 1941, through December 31, 1946, inclusive. If the veteran was in service on December 31, 1946, continuous service before July 26, 1947, is considered World War II service.

<sup>2</sup>Korean conflict: June 27, 1950, through January 31, 1955, inclusive.

<sup>3</sup>Vietnam era: The period beginning on February 28, 1961, and ending on May 7, 1975, inclusive, in the case of a veteran who served in the

<sup>4</sup>Gulf War: August 2, 1990, through date to be prescribed by Presidential proclamation or law (includes OEF/OIF/OND).

<sup>5</sup>Figures represented in this category may reflect overlap in service periods (i.e. a Veteran may have served in Korean Conflict and Vietnam Era). Intervening peacetimes have been omitted to simplify figures represented.

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (Vetpop), 2011.

## 247 ***Veteran Geographic Trends***

### 248 *Summary*

249 Veteran migration varies at the county level due to the costs of living and the  
250 unemployment rates of the county. A noticeable trend for the Veteran population is the  
251 projected higher growth in the Southern and Western regions. For more information on  
252 Veteran population, please visit:  
253 [http://www.va.gov/VETDATA/docs/Demographics/New\\_Vetpop\\_Model/VetPop2011\\_ExS](http://www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/VetPop2011_ExSum_Final_123112.pdf)  
254 [um\\_Final\\_123112.pdf](http://www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/VetPop2011_ExSum_Final_123112.pdf).

### 255 *Implications*

256 Veterans, irrespective of where they live, will still expect the Department to maintain  
257 effective communications and provide or facilitate the same quality care and services.  
258 VA will need to enhance access for Veterans in rural areas as well as urban areas. As  
259 the Veteran population distribution shifts, VA's infrastructure must have the flexibility to  
260 adapt to the changing geographic distribution of Veterans.

## 261 ***Impacts of Conflict***

### 262 *Summary*

263 Weaponry, protective gear, and types of military operations (air, sea, ground, urban,  
264 etc.) impact the types of injuries suffered by Veterans. Each war or conflict has its own  
265 "signature wound." Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder  
266 (PTSD) have been considered as the signature wounds of Operation Enduring  
267 Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND). It is possible  
268 that the "signature wound" of the next conflict will be burn-related, from radiation  
269 generated from improvised explosive devices (IEDs) or combined thermal and blast  
270 injuries. Mental and behavioral health issues as a result of serving in these conflicts are  
271 expected to continue. Nervous or respiratory system ailments are expected to rise as a  
272 result of increased exposure to chemical and biological weapons, and other hazardous  
273 materials.

### 274 *Implications*

275 Advances in technology, weaponry, and protective gear allow Servicemembers to  
276 survive injuries that in past conflicts would have been fatal. Furthermore, others return  
277 from conflict with the emotional effects of witnessing their friends and colleagues  
278 suffering injuries from IEDs and other radiation generating devices. These new physical  
279 and mental health conditions have propelled VA to focus more attention on applicable  
280 Research and Development (R&D) to ensure that the most advanced treatments are  
281 available to all Veterans who suffer from these injuries.

## 282 ***Social and Cultural Trends – Proximity and Personalization***

### 283 *Summary*

284 We are an online and mobile society; physical proximity is no longer a constraint to  
285 communicating, whether to converse with family and friends or to purchase goods and  
286 services. A robust self-service online presence is expected. Most would be surprised to

287 realize that Amazon.com is nearly 20 years old. In 2016, e-retail will account for 9  
288 percent of total retail sales, up from 7 percent in both 2012 and 2011.<sup>11</sup> More than 6.7  
289 million, roughly a third of all students enrolled in postsecondary education took an online  
290 course for credit in fall 2011.<sup>12</sup> We are increasingly using mobile devices to conduct our  
291 online interactions. Global mobile data traffic in 2012 was nearly 12 times greater than  
292 the total global Internet traffic in 2000.<sup>13</sup>

293 Today's consumers are more assertive. They demand instant access to information and  
294 self-service options, and want control over these interactions with personalization. The  
295 use of mobile technologies and data analytics is expected to expand from making  
296 recommendations based on past activity (Google, Amazon, Netflix), to anticipating  
297 future needs. Health, for example, will become more personalized with increased use of  
298 telehealth, by leveraging genomics, and with tools that allow the individual to track their  
299 own health. The American Telemedicine Association (ATA) estimated that more than 10  
300 million Americans have directly benefited from telemedicine services in 2012, more than  
301 double from 3 years ago. There are currently more than 13,000 consumer health  
302 applications for the iPhone.<sup>14</sup>

### 303 *Implications*

304 Communications and information technology (IT) will continue to reshape the world.  
305 Like the general public, the communication preferences of Veterans and eligible  
306 beneficiaries and their families are changing. Veterans and eligible beneficiaries  
307 increasingly expect to receive VA communications via the Internet and on mobile  
308 devices. VA must embrace and fully support changing mobile lifestyles and personalize  
309 that interaction to Veteran needs at that time and place. VA must be able to collect and  
310 analyze data to understand our client's needs and expectations, and personalize the  
311 Veteran's experience with VA. VA needs to be able to adapt to and keep up with the rate  
312 of technological change.

## 313 ***Innovation and Capacity Building Partnership Trends***

### 314 *Summary*

315 Social and economic challenges are driving a focus on innovation and new forms of  
316 partnerships within the public sector, and between the public, nonprofit and private  
317 sectors. The shift has begun to move away from the government as the sole solution  
318 provider for societal challenges to one in which governments look to the private sector  
319 as important partners in solving the Nation's problems. In recent years, more than 28

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<sup>11</sup> Sucharita Mulpuru, "U.S. Online Retail Forecast, 2011 to 2016," Forrester (2012): accessed May 9, 2013, <http://www.forrester.com/US+Online+Retail+Forecast+2011+To+2016/fulltext/-/E-RES60672?docid=60672>.

<sup>12</sup> Babson Survey Research Group. "2012 Annual Survey of Online Learning." Survey. 08 January 2012.

<sup>13</sup> "Cisco Visual Networking Index (VNI) Global Mobile Data Traffic Forecast Update, 2012-2017," Cisco (2013).

<sup>14</sup> "An Analysis of Consumer Health Apps for Apple's iPhone 2012," MobiHealthNews (2012): accessed May 9, 2013, <http://mobihealthnews.com/research/an-analysis-of-consumer-health-apps-for-apples-iphone-2012/>.

320 Federal innovation offices and programs have been created.<sup>15</sup> Innovation is seen as a  
321 way for government to do more with less by adopting new technologies or radically  
322 changing its existing operating models. Government is increasingly looking to partner  
323 with businesses, and learn from them how to innovate more effectively. Additionally,  
324 government institutions are more readily acknowledging the value and expertise that  
325 non-profit, academic affiliates and private sector organizations add to partnerships.

### 326 *Implications*

327 The ability to build performance capacity in the 21<sup>st</sup> century requires cross-sector  
328 solutions and collaborations that leverage the full range of American talent, creativity,  
329 and goodwill. VA must continue to create, strengthen, and expand productive and  
330 responsible public/private partnerships to more effectively serve Veterans and eligible  
331 beneficiaries. VA will need to develop a culture of partnership that encourages  
332 collaboration.

## 333 ***Workforce Trends***

### 334 *Summary*

335 The future of VA relies on the ability of its people to cooperate and coordinate across  
336 agencies, to manage projects and manage change – to motivate, drive, and inspire  
337 people through the changes ahead. A significant portion of VA's workforce is rapidly  
338 approaching retirement age, with more than 30 percent of employees eligible for  
339 retirement, including roughly 50 percent of VA's senior executives. VA's changing  
340 workforce demographics call for new ways to serve customers, as well as innovative  
341 recruitment, retention, and succession management strategies. VA also has the  
342 opportunity to leverage technological advances to create a more connected, mobile  
343 workforce.

### 344 *Implications*

345 Addressing VA's complex challenges requires a high-quality workforce able to work  
346 seamlessly with other agencies, levels of government, and across sectors. VA leaders  
347 will need practical and strategic Human Capital Management (HCM) advice and  
348 guidance to ensure they have the requisite resources, skills, and capabilities to succeed  
349 in recruiting, developing, and retaining a high-performing workforce. VA will need robust  
350 workforce planning, employee and leadership development, succession planning, and  
351 knowledge sharing capabilities to prepare for the changes in the workforce.

## 352 ***Trends in Utilization of VA Services and Benefits***

### 353 *Summary*

354 Access to, and utilization of, benefits has increased over the last five years, as  
355 illustrated in Figure 3. Of particular note is the 32 percent increase in the number of  
356 active VA home loan guaranty participants, the 75 percent increase in the number of VA

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<sup>15</sup> Lauren Rosen, Edward Van Buren, and John Mennel, "Partnerships for the Future," *Business Trends* (2013), accessed May 9, 2013, <http://dupress.com/articles/partnerships-for-the-future/#endnotes>.

357 education benefits beneficiaries, and the 19 percent increase in Veterans receiving VA  
 358 disability compensation. Additionally, the 75 percent increase in VA education  
 359 beneficiaries, and the 26 percent increase in the number of interments at Veteran state  
 360 cemeteries emphasize the important role partners play in delivering services and  
 361 benefits in collaboration with VA. Going forward, VA anticipates changes in utilization  
 362 based on the implementation of the Affordable Care Act (ACA). As the service and  
 363 benefit needs of Veterans change, VA will need to be flexible enough to quickly adapt  
 364 and proactively plan for the emerging trends in Veteran service and benefit needs,  
 365 including pursuing more partnerships with those outside of VA.<sup>16</sup>

366 *Implications*

367 Changes in demand, whether through increased or decreased need or access, must be  
 368 met by appropriate capacity modifications. The ability to project both workload and the  
 369 associated costs of utilization will be necessary, as well as the ability to rapidly scale  
 370 benefits and services provisions to match increases or decreases in utilization.

371 **Figure 3. Utilization of VA Services and Benefits**

		FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	% Change (FY 2008 - FY 2012)
<b>Veteran Population</b>		23,442,000	23,067,000	23,032,000	22,676,000	22,328,000	-5%
<b>Veterans Unemployment</b>	<b>Veterans Unemployment (as of November of each calendar year)</b>	5.2%	8.5%	8.6%	7.4%	6.6%	
	<i>Post-9/11 Veterans Unemployment (as of November of each calendar year)</i>	5.6%	9.6%	10.0%	11.1%	10.0%	
<b>Veteran Benefits<sup>1</sup></b>	<b>Veterans Receiving VA Disability Compensation</b>	2,952,000	3,070,000	3,210,000	3,355,000	3,525,000	19%
	<i>Veterans Rated 100% Disabled</i>	262,000	278,000	294,000	326,000	359,000	37%
	<i>Veterans in Receipt of Individual Unemployability (Receiving Payment at 100%)</i>	248,000	260,000	274,000	287,000	302,000	22%
	<i>Veterans Compensated for PTSD</i>	343,000	365,000	410,000	475,000	544,000	59%
	<b>Veterans Receiving VA Pension</b>	318,000	314,000	310,000	308,000	307,000	-3%
	<b>VA Education Beneficiaries</b>	541,000	564,000	800,000	924,000	945,000	75%
	<b>Beneficiaries in the Fiduciary Program</b>	102,000	104,000	111,000	122,000	134,000	31%
	<b>Number of Life Insurance Policies Supervised/Administered by VA</b>	7,200,000	7,250,000	7,300,000	7,190,000	7,020,000	-3%
	<b>Active VA Home Loan Guaranty Participants<sup>2</sup></b>	N/A	1,310,000	1,430,000	1,570,000	1,730,000	32%
<b>Veterans Health</b>	<b>Vocational Rehabilitation Trainees</b>	55,100	59,800	61,500	60,300	62,400	13%
	<b>Unique Health Care Enrollees</b>	7,835,000	8,061,000	8,343,000	8,574,000	8,763,000	12%
	<b>Unique VA Patients</b>	5,580,000	5,744,000	6,000,000	6,166,000	6,333,000	13%
<b>Memorial Service</b>	<b>Number of Interments at VA National Cemeteries</b>	103,000	106,000	112,000	117,000	118,000	15%
	<b>Number of Interments at Veteran State Cemeteries</b>	24,800	26,800	27,800	29,500	31,200	26%

<sup>1</sup> Figures represented in this category may reflect overlap in service utilization (i.e. one Veteran may receive a VA pension and education benefits)

<sup>2</sup> Percentage change calculated for FY 2009 - FY 2012

Source: Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, Statistics at a Glance Pocket Card, FY08 to FY12

372  
373

<sup>16</sup> Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, Statistics at a Glance Pocket Card, FY 2008 to FY 2012.

374 **V. VA FY 2014-2015 AGENCY PRIORITY GOALS – KEEPING**  
375 **THE PROMISES**

376 Four years ago, VA established three key priorities to improve service to Veterans and  
377 eligible beneficiaries: improving Veteran access to VA benefits and services; eliminating  
378 the disability claims backlog by 2015; and ending Veteran homelessness, also by 2015.  
379 While significant progress has been made, there is still work to be done.

380 To reaffirm our commitment to achieving these priorities, Access, Backlog, and  
381 Homelessness will remain as VA's Agency Priority Goals (APGs) for FY 2014-2015,  
382 representing the Secretary's highest priorities for short-term and high impact  
383 improvement in VA performance. VA's three APGs for FY 2014-2015 have been posted  
384 on Performance.gov. VA will formally review quarterly progress in achieving  
385 performance targets for these APGs. For more detailed information, please visit  
386 <http://www.performance.gov>.

387 ***Improve Veteran Access to VA Benefits and Services***

388 *Overview*

389 VA is committed to improving the timely access to and use of benefits and services to  
390 achieve the best possible outcomes for Veterans, Servicemembers, and other  
391 beneficiaries. Increasing the speed, accuracy and efficiency of information exchange is  
392 our focus in driving awareness improvements in 2014-2015.

393 *Priority Goal Statement*

394 Improve awareness of VA benefits and services by increasing the timeliness and  
395 relevance of on-line information available to Servicemembers, Veterans, and eligible  
396 beneficiaries. VA and DoD are establishing a mutually beneficial engagement through  
397 eBenefits allowing Servicemembers and Veterans and eligible beneficiaries to gain  
398 information when and where they want, while we push information according to life  
399 events and requests.

400

401 ***Eliminate the Disability Claims Backlog***

402 *Overview*

403 VA is committed to providing timely, accurate decisions on Veterans' disability claims  
404 and eliminating the claims backlog. Improving quality and reducing the length of time it  
405 takes to process disability claims are integral to VA's mission of providing benefits to  
406 eligible Veterans in a timely, accurate, and compassionate manner. To improve benefits  
407 delivery, VA is transitioning to an electronic claims process that will reduce processing  
408 times and increase efficiencies. VA is designing and delivering training that is more  
409 accessible for the workforce to support the new processes. Increasing the number of  
410 electronic, Fully Developed Claims (FDC) filed by Veterans or by Veterans'  
411 Representatives on their behalf will address the major source of delay associated with

412 gathering evidence to support a claim and help decrease the overall time it takes to  
413 process a claim.

414 *Priority Goal Statement*

415 Improve accuracy and reduce the time it takes to complete disability benefit claims.  
416 Eliminate the disability claims backlog and process all claims in 125 days with 98%  
417 accuracy in 2015.

418

419 ***Eliminate Veteran Homelessness***

420 *Overview*

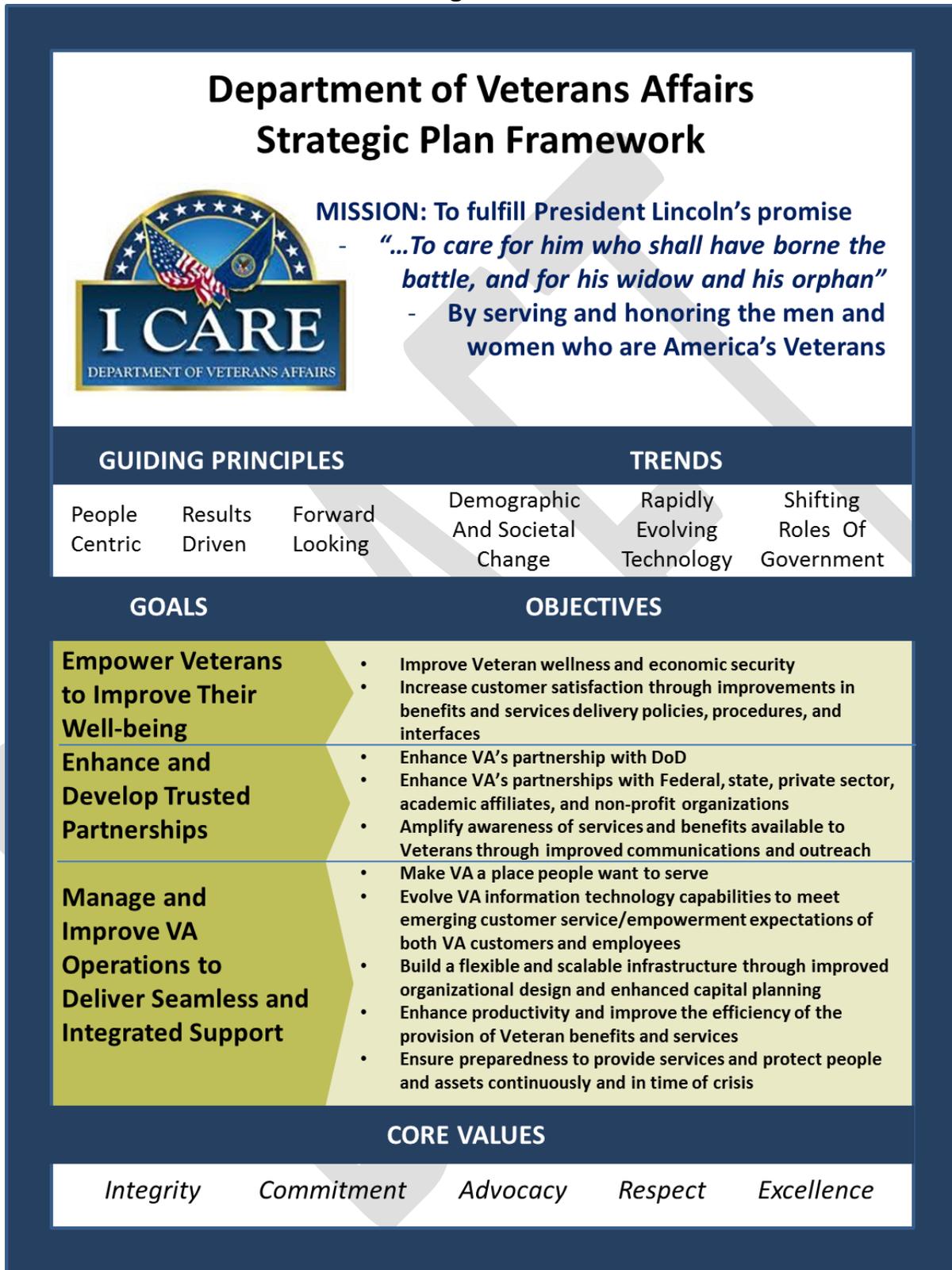
421 VA has taken decisive action toward its goal of eliminating homelessness among  
422 Veterans. The Eliminate Veteran Homelessness (EVH) initiative is intended to prevent  
423 Veterans and their families from entering homelessness and to assist those who are  
424 homeless in exiting as safely and quickly as possible. VA's "no wrong door" philosophy  
425 will ensure that all Veterans and eligible beneficiaries seeking assistance to prevent or  
426 eliminate homelessness will have timely access to appropriate programs and services.  
427 Any door a Veteran comes to – at a medical center, a regional office, or a community  
428 organization – will have the tools to offer the Veteran assistance. Eliminating  
429 homelessness among Veterans will advance the mission of VA by ensuring that all  
430 Veterans and their families achieve housing stability.

431 *Priority Goal Statement*

432 VA will assist an additional 30,000 homeless and at-risk Veterans in obtaining  
433 permanent housing through its continuum of specialized homeless programs. In  
434 conjunction with the Department of Housing and Urban Development (HUD), the  
435 Department of Veterans Affairs (VA) will assist in housing 12,200 additional homeless  
436 Veterans through the HUD-VA Supportive Housing (HUD-VASH) program. VA will assist  
437 in housing an additional 18,000 homeless Veterans through its other specialized  
438 homeless programs. Similarly, HUD will assist in housing additional homeless Veterans  
439 through its other homeless programs.

440

Figure 4.



442 **VI. VA FY 2014-2020 STRATEGIC GOALS**

443 VA will continue to build on past accomplishments and drive further improvements in  
444 quality, customer service, preparedness, and internal management systems as  
445 described in our 2011-2015 strategic goals. VA's FY 2014-2020 goals and objectives  
446 shift the focus from improvements within a service or benefit delivery program to  
447 coordination and integration across programs and organizations, measuring  
448 performance by the ultimate outcome for the Veteran, and putting the Veteran in control  
449 of how, when, and where they wish to be served.

450 The FY 2014-2020 strategic goals are statements of what VA wants to achieve to  
451 advance our mission and address challenges and opportunities. Each goal is then  
452 broken down into a set of strategic objectives to express more specifically how we will  
453 achieve the goal. Each objective is further defined by a suite of performance goals that  
454 establish the level of performance to be achieved.

455 **Goal 1: Empower Veterans to Improve Their Well-being**

456 The ultimate measure of VA's success is the Veteran's success after leaving military  
457 service. We intend to measure Veteran success in terms relevant to individual  
458 Veteran outcomes from VA benefits and services such as decreasing Veteran  
459 unemployment, decreasing home foreclosures, decreasing homelessness, reducing  
460 processing times for disability compensation claims, increasing preventive care and  
461 healthy lifestyle changes, and increasing access to and utilization of virtual care  
462 modalities. Goal 1 outlines the work that VA will do to directly improve the lives of  
463 Veterans, Servicemembers, their families, and their survivors.

464  
465 **Goal 2: Enhance and Develop Trusted Partnerships**

466 No single office, organization, or agency owns the expertise and resources to  
467 deliver all of the benefits, services, and resources necessary to meet the needs and  
468 expectations of every Veteran. Goal 2 describes what VA will do to improve  
469 coordination and integration within and between VA and its external partners.

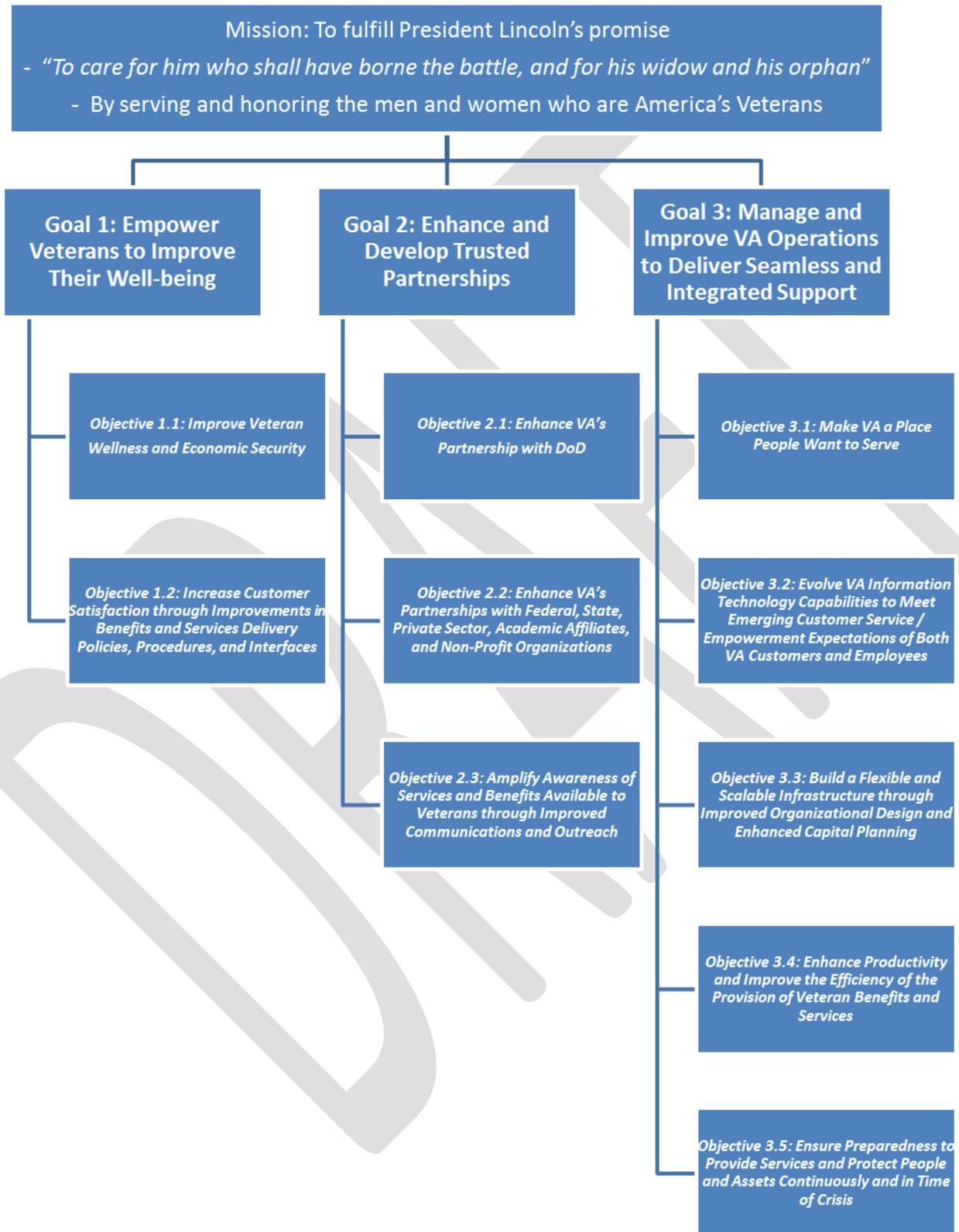
470  
471 **Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated**  
472 **Support**

473 Internal improvements are a continuous effort. Goal 3 represents VA's highest  
474 priority management objectives: developing our workforce and effectively and  
475 efficiently managing our infrastructure and processes.

476

477

Figure 5.



478

479 **Goal 1: Empower Veterans to Improve Their Well-being**

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

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

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

493

494 ***Objective 1.1: Improve Veteran Wellness and Economic Security***

495 *Lead Office: TBD*

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

505 VA will eliminate Veteran homelessness by the end of FY 2015. VA, in collaboration with  
506 its Federal partners, will continue to provide rehabilitation services for homeless and at-  
507 risk Veterans, including employment assistance, permanent and transitional housing,  
508 and other supportive services. As the number of homeless Veterans continues to  
509 decline, the focus will shift from rescue to prevention.

510 VA will improve Veteran career readiness to reduce Veteran unemployment. We will  
511 synchronize and align Veteran employment programs managed by VA, and improve  
512 coordination across the various Federal Veteran employment initiatives. We will  
513 increase programs offering educational and vocational counseling to our Veterans with  
514 disabilities and those who are GI Bill eligible. VA will increase support to Veteran  
515 entrepreneurs through public-private partnerships to provide capacity building and by  
516 providing access to Federal contracting opportunities.

517 VA will provide Veterans and eligible beneficiaries with personalized, proactive, patient-  
518 driven health care to optimize health and well-being, while providing state-of-the-art  
519 disease management. VA's Patient Aligned Care Teams (PACT) will ensure patient

520 engagement in self-care, preventive services, primary care, and mental health services.  
521 PACT is a partnership between the Veteran and the health care team with an emphasis  
522 on prevention, health promotion, and self-management. PACTs use a team-based  
523 approach, with various members of the team stepping in at different points in time to  
524 provide needed care. We will expand and refine, in coordination with DoD, research into  
525 the long-term consequences of TBI and PTSD. VA will increasingly seek to understand  
526 underlying health, injury and disorder mechanisms to create evidence-based diagnosis,  
527 treatment, and rehabilitation methods for Veterans and eligible beneficiaries with  
528 support from their families.

529 *Associated Agency Priority Goal(s):* Homelessness

530 *Performance Goals:*

- 531 1. Decrease the number of homeless Veterans (on a single night).
- 532 2. Decrease the Veteran unemployment rate for all age cohorts.
- 533 3. Increase the percentage of Montgomery GI Bill or Post 9/11 GI Bill participants  
534 who have successfully completed an education or training program.
- 535 4. Increase Prevention Index V scores – How well VA promotes healthy lifestyle  
536 changes, such as immunizations, hyperlipidemia, smoking cessation, and early  
537 screening for cancer.
- 538 5. Increase the dollars available to Veteran entrepreneurs through contracts  
539 awarded through procurement programs specifically aimed at Veterans as well  
540 as other procurement programs.
- 541 6. Decrease the Average Days to Complete (ADC) Homeless Veterans Claims.

542

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

545 *Lead Office:* TBD

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

553 We live in a connected world. The rapid pace of technological advancement is  
554 reshaping Veterans' expectations regarding how services, benefits, and support should  
555 be delivered. Today's client expects instant access to information and self-service  
556 options via the Internet, and increasingly through mobile devices like tablets and  
557 smartphones (and the next generation "smart" devices that are yet to be deployed).

558 To provide a personalized experience, we must listen, learn, and understand the needs  
559 and expectations of those we serve. We must have the knowledge, information and  
560 insight to understand why some choose not to fully engage with VA.

561 VA will eliminate the disability claims backlog in 2015. We will then implement a robust  
562 plan, and revisit procedures to ensure claims are addressed in no more than 125 days  
563 with at least 98 percent accuracy. The plan includes redesigning policies and  
564 procedures, continuing to enhance training for claims processors, and utilizing the most  
565 advanced IT. We will also increase the use of video teleconference hearings to address  
566 claims appeals.

567 VA will continue to expand implementation of PACT to improve partnerships with  
568 Veterans and eligible beneficiaries, increase team-based care coordination and  
569 management, and expand access to care. VA will improve patient-facing and clinician-  
570 facing e-health systems by expanding the development and use of health-related virtual  
571 modalities. These modalities include telehealth<sup>17</sup>, E-Consult<sup>18</sup>, secure messaging,  
572 MyHealtheVet, and mobile applications.

573 VA will enhance client satisfaction by capturing client data once, sharing it enterprise  
574 wide, and using this client data for a lifetime, which will promote more efficient use of  
575 data across business lines. We will identify sources of consistent, reliable, and  
576 authoritative Veteran data. We will establish architecture, business rules, roles and  
577 responsibilities, and governance to enable VA lines of business to use the authoritative  
578 common client data to improve delivery of benefits and services to Veterans. VA will  
579 gain access to additional external data, knowledge, and experiences so we can broaden  
580 our understanding of our client's needs and expectations. We will enable secure,  
581 privacy-protected electronic exchange of personal, health, and economic data on  
582 Veterans from induction oath through the final survivor benefit.

583 VA will rethink its operations as a Department, defining the fundamental crosscutting  
584 capabilities and interdependencies required to perform them. We will identify and  
585 address any internal organizational, policy, procedural, perceptual, and cultural  
586 boundaries that constrain our ability to coordinate, integrate, and deliver benefits and  
587 services.

588 VA will streamline its virtual presence (Web sites, portals and call centers), reducing  
589 duplication and enhancing personalization to enable clients to get the information they  
590 need, on their schedule.

---

<sup>17</sup> Telehealth uses information and telecommunication technologies to provide health care services in situations in which the patient and practitioner are separated by geographical distance. Telehealth in VA increases access to high quality health care services using Clinical Video Telehealth (CVT), Home Telehealth (HT) and Store and Forward Telehealth (SFT).

<sup>18</sup> E-Consult is an approach to provide clinical support from provider to provider. Through a formal consult request, processed and documented in the Computerized Patient Record System, a provider requests a specialist to address a clinical problem or to answer a clinical question for a specific patient. Utilizing information provided in the consult request and/or review of the patient's electronic medical record, the consultant provides a documented response that addresses the request without a face-to-face visit.

591 VA will increase access to burial benefits in national cemeteries by constructing five new  
592 national cemeteries and by recognizing and addressing the unique needs of Veterans  
593 and eligible beneficiaries who reside in densely populated urban areas as well as  
594 sparsely populated rural locations. We will ensure that the service and appearance of  
595 our national cemeteries meets the highest standards commensurate with these national  
596 shrines.

597 *Associated Agency Priority Goal(s):* Access, Backlog

598 *Performance Goals:*

- 599 1. Increase compensation claims processing timeliness and quality.
- 600 2. Increase percentage of claims filed online.
- 601 3. Increase the National Call Center Customer Satisfaction Overall Score.
- 602 4. Increase the percentage of patients rating VA Health Care as 9 or 10 on a scale  
603 from 1 to 10 (outpatient).
- 604 5. Increase the number of registered eBenefits users.
- 605 6. Increase the percentage of patients participating in Telehealth.
- 606 7. Increase the percentage of respondents who rate the quality of service provided  
607 by the national cemeteries as excellent.
- 608 8. Increase the percentage of the Veteran population who have access to a burial  
609 option in a national or state Veterans cemetery within 75 miles of their residence.
- 610 9. Increase the percentage of respondents who rate the appearance of national  
611 cemeteries as excellent.
- 612 10. Reduce the number of times that a Veteran has to provide redundant information  
613 to VA entities.

614

## 615 **Goal 2: Enhance and Develop Trusted Partnerships**

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

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

627

### 628 **Objective 2.1: Enhance VA's Partnership with DoD**

629 *Lead Office:* Office of Policy and Planning

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

643 VA and DoD will continue to work towards achieving these goals with its many DoD  
644 partners through the VA-DoD Joint Executive Council (JEC) in order to improve  
645 business practices, ensure high quality cost effective services for both VA and DoD  
646 beneficiaries, facilitate opportunities to improve resource utilization and sharing, and to  
647 remove barriers that might impede collaborative efforts.

648 VA and DoD will create an authoritative source of health information for DoD and VA  
649 beneficiaries, which will include the delivery of a highly flexible, reliable, secure,  
650 maintainable, and sustainable system such as the Integrated Electronic Health Record  
651 (iEHR).

652 VA and DoD will jointly implement the separation health assessment based upon the  
653 joint common criteria established by the Departments. VA will continue to partner with  
654 DoD and increase the information and self-service capabilities available through the  
655 eBenefits portal for active duty Servicemembers and Veterans and eligible beneficiaries.

656 *Performance Goals:*

- 657 1. Increase the percentage of active duty, National Guard and Reserve  
658 Servicemembers with an eBenefits log-on by the end of FY 2015.
- 659 2. Increase the percentage of Servicemembers receiving a separation health  
660 assessment or examination within 180 days of separation or transition.
- 661 3. Increase the percentage of IDES discharges that meet VA-DoD goal of 60  
662 percent of cases completed within 295 days.
- 663 4. Achieve data interoperability between VA and DoD for seven clinical capability  
664 domains by December 2013 and evolve VistA with an initial operating capability  
665 (IOC) by 2014 with a new user experience, two new capabilities at two pilot sites  
666 and full operating capability (FOC) by 2017.
- 667 5. Increase the percentage of VA and DoD providers trained in the use of consistent  
668 models of evidence-based practice for PTSD, depression, and other  
669 psychological health conditions.

670

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

673 *Lead Office:* Office of Public and Intergovernmental Affairs

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

685 VA will increase partnership opportunities with non-profits, academic affiliates, states  
686 and tribal organizations and private sector organizations that can supplement VA  
687 services and help fill urgent or emerging gaps in services. We will pursue opportunities  
688 for partnering with organizations that can best provide what we cannot or should not.

689 VA will recognize its excellent partners in each category. This outreach will identify best  
690 practices and then allow VA to certify those organizations meeting those practices.

691 VA will foster stronger collaboration and information exchange with our partners to  
692 ensure policies, procedures, and business practices are aligned and consistent across  
693 the spectrum of benefits and services providers.

694 *Associated Agency Priority Goal(s):* Homelessness

695 *Performance Goals:*

- 696 1. Increase the number of formal (documented) partnerships.
- 697 2. Increase the Partnership Satisfaction Survey overall score.
- 698 3. Increase the number of states/cities integrated into VA's outreach database.
- 699 4. Increase the number of organizations recognized for excellence.
- 700 5. Increase the number of informal collaborations.
- 701 6. Increase access to VA programs and services (through partnerships).
- 702 7. Increase the number of new state and tribal Veterans cemeteries.

703

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

706 *Lead Office:* Office of Public and Intergovernmental Affairs

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

713 VA will establish a robust, authoritative communications capability that provides and  
714 aligns a clear, concise, positive, and compelling message. We will establish  
715 standardized corporate communications policies and procedures to coordinate efforts  
716 across the Department.

717 VA will establish internal standardized enterprise outreach policies and procedures to  
718 coordinate efforts across the Department.

719 VA will develop outreach plans and strategies in collaboration with our partners to  
720 ensure Veterans and eligible beneficiaries and their families are aware of all of the  
721 programs for which they are eligible; not only those provided by VA and not solely  
722 programs designed to serve a Veteran-only population. We will pursue joint outreach  
723 campaigns to enable sharing of communications channels and audiences to reach more  
724 Veterans and eligible beneficiaries.

725 *Performance Goals:*

- 726 1. Increase the number of Veterans accessing VA services or benefits.
- 727 2. Increase the number of Veterans with whom VA currently communicates.
- 728 3. Increase the number of states with signed demographic data sharing  
729 agreements.
- 730 4. Increase Veteran satisfaction with VA services.

731 **Goal 3: Manage and Improve VA Operations to Deliver Seamless and**  
732 **Integrated Support**

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

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

745

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

747 *Lead Office: TBD*

748 VA recognizes that an organization is only as strong as its people, and realizes that it  
749 must build on successes and continue to transform the way it manages human capital.  
750 VA is a customer service organization. VA's greatest asset is its workforce.

751 VA's workforce must be able to adapt to the changing demographics, needs, and  
752 expectations of the Veteran population as well as changes in the workforce population.  
753 More than 30 percent of VA's workforce is eligible for retirement, including roughly 50  
754 percent of VA's senior executives. Today, we have skills gaps in health care, acquisition,  
755 claims processing, human resources (HR), and IT, and we need to address those and  
756 build the workforce for tomorrow. The skills needed for success in the future are not the  
757 skills of today. VA must recruit, train, motivate, and lead its workforce with inspired and  
758 inspiring leadership. VA must consider human capital management and workforce  
759 planning as key enablers for every initiative or project we undertake in order to have the  
760 right people with the right skills in the right job at the right time.

761 By means of collaboration throughout the Department, VA will identify the critical skills  
762 and competencies needed to achieve the best current and future results and develop  
763 strategies that are tailored to address skills gaps. To fully succeed in transformation and  
764 continue on the successes built to date, VA will develop strategic leaders and build a  
765 cadre of talented successors in the federal government's management and executive  
766 functions. VA will develop and cultivate leadership skills and build the pipeline for future  
767 leaders to ensure effective succession management plans.

768 VA will centralize the governance of Human Capital Management (HCM) through a  
769 network of virtual Centers of Excellence using a strategic approach that includes top  
770 management, employees, and other stakeholders.

771 VA will improve strategic HCM by implementing an enterprise-wide, career development  
772 and training management program, and identifying organizational owners for  
773 occupational specialties.

774 VA will require ongoing development of leadership capabilities and develop enterprise-  
775 wide strategies that, when implemented throughout the organization, will improve  
776 employee engagement, increase individual contribution and satisfaction by fostering  
777 ownership, empowerment, resiliency and commitment to serving Veterans and eligible  
778 beneficiaries.

779 *Performance Goals:*

- 780 1. Improve our position on the Office of Personnel Management (OPM) Federal  
781 Employee Viewpoint Survey – Best Places to Work.
- 782 2. Increase our scores on the OPM Federal Employee Viewpoint Survey Talent  
783 Management Index.
- 784 3. Increase the percentage of Veterans in VA workforce.
- 785 4. Decrease VA's hiring timeline.
- 786 5. Improve High Performance Workplace score.
- 787 6. Increase the score of the Diversity Index.
- 788 7. Increase the retention rate.
- 789 8. Decrease VA's Veteran employee turnover rate (Veterans).

790

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

794 *Lead Office:* Office of Information and Technology

795 The explosion of information capabilities available to all citizens via the Internet and  
796 mobile computing has forever changed how individuals communicate with each other  
797 and with providers of goods and services. Information “on demand” is now a core  
798 expectation; so is the ability to transact both work and personal business “anytime,  
799 anywhere.” These trends have resulted in tremendous changes to what individuals  
800 expect in terms of customer service as well as how they expect to manage their own  
801 work life and career. For VA this presents huge challenges and opportunities in terms of  
802 how it delivers services to Veterans and eligible beneficiaries and how it empowers its  
803 employees to perform their duties. New and emerging IT capabilities must be delivered  
804 that:

- 805 • Enable each Veteran to manage his/her relationship with VA in a unified manner,  
806 with both the Veteran and the VA employees serving them able to access and

807 maintain a holistic view of the Veteran’s complete profile along with services  
808 entitled, available, and provided.

809 • Enable Veterans and eligible beneficiaries, VA employees and trusted partners  
810 with the ability to access authorized VA-maintained information “anytime,  
811 anywhere.”

812 • Enable VA employees with the flexibility to take advantage of emerging  
813 technologies to increase alternative work arrangements such as telework.

814 Inherent in these capabilities is recognizing the need to continually evaluate and  
815 address concurrently emerging information security challenges. Safeguarding Federal  
816 computer systems and supporting critical IT infrastructure has been an ongoing Federal  
817 concern. Increased information sharing and use of mobile computing also serve to  
818 highlight the need to strengthen information security.

819 VA will implement an enterprise shared services strategy to offer broader service-based  
820 capabilities instead of point solutions.

821 VA will support and enhance enterprise-wide information sharing through the  
822 implementation of a Customer Data Integration (CDI) environment to identify, develop,  
823 designate and enforce authoritative information sources and services.

824 VA will continue its efforts on the Ruthless Reduction Task Force (RRTF) to identify and  
825 eliminate redundancies within VA’s IT environment.

826 VA will implement its Unified Communications Strategy to further leverage common  
827 services and reduce its IT footprint through the convergence of our facility voice, contact  
828 center, video, audio conferencing, and collaboration environments into a single platform  
829 and operational model.

830 VA will accelerate the implementation of our wireless infrastructure.

831 VA will develop and implement strategies to support “bring your own device” and “use  
832 your own device” to support the increasingly mobile workforces and Veteran population.

833 VA will continue to implement and extend the Continuous Readiness in Information  
834 Security Program (CRISP) operating model, including security management,  
835 contingency planning, configuration management, segregation of duties, and access  
836 controls for protecting VA sensitive information.

837 VA will continue to implement the use of Personal Identity Verification (PIV) Only  
838 Authentication (POA) for access to VA computer systems as mandated by Federal  
839 identification standards (Homeland Security Presidential Directive [HSPD] -12).

840 VA will pursue cost-effective system modernization to enhance operational and  
841 management processes and improve oversight.

842 *Performance Goals:*

- 843 1. Increase use of shared data and information.
- 844 2. Reduce number of redundant and legacy systems.
- 845 3. Increase wireless and mobile capabilities.
- 846 4. Work with the Department to reduce number of sensitive data loss incidents.

847

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

850 *Lead Office:* TBD

851 The size of the Veteran population may be decreasing, but the demographics and  
852 preferences are increasing in complexity. VA's infrastructure – organizational structure,  
853 equipment, and facilities – must become more flexible and scalable in order to better  
854 serve Veterans of today and tomorrow.

855 VA will rethink how it operates as a Department, defining the fundamental cross-cutting  
856 capabilities and interdependencies required to achieve them. We will identify and  
857 address any internal organizational, policy, procedural, perceptual, and cultural  
858 boundaries that constrain our ability to coordinate, integrate, and deliver benefits and  
859 services. VA will evaluate alternate organizational designs that improve integration of  
860 benefits and services to provide the client a coordinated experience when utilizing  
861 multiple benefits and services.

862 VA will explore opportunities for sharing facilities and services across VA and with other  
863 government agencies.

864 VA will continue capital planning efforts to provide safe, secure, modern, and  
865 sustainable infrastructure, and enhance capital planning efforts that increase the  
866 flexibility of VA's capital infrastructure to accommodate integration of services and  
867 promote sharing of physical and virtual space within and between VA and its partners.

868 VA will expand "connected" health benefits and services to reduce our dependency on  
869 physical infrastructure.

870 *Performance Goals:*

- 871 1. Increase the number of collocated VBA, VHA, and NCA facilities.
- 872 2. Increase the number of collocated facilities with partners.
- 873 3. Increase the cost savings as a result of improved organizational alignment.
- 874 4. Increase the number of VISNs that meet 70-percent access to primary care  
875 target.

- 876 5. Increase the number of projects taken off existing Extremely High-Risk Seismic  
877 Report.
- 878 6. Increase the number of VA facilities that meet established green and  
879 sustainability goals.
- 880 7. Reduce the number of known building condition deficiencies.

881

882 ***Objective 3.4: Enhance Productivity and Improve the Efficiency of the Provision of***  
883 ***Veteran Benefits and Services***

884 *Lead Office: TBD*

885 VA has a fundamental responsibility to be an effective steward of taxpayer dollars. VA  
886 must continue to eliminate wasteful spending and ensure that the proper controls,  
887 practices, and safeguards are in place to prevent misspending of tax dollars.

888 VA will continue to be good a steward of its resources by closely monitoring agency  
889 travel to mission essential needs. We will continue working to decrease improper  
890 payments, recapture misallocated funds, and dispose of unnecessary real estate.

891 VA will improve the models and systems used to forecast and capture cost. We will  
892 adopt the direct tracking of people, equipment, and consumables. We will implement a  
893 modernized financial management system.

894 VA will continue to mature its capability based planning, programming, budgeting, and  
895 execution (PPBE) process to tie strategy to budget and budget to performance.

896 VA will continue to review its internal buying patterns and identify opportunities for  
897 strategic sourcing to combine contracts to achieve significant savings for recurring  
898 requirements.

899 VA will develop a strategic capital equipment planning model and a plan to improve  
900 medical equipment life cycle.

901 *Performance Goals:*

- 902 1. Reduce the amount of obligations per unique patient user.
- 903 2. Reduce improper payments.
- 904 3. Reduce the cost per processed claim while improving timeliness and accuracy.
- 905 4. Increase the percentage of medical care delivered remotely.
- 906 5. Achieve targeted travel savings across all organizations.

907

908

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

911 *Lead Office: Office of Operations, Security & Preparedness*

912 Hurricane Sandy (2012), the bombing at the Boston Marathon (2013), the emergence of  
913 the H7N9 influenza strain in China (2013), and the fertilizer plant explosion in West, TX  
914 (2013) all serve as recent reminders that natural, public health, and technological  
915 disasters and terrorist attacks can occur at any time, in any place, and with little or no  
916 warning. VA must protect against and prepare to respond to as well as recover from all  
917 hazards to ensure the safety and security of Veterans and eligible beneficiaries,  
918 volunteers, employees, and visitors at VA facilities while integrating, improving, and  
919 increasing VA's resilience through operational continuity and preparedness.

920 VA defines "readiness" as the ability to serve Veterans and eligible beneficiaries now  
921 and on a day-to-day routine basis, and "preparedness" as the ability to serve Veterans  
922 and eligible beneficiaries in times of crisis and to serve as a national asset to the Nation.  
923 These aspects of "readiness" and "preparedness" define the Department's 4<sup>th</sup> Mission.  
924 The priorities of the 4<sup>th</sup> Mission include personnel accountability (e.g. Veterans and  
925 eligible beneficiaries, employees, contractors, and others on VA property); establishing  
926 and maintaining command, control, and communication; continuing to provide services  
927 to Veterans and eligible beneficiaries; and for VA to serve as a National asset following  
928 an emergency or disaster.

929 VA will continue to develop and refine our Continuity Program in accordance with  
930 HSPD-20 – National Continuity Policy, in order to maintain a resilient, comprehensive,  
931 and effective VA Continuity program. VA will support the Nation during an emergency  
932 through the Department's Primary Mission Essential Function "provide medical and  
933 hospital services for Veterans and eligible beneficiaries and, during a disaster or  
934 emergency, to civilian victims as appropriate." VA will ensure compliance with Federal  
935 standards for continuity communications.

936 VA will, through the VA Comprehensive Emergency Management Program, continue to  
937 provide support to DoD hospital contingency support, DHS/Federal Emergency  
938 Management Agency (FEMA) support to State and local emergency management  
939 missions under the National Response Framework, the National Disaster Medical  
940 System, and the National Disaster Recovery Framework, and to other Federal  
941 Departments and Agencies as appropriate in support of Presidential Policy Directive-8 –  
942 National Preparedness.

943 VA will build upon successes in the development and implementation of the VA  
944 Integrated Operations Center (VA IOC) in order to provide the Secretary a single office  
945 responsible for proactively collecting, coordinating, and analyzing information in order to  
946 make recommendations to VA leadership. The VA IOC will facilitate timely decision-  
947 making by providing situational awareness and fully coordinated recommendations  
948 relative to developing and ongoing events and incidents that have the potential to  
949 impact VA.

950 VA will continue to develop and refine a robust and comprehensive Department  
951 Exercise, Training, and Evaluation Program in accordance with DHS National Exercise  
952 program.

953 VA will complete implementation of HSPD-12 as part of the ongoing effort to secure the  
954 safety of all VA facilities. VA will develop and implement a Department-wide Identity  
955 Credentialing and Access Management (ICAM) program in order to ensure suitability of  
956 VA employees, contractors, and affiliates as part of an effort to ensure the safety and  
957 security of Veterans and eligible beneficiaries, volunteers, employees, and visitors at VA  
958 facilities.

959 VA will establish a comprehensive enterprise wide risk management program to  
960 coordinate and synchronize multiple risk management practices across multiple  
961 organizations.

962 VA will evaluate and streamline vulnerability assessment programs of VA facilities in  
963 order to mitigate against natural and technological disasters and terrorist attacks.

964 VA will develop and implement an Insider Threat program in accordance with Executive  
965 Order 13587 - Structural Reforms to Improve the Security of Classified Networks and  
966 the Responsible Sharing and Safeguarding of Classified Information in order to protect  
967 classified material in the VA.

968 *Performance Goals:*

- 969 1. Increase the Department's preparedness posture to respond to and recover from  
970 all-hazards incidents.
- 971 2. Reduce VA's vulnerability to insider threats, and safety and security risks.
- 972 3. Increase Department-level situational awareness and information analysis within  
973 the VA IOC.

974

975 **VII. CROSS-AGENCY PRIORITY GOALS**

976 Per the Government Performance and Results Modernization Act (GPRAMA) of 2010  
977 requirement to address Cross-Agency Priority (CAP) Goals in the agency strategic plan,  
978 the annual performance plan, and the annual performance report, please refer to  
979 <http://www.performance.gov> for the agency’s contributions to those goals and progress,  
980 where applicable. The Department of Veterans Affairs currently contributes to the  
981 following CAP Goals:

- 982 • Veteran Career Readiness
- 983 • Job Training
- 984 • Cyber Security
- 985 • IT Management/Data Center Consolidation
- 986 • Human Capital Management/Closing Skills Gaps
- 987 • Entrepreneurship and Small Business
- 988 • Procurement and Acquisition Management/Strategic Sourcing
- 989 • Real Property Management
- 990 • Financial Management/Improper Payments
- 991 • Sustainability

992

993 **VIII. PERFORMANCE MEASUREMENT, EVALUATION, AND**  
994 **MONITORING PROGRESS**

995 In accordance with the GRPAMA of 2010, VA will work closely with OMB to make the  
996 Department’s performance data transparent and accessible by publishing content on  
997 [www.performance.gov](http://www.performance.gov). Content will be updated to show VA’s strategic goals, objectives,  
998 and priority goals, as well as CAP Goals. As time progresses, VA will work with OMB on  
999 updating information from its strategic plan, performance plan, and progress reports.  
1000 The information will be published in a format that will allow users to see trends, look  
1001 across goals that contribute to common themes, see programs that contribute to  
1002 common goals, and cross-reference other related data. VA’s stakeholders, partners, and  
1003 the public at large will all have access to this content.  
1004

1005 **IX. PLAN DEVELOPMENT ENGAGEMENT AND CONSULTATION**

1006 This plan reflects inputs from stakeholders across the Department, VA's workforce,  
1007 external partners, Veterans and eligible beneficiaries, and the general public.

1008 Representatives from each of the Department's Administrations and Staff Offices  
1009 worked together to conduct environmental scans, build alternate futures scenarios,  
1010 identify gaps and propose strategies to close the gaps, developing the "bottom-up"  
1011 perspective.

1012 Concurrently, VA senior leadership held strategic visioning sessions to provide the "top-  
1013 down" view and provide an enterprise-wide aspect to the strategies in development.

1014 Consultations were held with Congress, the National Association of State Directors of  
1015 Veterans Affairs (NASDVA), VSOs, MSOs, unions, and VA advisory committees.

1016 In general, the goals and objectives resonated with our partners and our clients.

1017 **APPENDIX: LIST OF ACRONYMS**

ACA	Affordable Care Act
ADC	Average Days to Complete
APGs	Agency Priority Goals
ATA	American Telemedicine Association
ARCH	Access Received Closer to Home
CAE	Corporate Analysis and Evaluation
CAP	Cross-Agency Priority
CBOC	Community-Based Outpatient Clinic
CDI	Customer Data Integration
CIP	Critical Infrastructure Protection
CRISP	Continuous Readiness in Information Security Program
CVT	Clinical Video Telehealth
DHS	Department of Homeland Security
DoD	Department of Defense
DoL	Department of Labor
DME	Development, Modernization, and Enhancement
ECA	Expedited Claims Adjudication
EVEAH	Enhancing Veterans Experience and Access to Health Care
EVH	Eliminate Veteran Homelessness
FDC	Fully Developed Claim
FEMA	Federal Emergency Management Agency
FOC	Full Operating Capability
GAO	Government Accountability Office
GPRAMA	Government Performance and Results Modernization Act of 2010
HCIP	Human Capital Investment Plan
HCM	Human Capital Management
HHS	Department of Health and Human Services
HT	Home Telehealth
HUD	Department of Housing and Urban Development
HUD-VASH	Department of Housing and Urban Development – VA Supportive Housing Program
HSPD	Homeland Security Presidential Directive
ICAM	Identity Credentialing and Access Management
IDES	Integrated Disability Evaluation System
IEDs	Improvised Explosive Devices
iEHR	Integrated Electronic Health Record
IOC	Initial Operating Capability
IPT	Integrated Project Team
IT	Information Technology
JEC	Joint Executive Council
MI	Major Initiative
MSO	Military Service Organization
NASDVA	National Association of State Directors of Veterans Affairs

NCA	National Cemetery Administration
NMHC	New Models of Health Care
OAO	Office of Acquisition Operations
OEF/OIF/OND	Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn
OMB	Office of Management and Budget
OPM	Office of Personnel Management
OSDBU	Office of Small and Disadvantaged Business Utilization
PACT	Patient Aligned Care Team
PIT	Point-in-Time
PIV	Personal Identification Verification
POA	Personal Identification Verification Only Authentication
PPBE	Planning, Programming, Budgeting, and Execution
PTSD	Post Traumatic Stress Disorder
R&D	Research and Development
RPO	Regional Processing Offices
RRTF	Ruthless Reduction Task Force
SFT	Store and Forward Telehealth
SGLI	Servicemembers' Group Life Insurance
SHEP	Survey of Health Experience of Patients
SPT	Strategic Planning Team
TAP/DTAP	Transition Assistance Program/Disabled Transition Assistance Program (Transition GPS (Goals Plans Success))
TBI	Traumatic Brain Injury
USICH	United States Interagency Council on Homelessness
VA	Department of Veterans Affairs
VACO	Veterans Affairs Central Office
VA IOC	Veterans Affairs Integrated Operations Center
VBA	Veterans Benefits Administration
VBMS	Veterans Benefit Management System
VGLI	Veterans' Group Life Insurance
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VLER	Virtual Lifetime Electronic Record
VRAP	Veterans Retraining Assistance Program
VRM	Veterans Relationship Management
VOW	Veterans Opportunity to Work to Hire Heroes Act of 2011
VSO	Veterans Service Organization