VA

U.S. Department of Veterans Affairs

FY 2019 / FY 2017 Annual Performance Plan and Report (APP&R)

www.va.gov

February 2018

FY 2019/FY 2017

Annual Performance Plan and Report

Message from the Secretary of Veterans Affairs

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

This Fiscal Year (FY) 2019/FY 2017 Annual Performance Plan and Report documents the Department of Veterans Affairs (VA) accomplishments and challenges in providing health care and benefits to millions of Veterans and their eligible dependents. Based on internal evaluations, I assure you that the performance information contained in this report accurately describes VA results for FY 2017. The Agency Financial Report, submitted in November 2017, contains financial details about VA's FY 2017 activities.

Highlights from the report include improvements as well as sustained excellence in several of our major efforts on behalf of Veterans. Examples include:

- As of December 11, 2017, 57 communities and three states (Connecticut, Delaware, and Virginia) were certified by the Department of Housing and Urban Devlopment (HUD), VA, and United States Interagency Council on Homelessness to have ended Veteran homelessness.
- In FY 2017, 90 percent of participants at risk for homelessness (Veterans and their households) who were served by Support Services for Veteran Families were prevented from becoming homeless.
- VA ensured that 90 percent of VA facilities achieved the goal of improving or preventing declines in Veteran access to mental health care, quality of mental health care, or satisfaction with mental health care.
- VA achieved a 94.4 percent national accuracy on its issue-based disability compensation rating claims.
- On a scale of 0 – 10, VA achieved an average rating of 8.8 by patients regarding their recent VA hospitalization.
- Ninety-six percent of surveyed respondents rated the quality of service provided by the national cemeteries as excellent.

VA's overarching priority is providing Veterans with high-quality benefits, care, and services that meet their needs in the way they wish to be served. We will continue to move forward with providing Veterans with better choices, improved timeliness of those services they need and want, modernizing our systems and focusing our resources more efficiently to better address significant challenges Veterans face such as death by suicide and transition from military service. We are redefining how we measure success. Most importantly, we will measure our progress in terms of how our Veterans have benefited from our efforts. Our relationship with our Veterans will reflect an improved understanding of their life journey and their needs that results in a VA that best meets Veterans expectations and provides enhanced value to American taxpayers.

David J. Shulkin, M.D.

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Transition at the Department of Veterans Affairs

FY 2018 will be a year of transition for the Department of Veterans Affairs: we have drafted a new Strategic Plan for FY 2018 – FY 2024 that re-imagines our relationship with Veterans and how we serve them. The new plan incorporates the President's vision for VA and Secretary Shulkin's priorities. As a result, the metrics we track and the targets we strive to achieve will change significantly in some instances.

The new plan takes effect upon release of the FY 2019 President's Budget in February 2018. This Annual Performance Plan and Report (APP&R) is presented in alignment with the former Strategic Plan, covering FY 2014-2018.

Many of the measures VA tracked externally for the last several years will be reported on for the last time in FY 2018. While many of these were appropriate for driving operations, they do not provide a good gauge of the outcomes we are delivering to Veterans. As a result, nearly 60 measures out of a portfolio of 75 will be moved to internal reporting, and replaced by approximately 40 new measures in FY 2019.

While the strategies for serving Veterans will change over time, the reader will find a certain level of continuity between strategic plans and performance reports as we strive to provide the best health care and the greatest access to benefits possible for Veterans.

Mission Statement

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

The Department of Veterans Affairs (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 armed forces. 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:

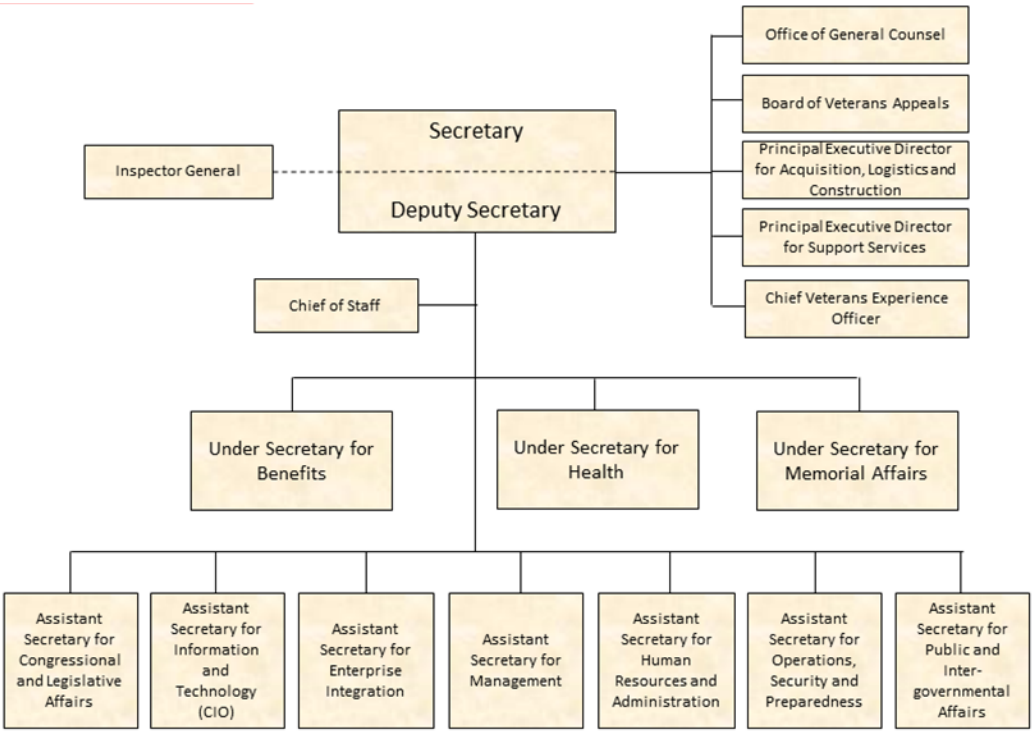
- The **Veterans Health Administration** (VHA) provides a broad range of primary care, specialized care, and related medical and social support services that are uniquely related to Veterans' health or special needs. VHA advances medical research and development in ways that support Veterans' needs by 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. These benefits include compensation, pension, 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. These benefits include burial at national cemeteries, cemetery grants, headstones and markers and medallions and Presidential Memorial Certificates.

- The **VA 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



Cross-Agency Priority Goals

The Government Performance and Results Modernization Act require 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.

Strategic Goals Overview

VA's strategic plan for FY 2014-2020, developed in 2013 and 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

The Department's new strategic plan for FY 2018-2024, released with the FY 2019 President's Budget and this year's APP&R, articulates the framework for transforming

the VA over the next 7 years. Under the new plan, to which the APP&R will align in the FY 2018 report, VA will accomplish the following strategic goals:

> Strategic Goal 1: Veterans choose VA for easy access, greater choices, and clear information to make informed decisions
> Strategic Goal 2: Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey
> Strategic Goal 3: Veterans trust VA to be consistently accountable and transparent
> Strategic Goal 4: VA will modernize systems and focus resources more efficiently to be competitive and to provide best-in-class capabilities to Veterans and its employees

VA is in the process of developing measures and detailed plans for FY 2019 and beyond that will support the new strategic plan. The proposed list of measures active in FY 2019 can be found in the Appendices beginning on page 83.

Management Objectives and Priorities

In FY 2017, Secretary Shulkin and VA focused on five priorities: providing greater choice for Veterans, modernizing our systems, focusing resources more efficiently, improving timeliness of services, and preventing suicide.

VA Priority Goals for FY 2018 – FY 2019

Suicide Prevention: The Veterans Health Administration (VHA) will proactively identify and provide interventions for at-risk Veterans, both those using VHA care and those using other care systems, to prevent suicide and overdose death. VHA will increase the use of interventions for Veterans at-risk for suicide through the use of predictive modeling and enhanced engagement strategies.

Veteran Customer Experience: VA will increase Veterans' trust in VA.

Community Care: Improve Veterans' health outcomes and experiences by consolidating all VA-purchased care programs into one modernized community care program.

Appeals: Improve VA's claims and appeals process by implementing the new, streamlined framework authorized by the Veterans Appeals Improvement and Modernization Act of 2017.

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, like all individuals, they are 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 he/she takes the induction oath and when the last survivor receives the last benefit.

Objective 1.1: Improve Veteran wellness and economic security

VA is committed to improving Veterans' wellness and economic security and made significant strides towards achieving this by leveraging strategic partnerships to support a variety of Veteran programs such as ending homelessness and obtaining employment. Numerous outreach efforts helped Veterans understand what VA offers and how to access the benefits and services they earned. Vocational Rehabilitation and Employment Services supported the education and career goals of Veterans with disabilities to promote their independence.

Objective 1.1 Related Performance Measures

Homelessness

Tremendous progress is being made community by community since the launch of Opening Doors, the Federal Strategic Plan to End Veteran Homeless in 2010. Since FY 2010, more than 600,000 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 the Department of Housing and Urban Development (HUD), the United States Interagency Council on Homelessness (USICH), other Federal agencies, state and

local governments, and volunteer organizations contributed to this significant accomplishment.

Our progress illustrates what can be achieved when government agencies partner with citizens and community leaders to tailor the delivery of services to meet the needs and expectations of the community. As of December 11, 2017, 57 communities and three states (Connecticut, Delaware, and Virginia) were certified by HUD, VA, and USICH to have ended Veteran homelessness, which generally means those communities have identified all homeless Veterans by name and have infrastructure in place to quickly put those Veterans on the pathway to permanent housing.

For the current listing of states and communities that have ended Veteran homelessness, visit http://www.va.gov/HOMELESS/endingVetshomelessness.asp.

Both independently and in tandem with other federal agencies, VA strives to meet the needs of Veterans by providing various services that help Veterans secure permanent housing and achieve their full potential. These include:

- Health care
- Housing solutions
- Job training
- Other various wraparound services

VA also partners with many other public and private entities to expand access to meaningful employment, affordable housing and move-in essentials. Our work is guided by the Housing First approach, which is based on the premise that when Veterans have a place to call home, they are best able to benefit from the supportive services they need.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	30%	30%	45%	50%	N/A
Actual	42%	45%	50%	51%	---

Analysis of Results

In FY 2017, VA exceeded the 50 percent target by 1 percentage point with 51 percent of Veterans reporting employment upon discharge from VA homeless residential programs. Employment is a key element in helping Veterans transition permanently out of homelessness or to avoid it all together by increasing access to permanent housing and improving housing stability. Employment provides improved quality of

life, increased self-confidence and independence, opportunities for socialization, and a decreased reliance on institutional care.

As part of our commitment to this critical component of eliminating homelessness, VA introduced Homeless Veteran Community Employment Services (HVCES) in 2014. HVCES is staffed by Vocational Development Specialists who function as Community Employment Coordinators (CEC) and Employment Specialists. Approximately 150 CECs are in place at VA Medical Centers across the country. Additionally, the Health Care for Homeless Veterans (HCHV) and Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Programs provide Employment Specialists at a limited number of VA Medical Centers based on local needs.

HVCES staff ensures a range of employment services are accessible to Veterans who have experienced homelessness and may need individualized support to overcome barriers that would otherwise prevent them from being able to return to work, such as a poor work history; lack of transportation or appropriate clothing; criminal history; and co-occurring substance use and/or mental health issues. HVCES staff members are embedded in homeless program teams within VA Medical Centers and complement existing employment services, and are a bridge to employment opportunities and resources in the local community.

In FY 2017, approximately 7,000 Veterans exited homeless residential programs with employment. This represents a consistent upward trend over the past four years. In addition, employment rates for Veterans housed through HUD-VASH exceeded the national target by 4 percent.

Plans for the Future

Employment will continue to be a critical component of the supportive services provided to Veterans served by VHA homelessness programs. HVCES Employment Specialists and CECs will work with VA staff, community agencies, state and federal partners and local employers to insure that even chronically homeless Veterans will have access to employment opportunities. VA expects that employment rates for Veterans served by VHA homelessness programs will continue to demonstrate incremental increases and exceed targets.

Employers can visit http://www.va.gov/HOMELESS/HVCES.asp to contact their local CEC and learn more about the benefits of hiring Veterans exiting homelessness programs.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018

Target	90%	90%	85%	85%	85%
Actual	90%	84%	92%	90%	---

Analysis of Results

In FY 2017, VA exceeded the 85 percent target by 5 percentage points as 90 percent of participants at risk for homelessness (Veterans and their households) served in SSVF were prevented from becoming homeless.

In FY 2017, VA awarded $343 million in grant funding through the SSVF program to 288 organizations in all 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands. SSVF assisted over 129,450 individuals, including over 83,900 Veterans (of those assisted, over 11,300 were female Veterans) and over 27,500 children in more than 14,100 households. Of the nearly 31,000 program participants discharged from SSVF case management services, 90 percent obtained permanent housing.

Plans for the Future

In FY 2018, VA will retain the target of 85 percent for "Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless". As the number of homeless Veterans declines in some communities, SSVF grantees serving these areas will shift resources to prevention and reducing homeless inflows. Through partnerships with HUD, USICH, other Federal agencies, state and local governments and volunteer organizations, VA will also continue to accelerate efforts to permanently house, rapidly rehouse, or prevent Veterans and their families from falling into homelessness utilizing VA's homeless continuum of services and targeted community resources. Central to the strategy is providing permanent supportive housing in the HUD-VA Supportive Housing (HUD-VASH) program and rapid rehousing in the SSVF program. Both permanent supportive housing and rapid rehousing are proven practices that enable Veterans to move quickly into permanent housing.

This measure will be replaced by a new, more comprehensive measure that tracks Veterans placed in permanent housing through HUD-VASH, rapid rehousing placements through the SSVF program, exits from VA residential programs to permanent housing, and exits to permanent housing from SSVF services. The new measure will give the public a better understanding of the scope and success of all of VA's initiatives aimed at ending homelessness among Veterans and their families.

Percent of Veterans discharged from VA-funded residential treatment programs (Grant and Per Diem or Domiciliary Care Homeless Veterans) that discharge to permanent housing (VHA #403)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	65%	65%	65%	65%	N/A

Actual	69%	70%	71%	64%	---

Analysis of Results

In FY 2017, VA came within 1 percentage point of achieving its 65 percent target with 64 percent of Veterans discharged from VA-funded residential treatment programs (Grant and Per Diem and Domiciliary Care Homeless Veterans) being discharged to permanent housing. A more rigorous definition of permanent housing to align with the Department of Housing and Urban Development's standard contributed to a minor dip in performance.

Overall, FY 2017 was a very successful year. Grant and Per Diem (GPD) is VA's largest transitional housing program and provided over 13,000 beds nationwide. Over 23,500 Veterans entered GPD transitional housing, more than 14,400 homeless Veterans exited to permanent housing, and over 390 Transition in Place Model (TIP) Housing Units were operational in FY 2017.

Our success can be attributed to continued emphasis on monitoring permanent housing outcomes with our community, Grant and Per Diem funded partners, and Domiciliary Care Homeless Veterans programs on a monthly basis.

Plans for the Future

In FY 2018, VA will continue to engage in a programmatic transformation with its homeless GPD transitional housing program to lower barriers to entry, reduce lengths of stay, and improve exits to permanent housing. This transformation will also provide VA greater flexibility for resource allocation, the ability to remain agile to evolving best practices for homeless services, and provide community providers the ability to also adapt and respond to the most current needs of homeless Veterans. As a major portion of this transformation includes having all GPD funded programs with designated program models. Each of these GPD transitional housing models has a role to meet specific local community needs. The new models began with new awards that started on October 1, 2017 (the new awards included all operational GPD transitional housing except TIP, which did not end until September 30, 2017). The GPD models in this new award include: Bridge Housing (BH), Low Demand (LD), Hospital to Housing (H2H), Clinical Treatment (CT) and Service Intensive Transitional Housing (SITH). The new models have differing purposes and we are in the first year of establishing targets for these new awards.

The Grant and Per Diem (GPD) program has made major changes in FY 2018, awarding a variety of new program models, with specific purposes and performance expectations to meet community need. Due to changes in the GPD program model that went into effect in early FY 2018, performance for this measure will no longer be reported

externally. As VA modernizes its systems and processes we are incorporating new measures that better reflect Veteran and management outcomes. This measure will continue to be tracked internally so that we can understand the challenges with the new GPD transitional housing models provide technical assistance and continuously improve performance.

Percent of HUD-VASH vouchers allocated that have resulted in homeless Veterans obtaining permanent housing (VHA #535)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	90%	90%	92%	92%	94%
Actual	90%	92%	92%	92%	---

Analysis of Results

In FY 2017, VA met its 92 percent target for HUD-VASH vouchers allocated that resulted in homeless Veterans obtaining permanent housing. HUD-VASH's primary goal is to move Veterans and their families out of homelessness, with an emphasis on chronically and highly vulnerable homeless populations. In FY 2017, over 77,850 Veterans were housed through HUD-VASH. In addition to housing vouchers, HUD-VASH provides case management services designed to assist Veterans in obtaining supportive services that improve quality of life and help address mental health and substance use problems. Since FY 2008, there have been over 146,300 Veterans who have moved in to permanent housing through this program.

VA Medical Centers have used landlord engagement to help house Veterans, especially in communities where housing stock is limited. Additionally, some VA Medical Centers have dedicated housing specialists to help Veterans identify housing and complete the lease process.

Plans for the Future

In FY 2018, VA will increase the target from 92 percent to 94 percent. VA will continue to emphasize the importance of serving those with the greatest need. Through partnerships with HUD, USICH, other Federal agencies, state and local governments and volunteer organizations, VA will also continue to accelerate efforts to permanently house, rapidly rehouse, or prevent Veterans and their families from falling into homelessness utilizing VA's homeless continuum of services and targeted community resources. Central to the strategy is providing permanent supportive housing in the HUD-VASH program and rapid rehousing in the SSVF program. Both permanent supportive housing and rapid rehousing are proven practices that enable Veterans to move quickly into permanent housing.

Health Care

VA health care is America's largest integrated health care system with nearly 1700 sites of care, serving 9.05 million Veterans each year.

VA provides mental health services at medical centers and community-based outpatient clinics. In addition, readjustment counseling services are available for eligible Veterans and their families at Vet Centers across the nation. All mental health care provided by VA supports recovery, striving to enable people to live meaningful lives in their communities and achieve their full potential. For more information about mental health services, visit the VA Mental Health website at www.mentalhealth.va.gov or the Vet Center website at www.vetcenter.va.gov.

Mental Health Balanced Scorecard (VHA #598)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	N/Av	(Baseline)	90% of facilities at/or above target	90% of facilities at/or above target
Actual	N/Av	N/Av	91% of facilities above target at the end of the performance year	90% of facilities above target at the end of the performance year	

Analysis of Results

Compared to the end of last fiscal year, VA ensured that 90% of facilities achieved the goal of improving or preventing declines in Veteran access to mental health care, quality of mental health care, or satisfaction with mental health care.

Plans for the Future

VA supports improving the quality of mental health care through up-to-date data reporting, assistance from implementation and mental health experts (including site visits when needed), and a new Mental Health Hiring Initiative that will improve staff availability.

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 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	57%	58%	58%	58%	60%
Actual	57%	57%	59%	60%	---

Analysis of Results

In FY 2017, VA exceeded the target for "Percent of patients who responded "yes" on Patient Centered Medical Home survey questions that contribute to the Self-Management Support Composite" by 2 percent. Self-management refers to actions that patients take and decisions they make regarding their own health, such as eating healthy, exercising more, and quitting smoking. Providing self-management support means working with patients to help them manage their own health better by setting specific goals and action plans to reach them.

Plans for the Future

In order to continue its success with the self-management support index in FY 2018, VA will continue to train primary care clinical staff to connect with patients; identify their concerns, preferences, and needs; assist with behavior changes; discuss healthcare goal-setting and barriers; and co-create self-management action plans. Action plans may consist of a patient utilizing MyHealtheVet to log exercise and food intake in the "Journals" section and to track their health records. Self-management support can be incorporated into daily practice in a variety of ways including: using all members of the clinical care team; using each medical office visit to identify, encourage, and track patient behavior change efforts; incorporating self-management support into shared medical appointments for chronic medical conditions; and supporting patients by referring them to VHA and community-based Veteran-centered health education and self-management support programs.

Patient Safety Indicator (PSI) 90 (VHA# 674)

	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/A	N/A	(Baseline)	N/A
Actual	N/A	N/A	N/A	---

Analysis of Results

The software developed by the Agency for Healthcare Research and Quality (AHRQ), which enables VA to track this performance measure was not issued in FY 2017. It is projected to be released in the fall of 2018. The VHA will calculate the measure results

and targets at that time. This measure will no longer be reported in the APP&R, but will be tracked internally.

Benefits

VA offers numerous benefits to our Nation's Veterans. These include education through the Post-9/11 GI Bill and the Montgomery GI Bill, sustainable employment opportunities through Vocational Rehabilitation and Employment (VR&E), as well as special adaptations to housing and home loan guaranty. Additionally, VA's Fiduciary program assists Veterans and other beneficiaries who, for a variety of reasons, may be unable to manage their financial affairs. Together, these benefits promote Veteran economic security and overall well-being.

Vocational Rehabilitation and Employment (VR&E)

VR&E provides benefits for service-connected disabled Veterans with employment barriers. VR&E Counselors determine which of the following benefits a Veteran qualifies for:

- A comprehensive rehabilitation evaluation to determine abilities, skills, and interests for employment
- Vocational counseling and rehabilitation planning for employment services
- Employment services such as job-training, job-seeking skills, résumé development, and other assistance that prepares individuals for work
- Assistance finding and keeping a job, including the use of special employer incentives and job accommodations
- On-the-job training (OJT), apprenticeships, and non-paid work experiences
- Post-secondary training at colleges, vocational, technical, or business schools
- Supportive rehabilitation services including case management, counseling, and medical referrals
- Independent living services for those unable to work due to the severity of their disabilities

In FY 2017, VA collected Baseline data for new national performance measures for the VR&E program.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	N/Av	(Baseline)	55%	55%
Actual	N/Av	N/Av	47%	48%	- - -

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	N/Av	(Baseline)	70%	70%
Actual	N/Av	N/Av	72%	68%	- - -

Analysis of Results

GAO Study 14-61 found that it takes Veterans 6 years or more to achieve success in the program. With the analysis from VR&E's Longitudinal Study and data from previous class success rates, VA continues to see the results of the GAO study as valid.

VA analyzed the Class Success Rate methodology used to report on those Veterans who have obtained a positive outcome within six years. In FY 2017, 68.3% of Chapter 31 Veterans that entered a plan of services in FY 2012 were either still persisting in the program or achieved a positive outcome.

Plans for the Future

VA will rename the Class Persistence Rate the Class Achievement Rate. The methodology behind the Class Achievement Rate is a more accurate depiction of Veteran success in the program than a true persistence rate. The measure includes Veterans that have achieved a positive outcome in addition to those still persisting in the program at the 6-year participation mark.

Vocational Rehabilitation and Employment outcome rate (VBA #602)

	FY 2014	FY 2015	FY 2016	FY 2017
Target	N/Av	N/Av	(Baseline)	70%
Actual	N/Av	N/Av	69%	69%

Analysis of Results

The Employment Outcome rate is the proportion of Veterans who VA determine as ready to seek employment (Job Ready) who actually achieved employment in a given fiscal year. The Employment Outcome rate was initially intended to assess the efficacy of the Regional Office- and Counselor-level Positive Outcome Measure during the first year of its implementation (FY 2016).

Plans for the Future

The Employment Outcome rate only captures one element of positive outcomes (employment rehabilitations) and does not account for other successes that a Veteran may achieve in the Chapter 31 program such as completing the independent living program or pursuing further education. The Employment Outcome Rate was

intended as an interim measure and we intend to no longer report the measure beginning in FY 2018.

Other Elements of Economic Security

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	N/Av	N/Av	(Baseline)	TBD
Actual	N/Av	N/Av	(Baseline)	(Baseline)	- - -

Analysis of Results

In FY 2017, VA continues to collect and refine data for measures that represent GI Bill participant use and academic progress. The current measures were delayed to allow additional time for schools to confirm their graduation data; subsequently, VA's methodology for capturing certain data has been refined. Furthermore, our academic progress measures are being developed and will report on a more complete picture of an individual's use of the GI Bill and their outcome.

Plans for the Future

VBA wants to ensure beneficiaries are informed consumers in order to optimize education/training decisions. VBA also has the goal of developing a comprehensive compliance/enforcement system to protect GI Bill beneficiaries and to ensure VBA is a good steward of the taxpayer investment. The latest refinements to data will aid with identifying emerging patterns to improve value to Veterans.

Default Resolution Rate (VBA #226)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	83%	79%	80%	80%	81%
Actual	80%	83%	84%	85.3%	- - -

Analysis of Results

The default resolution rate measures the percentage of Veteran borrowers of VA-guaranteed home loans that were able to avoid foreclosure and/or potential homelessness after becoming delinquent on their mortgages. During FY 2017, VA exceeded the target for the "Default Resolution Rate". VA experienced a significant decrease in the number of defaults reported in FY 2017, which had a positive cascading effect on the number of borrowers who avoided foreclosure and the amount saved in

claims payment. Additional factors that spurred the increase in the Default Resolution Rate were consistently low interest rates and the ongoing use of the Loan Electronic Reporting Interface (VALERI) to identify borrowers who initially default on their mortgage payments. Through use of this tool, VA is able to proactively intervene on behalf of VA Home Loan participants with lenders to ascertain which loss mitigation options will be most beneficial for the borrower's circumstance.

Plans for the Future

VA expects market fluctuations in interest rates, which could have a negative impact on the default resolution rates in 2018. As interest rates rise from historic lows, more traditional resolution options such as loan modifications and refinances do not necessarily reduce the borrower's interest rate and provide the relief they historically would have. Therefore, the target number for FY 2018 will be 81%, despite VA having reached a resolution rate of 85.3% in FY 2017. VA continues to exhaust all possible retention options prior to foreclosure and the VA Loan Electronic Reporting Interface (VALERI) will continue to be instrumental in these efforts.

Measures in this report are often best suited to drive operations, not to demonstrate Veteran outcomes. As VA modernizes its systems and processes we are incorporating new measures that better reflect Veteran and management outcomes. This measure will continue to be tracked internally so that we can understand and improve the linkage between operational measures and Veteran outcomes, but it has been removed for external reporting purposes for FY 2019. VA will engage in ongoing efforts to develop an enhanced VALERI that will serve as a front to back end solution from loan origination to termination. This database will allow VA staff to address all aspects of a loan with one software system. It is anticipated as environmental factors adjust and VA's technology improves, the target for the Default Resolution Rate will continue to increase.

Fiduciary Program: Average Days to Complete Initial Appointment Process (VBA #647)

	FY 2014	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**
Target	N/Av	N/Av	244	149	88
Actual	N/Av	N/Av	287	133.9	- - -

* Prior to FY 2016, the initial appointment consisted of only the field examination. Starting in 2016, VBA expanded the initial appointment process to also include the finalization of the incompetency decision and the release of payment.

Analysis of Results

VA beat the targeted ceiling for "Average Days to Complete Initial Appointment Process" in FY 2017 by 10 percent. VA prioritized the initial field examinations over the follow-up field examinations as they impact delivery of benefits to VA beneficiaries.

Plans for the Future

VA is working to further improve technology and procedures as it analyzes and implements recommendations from two work groups: Fiduciary Standardization and the Fiduciary Initial Appointment Lean Six Sigma. Each group aims to reduce the time it takes to appoint a fiduciary. VA is also working to modernize field examiner equipment to accept third-party electronic signatures during field examinations. VA continues to enhance training to fiduciary field personnel to ensure they are processing work as efficiently as possible.

Fiduciary Program: Average Days to Complete Follow-up Field Examinations (VBA #656)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	245	264	229	320
Actual	N/Av	257	147	160.3	- - -

Analysis of Results

In FY 2017, VA performed much better than the target for "Average Days to Complete Follow-up Field Examinations," in which we monitor beneficiary well-being and fiduciary performance. VA prioritizes the initial appointment process over follow-up field examinations because the initial appointment process directly impacts the delivery of benefits to beneficiaries.

Plans for the Future

Over the next several years, VA expects the time to complete the follow-up field examination to degrade as the program works to reduce a backlog of 18,000 follow-up field examinations and an overall inventory of 37,000.

VA is working to further improve technology and processes as it analyzes and implements recommendations from two work groups: Fiduciary Standardization and the Fiduciary Initial Appointment Lean Six Sigma. VA may leverage the findings of each to improve follow-up field examinations. Specifically, VA is working to eliminate steps that do not benefit the beneficiary, result in re-work, or needlessly add wait time.

VA is further reviewing and analyzing the fiduciary program's mission and purpose as it relates to follow-up field examinations. VAs current mission, procedural requirements, and available resources are not conducive to meeting current targets.

Loan Guaranty: Specially Adapted Housing grantees who believe adaptation obtained under the program has helped them live more independently (VBA #653)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	N/Av	(Baseline)	N/Av	N/Av
Actual	N/Av	N/Av	N/Av	N/Av	- - -

Analysis of Results

During FY 2017, the Specially Adapted Housing Survey was not administered, nor will it be administered in FY 2018. As such, and in consideration that this metric has been removed for external reporting purposes, no Baseline is available for FY 2018, nor will any survey results be reported.

Plans for the Future

Measures in this report are often best suited to drive operations, not demonstrate Veteran outcomes. As VA modernizes its systems and processes we are incorporating new measures that better reflect Veteran and management outcomes. This measure will continue to be tracked internally to understand and improve the linkage between operational measures and Veteran outcomes.

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

VA led numerous initiatives that improved the delivery of benefits and services and Veterans' experiences with VA. We transformed call centers, simplified websites, and used social media to improve the way VA communicates helping Veterans understand the benefits and services they are entitled to and how to access them. Because the ultimate measure of our performance is Veterans' trust in us, we continued to evaluate performance from their perspective to ensure Veterans are satisfied and that we provide consistently excellent service.

Objective 1.2 Related Performance Measures

Health care

Veterans receiving care in VA medical facilities should consistently receive access to high-quality health care. At a bare minimum, every contact between Veterans and VA should be predictable and easy. However, VA also aims 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 help VA facilities monitor areas identified by Veterans where facility performance can be improved.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	8.70	8.75	8.80	8.80
Actual	N/Av	8.60	8.63	8.7	- --

Analysis of Results

In FY 2017, VA met the target for the "The average rating by patients of their recent VA hospitalization on a scale from 0 to 10 (inpatient)" measure and improved slightly over FY 2016. VA has invested considerable human and financial resources to improve the patient experience for Veterans, and will continue our efforts to affect improvement in those experiences.

Plans for the Future

Monthly reporting of this metric will continue at national, network, and facility levels. VHA will continue to provide reports that drill down into the data to understand what influences Veteran satisfaction and dissatisfaction. In addition, VHA will continue to analyze employee engagement and other All Employee Survey data, as it relates to patient satisfaction. To help facilitate understanding of the data, VHA has developed a Pyramid Analytics data cube to be used by leadership, managers, and front-line staff. VHA will assist the field through education, consultation services and customized quality improvement initiatives.

Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (VHA #677)*

	FY 2014	FY 2015	FY 2016	FY 2017**	FY 2018**
Target	N/Av	N/Av	(Baseline)	85%	87%
Actual	N/Av	N/Av	84%	85%	- --

***Note: 89.3% is the 75th percentile*

**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."*

Percent of Specialty Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (VHA #683)*

	FY 2014	FY 2015	FY 2016	FY 2017**	FY 2018**

Target	N/Av	N/Av	(Baseline)	83%	85%
Actual	N/Av	N/Av	82%	83%	---

***Note: 88.2% is the 75th percentile*

**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."*

Percent of Primary Care Patients who respond "Always" and "Usually" regarding their ability to get an appointment for needed care right away (VHA #682)*

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018**
Target	N/Av	N/Av	(Baseline)	73%	75%
Actual	N/Av	N/Av	72%	74%	---

***Note: 79.3% is the 75th percentile*

**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."*

Percent of Specialty Care Patients who respond "Always" and "Usually" regarding their ability to get an appointment for needed care right away (VHA #680)*

	FY 2014	FY 2015	FY 2016	FY 2017**	FY 2018**
Target	N/Av	N/Av	(Baseline)	73%	75%
Actual	N/Av	N/Av	72%	74%	---

***Note: 79.6% is the 75th percentile*

**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."*

(Composite Measure) The average of the percent "Always" or "Usually" responses for four access measures found in the Patient Centered Medical Home (PCMH) survey and the Specialty Care Consumer Assessment of Health Providers and Systems (CAHPS) Survey. (VHA #681)*

	FY 2014	FY 2015	FY 2016	FY 2017**	FY 2018**
Target	N/Av	N/Av	(Baseline)	79.3% or 15% above Baseline	81%
Actual	N/Av	N/Av	78%	79%	---

***Note: 79.6% is the 75th percentile*

**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."*

Analysis of Results

In FY 2017, VHA met its targets for Access to Care. Measures of access are being reported to VHA leadership, managers, and frontline staff at the national, network, and facility levels. There is considerably more variation at the facility level than there is nationally. Measures for urgent and routine access to primary care are accurate indicators of facilities experiencing high patient growth, clinical turnover, difficulty in hiring staff, or other factors that could adversely impact patient scheduling.

Measures of Access to Routine care are higher than those for Urgent care in both the Primary and Specialty care settings. Access to Routine care is higher in the Primary Care setting than in the Specialty Care setting.

VHA has invested considerable human and financial resources to improve the patient experience for Veterans. VHA will continue the analysis of results to help understand what impacts access and what can be done to improve care for Veterans.

Plans for the Future

Monthly reporting of these metrics will continue at national, network, and facility levels. VHA will continue to provide reports that drill down into the data to understand what influences Veteran satisfaction and dissatisfaction. In addition, VHA will continue to analyze employee engagement and other All Employee Survey data, as it relates to patient satisfaction. To help facilitate understanding of the data, VHA has developed a Pyramid Analytics data cube to be used by leadership, managers, and front-line staff alike. VHA will assist the field through education, consultation services and customized quality improvement initiatives.

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 2014	FY 2015	FY 2016	FY 2017	FY 2018*
Target	N/Av	8.60	8.65	8.70	8.70
Actual	N/Av	8.46	8.54	8.6	---

**Note: 8.82 is the 75th percentile*

Analysis of Results

In FY 2017, VHA met its target for this measure, and improved slightly over FY 2016. This metric is being reported to VHA leadership, managers, and frontline staff at the national, network, and facility levels. Naturally, there is considerably more variation at

the facility level than nationally. VHA produces a Key Driver analysis for each facility to help managers understand those aspects of care that drive a Veteran's rating of their provider up or down. With that knowledge and understanding, facility leadership can implement policies and practices that can be used to improve the patient experience for Veterans.

Plans for the Future

Monthly reporting of this metric will continue at national, network, and facility levels. VHA will continue to provide reports that drill down into the data to understand what influences Veteran satisfaction and dissatisfaction. VHA will assist the field through education, consultation services and customized quality improvement initiatives.

The average patient rating of VA specialty care provider on a scale from 0 to 10 on the Specialty Care Survey (VHA #673)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/A	N/A	(Baseline)	8.60	8.65
Actual	N/A	N/A	8.54	8.6	---

**Note: 8.74 is the 75th percentile*

Analysis of Results

In FY 2017, VHA met its target for this measure, and improved slightly over FY 2016. This metric is being reported to VHA leadership, managers, and frontline staff at the national, network, and facility levels. Naturally, there is considerably more variation at the facility level than nationally. VHA produces a Key Driver analysis for each facility to help managers understand those aspects of care that drive a Veteran's rating of their provider up or down. With that knowledge and understanding, facility leadership can implement policies and practices that can be used to improve the patient experience for Veterans.

Plans for the Future

Monthly reporting of this metric will continue at national, network, and facility levels. VHA will continue to provide reports that drill down into the data to understand what influences Veteran satisfaction and dissatisfaction. VHA will assist the field through education, consultation services and customized quality improvement initiatives.

Veterans' Experience with VA

The Veterans Experience Office (VEO) is leading a powerful 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 Veterans about their experiences across all VA Administrations (VHA, VBA and NCA).. Veterans will be asked about their level of agreement with four statements, one assessing overall trust in VA, and three capturing specific aspects of their experience with VA using a framework developed by private industry (ease, effective, and emotion). The responses to these survey questions will measure VA's ability to progress toward achieving this goal.

Trust in VA among America's Veterans (VEO #692)

	FY 2014	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**
Target	N/A	N/A	(Baseline)	90%	90%
Actual	N/A	N/A	60%	69%	- - -

Analysis of Results

In FY 2017, VEO successfully automated the nationwide enterprise trends trust survey. Each quarter, VA surveys Veterans who use any service about VA's performance. This survey reached over 1 million Veterans since September 2016.

FY 2017 results indicate that through VA's transformation efforts and initiatives, Veterans' trust in VA has improved. When VA started collecting Veteran feedback on trust in Q2 FY 2016 the trust score was 55%, whereas Veteran feedback in Q4 FY 2016 reflected a score of 60%. By Q4 2017 the score reached its highest point, 69%, since inception. This trend reflects improvements in Veterans' experience with, and their overall trust in VA. This is a testament to the dedication of VA's frontline employees and a strong customer centric approach across the Department.

As noted above, in the enterprise trends trust survey, VA also provides the opportunity for Veterans to submit suggestions on how VA can improve their experience. VEO applies data science methodology to analyze the unfiltered comments Veterans submit. Since September 2016, VEO has referred over 35 Veterans in crisis (suicide) to the Veterans Crisis Line (VCL) and 43 Veterans for homelessness care to the National Call Center for Homeless Veterans (NCCHV) as a result of interactions through this mode of correspondence.

Plans for the Future

In FY 2018, VA will continue to use the enterprise trends trust survey to monitor progress towards increasing Veterans' trust in VA. VA will identify and evaluate strategic impacts and enterprise trends through feedback results to identify areas for performance improvement.

As VA matures its data science capability, the enterprise trends trust survey will also be used to help identify and predict topics or issues for improvement, and prescribe recommended courses of action, which will help to define goals and areas for performance improvements.

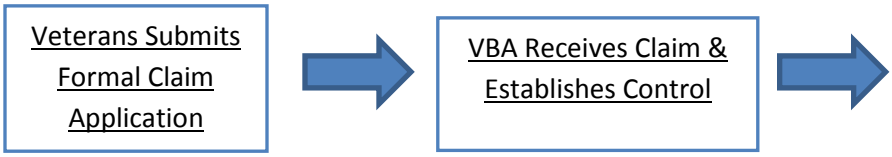
VEO's goal is to drive continuous service improvements, ranging from local customer recovery to enterprise-wide improvements, by using customer experience questions relating to Veterans' perception of ease, effectiveness, and emotion when using VA services. This capability will enhance data transparency and provide decision-makers at all VA levels with near real-time, actionable Veteran customer insights which help increase Veterans' overall trust in VA.

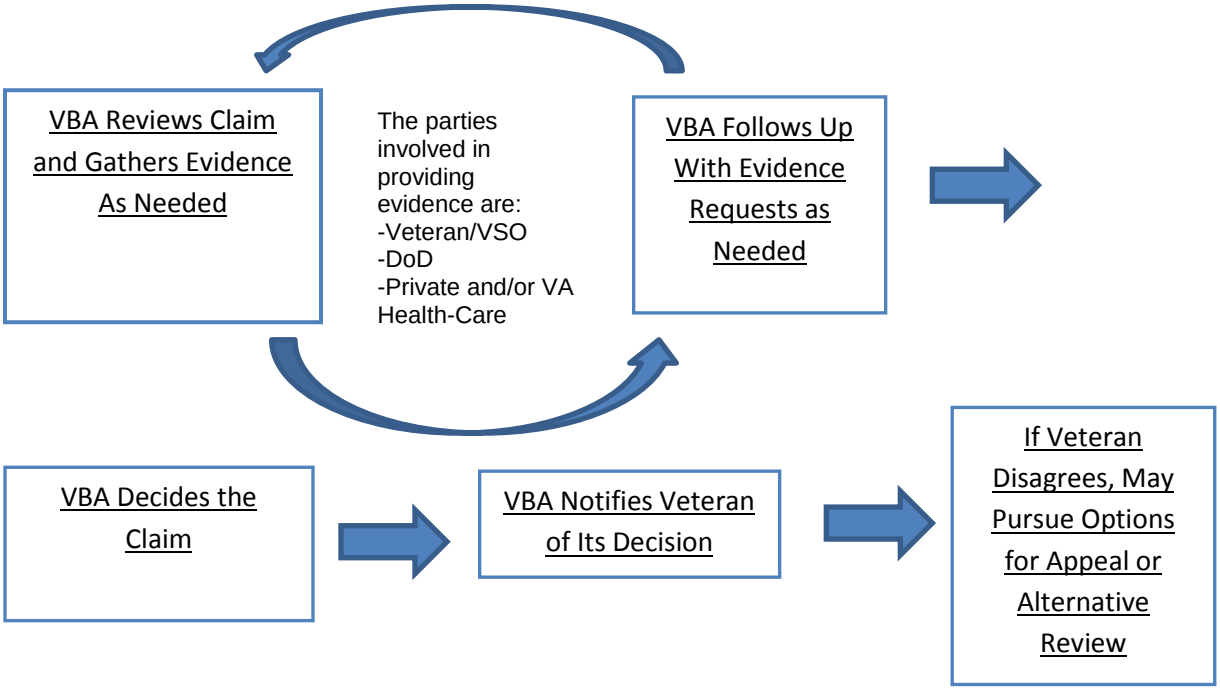
Benefits – Claims

VA has taken steps to modernize and streamline the delivery of benefits and services to Veterans, eligible dependents, and survivors. VA's efforts have included transitioning all claims from paper to a paperless environment, such as e-Benefits, Digits-to-Digits (D2D), the Stakeholder Enterprise Portal (SEP), centralized mail, certain decision notices, and the electronic Veterans' claim folders. VA also implemented nationwide workload management and claims distribution through its National Work Queue which has significantly streamlined claims processing and improved timeliness of service.

As of September 30, 2017, VA reduced the inventory of disability claims requiring rating decisions by 63 percent, from 883,930 in July 2012 to 330,820. VA also reduced the number of disability claims pending more than 125 days by 88 percent, from 611,073 in March 2013 to 74,331. In FY 2017, VA completed 1.4 million claims. Today, Veterans wait approximately 113 days for a claim decision, which is 235 days fewer than the average wait time in September 2013. The following diagram illustrates the traditional compensation and pension claims process.

Traditional Claims Process Overview:





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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	50%	0%	20%	15%	21%
Actual	47%	20%	19%	23%	- - -

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	50%	0%	20%	15%	21%
Actual	48%	20%	20%	23%	- - -

Analysis of Results

In FY 2017, VA did not achieve the established targets for "Percentage of VA Disability Rating Claims pending more than 125 days" or "Percentage of VA Disability Compensation Claims Inventory pending more than 125 days." VA refined its disability rating performance modeling and determined the new target should be 21 percent rather than 15 percent. VA appropriately changed the targets for FY 2018 and FY 2019. The real goal should be to reduce the total claims inventory, causing the

inventory over 125 days to also decrease. Therefore, the Compensation Rating Claim inventory pending more than 125 days is a measure that better reflects VA's progress. The target of 62,554 in FY 2018 is projected to result in 21 percent of the inventory to be more than 125 days old.

Plans for the Future

For 2018 and 2019, VA intends to reduce the number of claims pending more than 125 days by improving efficiency of claims processing by employing new Veteran-centric initiatives, such as the Decision-Ready Claims program, which is a claims submission option to accelerate processing time by Veterans or VSOs certifying that they have included all supporting evidence with the application. Our goal for FY 2018 is to have 25 percent of claims submitted decision-ready, with an increase to 40 percent in FY 2019. VA intends to deliver decisions for decision-ready claims within 30 days of initiation. This improvement in timeliness will allow claims processors more time to work on more difficult claims and deliver faster decisions.

The Pre-discharge Redesign will allow separating Servicemembers to file claims within 90 to 180 days prior to discharge and to receive benefit payments on the day after discharge from military service. In addition, VA continues to modernize the organizational structure of its Regional Offices, enhancing employee skills and training, and clarifying employee performance standards. VA also aggressively hired claims processors in 2017 to maintain maximum staffing. Once claims processors are fully trained and experienced, VA expects to increase production and improve claims processing timeliness.

Measures in this report are often best suited to drive operations, not to demonstrate Veteran outcomes. As VA modernizes its systems and processes we are incorporating new measures that better reflect Veteran and management outcomes. The measure that tracks disability claims inventory (VBA #576) will no longer be reported on externally after FY 2018, we will, however, continue to track it internally to understand and improve the linkage between operational measures and Veteran outcomes.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	94%	98%	91.5%	92%	92.5%
Actual	90%	90%	88.1%*	85.8%	- - -

**The FY 2017 national margin of error is +/- 0.83 percent.*

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	97%	98%	96%	96%	96%
Actual	96%	96%	95.6%*	94.4%	- - -

**The FY 2017 national margin of error is +/- 0.43 percent.*

Analysis of Results

VA reached its goal in FY 2017 for accuracy among issue-based disability compensation rating claims, coming within five percent of the target. VA did not reach its accuracy target for disability compensation rating claims in general.

Claim-level accuracy measures the result as either pass or fail. Every medical condition, regardless of the number, must be 100 percent accurate within each of 8 error categories, or else the result is 0 percent accuracy.

Issue-based accuracy is based on the individual medical issues, such as knee, back, or mental conditions, contained within the rating claim. It provides far greater utility in analyses. For example, out of 11,259 rating claims reviewed in FY 2017, VA individually assessed 61,173 issues for accuracy, which greatly increased its awareness of quality trends.

VA has a rigorous quality assurance program that checks for accuracy both at the local and national level, for individuals as well as regional offices, as employees work the claims and after they have completed those claims. Independent analysis has confirmed that attaining total, or nearly total, accuracy at the claim- or issue-level with so many conditions is difficult or virtually impossible.

Plans for the Future

In FY 2018 and FY 2019, VA intends to increase accuracy rates by conducting more consistency studies on disability claims to identify error trends to improve training materials, update procedures, and take other corrective actions. Additionally, VA has implemented a new database that captures and consolidates quality data at all levels: national, district, RO, and individual employee. The new database will improve the analysis of accuracy trends and help identify training opportunities for employees. VA also plans to redesign the national Rating Quality Checklist for reporting on the claim stages, as VBA continues managing workload through the National Work Queue (NWQ), and different ROs work the same claim at various stages.

Measures in this report are often best suited to drive operations, not demonstrate Veteran outcomes. As VA modernizes its systems and processes we are incorporating new measures that better reflect Veteran and management outcomes. The measure "National Accuracy Rate – Disability Compensation Rating Claims (VBA #303)" will no longer be reported on externally after FY 2018. We will, however, continue to track the measure internally so that we can understand and improve the linkage between operational measures and Veteran outcomes.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	12%	20%	28%	28%	26%
Actual	7%	13%	20%	17.6%	- - -

Analysis of Results

In FY 2017, VA did not achieve its target for "Percentage of Disability Compensation Claims received virtually/electronically". Despite steady growth in online users, FY 2017 did not see the same growth rate of electronic claims as FY 2016. Therefore, based on these factors, VA modified the target for FY 2018 to correlate with the data captured.

Plans for the Future

In FY 2019, VA will continue to persuade new Veterans Service Organizations (VSO) to use D2D, which will allow direct data exchanges for claim submissions. VA will also continue to allow for electronic claim submissions through Veterans Online Application (VONAPP) Direct Connect, located in eBenefits and SEP. In addition, starting in FY 2018, www.vets.gov will begin transmitting electronic disability compensation claims. Additionally, VA will expand the ability to submit Decision-Ready Claims to VSOs, with the goal of providing resolution within 30 days.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	20%	0%	15%	9%	20%
Actual	16%	15%	18%	24.9%	- - -

Analysis of Results

In FY 2017, VA did not achieve its target for "Percentage of Dependency and Indemnity Compensation Claims inventory pending more than 125 days" in part due to technology limitations with VBMS and Enterprise Veterans Self-Service for the Pension Management Centers. Delays in sun-setting legacy business systems has led to less efficient claims processing as employees must access multiple systems to review,

develop, and promulgate benefit decisions. Additionally, VA's open-ended duty to assist in developing claims, established in law, prevents VA from deciding all claims within 125 days. VA will always consider additional evidence – no matter how late in the claims process it is received. Finally, before finalizing a DIC award to a surviving spouse with potential eligibility for SBP benefits, VA must communicate with the Defense Finance and Accounting Service (DFAS) to determine if the surviving spouse is receiving SBP benefits. If so, DFAS and VA must adjust payments. VA is currently working to improve the timeliness of the data exchange with DFAS.

Plans for the Future

DIC claims processing will continue to transition to VBMS, with its electronic processing fostering expedited completion of claims. Also, VA continues to look for opportunities to improve the process and procedures related to DIC claims. VA will likewise continue to work to automate claims processing to reduce the need for human intervention, resulting in increased accuracy and efficiency.

Measures in this report are often best suited to drive operations, not demonstrate Veteran outcomes. As VA modernizes its systems and processes we are incorporating new measures to better reflect Veteran and management outcomes. This measure will continue to be tracked internally so we can understand and improve the linkage between operational measures and Veteran outcomes, but it will be dropped from external reporting starting in FY 2019.

Non-Rating Claims – Compensation Average Days Pending (ADP) (VBA #654)

	FY 2014	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**
Target	N/Av	N/Av	290	320	263
Actual	338	350	355	280	- - -

Non-Rating Claims – Compensation Average Days to Complete (ADC) (VBA #686)

	FY 2014	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**
Target	N/Av	N/Av	232	143	144
Actual	129	160	161	151	- - -

Analysis of Results

In FY 2017, VA did not reach its target for "Non-Rating Claims – Compensation Average Days to Complete", while it met and significantly exceeded the target for "Non-Rating Claims – Compensation Average Days Pending (ADP)". The successful reduction of ADP in FY 2017 was, in part, due to hiring nearly 300 employees to help work non-rating claims. Additional factors included the Rules-Based Processing

System (RBPS), which automatically processes claims without user intervention, and the increased automation of drill-pay adjustments. This utilization of automation helps quickly reduce inventory and lower ADP. VBA continues to prioritize timely processing of non-rating claims inventory by first serving the Veterans waiting the longest for decisions. Prioritizing the oldest claims first did cause the ADC to decrease less than expected, missing the target for FY 2017; however, VBA expects ADC to decrease substantially in 2018, achieving the FY 2018 target.

Plans for the Future

Measures in this report are often best suited to drive operations, not demonstrate Veteran outcomes. As VA modernizes its systems and processes we are incorporating new measures that better reflect Veteran and management outcomes. We will stop reporting externally on both of the measures above starting in FY 2019. We will, however, continue to track them internally so that we can understand and improve the linkage between operational measures and Veteran outcomes.

Dependency Claims Processing: Inventory (Claims Pending) (thousands) (VBA #701)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	N/Av	190	100	85
Actual	N/Av	227	115	86	- - -

Dependency Claims Processing: Timeliness (Month-to-Date Average Days to Complete as of the last month of the year) (VBA #670)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	N/Av	275	125	110
Actual	N/Av	221	197	107	- - -

Analysis of Results

Veterans who receive disability compensation at the 30 percent level or higher are entitled to additional compensation for eligible dependents. Approximately 70 percent of the 4.5 million Veterans currently receiving compensation are eligible for this additional benefit – nearly 45 percent more than those eligible for the same benefits just 6 years ago. As the status of these Veterans' dependents changes, through such events as marriage, divorce, birth, death, and school attendance for children over 18 years of age, VA must adjust Veterans' compensation awards. VA's record-levels of production of disability rating decisions (almost 1.4 million disability claims in FY 2017) added even more Veterans to the compensation rolls. At the end of FY 2015, VA had an inventory of almost 227,000 dependency claims, pending an average of nearly a year to complete. VA made tremendous progress in FY 2017, cutting the pending dependency

inventory by 60 percent since 2015. This improvement is partly due to nearly 300 employees VBA hired to process non-rating claims, of which dependency claims are a subset. As VA continues to improve timeliness of claims decisions, it will also continue to focus on the dependency claims that directly result from the increase in completed disability decisions and number of Veterans receiving compensation at higher levels of disability evaluation.

VA is also conducting outreach to increase online claim submissions to leverage the efficiencies of the automated Rules-Based Processing System (RBPS). We have taken steps to expand this capability which allows Veterans to enter dependent data into eBenefits and through the RBPS complete many dependency claims within a day or two.

Plans for the Future

Measures in this report are often best suited to drive operations, not demonstrate Veteran outcomes. As VA modernizes its systems and processes we are incorporating new measures that better reflect Veteran and management outcomes. We will stop reporting externally on the measures above starting in FY 2019. We will, however, continue to track it internally so that we can understand and improve the linkage between operational measures and Veteran outcomes.

Benefits – Appeals

VA worked collaboratively with VSOs, advocacy groups, congressional staff, and other key stakeholders to design a new claims and appeals process to improve the delivery of benefits and services to Veterans and their families. These efforts resulted in passage of the historic Veterans Appeals Improvement and Modernization Act of 2017, Public Law 155-55, which was enacted August 23, 2017, and institutes the most significant changes to VA appeals in decades.

The Act overhauls VA's current appeals process, provides Veterans, their families, and their survivors with a choice in handling disagreements with VA decisions, and includes safeguards to ensure claimants receive the earliest effective date possible for their claims. The new process creates three options, referred to as lanes, for claimants dissatisfied with initial claims decisions. These include seeking a higher-level review of the decision based on the same evidence presented to the initial claims processors; filing a supplemental claim that includes the opportunity to submit additional evidence; or appealing directly to the Board of Veterans' Appeals. Choosing one lane does not preclude the claimant from selecting an additional lane later if still dissatisfied with the outcome.

By September 30, 2019, the new program will have been fully implemented and all requests for review of VA decisions will be processed under the new, multi-lane process. Currently, a significant number of appeals remain under the legacy system pending a final resolution. Therefore, as VA works toward full implementation of the Act, it will simultaneously conduct a pilot known as the Rapid Appeals Modernization Program, which will provide eligible Veterans with pending appeals the voluntary option to participate in the new process. The initiative will allow participants the option to have decisions reviewed using the higher-level or supplemental claim review lanes outlined above. VA will also utilize its authority under the new law to allow Veterans who receive statements of the case or supplemental statements of the case to elect to participate in the new process.

Appeals Processing – Notice of Disagreement (NODs) Pending Inventory (thousands) (VBA #514)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	338	234	187
Actual	N/Av	228	231	208	- - -

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	437	413	413
Actual	N/Av	394	413	426.9	- - -

Analysis of Results

In FY 2017, VA exceeded its target for Notice of Disagreement (NOD) pending inventory and met the target for the NOD average days pending (ADP), coming within 5% of the target. With the consolidation of VBA appeals operations and policy under the Appeals Management Office (AMO) in January 2017, all appeals employees were locked into an appeals role by providing specific appeals related cost coding for appeals FTE that allowed better tracking and workload management for field appeals teams. The realignment identified a single office responsible for overseeing appeals processing resulting in increased accountability for performance. This focus on appeals production allowed for an overall appeals production level that was 17% above the FY17 target and 24% above FY16 production. The NOD pending inventory was reduced by approximately 9.2% during FY17. Though the target for NOD ADP target was missed, at the end of January 2017, when AMO was established, the NOD ADP was 430.8 days.

Therefore, from January 2017 to the end of FY17 the NOD ADP was reduced by approximately 1%.

Plans for the Future

With the implementation of the provisions in the Veterans Appeals Improvement and Modernization Act of 2017, legacy appeals will no longer be received for new rating decisions made after February 2019. However, throughout FY2019 legacy appeals will continue to be received from rating decisions made during the year prior to implementation. During FY 2019, priorities will be balanced between managing the reducing legacy inventory and maintaining timely resolution of the new VBA lanes under the new framework. The focus for appeals during FY 2019 will continue to be processing the oldest pending appeals to provide timely service to veterans.

Measures in this report are often best suited to drive operations, not demonstrate Veteran outcomes. As VA modernizes its systems and processes we are incorporating new measures that better reflect Veteran and management outcomes. We will stop reporting externally on both of the measures above starting in FY 2019. We will, however, continue to track them internally so that we can understand and improve the linkage between operational measures and Veteran outcomes.

Appeals Processing – Substantive Appeals to the Board (Form 9) Pending Inventory (thousands) (VBA #607)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	94	45	32
Actual	N/Av	56	50	39	- - -

Appeals Processing – Substantive Appeals to the Board (Form 9) Average Days to Complete (VBA #685)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	576	417	425
Actual	N/Av	509	462	590	- - -

Analysis of Results

In FY 2017, VA exceeded its target for Substantive Appeals to the Board (Form 9) average days to completion (ADC). With the consolidation of VBA appeals operations and policy under the Appeals Management Office in January 2017, all appeals employees were locked into an appeals role by providing specific appeals related cost coding for appeals FTE that allowed better tracking and workload management for field appeals teams. The realignment identified a single office responsible for overseeing

appeals processing and resulted in increased accountability for performance. This focus on the oldest appeals production allowed for an overall rise in Form 9 ADC during FY 2017. As the ADP of the Form 9 inventory continues to decline, the average days to complete will also begin to decline.

Plans for the Future

The original Form 9 ADC target for FY2018 was 378 days which is unattainable with the age of the current inventory. The appeals legacy inventory is old with resolution time measured currently in years instead of months with an average resolution prior to certification to the Board taking three years from NOD date and resolutions after certification to the Board averaging seven years from NOD date. In FY 2017, VA regional offices concentrated on the oldest appeals for Veterans who have been waiting the longest on a decision. As with any average, adding to the high end raises the average. As such, when the appeals teams concentrate on the oldest pending appeals in the Form 9 stage, the average days to complete will rise as only the oldest appeals are being processed. Therefore, for FY 2017 the Form 9 ADC, though exceeding the target by 173 days, is an indication that work is trending positively. This improvement in the overall Form 9 stage is indicated by a 13% drop in ADC and a 22% drop in Form 9 inventory. In FY 2018, as the Form 9 inventory and ADP continue to drop, there will be an associated drop in ADC as the Form 9 stage inventory continues to get younger. The 425 day target provides an attainable goal for FY 2018.

Appeals Processing – Substantive Appeals to the Board (Form 9) Average Days Pending (VBA #655)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	454	431	389
Actual	N/Av	617	516	448	- - -

Analysis of Results

In FY 2017, VA exceeded its target for Substantive Appeals to the Board (Form 9) pending inventory but did not meet its target for Form 9 average days pending (ADP). With the consolidation of VBA appeals operations and policy under the Appeals Management Office in January 2017, all appeals employees were locked into an appeals role by providing specific appeals related cost coding for appeals FTE that allowed better tracking and workload management for field appeals teams. The realignment identified a single office responsible for overseeing appeals processing and resulted in increased accountability for performance. This focus on appeals production resulted in an overall FY17 Form 9 ADP that was 13.2% below the FY16 ADP. In addition, the

FY2018 target is established at 389 days which is a 13.2% reduction from the end of FY2017 ADP. With the continued focus on legacy appeals, the Form 9 ADP is 408 days as of the end of the 1st quarter FY2018, which is a 9% drop during the quarter. A target ADP of 389 days is an achievable target for FY2018.

Plans for the Future

With the implementation of the provisions in the Veterans Appeals Improvement and Modernization Act of 2017, legacy appeals will no longer be received for new rating decisions made after February 2019. However, throughout FY2019 legacy appeals will continue to be received from rating decisions made during the year prior to implementation. During FY 2019, priorities will be balanced between reducing legacy inventory and maintaining timely resolution under the new framework. The focus for appeals during FY19 will continue to be processing the longest pending appeals.

Appeals Dispositions – Average Days to Complete Returned Remands (measuring from date case is received at the Board after remand until Board disposition date) (BVA #571)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	244	293	293
Actual	N/Av	244	264	239	---

Appeals Dispositions – Average Days to Complete Original Appeals (from date of certification (Form 8) until Board disposition date) (BVA #573)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	531	694	694
Actual	N/Av	531	553	613	---

Note: By law, the Board considers and decides each case in regular order according to its place upon the docket. The docket date of each case on appeal derives from the date VA receives the Substantive Appeal.

Analysis of Results

In FY 2017, VA did not meet its target for the Average Days to Complete (ADC) Original Appeals measure. The ADC results are largely contingent on the Board's docket of appeals. The Board is required by 38 U.S.C. § 7107(a) to review appeals in docket order unless unusual hardship or other sufficient cause has been shown to advance a case. A case may be advanced on the docket on the motion of the Chairman, the Vice Chairman, a party to the case before the Board, or such party's representative. Such a motion may be granted only if sufficient cause is shown. Sufficient cause under 38 C.F.R. § 20.900(c) includes serious illness, severe financial hardship, administrative error that resulted in a significant delay in docketing the case, or the advanced age of the appellant, which is defined as 75 years or more. Motions for advancement on the

docket must be in writing and must identify the specific reason(s) why advancement on the docket is sought. See 38 C.F.R. § 20.900(c). Notably, the Board's docket of appeals changes constantly because new appeals are received from the AOJ and docketed and other appeals are dispatched on a daily basis. Additionally, priority order in appeals adjudication is not based on the date the appeal arrives at the Board, but rather, derives from the date the substantive appeal (VA Form 9) was received by VA. Therefore, the priority order for deciding appeals in the Board's active inventory is in constant flux since appeals arrive at the Board in an order that is variable from the date that the substantive appeal was received by VA. This impacts the average days to complete both original and returned remand appeals.

Plans for the Future

The Board will report the FY 2018 results for Appeals Dispositions – Average Days to Complete Returned Remands (measuring from date case is received at 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) once available. VA does not plan to continue to report these two measures in future years. The legacy VA appeals process is a complex, non-linear process that includes multiple steps and splits jurisdiction over appeals processing between the Agency of Original Jurisdiction and the Board. These measures only address a subset of the overall appeals process.

In FY 2018, the Board is focused on addressing pending legacy appeals, as it prepares for full implementation of the new legal framework outlined in the Veterans Appeals Improvement and Modernization Act of 2017. VA will measure average Veteran wait times under the new framework as one indicator of success, with decision processing time meeting an average timeliness goal of 365 days in the Board's "direct docket" lane, for appeals with no hearing request and no additional evidence submission. VA is also working, internally, to determine the best way to measure Veteran satisfaction with the new process. In addition to measuring timeliness and Veteran satisfaction under the new process, the Board plans to begin tracking four new measures in FY 2019, as outlined below.

Appeals – Moving Forward

VA has initiated an 18-month implementation plan for the new process. VA will utilize this period to promulgate regulations, establish procedures, create training materials and train personnel, make information technology system changes, and conduct outreach. Due to the magnitude and scope of the statutory changes, VA has established

a detailed plan to guide the implementation. Data collected during the RAMP initiative will allow VA to test particular facets of the new process, make refinements based upon actual data that support or disprove assumptions, and make adjustments based upon observations. VA will allocate resources to meet both the timely processing goals under the new system, and to continue to process existing appeals under the legacy system. To facilitate this, VA created an Appeals Processing Metric and Performance Tracking integrated project team to design a process to track timeliness of appeals within the legacy process, as well as the new process. Furthermore, VA will continue to engage and collaborate with all stakeholders and capitalize on feedback in order to better serve Veterans.

Benefits – Various

VA developed the Voice of the Veteran (VOV) Customer Satisfaction Survey to obtain measurable feedback from Veterans and beneficiaries regarding VA benefits and services. The survey tracks overall satisfaction on a 1,000 point scale. The VOV program currently conducts two studies: Call Center Satisfaction Research (CCSR) and Continuous Measurement Satisfaction Research (CMSR), the latter focused on lines of business, such as compensation, pension, loan guaranty, etc.

Respondents to the call center survey provide perceptions of the services and information provided by VA call agents during phone interactions. Metrics from the CMSR study represent respondents' perception of the benefits, services, correspondence, and interaction during both the claims process and the receipt of benefits. While the scale on all metrics is similar, the benefits and services offered by each business line are unique; scores are designed to assist business lines with improvement to their programs and services rather than to offer comparisons between different business lines. Both studies seek to determine what is most important to Veterans, and the customer satisfaction feedback allows VA to identify process improvements in the delivery of benefits and services and key performance indicators.

*Compensation: Overall Customer Satisfaction Index Score (out of 1000) (VBA #491)**

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	650	680	630
Actual	N/Av	646	676	620	- - -

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

Analysis of Results

In FY 2017, VA did not reach its target for "Compensation: Overall Customer Satisfaction Index Score". This measure gauges Veteran satisfaction with the overall processing of compensation claims and receipt of benefits. To be more comprehensive, VBA changed certain parameters for the FY 2017 survey. In previous years, most activity was for original claims or reopened claims and Veteran satisfaction with services received was high. By FY 2017, however, claims *other than* original or reopened rating constituted 74 percent of responses, versus 4 percent in FY 2016 when Veterans were less satisfied with the service they received. In other words, original or reopened rating claims dropped significantly in sample size to only 26 percent of the responses in FY 2017, lowering the overall score. VA has adjusted future goals to reflect this.

Plans for the Future

This metric has been removed for external reporting starting in FY 2019, but VA will continue to track this measure internally.

National Call Center Client Satisfaction Index Score (out of 1000) (VBA #485)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target*	735	752	756	770	798
Actual	748	756	767	797	- - -

****VA's recent targets and results exceed the current Government benchmark of 754 on a 1,000 point scale.***

Analysis of Results

In FY 2017, VA exceeded its target for the "National Call Center (NCC) client satisfaction index score" with 797 out of a possible 1,000 points. Several factors contributed to this success. 016. VA complemented staffing at the call center by hiring 40 new part-time agents to assist in decreasing call wait times to less than 2 minutes and reducing the blocked call rate to less than 1 percent. We continued leveraging the Work Force Management system to monitor peak call periods, generate staffing forecasts, and reallocate agents during peak periods to improve the level of service provided. VA also utilized historical call data to adjust agent schedules during peak times to decrease wait times and keep blocked call rates less than one percent. The agency enhanced the Customer Relationship Management-Unified Desktop Optimization system to

streamline workflows and quicken access to Veteran information. Chat agents also transitioned to simultaneously managing multiple live chat sessions, increasing Veteran access. VA increased the call center's integration the Knowledge Management system, by which call agents now have auto-populated data, smart scripts, and quicker search features to VA news, policies, procedures, and crisis intervention. The agency improved multiple processes to allow call agents to resolve more issues at the point of interaction, reducing wait time and unnecessary organizational handoffs. For example, VA eliminated an unnecessary step in referrals, which increased efficiency for more than 500,000 work items, thereby improving the resolution timeframe and the Veteran experience. VA continued segmented training for new employees so they more quickly transition to answering calls as they develop knowledge and performance. VA also continued ongoing training to ensure call center employees can address all emergent issues and process changes.

Plans for the Future

For FY 2018 and FY 2019, VA will continue to modernize its contact centers by expanding first-call resolution options, which can support claim completion and improve access. VA anticipates sustaining current staffing levels, current wait times, and current performance. VA will improve the Veteran experience by enhancing technology, using other self-service tools (e.g., interactive voice recognition, online access options), and live-chat access. Quality assurance and the monitoring of training will ensure accurate and professional interactions. Nationally, VA is reviewing NCC processes to improve call routing and timeliness. VA will use robust self-service models, e.g., interactive voice recognition, enhanced eBenefits and www.vets.gov websites to better meet the needs of its customers. These improvements and sustained staffing levels will positively affect promptness in speaking to a person, which is a key attribute in customer satisfaction. Additionally, VA expects continued soft-skills training to increase the attribute of courtesy to customers.

Number of Accredited Veterans Advocates Who Are Registered Users on the Stakeholder Enterprise Portal (SEP) (VBA#446)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	2,000	3,500	4,200	4,900	5,300
Actual	1,861	3,299	4,202	5,090	- - -

Analysis of Results

In FY 2017, VA exceeded its target for "Number of accredited Veterans' advocates who are registered users on the Stakeholder Enterprise Portal (SEP)". The major factor

contributing to this success was VA efforts to provide representatives with information about SEP online resources, or regarding electronic filing of claims.

Plans for the Future

This metric has been removed for external reporting starting in FY 2019, but VA will continue to track this measure internally.

Benefits – Pension

Veterans' pension is a needs-based benefit paid to wartime Veterans who meet certain age or disability requirements. Survivors' pension is a needs-based benefit paid to eligible surviving spouses and children of wartime Veterans.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	150	150	80	75	75
Actual	193	89	130	95.7	- - -

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	20%	0%	3%	5%	5%
Actual	5%	3%	4%	5.6%	- - -

Analysis of Results

In FY 2017, VA did not achieve its target for "average days to complete (ADC) – original survivor's pension claims." VBA's focus on processing the oldest claims in FY 2017 was one factor that resulted in missing the ADC target, as it decreased the average days pending (ADP). ADP measures the average age of claims currently awaiting decisions. ADC measures the average time for VA to issue decisions. The ADP for original survivors' pension claims did, however, improve from 72 days at the end of FY 2016 to 53.6 days at the end of FY 2017.

VA did not achieve its target for "Percentage of original and reopened pension claims inventory pending more than 125 days." VA's open-ended duty to assist Veterans in developing 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 VA receives them.

Plans for the Future

VA continues to aggressively improve accuracy and productivity. Initiatives include shifting from a paper-based paradigm to a robust and intelligent digital operating environment. Therefore, pension claims processing will continue to transition to the electronic processing available in VBMS. VA also continues to look for opportunities to automate pension claims with the goal of creating a true portal-to-payment system.

Measures in this report are often best suited to drive operations, not to demonstrate Veteran outcomes. As VA modernizes its systems and processes we are incorporating new measures that better reflect Veteran and management outcomes. The measures above will continue to be tracked internally so that we can understand and improve the linkage between operational measures and Veteran outcomes, but will no longer be reported externally after the FY 2018 performance report is published.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	688	668	672
Actual	N/Av	684	664	651	- - -

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

In FY 2017, VA came within 3% of reaching the target of 668. Pension customer service scores rely heavily on decisions regarding benefit entitlement. Application processes, processing time, and time spent gathering information also impact the claimant's experience and satisfaction. VA is working to keep pace with Veterans' expectations and transform its customer services by soliciting regular customer feedback, streamlining processes, and delivering consistent, high-quality service.

Plans for the Future

VA will continue to improve customer satisfaction primarily through technological improvements. VA will continue to develop the Rules-Based Processing System (RBPS) to automate pension claims to streamline the claims process by creating an automated, paperless claims processing system. For Veterans, rules-based processing will mean faster, higher-quality, and more consistent decisions on claims. For employees, the change will be a more user-friendly system that offers better access to decision-level information, rules-based calculators, and automated tools to help process claims more

consistently. VA will also look to expand the number of pension-related forms available on www.vets.gov as well as use of the Decision-Ready Claims process.

Due to changes in the program model that went into effect in early FY 2018, performance for this measure will not be reported externally any longer. Measures in this report are often best suited to drive operations, not to demonstrate Veteran outcomes. As VA modernizes its systems and processes we are incorporating new measures that better reflect Veteran and management outcomes. This measure will continue to be tracked internally so that we can understand and improve the linkage between operational measures and Veteran outcomes.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	735	770	770	775	785
Actual	766	770	778	802	- - -

Analysis of Results

In FY 2017, VA exceeded its target for the "Pension Call Center client satisfaction index score" with 800 out of a possible 1,000 points. VA's strategy to maintain the staffing of pension agents helped decrease call wait times and reduced the blocked call rate; in addition, changes to new-hire training curriculum provided agents with skills in the first month to resolve basic transactions during a first call from a Veteran. VA has also developed additional routing options enabling callers to reach the most skilled agent for their needs, enhanced speech recognition options, created a consolidated view of Veteran information, auto-populated data, developed smart scripts, and increased utilization of VA's Knowledge Management system. The latter allows agents to search for VA news, pension policies, procedures, and crisis intervention. This database, with the increase in human capital, promoted efficiencies, improved timeliness, increased Veteran access, and increased the accuracy of information provided to callers.

Plans for the Future

Measures in this report are often best suited to drive operations, not to demonstrate Veteran outcomes. As VA modernizes its systems and processes we are incorporating new measures that better reflect Veteran and management outcomes. To further strengthen the model, steps are being taken to support call volume by allowing call traffic to be expanded across the network to meet customer needs and demands. This measure will continue to be tracked internally so that we can understand and improve the linkage between operational measures and Veteran outcomes, but we will no longer report on it externally starting in FY 2019.

Benefits – Education

VA provides timely and accurate delivery of education benefits to eligible Veterans and their dependents, as well as, active duty, National Guard, and Reserve Servicemembers, Veterans, and eligible dependents. VA informs Servicemembers of their educational benefits at various key points in their military career, allowing them to use these benefits while still on active duty. VA also conducts outreach to ensure Servicemembers and Veterans are well-informed regarding educational benefits as they plan for the transition to civilian life, whether they need to learn a trade or obtain a degree.

Traditionally, VA education benefits have been used for licensing and certification examinations and on-the-job training and apprenticeship programs, as well as for study at institutions of higher learning (IHLs) (including degree programs at foreign schools) or non-college degree programs. Most recently, these benefits have undergone comprehensive changes that include but are not limited to: making the Post-9/11 GI Bill a lifetime benefit, restoring benefit entitlement in certain cases of school closures, establishing a Science, Technology, Engineering and Math scholarship program. Additionally, VA provides resources to assist Veterans and Servicemembers to make informed decisions so they may achieve their academic and career goals. VBA makes these resources available online and has multiple avenues for Veterans and their dependents to obtain information about individual entitlements, including the GI Bill Comparison Tool (https://www.vets.gov/gi-bill-comparison-tool/), the GI Bill Feedback System (https://www.benefits.va.gov/GIBILL/Feedback.asp), the joint VA/DoD eBenefits portal (https://www.ebenefits.va.gov/ebenefits/about/promotional) , and the Education Call Center, 1-888-GIBILL1 (1-888-442-4551).

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	28	28	28	21	28
Actual	17	18	16.7	24.7	- - -

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	14	14	14	9	14

Actual	6	7	6.7	8.6	- - -

Analysis of Results

In FY 2017, VA did not achieve its target for "Average days to complete original education claims"; however, the target for "Average days to complete supplemental education claims" was attained. There were several factors that contributed to delays in processing original education claims. For example, the Atlanta Regional Processing Office (RPO) was realigned in late 2016 to support other Veteran facing priorities. Subsequently, the three remaining RPO's, located in St. Louis, Buffalo, N.Y., and Muskogee, Okla., as well as system upgrades, including the installation of The Imaging Management System Centralized (TIMSC), contributed to approximately 1,385 fewer claims being completed per day. The TIMS Centralization project impacted all three RPOs and required additional employee training and caused other delays when claims documents were entered into the system. Furthermore, there were other special projects including IADT/DoD project and the ORM Proceeds Project that required the RPOs to devote resources to reviewing other claims. Based on this, FY18 targets to complete original claims and supplemental claims were adjusted to 28 days and 14 days, respectively. In FY 2018, Education Service will leverage an additional 202 FTE for claims processing as a result of manual processing functions that will required to comply with the Harry W. Colmery Veterans Educational Assistance Act of 2017 (Forever GI Bill), which will be distributed to the RPO's.

Plans for the Future

In FY2018, VA will process nearly 4 million claims for over 1 million eligible Servicemembers, Veterans, and dependents with a projected timeliness goal of 28 days for original claims and 14 days for supplemental claims. Their collective efforts ensure the successful execution of nearly $13 billion in benefit payments. Although VA met its FY17 targets for supplemental claim processing, FY18 targets are being adjusted to prepare for the unforeseen impacts of new legislation passed in FY17. For example, with the extensive requirements of the new Colmery Act, VA anticipates a significant impact to timelines and call volume. Also, due to system limitations, VA will resort to processing some claims manually while systems are being updated to support the new law changes. An additional 200 FTE will be hired to as a result of the new law; however, the new hires will require a substantial amount of training before they are fully functional claims processors. All employees are expected to be on-board by May 30, 2018. Furthermore, FY18 will be the first full year of processing with only three regional processing offices due to the closure of the Atlanta RPO in FY17. As a result of

these changes, VA's FY18 target for supplemental claims processing were modified due to the challenges ahead in the New Year.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	Baseline	764	754	757	757
Actual	To be determined	754	752	779	- - -

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

In FY 2017, Education Service exceeded its target for overall satisfaction score as it increased by 27 index points to 779 from 752 in FY16. Survey results indicate that the increase was driven by statistically significant increases in enrollees accessing education benefits and increases in servicing existing recipients. Education Service continues to leverage different communication methods to include email, social media, and the GI Bill website to provide accurate information in a timely manner to current and prospective GI Bill students.

Plans for the Future

In order to continue to exceed customer satisfaction targets in FY19, Education Service, in collaboration with the Veterans Experience Office, is working to utilize a new Customer Experience Management System to collect Veteran feedback via surveys and electronic comment cards, and use the latest in data to identify emerging patterns to improve value to Veterans. This will help VBA with modernizing, prioritization, and planning to focus on the issues impacting the Veteran experience. Although VA met its FY17 targets for Education Call Center, FY18 targets are remaining the same to prepare for the unforeseen impacts of new legislation passed in FY17. For example, with the extensive requirements of the new Colmery Act, VA anticipates a significant impact to timelines and call volume.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	780	835	832	835	836
Actual	832	831	841	845	- - -

Analysis of Results

In FY 2017, VA exceeded the target for "Education Call Center (ECC) Client Satisfaction Index Score" with an index score of 845, an increase of 4 points over FY 2016, and also exceeding the J.D. Power and Associates' Call Center Cross-industry benchmark (815) by 30 points on a 1,000 point scale. VA also continues to leverage social media to provide the Veteran student community with information on frequently asked questions.

Plans for the Future

In order to exceed FY 2019 targets, the Education Call Center is exploring options to hire part-time FTE to support education claim peak enrollment periods (i.e. August-October). Over the past three fiscal years, the ECC has received an average of 3 million phone calls per year. Like other VA call centers, the ECC is provided a staffing ceiling to achieve service levels based on average call volume over the course of a fiscal year. This approach would provide one option to improve service levels during peak enrollment periods and positively impact the rate of abandoned calls. In addition, Education Service is considering other policy changes including telework options and facility utilization to continue to improve performance.

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Benefits – Loan Guaranty, Vocational Rehabilitation and Employment, Insurance

The mission of VA's Loan Guaranty Service is to maximize opportunities for active duty, National Guard, and Reserve Servicemembers, Veterans, and certain surviving spouses to obtain, retain, and adapt their homes by providing viable and fiscally responsible benefits in recognition of their service. The Loan Guaranty Service seeks to empower Servicemembers and Veterans with information and access to innovative,

high-quality products and services, and engage industry partners to make loans in an efficient and effective manner.

Through a cadre of programs, Loan Guaranty Service offers program participants the opportunity to purchase and refinance homes; adapt or purchase an adapted home to address needs associated with certain severe service-connected disabilities, and provide loss mitigation services to assist program participants who are at risk of or are in mortgage default.

Through VBA's Loan Guaranty Central Office and network of Regional Loan Centers, Veterans, Servicemembers, and lenders have access to a wealth of information regarding the VA Home Loan Program. Individuals are able to determine eligibility for a VA-guaranteed loan online through eBenefits or with the assistance of a lender. Comprehensive program information is available through the VA Home Loan website and through the national toll-free number (877) 827-3702. As well, VA provides program information to lenders, servicers, appraisers, and other program participants through participation in various industry related events.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	822	825	830
Actual	N/Av	819	819	827	- - -

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 Veterans, eligible surviving spouses, and Servicemembers pursue home ownership. 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 program participants with more favorable terms.

In FY 2017, VA surpassed the Veteran's satisfaction level target. To ensure sustained high Veteran satisfaction levels, the VA Home Loan program continues to utilize best practices to ensure ongoing program efficiencies. During the last quarter of FY 2017, VA instituted a national phone queue with staff dedicated from all VA Home Loan program sections to assist callers. The queue resulted in a negligible blocked call rate of .01%, with an average wait time of 16 seconds until the call was answered. Through implementation of the queue, VA was able to address concerns of VA Home Loan

program participants and other stakeholders with increased speed and efficiency. The metric has been removed from external reporting effective FY 2019; however, VA will continue to identify processes that augment the Veteran experience from an eligibility processing and customer service perspective.

Plans for the Future

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	658	674	682
Actual	N/Av	658	666	655	- - -

 # 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

In FY 2017, VR&E's Combined Overall Satisfaction Score (OSAT) decreased by 11 points as compared to FY 2016 (from 666 to 655). VR&E's Combined Overall Satisfaction Score (OSAT) is derived from the average satisfaction scores of two surveys: the Access Survey (sample of Veterans who applied to the program within the last 12 months) and the Servicing Survey (participants who are active in the program or who achieved a positive outcome). VR&E's OSAT experienced a statistically insignificant decline by 11 points as compared to FY 2016 (from 666 to 655). This decline in OSAT is attributed to VR&E's Access Score, which decreased by 31 points from FY 2016.

In FY 2017, VR&E achieved an 8 point increase in Servicing (from 714 to 722) from FY 2016. This aligns with the VR&E Longitudinal Study findings that successful applicants to the VR&E program are generally more satisfied once they begin than the program than those applying for the benefit. The Overall Counselor experience is a key driver to this increase in scores

Plans for the Future

The FY 2018 Briefing on 2017's VOV survey occurred in December 2017. VR&E is using the FY 2017 and 2016 results to develop an action plan to address any issues that may be negatively affecting Veterans' experience with VR&E. VR&E Service will continue to collaborate with J.D. Power & Associates to assess and interpret the VOV survey results, and identify specific trends and ways to improve service delivery to increase Veterans' satisfaction.

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Benefits –Insurance

The Insurance Program provides Veterans with life insurance benefits that may not be available from the private insurance industry due to lost or impaired insurability resulting from military service. In addition, the Insurance Program provides universally available life insurance benefits to Servicemembers and their families, as well as traumatic injury protection for Servicemembers.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	95%	95%	95%	95%	95%
Actual	94%	94%	94%	94.5%	- - -

Analysis of Results

In FY 2017, VA effectively reached its target for "rate of high client satisfaction on insurance services delivered". In 2017, the Insurance program paid approximately $2.3 billion in payments to Servicemembers, Veterans, and their beneficiaries in the form of insurance death benefits, policy loans, and traumatic injury protection payments. VBA Insurance completed 140,000 insurance disbursements (death claims, loans, and cash surrenders) with 98.4 percent accuracy. Insurance answered an average of 2,000 insurance-related calls per day with an average speed of answer of 16 seconds and a 0 percent blocked call rate.

Plans for the Future

This metric has been removed for external reporting starting in FY 2019, but VA will continue to track this measure internally.

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Memorial Services

VA honors Veterans and their eligible family members with final resting places in national shrines and with lasting tributes that commemorate their service and sacrifice to our Nation. In 2017, VA interred nearly 134,000 Veterans and eligible family members and provided perpetual care for more than 3.6 million gravesites at 135 national cemeteries and 33 other cemetery installations in 40 states and Puerto Rico. VA has also funded the establishment, expansion, and improvement of 108 state and tribal Veterans cemeteries in 44 states, Puerto Rico, Guam, and the Northern Mariana Islands which interred nearly 38,000 Veterans and eligible family members in 2017. In 2017, VA furnished nearly 364,000 headstones, markers, and medallions for the graves of Veterans worldwide and furnished nearly 671,000 Presidential Memorial Certificates to the families and friends of Veterans commemorating their service.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	89.60%	91.0%	91.5%	91.8%	92.2%
Actual	89.80%	89.8%	91.7%	92%	- - -

Analysis of Results

In FY 2017, VA exceeded its target for the percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence. The continued investment in new cemeteries such as four new state and tribal cemeteries in Seaside, California; Littleton, Maine; Kilmichael, Mississippi; and, Sisseton, South Dakota which opened in FY 2017, as well as ongoing projects are helping facilitate this success.

Plans for the Future

In FY 2018, a new VA grant funded state cemetery has already opened at Fort Stanton, New Mexico; additionally, a new national cemetery in Colorado Springs, Colorado, and two more VA grant funded state cemeteries in Duluth, Minnesota and Parker's Crossroads, Tennessee will open to interments later this year. Combined, these cemeteries will provide nearly 47,000 Veterans access to a burial option within a reasonable distance (75 miles) of their residence.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	98%	96%	97%	97%	97%
Actual	96%	96%	96%	96%	---

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	99%	99%	99%	99%	99%
Actual	98%	99%	99%	99%	---

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	99%	99%	99%	99%	99%
Actual	98%	98%	99%	99%	---

Analysis of Results

In FY 2017, VA either met or nearly met its targets surrounding national cemetery service, appearance, and customer satisfaction. For this effort, VA measures the percent of respondents who would recommend the national cemetery to Veteran families during their time of need through an annual survey of Veterans, Veteran next of kin, and funeral home directors who have utilized VA burial and memorial benefits during the year. 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 to identify opportunities for improvement with the appearance and the level of service provided by national cemeteries. 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 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	91%	92%	92%	93%	93%
Actual	90%	93%	93%	92%	---

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	90%	91%	91%	92%	96%
Actual	87%	89%	93%	95%	---

Analysis of Results

In FY 2017, VA either met or exceeded its targets for the percent of respondents who agreed or strongly agreed that the quality of the headstone or marker received from VA was excellent, and the percent of respondents who agreed or strongly agreed that the quality of the Presidential Memorial Certificate received from VA was excellent. 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 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. 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.

Strategic Goal 2: Enhance and Develop Trusted Partnerships

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

Objective 2.1 Enhance VA's partnership with DoD

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 (VBA administers this program, but coordinates with DoD via VA Office of Policy and Planning) (VBA #469)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/Av	(Baseline)	80%	80%	80%
Actual	N/Av	55%	66%	72%	- - -

Analysis of Results

In FY 2017, VA did not reach its target for "Percent of Integrated Disability Evaluation System (IDES) participants who will receive VA benefit notification letters within 30 days of discharge" even though performance improved by six percentage points over 2016. Upon discharge or retirement from the military, transitioning Servicemembers often face sudden changes in income and resulting financial uncertainty. Timely benefit notification is critical, confirming the amount of the VA award and its imminent distribution. VA was able to improve in part by implementing the VA Pay First process, which it developed with the Defense Finance and Accounting Service (DFAS). Pay First allows VA to award benefits in IDES cases before it knows retirement payment amounts. VA can release payments without first having to coordinate those payments with DoD.

Plans for the Future

In 2018-2019, VA will continue to collaborate with DoD to improve IDES performance, and Servicemember satisfaction. VA will continue to expand the use of VA Pay First to improve timeliness. VBA is also working with DoD to reduce the overall processing time of benefits for IDES participants from 295 days to 230 days, which should also improve timeliness of notice. VBA is systematically examining the four stages of IDES

(claims development, medical examination, proposed rating, and final rating) to reduce delays.

Number of registered eBenefits users (VBA #443)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	3.80M	5M	5.7M	6.3M	7.0M
Actual	4.14M	5.16M	6.1M	6.74M	- - -

Analysis of Results

In FY 2017, VA exceeded its target for "Number of registered eBenefits users" by over 40 million new users. The major contributing factors for this success included: offering over 55 self-service features; continuing outreach through market videos, public service announcements, and web content regarding the advantages; and targeting emails to promote online claims filing and a better understanding of the claim examination process.

Plans for the Future

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

VA continues to make great strides in enhancing partnerships with federal, state, and local organizations to promote best outcomes for Veterans and ensure the efficient use of resources. The Veterans Experience Office worked with local VA leadership to build Community Veterans Engagement Boards (also known as MyVA Communities) and maximize the collective impact of local services, stakeholders, and federal/state agencies working together to improve Veteran outcomes. The Department of Agriculture (USDA) and VA plan to collaborate to manage foreclosed property assets and save taxpayer dollars.

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 and our partners through clear, consistent and proactive interactions.

Objective 2.3 Related Performance Measures

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	10%	15%	15%	15%	12.5%
Actual	26%	19.8%	14.35%	10.79%	---

Analysis of Results

In FY 2017, VA did not achieve its target for the "Increase in percentage of Veterans aware of using benefits, reached through advertising and marketing effort" measure. The National Veterans Outreach office sustained the Explore VA digital outreach campaign utilizing on-going audience analysis, and by partnering with large VSOs in monthly outreach events focused on specific VA benefits and frequent metric analysis. The campaign was established as an integrated marketing program to connect Veterans and their families/dependents to VA benefits and services. Specific attributes included: ongoing website maintenance and optimization; paid media campaign, email campaign and along with digital partnership events. The missed target objective for 2017 reflects a diminishing Veteran population and reduced utilization of traditional advertising approaches in FY 2017 (radio, television, billboards and print ads) which are prohibitively expensive and difficult to measure. Conversely, digital outreach campaigns are effective and measurable. Data analysis from 2017 illustrate the following results: VA still exceeds the conversion rate of website visitors opting to apply for benefits by 7 percentage points. In fact, the FY 2017 conversion rate was 25 percent; 4 percent higher than the previous year. Overall, Explore VA drove 2.6 million visits to the site resulting in 652,000 applications for benefits. The cost to convert each application is presently at a record low of under $3.00 per application. Visitors are also spending almost an average 3 minutes viewing the Explore VA website. This figure

exceeds industry standards to assist with determining campaign effectiveness and accuracy of VA content.

Plans for the Future

In FY 2018, the Office of Public and Intergovernmental Affairs will continue this successful program with the National Veterans Outreach Office sustaining the monthly performance analysis requirement. Additionally, VA will increase digital outreach and maximize on digital advertising strategies such as key word purchase, banner ads, and remarketing; and support website maintenance and updates to ensure accuracy in VA communication, partnership engagement, digital outreach materials and monthly outreach engagement. Partnership with VSOs and NGO has been very effective in increasing VA's communication reach.

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Increase Veteran traffic to and from the various VA content delivery platforms (OPIA #659)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/A	N/A	(Baseline)	1,920,000	2,523,791
Actual	N/A	N/A	347,991	2,103,159	---

Analysis of Results

Although FY 2017 – FY 2018 was the first full year beyond the Baseline for measuring the average number of views to VA's primary content delivery platform, the VAntage Point blog, VA exceeded its target for this measure in FY 2017. On average throughout FY 2017, there were 386,000 page views per month. Across VA's primary digital delivery platforms, to include VAntage Point, Facebook, Twitter, Instagram and VA's Borne the Battle podcast, the Department reached an average 2.1 million users each month.

Plans for the Future

In FY 2018, OPIA and its Digital Media Engagement program will evaluate traffic to the primary content delivery platforms, as well as means by which visitors are encouraged to visit the site. Depending on results, options for increased engagement on complementary social and digital media platforms will be considered.

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 must become nimble and responsive to change, giving ourselves maneuverability, space, and options in our response to shifting conditions and emerging technological and cultural change. Our policies, processes, and approaches must allow us to expand and contract rapidly with minimal disruption to our benefits, services, and resources.

We must focus on developing cost-effective and integrated solutions to increase productivity, particularly in the area of human capital management. This translates to looking for opportunities to rationalize operations and therefore improve efficiency. Although we have been making progress, VA must continue to integrate business support processes, Veteran-facing services, and technology Department-wide.

Veteran Hiring

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

	FY 2014	FY 2015	FY 2016*	FY 2017	FY 2018
Target	35%	33.5%	33.8%	35%	35%
Actual	32.66%	32.74%	32.53%	32.1%	---

* The FY 2016 target was previously reset to 33.8% from 34.3%. Future stretch targets were also adjusted last year to 35% for FY 2017 and beyond to align expectations with current circumstances.

Analysis of Results

In FY 2017, VA did not achieve its target for this measure which assesses the degree to which VA's workforce reflects customers we serve, which is considered to enhance VA's ability to execute its mission. During FY 2017, VA hired 15,391 Veterans, and proudly ranks first among non-Defense agencies in Veteran hiring. As a stretch goal, the Department worked to increase the percentage of VA employees who are Veterans to 35 percent in FY 2017 and beyond. As of September 30, 2017, VA had a total of 121,665 Veterans on board, which accounts for 32.1 percent of the total workforce. There are two factors that impacted Veteran hiring and retention recently: 1) an increased emphasis on hiring for health care positions within VHA, i.e., positions that require civilian credentials that the military service does not require in their medical capacity and, therefore, most transitioning Veterans do not possess; and 2) VA is in the

formative stages of integrating its recruiting and retention plans, with an emphasis on retaining more Veteran employees. Despite the challenges of the new emphasis areas, VA did see a net increase of 754 Veterans enter the VA workforce since the end of FY 2016.

Plans for the Future

This measure will continue in FY 2018. While VA is committed to Veteran hiring, it will place increased emphasis on Veteran retention. There are three primary areas of focus for the benefit of Veterans already employed at VA: the first is to collaborate with VA Administrations to develop best practices for retaining Veterans; the second is to develop and sustain a platform for VA Veteran employees and managers to interact and find solutions to internal VA workforce issues and concerns; and the third is to promote a support system offering VA Veteran employees a sense of community, camaraderie and connection to the Department.

Employee Engagement

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	61%	62%	63%	64%	65%
Actual	61%	61%	62%	62%	---

Analysis of Results

In FY 2017, VA did not achieve its target for the FEVS survey, falling short by 2 percent, but not falling from the prior year. The Federal Employee Viewpoint Survey (FEVS) is a confidential survey that measures government employees' perceptions of whether, and to what extent, conditions that characterize successful organizations are present in an agency. The survey was administered electronically to a sample of full-time and part-time permanent employees from May to June 2017. OPM then collected and verified responses from the more than two hundred federal agencies before releasing the data. VA's overall FEVS Employee Engagement Index score did not change from 2016 to 2017, although on detailed examination, 2017 results improved on 24 of 71 questions. Specific areas of improvement between 2016 and 2017 occurred in three key areas where VA has focused specific policy and programmatic attention in recent years:

Leadership Behaviors and the Organization

- My organization's senior leaders maintain high standards of honesty and integrity.
- I have a high level of respect for my organization's senior leaders.
- In my organization, senior leaders generate high levels of motivation and commitment in the workforce.

Supervisor/Manager Behaviors

- Supervisors work well with employees of different backgrounds.
- Managers promote communication among different work units (for example, about projects, goals, and needed resources).
- Managers support collaboration across work units to accomplish work objectives.

Human Capital Investment (training, resources, pay)

- Considering everything, how satisfied are you with your pay?
- How satisfied are you with the training you receive for your present job?
- I have sufficient resources (for example, people, materials, budget) to get my job done.

The Partnership for Public Service uses a subset of the data to create the Best Places to Work (BPTW) Index rankings for federal government agencies. For 2017, VA maintained its rank of 17 out of 18 large federal agencies with a 2017 BPTW score of 56.1% survey responses marked positive (vs. 56.7 in 2016). In comparison, the 2017 BPTW score was 61.5 government-wide, and 77.8 for the private sector.

Plans for the Future

The 2017 results show that we have more to do, and the Employee Engagement Index measure will continue in FY 2018. The intent is to better understand where VA resources and support are needed so we might improve our potential as a "best place to work." VA will self-administer the FEVS to all employees beginning in 2018, and share its data file with Partnership for Public Service to compute our BPTW score and ranking. This self-administration allows VA a more robust data perspective: customizing its data reporting down to the workgroup level (14,000+ groups) in a timely manner (45 days) to aid local data sharing and action planning. Access to local-level data is a private sector best practice for employee engagement, and one that VA will use to prioritize the employee experience in becoming a best place to work.

Employee Experience

In FY 2016 VA created an Agency Priority Goal (APG) titled, *"Improve Employee Experience (IEE)."* The goal was to create a collaborative and inclusive employee experience by developing engaged leaders at all levels that inspire and empower all VA employees to deliver a seamless, integrated, and responsive VA customer service experience. To gauge progress and identify potential areas needing emphasis/support throughout the year, VA identified six agency-level drivers of employee engagement. These drivers derived from VA internal analyses with parallel and complementary Federal-wide analyses conducted by OPM and GAO; all using FEVS data.

My supervisor provides me with constructive suggestions to improve my job performance (HRA 695) (APG measure)

	FY 2014	**FY 2015**	**FY 2016***	**FY 2017****
Target	N/Av	N/Av	60.12%	62.12%
Actual (FEVS)	57.6%	58.12%	60.00%	59.96

In my work unit, steps are taken to deal with a poor performer who cannot or will not improve (HRA 696) (APG measure)

	FY 2014	**FY 2015**	**FY 2016***	**FY 2017****
Target	N/Av	N/Av	29.47%	31.47%
Actual (FEVS)	28.40%	27.47%	28.80%	28.95%

Employees have a feeling of personal empowerment with respect to work processes (HRA 697) (APG measure)

	FY 2014	**FY 2015**	**FY 2016***	**FY 2017****
Target	N/Av	N/Av	41.51%	43.51%
Actual (FEVS)	39.80%	39.51%	41.40%	41.68%

I feel encouraged to come up with new and better ways of doing things (HRA 698) (APG measure)

	FY 2014	**FY 2015**	**FY 2016***	**FY 2017****
Target	N/Av	N/Av	55.40%	57.40%
Actual (FEVS)	52.80%	53.40%	54.30%	53.93%

How satisfied are you with the information you receive from management on what's going on in your organization? (HRA 699) (APG measure)

	FY 2014	FY 2015	FY 2016*	FY 2017**
Target	N/Av	N/Av	45.05%	47.05%
Actual (FEVS)	42.90%	43.05%	44.30%	44.24%

My organization's leaders maintain high standards of honesty and integrity (HRA 700) (APG measure)

	FY 2014	FY 2015	FY 2016*	FY 2017**
Target	N/Av	N/Av	45.50%	47.50%
Actual (FEVS)	43.9%	43.50%	44.80%	46.04%

* Targets posted in FY 2016 for all six questions were originally based on tentative APG Pulse Survey projections. Targets were subsequently modified to reflect projected results from the annual Federal Employee Viewpoint Survey (FEVS) – a more reliable tool for making year-over-year comparisons.

** Improve Employee Experience APG was terminated by OMB mid-FY 2017, along with the quarterly Pulse Survey and the supporting activities that would influence the direction of the Employee Experience results. However, to summarize partial results for the year and to permanently close out APG reporting, the FY 2017 FEVS is cited here as a proxy, just as in 2016.

Analysis of Results

Compared to FY 2016, the FY 2017 FEVS results showed increases in the areas of accountability, employee empowerment and ethics of senior leaders. Scores were maintained, and/or declined slightly, on issues of performance feedback, information-sharing from management, and innovation. Although VA made variable progress towards understanding employee attitudes and experiences, we still have work to improve hiring overall and the capabilities, engagement and experience of VA employees.

Plans for the Future

This APG measure was canceled in Q2 FY 2017, and will not be continued into FY 2018 as previously constituted.

Office of the Inspector General (OIG)

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/A	300	320	330	330
Actual	310	390	304	293	---

Analysis of Results

In FY 2017, OIG did not reach the target for the number of reports because internal process improvements enhanced the scope, complexity, and impact of oversight work, but resulted in a net reduction in actual reports issued. For example, prior to FY 2016, OIG's Office of Healthcare Inspections typically published annually about 60 cyclical reviews of VA medical centers (Combined Assessment Program reports) and an additional 60 cyclical reviews of VA outpatient clinics per year (Community Based Outpatient Clinic reports). Beginning in FY 2017, well after the performance target of 330 reports was established, OIG consolidated the medical center and outpatient clinic reviews, thus reducing the number of annual reports by half. OIG also significantly expanded the scope and complexity of these cyclical reviews to focus on higher-risk clinical topics as well as root causes of serious and longstanding deficiencies. These reviews culminated in more substantive oversight reports with numerous, meaningful recommendations that drive improved quality of health care for veterans.

Plans for the Future

OIG anticipates overcoming the net reduction in reports issued as OIG successfully trains newly hired employees and leveraging those staff to address the increased demand for oversight of VA programs and services, on par with appropriated resources.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/A	2,200	2,300	2,400	2,400
Actual	2,537	2,536	2,425	2,811	---

Analysis of Results

OIG exceeded the FY 2017 target (increase of 17%) for the number of arrests (312), indictments (240), convictions (71), criminal complaints (299), pretrial diversions (34), and administrative sanctions (1,855) achieved. This accomplishment reflects the impact of additional budgetary resources that OIG used to hire and train additional staff, particularly criminal and administrative investigators.

Plans for the Future

OIG is continuing to make internal changes to prioritize more impactful work to yield higher monetary benefits to the federal government and systems-level changes, which may result in a net reduction in performance on this measure. OIG plans to initiate additional internal changes to improve organizational effectiveness and strengthen oversight work, including through expanded collaborative efforts with other federal IG's and law enforcement agencies and the use of predictive analytics to identify and address high-risk VA programs.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/A	$2,000	$2,100	$3,100	$3,100
Actual	$2,300	$2,167	$4,093	$10,024	---

Analysis of Results

OIG significantly surpassed the FY 2017 target for monetary benefits ($ in millions) realized from audits, investigations, contract reviews, inspections, and other evaluations. This accomplishment represents potential cost-savings OIG identified pertaining to the contract for a drug used to treat Hepatitis C as well as other significant monetary benefits identified through other audits and investigations. Moreover, this accomplishment reflected concerted efforts by the OIG to leverage cross-directorate projects that focus on more impactful and complex matters to improve services and benefits for veterans. Recent budgetary increases allowed OIG to hire and train additional auditors, criminal investigators, health care inspectors and other professionals, expand oversight of high-risk programs across VA, strengthen responses to emergent issues, and expand the scope of recommendations issued to improve the quality and efficiency of veterans' health care services and benefits.

Plans for the Future

OIG anticipates increased performance levels for this measure as new employees are hired, trained, and positioned across the country to address the increased demand for

oversight of VA programs and services, on par with appropriated resources. OIG will continue to aggressively identify impactful reviews on matters that are likely to yield noteworthy monetary impact on the use of taxpayer dollars.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/A	18 to 1	18 to 1	22 to 1	22 to 1
Actual	22 to 1	20 to 1	34 to 1	73 to 1	---

Analysis of Results

OIG surpassed the FY 2017 target with a substantial return on investment (ROI) of $73 for every dollar expended on OIG oversight. As described previously, this accomplishment represented potential cost savings for a drug to treat Hepatitis C as well as other significant monetary benefits identified through other audits and investigations. This measure is an important reflection of the value of OIG's efforts to improve VA healthcare and benefits services, which impact both veterans and taxpayers.

Plans for the Future

OIG anticipates increased performance levels for this measure as new employees are hired, trained, and positioned across the country to address the increased demand for oversight of VA programs and services, consistent with appropriated resources. In mid-2017, OIG ended a reimbursable agreement with the Department that funded the Office of Contract Review and will fully support the Office of Contract Review with appropriated funds in FY 2018. This change empowers OIG to aggressively pursue reviews that will yield greater return on investment.

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 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/A	85%	85%	85%	85%
Actual	85%	89%	83%	70%	---

Analysis of Results

OIG did not achieve the FY 2017 target for the percentage of recommendations implemented within one year to improve efficiencies in operations through legislative, regulatory, policy, practice, and procedural changes in VA. Although OIG follows up with VA on open recommendations every 90 days, the extent that the Department implements them can vary due to the scope and complexity of operational changes

required, the commitment of leadership, and other factors beyond OIG control. VA's limited progress to address concerns raised by oversight groups has garnered attention by the public and members of Congress, including during recent hearings regarding the Veterans Health Administration's placement on the Government Accountability Office's High Risk List.

Plans for the Future

OIG will continue to track and coordinate VA's progress on implementation of report recommendations on a quarterly basis and mitigate implementation delays through communication and collaboration with VA senior officials, as appropriate.

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

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/A	96%	96%	98%	98%
Actual	100%	100%	100%	100%	

Analysis of Results

OIG surpassed the FY 2017 target for the percentage of recommended recoveries achieved from post-award contract reviews. The primary factor that led to this accomplishment was the quality of analyses and reviews conducted by trained contract review teams.

Plans for the Future

OIG will assign sufficient numbers of auditors and other professionals to ensure that OIG continues to meet this performance target. In mid-2017, OIG ended a reimbursable agreement with the Department that funded the Office of Contract Review and began funding the office through direct appropriations. This change strengthens independence by allowing OIG to determine which contracts are selected for review. This will lead to more proactive oversight of high-risk procurements and a potential reduction of fraud in this area.

Percent of full cases that result in criminal, civil, or administrative actions. (OIG 694)

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Target	N/A	N/A	N/A	72%	72%
Actual	N/A	N/A	N/A	78%	---

Analysis of Results

OIG exceeded the FY 2017 target for the percentage of cases that result in criminal, civil or administrative actions, which was new for FY 2017. This level of performance was

the result of internal improvements to enhance the screening of cases and ensure that high-priority cases have sufficient resources.

Plans for the Future

To meet the target in FY 2018, the OIG Office of Investigations will continue to carefully assess each allegation to determine the level of risk it presents to VA programs, staff, veterans, and taxpayers, and conduct preliminary or developmental investigations, as appropriate. Where facts and circumstances reasonably indicate that a full investigation is warranted, the OIG Office of Investigations will initiate such investigation and submit its findings to the Department of Justice, state or local law enforcement offices, or VA, as appropriate. The decision to prosecute or invoke administrative action rests with the receiving authority.

VA OIG FY 2015 Major Management Challenges

The Inspector General's statements regarding major management challenges and VA's response can be found in the Agency Financial Report: https://www.va.gov/finance/docs/afr/2016VAafrFullWeb.pdf, starting on page 226.

Government Accountability Office High Risk Areas

VA Health Care High Risk Area

In 2015, the Government Accountability Office (GAO) added "Managing Risks and Improving VA Health Care" as one of its high-risk areas. GAO categorized their concerns about VA's delivery of health care into five risk issues: (1) Ambiguous policies and inconsistent processes; (2) Inadequate oversight and accountability; (3) Information technology challenges; (4) Inadequate training for VA staff; and (5) Unclear resources needs and allocation priorities.

On August 18, 2016, VA submitted its inaugural *Strategy for Health Care High Risk Management* to GAO, which outlined VA's approach to transforming its health care system to address the needs of Veterans and address GAO's identified issues. The Secretary also chartered the GAO High Risk List Area Task Force for Managing Risk and Improving VA Health Care (Task Force) to conduct a root cause analysis, develop a strategy to address the root causes, and ensure that mitigation and management plans are effective and executable. The Task Force has five risk issue working groups, one for each of the risk issues defined by GAO. Each working group is led by senior-level VA officials.

VA's Progress

In January 2017, VA submitted an update to GAO highlighting progress made since the inaugural Strategy. On February 15, 2017, GAO released its 2017 High Risk List report. In this report, VA received a rating of 'partially met' for two areas: Leadership Commitment and Action Plan. GAO also added four selected recommendations for immediate attention:

1. Improving oversight of access to timely medical appointments,
2. Improved oversight of VA community care to ensure timely payment,
3. Improved planning, deployment, and oversight of VA/VHA IT systems, and
4. Ensuring that recommendations resulting from internal and external reviews of VHA's organizational structure are evaluated for implementation.

GAO has five criteria for reviewing progress in a high risk area. These five criteria are: Leadership Commitment, Capacity, Action Plan, Monitoring, and Demonstrated Progress. GAO takes the five criteria and presents it in a five-pointed star format, with three progress levels: Not Met, Partially Met, and Met. GAO evaluates VA's progress against all five criteria and publishes an updated High Risk List report every two years.

Throughout 2017, VA continued to take actions to address the health care High-Risk List designation. Following the release of GAO's 2017 High Risk List report, the Task Force looked at refining the support needed for each of the risk issue working groups, any needed changes in its management, and GAO's criteria for removal to lay a clear path forward that satisfies GAO's expectations and requirements as well as builds upon the momentum created in 2016.

The Task Force performed an enterprise root cause analysis to help VA resolve the challenges identified in the 2015 GAO High Risk List report and move off the High Risk List. To accomplish this analysis, the Task Force analyzed over 90 reports and assessments, conducted a listening tour of multiple VA Medical Centers and Community-Based Outpatient Clinics, and analyzed the data to identify common causes to arrive at a set of enterprise-level root causes. The six enterprise root causes that were identified are:

- Disjointed Strategic Planning,
- Poorly Defined Roles, Responsibilities, and Decision Authorities,
- Poor Horizontal and Vertical Integration,
- Lack of Reliable Data and Analysis,
- Ineffective Human Capital Management, and
- Inadequate Change Management.

In May 2017, these six enterprise root causes were presented and discussed with GAO, and then shared with Congressional Staffers for the Senate Committee on Veterans' Affairs in June 2017. In addition to the enterprise root cause analysis, each working group conducted a root cause analysis specific to the risk issue. The Task Force is working to refine the root causes and revise the corrective action plans to address these root causes and resolve the issues identified by GAO.

VA is also addressing several of these root causes through VA's Modernization effort. VA's Modernization effort is applying lessons learned from other large-scale Federal transformations, including the IRS modernization project and DHS's recent stand-up and continued evolution initiative, private sector promising practices, and is

incorporating GAO High Risk report recommendations. In addition, VA's Modernization effort is putting into place a governance structure that will allow VA to meet the health care needs of Veterans in a more efficient and proactive manner. VA is also working on implementing GAO's open recommendations; with specific focus on the 22 recommendations identified as high priority (12 of the 22 high priority recommendations are related to addressing VA health care high risk list).

On December 4, 2017, Secretary Shulkin met with GAO Comptroller General, Gene Dodaro, to discuss VA's progress on addressing the issues that GAO cited when it placed VA on the High Risk List in 2015. In this meeting, GAO expressed concerns about VA's progress. To ensure ongoing communications between the two agencies, VA is meeting monthly to update GAO on the corrective action plans for each of the five high risk issues, as well as sharing updates on other health care concerns highlighted in the 2017 High Risk List report at GAO's request (e.g., improving access to timely medical appointments). The risk issue working groups are also meeting with GAO's subject matter experts to inform GAO of the work group's approach and obtain feedback on activities.

Most government agencies on the High Risk List remain on the list for a decade or longer; therefore, removing VA Health Care from the High Risk List is an enormous task. VA has elevated the visibility of the VA Health Care High Risk List effort to the highest level within its organization and will monitor progress via the Monthly Management Reviews chaired by the Deputy Secretary. While it is a long-term, complex endeavor, VA is committed to addressing the foundational management practices that GAO has found lacking. VA plans to submit a Strategy update to GAO in 2018 to inform the next GAO High Risk List report in 2019.

GAO High-Risk Area: Improving and Modernizing Federal Disability Programs

GAO - Why Area Is High Risk

An estimated one in six working-age Americans reported that they had a disability in 2010; many of them may require assistance finding or retaining employment, or rely on cash benefits if they cannot work. Nevertheless, disability programs across the federal government face significant challenges in addressing the needs of Americans with disabilities. In particular, 3 of the largest federal disability programs—2 managed by the Social Security Administration (SSA) and 1 by the Department of Veterans Affairs (VA), which together dispensed about $256 billion in cash benefits to over 20 million people in fiscal year 2015—are grappling with large workloads and have struggled to make timely decisions on who is eligible for cash benefits. These issues are most evident when individuals appeal their decisions, as the number of pending appeals

increased 30 and 34 percent respectively at SSA and VA when comparing fiscal years 2012 and 2015. Workloads for these agencies are likely to remain a challenge as the population ages and large numbers of service members are expected to transition out of the military in the next several years. In addition, SSA and VA rely on outdated criteria to determine whether individuals qualify for benefits. While these agencies reported efforts underway to update their rules, they continue to emphasize individuals' medical conditions without sufficiently considering whether they could work because of improvements in workplace accommodations and assistive technologies. In addition to these 3 cash assistance programs, we found that there are 45 programs managed by 9 different federal agencies that provide a patchwork of employment supports to people with disabilities. Although programs that support employment can divert individuals from the disability rolls, these programs lack a unified vision, strategy, or set of goals to guide their outcomes. We first designated improving and modernizing federal disability programs as high risk in 2003.

What GAO Found

The federal government's progress in improving and modernizing disability programs remains mixed. GAO assessed VA's progress under five criteria across two broad areas: VA's actions to manage their disability claim workloads, and VA's progress to modernize their criteria for deciding who is eligible for disability benefits.

GAO Criteria for Removal from the High-Risk List

- **Leadership Commitment -** Demonstrated strong commitment and top leadership support.
- **Capacity -** Agency has the capacity (i.e., people and resources) to resolve the risk(s).
- **Action Plan -** A corrective action plan exists that defines the root cause, solutions, and provides for substantially completing corrective measures, including steps necessary to implement solutions we recommended.
- **Monitoring -** A program has been instituted to monitor and independently validate the effectiveness and sustainability of corrective measures.
- **Demonstrated Progress -** Ability to demonstrate progress in implementing corrective measures and in resolving the high-risk area.

GAO rates progress on the criteria using the following definitions:

- **Met -** Actions have been taken that meet the criterion. There are no significant actions that need to be taken to further address this criterion.
- **Partially Met -** Some, but not all, actions necessary to meet the criterion have been taken.
- **Not Met -** Few, if any, actions towards meeting the criterion have been taken.

<u>Managing VA Disability Claims Workload</u>

Per GAO, since the 2015 high-risk update, VA has demonstrated mixed progress in addressing its workload challenges. Progress is evident in regards to VA's efforts to reduce the Veterans Benefits Administration's (VBA's) compensation claims backlog. However, VA's appeals workload continued to grow, and several efforts to address this challenge are still underway. In particular, VA's proposed framework to reform the appeals process—developed by VBA and the Board of Veterans' Appeals (Board)—requires legislative authority to pursue. We have ongoing work related to VA's efforts to address appeals workloads and timeliness that we plan to issue in the first quarter of 2017.

GAO Criteria Status

Leadership Commitment	Status: Met
Capacity	Status: Partially Met
Action Plan	Status: Partially Met
Monitoring	Status: Partially Met
Demonstrated Progress	Status: Partially Met

GAO - What Remains to Be Done

Predicting growth in both disability compensation claims and appeals, VA should maintain focus on (1) managing its workloads at both levels; (2) ensuring that it has detailed plans in place for creating capacity and reforming its appeals process; and (3) collecting and reporting appropriate data and metrics to fully understand factors influencing timeliness under both its legacy and proposed appeals process, and transparently reporting progress.

VA Program Response

VA is committed to providing Veterans with the benefits and services they have earned and deserve. Many of the recent changes VBA has experienced in the disability claims process are attributable to the full implementation of the National Work Queue (NWQ), to include rating and non-rating workloads. The shift to a national workload management strategy marked a major departure from the historical disability claims process, and fundamentally changed how VBA distributes and processes claims in the regional offices (ROs). The average days to complete a Veterans claim were reduced by 10 days in fiscal year (FY) 2017 compared to FY 2016. The average number of days a claim awaited first development action dropped from almost 25 days in January 2016 to eight days at the end of FY 2017, a 68 percent improvement. In addition, the amount of time claims awaited a rating decision dropped from 29 days in January 2016 to three days at the end of FY 2017, a 90 percent improvement.

In FY 2017, VBA issued new performance standards to Veterans Service Representatives and Rating Veterans Service Representatives. These standards better support VA's agency goals and leverage NWQ's functionality by focusing on the entire claim development process, rather than a final production target.

The *Veterans Appeals Improvement and Modernization Act of* 2017, enacted August 23, 2017, provides much-needed comprehensive legislative reform to ensure Veterans receive timely and quality decisions on their claims and appeals. Public Law (PL) 155-55 is the most significant statutory change to affect VA appeals in decades. The new law overhauls VA's current appeals process, and provides Veterans, their families, and their survivors with increased choice in handling disagreements with VA's decisions. VA is presently working to implement this new legislative framework and expects to implement fully the new appeals process by February 14, 2019; moreover, it is also committed to addressing the pending inventory of legacy appeals.

In FY 2017, VBA realigned its appeals policy and oversight of its national appeals operations under a single office, the Appeals Management Office. The realignment positions VBA to focus oversight of program operational work, standardize policies and procedures to facilitate consistent benefit delivery, improve customer satisfaction, and increase the ability to make data-driven decisions. In addition, the realignment promotes accountability for appeals performance by having one VBA office responsible for policy development and implementation. As part of an ongoing monitoring process, the Acting Under Secretary for Benefits and other senior VBA leaders meet monthly to review and assess the status of claims and appeals production. Compared to FY 2016, the improved focus and prioritization helped increase FY 2017 VBA compensation and pension appeals production by 24 percent; decrease the compensation and pension appeals inventory under VBA control by 10 percent; decrease the average days pending (ADP) for the substantive appeals (Form 9) pending in VBA by 27 percent; and decrease the ADP for processing remands by the Board by 17 percent.

The Board of Veterans' Appeals (the Board) is prioritizing reduction of the legacy inventory in FY 2018 to best position itself for implementation of the new legal framework in February 2019. The Board hired 274 full-time equivalents (FTE) in FY 2017 and anticipates reaching a total staffing level of 1,050 FTE by the end of the second quarter of FY 2018, to focus on drafting appeals decisions. While full training takes approximately 12 months, these new FTEs will be able to effectively produce basic quality decisions after six months of initial training and skill development.

Additionally, the Board's information technology (IT) advancements allow for increased reliability and efficiency in adjudicating appeals. During recent years, Appeals Modernization IT efforts, led principally by the Digital Service at VA (DSVA) team, focused on deprecating the functions of the legacy Veterans Appeals Controls and Locator System (VACOLS) case management product; they are now incorporating new functionality within their roadmap to support the required legislative changes.

By February 2019, all requests for review of VA decisions will be processed via the new process. However, a significant number of legacy appeals remain in the system pending a final resolution. Therefore, as VA prepares for full implementation of the new legislation, it also plans to focus resources on legacy appeals processing. Accordingly, effective November 1, 2017, VA launched a new program, the *Rapid Appeals Modernization Program* (RAMP). This program provides eligible Veterans, with pending disability compensation appeals in VBA, with the voluntary option to participate in the new process during the implementation period. VA will also use the program to test certain assumptions, relied on in development, of the comprehensive plan for implementing the modernized system. VA worked with DSVA to create a single, integrated point of entry for receiving and processing review requests, under RAMP, in a Caseflow Intake tool.

VBA will be using various metrics, to track the progress of RAMP receipts and claims production, to provide continual feedback on any staffing needs. Tracking the opt-in percentage will allow for forecasting of the reduction of the legacy appeals inventory, as well as ensure adequate resources are directed towards RAMP claims. In addition, tracking the distribution of elections among the new process lanes, claims processing timeliness, and individual employee productivity tracking will inform VBA as to appropriate work credit, workload capacity, and processing timeliness for the new framework cases. Reviews and analyses of these metrics will provide future capacity estimates as well as support the formulation of production standards under full implementation of appeals reform.

VA initiated an 18-month implementation plan for the new process, immediately after the new law was enacted. VA will use this period to promulgate regulations, establish procedures, create training materials, train personnel, implement information technology system changes, and conduct outreach in order to implement the new law. Due to the magnitude and scope of the statutory changes, VA has established a detailed plan to guide implementation of the new legislation. VA is using a governance structure to oversee appeals modernization implementation and using project management experts to institute key project management tools and deliverables and document the tasks and activities required to implement the new appeals system. To track implementation progress, the plan includes timelines, interim goals and milestones, reporting requirements, and established deadlines to ensure timely execution. VA submitted the initial comprehensive implementation plan to Congress and the Comptroller General on November 22, 2017, as required by the *Veterans Appeals Improvement and Modernization Act of 2017,* and it is available online at https://benefits.va.gov/benefits/docs/90-Day-Plan-CMR-PL-115-55.pdf. In addition, the Act requires VA to submit periodic progress reports to the plan every 90 days, until the applicability date of the statute. Following the applicability date, VA is also required to submit periodic progress reports, at least once every 180 days, for seven years.

To address how VA will implement the new process, while reducing the legacy appeals inventory, VA created an Appeals Processing Metric and Performance Tracking integrated project team, to design a process for tracking claims and appeals within the new process, and to identify requirements needed to ensure that each line of business is able to comply with the reporting requirements in PL 115-55. Beyond the work that VA is doing to develop sound monitoring and workload tracking practices for the new appeals process, VA continues to monitor the existing legacy appeals process and will periodically publish, on a VA website, the reporting requirements as outlined in the legislation.

Implementation of the *Veterans Appeals Improvement and Modernization Act of 2017*, and addressing the legacy appeals inventory, remain a priority for FY 2018. Once the new system goes into effect in 2019, VA will reallocate resources and maximize efficiency in appeals processing. VA will allocate available resources to meet the timely processing goals in the new system, and the remaining resources to process legacy appeals. Furthermore, VA will continue to engage and collaborate with all stakeholders and capitalize on feedback received, in order to better serve Veterans.

Updating VA Disability Benefit Eligibility Criteria

Per GAO, VA continued to make progress toward updating the medical criteria that it uses to determine eligibility for disability compensation, and has now improved to 'met' for action plan and monitoring. However, VA has experienced delays, and officials told us that VA will not meet its prior target for completing this effort by March 2017.

GAO Criteria Status

Leadership Commitment	Status: Met
Capacity	Status: Partially Met
Action Plan	Status: Met
Monitoring	Status: Met
Demonstrated Progress	Status: Partially Met

GAO - What Remains to Be Done

VA made steady progress updating its disability criteria. However, given that only a third of the initial round of updates are complete and the remainder were delayed, VA should maintain leadership focus and continue monitoring its progress against its project plans to ensure that sufficient resources are dedicated to this effort and that its plans to subsequently revisit its criteria at least once every 10 years thereafter continue to be realistic.

VA Program Response

VBA remains committed to implementing the VA Schedule for Rating Disabilities (VASRD) Project Management Plan and has dedicated the necessary resources to ensure we are able to accomplish future reviews and perform any necessary updates. VBA has

published proposed regulations for notice and comment in the Federal Register for eight body systems. The eight proposed rules published include:

(1) The Hemic and Lymphatic System,
(2) Gynecological Conditions and Disorders of the Breast,
(3) The Organs of Special Sense (Eye),
(4) The Endocrine System,
(5) Dental and Oral Conditions,
(6) Skin Conditions,
(7) Genitourinary Conditions, and
(8) Musculoskeletal Conditions.

VBA has also published two final rules for the following two body systems:

(1) Dental and Oral Conditions (Published August 3, 2017; effective September 10, 2017), and
(2) The Endocrine System (Published November 2, 2017; effective December 10, 2017)

VBA is currently reviewing all outstanding regulations, which have yet to be published as proposed regulations, as part of its internal concurrence process. Previously, VBA planned to publish all final regulations by end of FY 2018; however, publication of the final rulemakings must align with computer updates to VA's claims processing system, the Veterans Benefits Management System (VBMS), which only occur once per quarter. As a result, VBA's completion date to publish all final rulemakings was adjusted to the end of FY 2019.

VBA plans to place each VASRD body system into a five-year cycle of staggered reviews, following publication of the final rule. VBA will provide GAO with a copy of this schedule as soon as it is available.

Cross-Agency Collaborations

Veterans Health Administration

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

Federal Interagency Health Equity Team (FIHET): VHA continues to represent Veteran health equity issues on the FIHET. The mission of FIHET is to bring together leaders across federal departments to address and end health disparities through capacity building, strategic partnerships, and dissemination of best practices.

Native American Veteran Access to Care: The Indian Health Service (IHS) and VA signed a Memorandum of Understanding (MOU) on October 1, 2010 to improve the health status of American Indian and Alaska Native (AI/AN) Veterans. Under the MOU, VHA and IHS collaborate through joint workgroups on access to care, clinical processes, care coordination and workforce development.

100 Million Healthier Lives: The VA partnered with the Institute for Healthcare Improvement as part of the 100 Million Healthier Lives Initiative Veterans Hub to improve the lives of 20 million Veterans by the year 2020 by addressing the social determinants of health. This goal will be achieved through unprecedented collaborations. In addition to collaborating with the Department of Defense, National Defense University, Uniformed Services University of the Health Sciences, Department of Health and Human Services, and Center for Medicare and Medicaid Innovation, the Veterans Hub also includes nongovernmental members Samueli Institute, Community Solutions, American Red Cross, Points of Light, and Easter Seals, Inc. The number of Veterans Hub partners continues to grow.

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.

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 (VSOs), and educational institutions to improve benefits delivered as demonstrated by the following examples:

- 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.

Veterans Legacy Initiative: NCA is working closely with the American Battle Monuments Commission (ABMC), the Library of Congress, Veterans History Project, and public universities to share Veterans' and Servicemember stories, which are preserved by these Federal agencies as part of NCA's Legacy Program. This initiative is designed to memorialize Veterans' service and sacrifice through educational products and programming at VA national cemeteries, soldier's lots, and monument sites. The partnership with ABMC has resulted in NCA's first professional development program focused on the educational community. The two-year partnership provides opportunities for 19 selected teachers to create lesson plans to share with other educators about American World War II service members buried in national cemeteries. NCA is also working with the Library of Congress, Veterans History Project to provide college students the opportunity to develop public-facing blog postings about Veterans buried in VA national cemeteries using the Library's extensive records. By leveraging university partnerships, VA's national cemeteries will be used as platforms for

community engagement and public education, with emphasis on empowering student-based research on site.

The Veterans Legacy program supports VA's commitment to ending Veteran suicide. These groups will share the inspirational stories researched by students and produced through these partnerships to demonstrate how Veterans can lead meaningful and impactful lives after leaving military service. VA also took the first steps toward a major transformation of Veteran memorialization through digital engagement. This effort will create an interactive website enabling virtual memorialization of Veterans. When fully implemented, the platform will allow online visitors to pay their respects and access/share information about the Veterans memorialized by NCA. Most importantly, it will allow families to upload letters, pictures and videos related to a Veteran's service. NCA plans to launch the platform to the public by the end of 2018.

Three partnerships with public universities are notable. At Black Hills State University, an interdisciplinary faculty team (History, English, American Indian Studies, and Education) prompted students to research Veterans buried in local national cemeteries and tribal Veteran cemeteries. Using this research, the university launched a public-facing website of the Veterans and cemeteries' histories, a national cemetery walking tour, and a K-12 online textbook. At San Francisco State University, an interdisciplinary team of faculty and students (Cinema, History, and Education) developed 12 short-form documentaries on a diverse group of Veterans buried in San Francisco and Golden Gate National Cemeteries, which were integrated into lesson plans on Veterans history. And at the University of Central Florida (UCF), the school hosted a "Field Day" at Florida National Cemetery during which UCF students taught 175 visiting middle school students about Veterans they had researched throughout the semester. UCF used the research findings to develop a website and customized mobile application that makes students' research accessible at the gravesite.

Appendices

Appendix 1 – Annual Performance Plan (APP)

(Transition View)

The following table provides a snapshot of the measures VA will use to track performance for FY 2019 as well as a list of the measures active in FY 2018. As VA adopts performance measures that better reflect the outcomes we intend to provide for Veterans, a large number of the measures currently reported on will no longer be reported externally. We have found they are most appropriate for driving operations and therefore we will continue to track them for internal use.

The table is color coded as follows to show how the new portfolio of measures that goes into effect in FY 2019 will align to the new strategic plan.

- Strategic Goal 1: Veterans choose VA for easy access, greater choices, and clear information to make informed decisions (coded orange)
    - Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices
    - Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose
- Strategic Goal 2: Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey (coded blue)
    - Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence
    - Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty
- Strategic Goal 3: Veterans trust VA to be consistently accountable and transparent (coded pink)
    - Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions

    - Strategic Objective 3.2: VA holds its personnel and external service providers accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse

- Strategic Goal 4: VA will modernize systems and focus resources more efficiently to be competitive and to provide best-in-class capabilities to Veterans and its employees (coded green)

    - Management Objective 4.1: Infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to agilely adapt to changing business environments and Veteran needs

    - Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families

    - Management Objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spending.

Department of Veterans Affairs FY 2019 Annual Performance Plan (FULL)

Topic	*Performance Indicators, Historical Milestones & Agency Priority Goals*	*Strategic Goal/Strategic Objective*	**2016 (Actuals)**	**2017 (Actuals)**	**2018 (Targets)**	**2019 (Targets)**
Veterans Health Administration (VHA)						
Homelessness	Percentage of Veterans reporting employment at a discharge from VA homeless residential programs (#604)	***N/A - no longer in use in 2019***	50%	51%	45%	
	Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (#606)	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***	92%	90%	85%	85%

	Percent of Veterans discharged from VA-funded residential treatment programs (Grant and Per Diem or Domiciliary Care Homeless Veterans) who discharge to permanent housing (#403)	***N/A - no longer in use in 2019***	71%	64%	65%	
	Percent of HUD-VASH vouchers allocated that have resulted in homeless Veterans obtaining permanent housing (#535)	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***	92%	92%	94%	94%
Health Care	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/A - no longer in use in 2019***	58%	58%	60%	
	The average patients rating VA health care on a scale from 0 to 10 (Inpatient) (#537)	***N/A - no longer in use in 2019***	8.63	8.8	8.8	

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/A - no longer in use in 2019***	47%	48%	49%	
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/A - no longer in use in 2019***	56%	57%	58%	
The average patients rating VA primary care provider on a scale from 0 to 10 on the Patient Centered Medical Home Survey (#544)	***N/A - no longer in use in 2019***	8.54	8.6	8.7	
Mental Health Balanced Scorecard (#598)	***N/A - no longer in use in 2019***	91% above target at end of SAIL performance year	90% of facilities at/or above target	90% of facilities at/or above target	

The average patients rating of VA specialty care provider on a scale from 0 to 10 on the Specialty Care Survey #673)	***N/A - no longer in use in 2019***	8.54	8.60	8.65	
Percent of Specialty Care patients who respond "Always" "and "Usually" regarding their ability to get an appointment for needed care right away (#680)	***N/A - no longer in use in 2019***	72%	74%	75%	
Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for needed care right away (#682)	***N/A - no longer in use in 2019***	72%	73%	75%	

Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (#677)	***N/A - no longer in use in 2019***	84%	85%	87%	
Percent of Specialty Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (#683)	***N/A - no longer in use in 2019***	82%	83%	85%	
Patient Safety Indicator (PSI) 90 (#674)	***N/A - no longer in use in 2019***	N/Av	(Baseline)	TBD	

(Composite Measure) The average of the percent "Always" or "Usually" responses for four access measures found in the Patient Centered Medical Home (PCMH) survey and the Specialty Care Consumer Assessment of Health Providers and Systems (CAHPS) Survey. (#681)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***	78%	79%	81	82
Percentage of Veterans receiving telehealth at home or at off-site settings (#XXX)	***Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices***				2%
Percentage of Veterans receiving a portion of care via telehealth modalities (#XXX)	***Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices***				15%
Overall Satisfaction w/ Community Care Access (#XXX)	***Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose***				83.5%

Overall rating of Primary Care Provider (#XXX)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***				70%
Overall rating of Specialty Care Provider (#XXX)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***				67.50%
Overall rating of hospital (#XXX)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***				66.50%
Progress in Cerner project implementation (% milestones met) (EMHR) (#XXX)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***				TBD
Number of medical centers and community living centers improving in overall effectiveness of care (#XXX)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***				50%

	Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by the mental health component of the Short Form-12 (SF-12) (#XXX)	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***				2.3
	Average improvement in reported disability levels 3-4 months after start of mental health treatment as measured by scores on the World Health Organization Disability Assessment Scale (WHO-DAS) (#XXX)	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***				1.3
	Percentage of Veterans flagged as high risk for suicide who have received recommended interventions and follow-up (#XXX)	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***				65%
Veterans Benefit Administration (VBA)						
	National Accuracy Rate -	***N/A - no longer in use in 2019***	88.1%	86%	93%	

Disability Compensation Rating Claims (#303)					
Percentage of VA Disability Rating Claims Pending More Than 125 Days Old (#308)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***	19%	23%	21%	21%
National Accuracy Rate - Disability Compensation Rating Claims - Issue Based (#304)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***	96%	94%	96%	96%
Number of registered eBenefits users (Millions) (#443)	***N/A - no longer in use in 2019***	6.1M	6.74M	7.0M	
Percent of disability compensation claims received virtually/electronically (#444)	***Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices***	20%	18%	26%	28%
Number of accredited Veterans advocates who are registered users on the Stakeholder Enterprise Portal (SEP) (#446)	***N/A - no longer in use in 2019***	4202	5,090	5,300	

	National Call Center Client Satisfaction Index Score (out of 1000) (#485)	***N/A - no longer in use in 2019***	767	797	798	
	Overall Customer Satisfaction Index Score (out of 1000) (Compensation) (#491)	***N/A - no longer in use in 2019***	676	620	630	
	Percentage of Disability Compensation Rating Claims Inventory Pending Over 125 Days (#576)	***N/A - no longer in use in 2019***	20%	23%	23%	
	Appeals Processing - Notices of Disagreement (NODs) Average Days Pending (#545)	***N/A - no longer in use in 2019***	413	426.9	413	
	Appeals Processing - Substantive Appeals to the Board (Form 9) Pending Inventory (Thousands) (#607)	***N/A - no longer in use in 2019***	50	39.0	32.0	

	Appeals Processing - Notices of Disagreement (NODs) Pending Inventory (Thousands) (#514)	***N/A - no longer in use in 2019***	231	208.0	187.0	
	Percent of IDES participants who will receive VA Benefit notification letters within 30 days of discharge (#469)	***Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose***	66%	72%	80%	80%
	Non-Rating Claims, Compensation Average Days Pending (#654)	***N/A - no longer in use in 2019***	355	280	263	
	Non-Rating Claims, Compensation Average Days to Complete #686)	***N/A - no longer in use in 2019***	161	151	144	
	Dependency Claims Processing: Claims Pending Inventory (#701)	***N/A - no longer in use in 2019***	115	86	85	

	Dependency Claims Processing: Timeliness (Month-to-Date Average Days to Complete as of the last month of the year) (#670)	***N/A - no longer in use in 2019***	197	107	110	
	Appeals Processing - Substantive Appeals to the Board (Form 9) Average Days Pending (#655)	***N/A - no longer in use in 2019***	516	448	389	
	Appeals Processing - Substantive Appeals to the Board (Form 9) Average Days to Complete (#685)	***N/A - no longer in use in 2019***	462	590	425	
Pension and Fiduciary Services	Pension Call Center Client Satisfaction Index Score (out of 1000) (#484)	***N/A - no longer in use in 2019***	778	802	785	
	Overall Customer Satisfaction Index Score (out of 1000) (Pension) (#490)	***N/A - no longer in use in 2019***	664	651	672	

	Average Days to Complete - Original Survivors Pension Claims (#498)	***N/A - no longer in use in 2019***	130	95.7	75	
	Percentage of Original and Reopened Pension Claims Inventory Over 125 Days (#577)	***N/A - no longer in use in 2019***	4%	6%	5%	
	Percentage of Dependency and Indemnity Compensation (DIC) Claims Inventory Over 125 Days (#578)	***N/A - no longer in use in 2019***	18%	25%	20%	
	Average Days to Complete - Follow-Up Field Examinations (#656)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***	147	160.3	320	337
	Average Days to Complete - Initial Appointment Process (#647)	***Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose***	287	133.9	88	76
Education	Average Days to Complete Original Education Claims (#218)	***Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose***	16.7	24.7	28	28

	Average Days to Complete Supplemental Education Claims (#219)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***	6.7	8.6	14	14
	Education Call Center Client Satisfaction Index Score (out of 1000) (#476)	***N/A - no longer in use in 2019***	841	845	836	
	Overall Customer Satisfaction Index Score (out of 1000) (Education) (#489)	***N/A - no longer in use in 2019***	752	779	757	
	Percent of Montgomery GI Bill or Post 9/11 GI Bill participants who successfully completed an education or training program (#494)	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***	(Baseline)	(Baseline)	TBD	TBD
Vocational Rehabilitation and Employment	Veterans' Satisfaction with the Vocational Rehabilitation and Employment Program (out of 1000) (#488)	***N/A - no longer in use in 2019***	666	655	682	

	VR&E Class Persistence Rate (#601) ***NEW name in FY 2019, VR&E Class Achievement Rate)*	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***	72%	70%	68%	TBD
	VR&E Class Success Rate (#600)	***N/A - no longer in use in 2018 **due to GAO Study findings/VA leadership concurrence***	47%	55%	48%	
	VR&E Employment Outcome Rate (#602)	***N/A - no longer in use in 2018***	(Baseline)	69%		
Loan Guaranty	Default Resolution Rate (DRR) (#226)	***N/A - no longer in use in 2019***	84%	85.30%	81%	
	Veterans' Satisfaction Level with the VA Loan Guaranty Program (out of 1000) (#487)	***N/A - no longer in use in 2019***	819	827	830	
	Specially Adapted Housing (SAH) grantees who believe adaptation obtained under the program has helped them live more independently (#653)	***N/A - no longer in use in 2019***	N/Av	N/Av	N/Av	

Insurance	Rate of High Client Satisfaction Ratings on Insurance Services Delivered (#214)	***N/A - no longer in use in 2019***	94%	95%	95%	
National Cemetery Administration (NCA)						
Memorial Services	Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence. (#234)	***Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices***	91.7%	92.0%	92.2%	92.8%
	Percent of respondents who rate the quality of service provided by the national cemeteries as excellent. (#580)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***	96%	96%	97%	97%
	Percent of respondents who rate national cemetery appearance as excellent (#581)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***	99%	99%	99%	99%
	Percent of respondents who would recommend the national cemetery to Veteran families during their time of need (#582)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***	99%	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)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***	93%	92%	93%	93%
	Percent of respondents who agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA was excellent (#584)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***	93%	95%	96%	96%
Board of Veterans Appeals (BVA)						
Appeals	Appeals Dispositions – Average Days to Complete Returned Remands (Measuring from Date Case is Returned to the Board after Remand until Board Disposition Date) (#571)	***N/A - no longer in use in 2019***	264	239	293	

	Appeals Dispositions - Average Days to Complete Original Appeals (From Date of Certification (Form 8) until Board Disposition Date) (#573)	***N/A - no longer in use in 2019***	553	613	694	
	# of appeals decided (# 65)	***Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions***				TBD
	# of hearings held (# 712)	***Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions***				TBD
	# of appeals in BVA's pending inventory (#561)	***Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions***				TBD
	% of appeals decided with at least one remanded issue (#709)	***Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions***				TBD
Office of Public and Intergovernmental Affairs (OPIA)						

Public Affairs	% of Veterans aware of using benefits, reached through advertising and marketing efforts (#536)	***N/A - no longer in use in 2019***	14%	11%	13%	
	Increase veteran traffic to and from the various VA content delivery platforms (#659)	***Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose***	347,991	2,103,159	2,523,791	3,028,549
Human Resources and Administration (HRA)						
Veteran Hiring	Percentage of VA Employees Who Are Veterans (#278)	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***	32.53%	32%	35%	35%
Employee Engagement & Experience	FEVS-AES Employee Engagement Index Score (#608)	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***	62%	62%	65%	66% (responses marked positive)

	My supervisor provides me with constructive suggestions to improve my job performance (#695)	***N/A - no longer in use in 2019***	60.00%	59.96%	64.12%	
	In my work unit, steps are taken to deal with a poor performer who cannot or will not improve (#696)	***N/A - no longer in use in 2019***	28.80%	28.95%	33.47%	
	Employees have a feeling of personal empowerment with respect to work processes (#697)	***N/A - no longer in use in 2019***	41.40%	41.68%	45.51%	
	I feel encouraged to come up with new and better ways of doing things (#698)	***N/A - no longer in use in 2019***	54.30%	53.93%	59.40%	
	How satisfied are you with the information you receive from management on what's going on in your organization? (#699)	***N/A - no longer in use in 2019***	44.30%	44.24%	49.05%	

	My organization's leaders maintain high standards of honesty and integrity (#700)	***N/A - no longer in use in 2019***	44.80%	46.04%	49.50%	
Human Capital Management	Executive Fill Rate, Non-Medical Center Directors (#715)	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***			78%	80%
	Executive Fill Rate, Medical Center Directors (#86)	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***			87%	95%
	FEVS-AES Talent Management Index Score (#XXX)	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***				59%

	Time to Hire VA-Wide (#718)	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***			51%	51% of hires enter on duty within 80-day target (subject to FY18 baselining)
	Retention of VA Veterans Workforce (#713)	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***			(Baseline)	76.6% Veteran employee 2-year retention rate (Subject to FY18 baselining)

	Mission Critical Occupation (MCO) Quit Rate (#XXX) ***[broken out in three categories: Medical Officer (Primary Care), Psychologist, and Psychiatrist]*	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***				Medical Officer (Primary Care) Below 5.53% Psychologist Below 3.9% Psychiatrist Below 5.76%
	FEVS-AES Best Places to Work Index Score (#XXX)	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***				58% (responses marked positive)
Veterans' Experience Office (VEO)						
Veteran Experience	Trust in VA among America's Veterans (#692)	***Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions***	60%	69%	90%	90%
	I got the service needed (#XXX)	***Strategic Objectives 1.2 and 2.1***				90%
	It was easy to get the service I needed (VEO#706)	***Strategic Objectives 1.2 and 2.1***				90%

	I felt like a valued customer (#XXX)	***Strategic Objectives 1.2 and 2.1***				90%
Office of Information Technology (OIT)						
IT Modernization	% software development projects using Agile (Fiscal Year) (#XXX)	***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***				60%
	% of IT projects within 10% of budgeted cost + budgeted schedule (Fiscal Year) (#XXX)	***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***				83%
	% of agency spending on cloud computing (#XXX)	***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***				15%
	# of unique portals a Veteran must access to obtain benefits and services (#XXX)	***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***				TBD

	% legacy modernization projects compared to total # of legacy systems (#XXX)	***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***				TBD
	# of Data Center Closures (actual) (#XXX)	***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***				Non-tiered = 1, Tiered = 4
	% of cyber risk assessment domains @ "managing risk"(#XXX)	***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***				100% Managing Risk score
Office of Acquisition, Logistics and Construction						
Infrastructure Improvements	Percent of lease projects accepted by VA as substantially complete in the quarter identified (#262)	***Management Objective 4.1: Infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to agilely adapt to changing business environments and Veteran needs***	75%	86%	80%	TBD
	Percent of facilities customers (i.e. internal customers, VHA) that are satisfied with services being provided (#253)	***Management Objective 4.1: Infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to agilely adapt to***	81%	79%	70%	70%

		changing business environments and Veteran needs				
Office of the Secretary, Veterans Affairs						
Regulatory Reform	Number of EO 13771 regulatory actions issued (#XXX)	***No direct alignment to VA's Strategic Plan***		0	TBD	TBD
	Number of EO 13771 deregulatory actions issued (#XXX)	***No direct alignment to VA's Strategic Plan***		1	TBD	TBD
	Total incremental cost of all EO 13771 regulatory actions and EO 13771 deregulatory actions (#XXX)	***No direct alignment to VA's Strategic Plan***		($1.9M)	($2.4M)	TBD
Office of Inspector General (OIG)						
Accountability	Number of reports (audit, inspections, evaluation, contract review, and CHIP (formerly known as CAP) and CBOC reports) issued that identify opportunities for improvement and provide recommendations for corrective action (#585)	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***	304	293	330	330

	Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (#586)	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***	2,425	2,811	2,400	2,100
	Monetary benefits (dollars in millions) from audits, investigations, contract reviews, inspections, and other evaluations (#587)	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***	$4,093	$10,024	$3,100	$3,400
	Return on investment (monetary benefits divided by cost of operations in dollars) (#588)	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***	34 to 1	73 to 1	22 to 1	23 to 1

	Percentage of Recommendations implemented within 1 year to improve efficiencies in operations through legislative, regulatory, policy, practices, and procedural changes in VA (#590)	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***	83%	70%	85%	85%
	Percentage of Recommended recoveries achieved from post-award contract reviews (#591)	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***	100%	100%	98%	98%
	Percent of full cases that result in criminal, civil, or administrative actions (#694)	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***	N/A	78%	72%	74%

Appendix 2 – APP Showing FY 2019 Measures only

The following table provides a snapshot showing only the measures VA will use to track its performance for FY 2019. The table is color coded as follows to show how the new portfolio of measures that goes into effect in FY 2019 will align to the new Strategic Plan.

- Strategic Goal 1: Veterans choose VA for easy access, greater choices, and clear information to make informed decisions (coded orange)
- Strategic Goal 2: Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey (coded blue)
- Strategic Goal 3: Veterans trust VA to be consistently accountable and transparent (coded pink)
- Strategic Goal 4: VA will modernize systems and focus resources more efficiently to be competitive and to provide best-in-class capabilities to Veterans and its employees (coded green)

Department of Veterans Affairs FY 2019 Annual Performance Plan

(Active ONLY, FY 2019)

***Measures aligned with VA's FY 2018-2024 Strategic Plan will begin performance reporting in FY 2019. Definitions below describe at a high level what VA plans to measure starting in FY 2019, why VA plans to measure this indicator, and how it will be measured (survey, administrative data, etc.). Future iterations of VA's APPR will address more specific activities moving forward. Measures without definitions are established VA performance measures, which will continue to be measured as they have in historical APPR publications. ***

Performance Indicators, Historical Milestones & Agency Priority Goals	**2016 (Actuals)**	**2017 (Actuals)**	**2018 (Targets)**	**2019 (Targets)**		***Strategic Goal/Strategic Objective (VA Strategic Plan alignment, FY 2018-2024)***
Veterans Health Administration (VHA)						
Percentage of Veterans receiving telehealth at home or at off-site settings (#XXX)				2%	This measures the percentage of Eligible Veterans who have received Clinical Video Telehealth (CVT) to the home or other NonVA location during the Fiscal year. It is a subset of all CVT patients. CVT is a real time video connection between a Veteran at one location and a doctor or other clinical staff at another location. CVT eliminates the need for a Veteran to travel distances for a face to face visit. Technology is available for the physician to listen to	***Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices***

					the patient's heart and lungs and perform other exams that they can do at a face to face visit. CVT visits can be done directly from the patient's home or at another NonVA location. Examples of a Non VA location include, but are not limited to a Veteran Center and Indian Health Service facility. We are measuring this to promote expansion of these services to Veterans. Travel to a facility may be difficult for many Veterans due to age, physical limitations or convenience and this service enhances access to the care these Veterans need.	

Percentage of Veterans receiving a portion of care via telehealth modalities (#XXX)				15%	This is a composite measure of the percentage of Eligible Veterans who have received Telehealth Services during the fiscal year. Telehealth services include Home Telehealth monitoring, Clinical Video Telehealth, and Store and Forward Telehealth services. VA is measuring Telehealth Services to promote expansion of these services to Veterans. The results reported will be based on the number of unique Veterans served through telehealth services (numerator) and the number of unique Veterans that receive care through VHA (denominator).	***Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices***
Veterans Benefit Administration (VBA)						
Percent of disability compensation claims received virtually/electronicall y (#444)	20%	18%	26%	28%	This measure the number of claims received virtually/electronicall y divided by the total	***Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices***

					number of claims received. The frequency of reporting is on a monthly cycle, which tracks the upward trend direction of this performance indicator.	
National Cemetery Administration (NCA)						
Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence. (#234)	91.7%	92.0%	92.2%	92.8%	This measures the number of Veterans served by a burial option divided by the total number of Veterans, expressed as a percentage. The number of veterans served by a burial option is determined by counting the number of veterans who reside in counties considered to be within the 75-mile service areas of national and state veterans cemeteries that have unoccupied, available gravesites for first interments, whether casketed or cremated. County level veteran populations are	***Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices***

					derived from VA's VetPop2014 model which provides veteran population estimates based on the 2010 Census.VA established a 75-mile service area standard because NCA data show that more than 80 percent of persons interred in national cemeteries resided within 75 miles of the cemetery at the time of death.	
Veterans Health Administration (VHA)						
Overall Satisfaction w/ Community Care Access (#XXX)				83.5%	The Office of Community Care manages programs that have increased access to care for millions of Veterans. Community Care is care provided to eligible Veterans outside of the VA when VA facilities are not feasibly available. To improve timeliness of services, assessment of access to health care is based on the Veterans' self -	***Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose***

					reported experiences in receiving needed care. A survey-based approach to measure access to health care is utilized. This measure is the percent of patients who respond "Always" or "Usually" regarding their ability to get an appointment for Community Care as soon as needed. The survey question is from the Survey of Healthcare Experiences of Patients (SHEP) - Community Care survey.	
Veterans Benefit Administration (VBA)						
Percent of IDES participants who will receive VA Benefit notification letters within 30 days of discharge (#469)	66%	72%	80%	80%	This measure identifies how effective VA is processing the IDES participants' benefit notification letter. The stated goal is 30 days. To help compute this measure there is a random sampling of IDES participants to verify receipt of Benefits Notification letter within 30 days.	***Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose***

					The measure is calculated as # of cases meeting 30 days standard / Total # of cases completed during the Benefit Notification stage.	
Average Days to Complete - Initial Appointment Process (#647)	287	133.9	88	76	This measures timely delivery of benefits to VA beneficiaries who are unable to manage their funds. VA uses this information to make decisions regarding necessary revisions to its workload management practices or resource levels. This measure is computed by the three month rolling average(s) of completion times for all Fiduciary Initial Appointments during that three month period.	***Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose***
Average Days to Complete Original Education Claims (#218)	16.7	24.7	28	28	This measures how well VA is doing at ensuring Veteran's and eligible dependents receive benefits in a timely manner. The measure is computed;	***Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose***

					Timeliness = total processing days divided by total claims processed. Note this is for "Original Education Claims".	
Office Public Intergovernmental Affairs (OPIA)						
Increase veteran traffic to and from the various VA content delivery platforms (#659)	347,991	2,103,159	2,523,791	3,028,549	Validates that VA's digital media outreach effort(s) is actually contacting and being received by Veteran. Google Digital Analytics is used to measure web traffic to and from the website.	***Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose***
Veterans Experience Office (VEO)						
I got the service needed (#XXX)				90%	This measures the degree to which a product or service is successful in producing a desired result. "I got the service I needed." **Ease, Effectiveness, and Emotion are the three key drivers used to measure customer experience excellence. These key benchmarks can have a significant impact on the overall perception of trust.	***Strategic Objectives 1.2 and 2.1***

It was easy to get the service I needed (#706)				90%	This measures the degree of simplicity when interacting with a product or service. "It was easy to get the service I needed." **Ease, Effectiveness, and Emotion are the three key drivers used to measure customer experience excellence. These key benchmarks can have a significant impact on the overall perception of trust.	***Strategic Objectives 1.2 and 2.1***
I felt like a valued customer (#XXX)				90%	This measures how the interactions (w/ VA) make customers feel. There is a strong link between emotion and customer loyalty. "I felt like a valued customer."**Ease, Effectiveness, and Emotion are the three key drivers used to measure customer experience excellence. These key benchmarks can have a significant impact on the overall perception of trust.	***Strategic Objectives 1.2 and 2.1***
Veterans Health Administration (VHA)						
(Composite	78%	79%	81%	82%	The information	***Strategic Objective 2.1:***

Measure) The average of the percent "Always" or "Usually" responses for four access measures found in the Patient Centered Medical Home (PCMH) survey and the Specialty Care Consumer Assessment of Health Providers and Systems (CAHPS) Survey. (#681)					reported in this measure is collected using industry standard survey instruments and data collection protocols. VA Network managers and agency officials monitor this metric to ensure patients have easy access to healthcare, which includes routine checkups for both primary care and specialty care as well as appointments for urgent care for both routine and specialty care. This measure and the detailed information contained in results to component survey questions provides VHA officials with insight into how high patient growth, clinical turnover, difficulty in hiring staff and other factors impact patient scheduling and access to care. (existing measure)	***VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***

Overall rating of Primary Care Provider (#XXX)				70%	Greater Choice for Veterans empowers Veterans to make informed decisions about their healthcare. Assessment of satisfaction with VA healthcare is based on Veterans' self - reported experiences in receiving the best health care. A survey-based approach to measure satisfaction with health care is utilized. The survey instruments are from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program, which is funded by the U.S. Agency for Healthcare Research and Quality (AHRQ). This measure is the percent of patients who rated their primary care provider a "9" or "10", where 0 is the worst provider possible and 10 is the best provider possible. The question	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***

					is from the Survey of Healthcare Experiences of Patients (SHEP) - Patient Centered Medical Home (PCMH) survey.	
Overall rating of Specialty Care Provider (#XXX)				67.50%	Greater Choice for Veterans empowers Veterans to make informed decisions about their healthcare. Assessment of satisfaction with VA healthcare is based on Veterans' self - reported experiences in receiving the best health care. A survey-based approach to measure satisfaction with health care is utilized. The survey instruments are from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program, which is funded by the U.S. Agency for Healthcare Research and Quality (AHRQ). This measure is the percent of patients who rated	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***

					their specialty care provider a "9" or "10", where 0 is the worst provider possible and 10 is the best provider possible. The question is from the Survey of Healthcare Experiences of Patients (SHEP) - Specialty Care survey.	
Overall rating of hospital (#XXX)				66.50%	Greater Choice for Veterans empowers Veterans to make informed decisions about their healthcare. Assessment of satisfaction with VA healthcare is based on Veterans' self - reported experiences in receiving the best health care. A survey-based approach to measure satisfaction with health care is utilized. The survey instrument is from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). This measure is the percent	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***

					of patients who rated the hospital during their stay a "9" or "10", where 0 is the worst hospital possible and 10 is the best hospital possible. The question is from the HCAHPS survey.	
Overall rating of Community Care (#XXX)				75.00%	Greater Choice for Veterans empowers Veterans to make informed decisions about their healthcare. Assessment of satisfaction with VA healthcare is based on Veterans' self - reported experiences in receiving the best health care. A survey-based approach to measure satisfaction with health care is utilized. This measure is the percent of patients who are "Very Satisfied" or "Satisfied" with their overall experience with Community Care. Community Care is care provided to eligible Veterans	

					outside of the VA when VA facilities are not feasibly available. The survey question is from the Survey of Healthcare Experiences of Patients (SHEP) - Community Care survey.	
Progress in Cerner project implementation (% milestones met) (EMHR) (#XXX)				TBD	VHA working with OIT to develop the parameters of this measure	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***
Number of medical centers and community living centers improving in overall effectiveness of care (#XXX)				50%	This is a measure of health system performance that employs a composite of performance based on over 2 dozen industry-recognized measures of quality and safety. The improvement score is similarly calculated as the sum of positive change across all those indicators. Since measures and baselines change each year, a minimal statistically significantly	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***

					improvement threshold will be determined each year.	
Veterans Benefit Administration (VBA)						
Percentage of VA Disability Rating Claims Pending More Than 125 Days Old (#308)	19%	23%	21%	21%	This metric supports the VA's goal of working down and maintaining the rating claim backlog below an acceptable threshold. The measure is computed by the number of VA disability rating claims pending over 125 days divided by the total number of VA disability rating claims in VBA's inventory.	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***
National Accuracy Rate - Disability Compensation Rating Claims - Issue Based (#304)	96%	94%	96%	96%	Claim-level accuracy measures the result as either pass or fail. Every medical condition, regardless of the number, must be 100 percent accurate within each of 8 error categories, or else the result is 0 percent accuracy. Issue-based (IB) accuracy is based on the individual medical issues, such as knee, back, or mental	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***

					conditions, contained within the rating claim.VA has a rigorous quality assurance program that checks for accuracy both at the local and national level, for individuals as well as regional offices, as employees work the claims and after they have completed those claims.	
Average Days to Complete - Follow-Up Field Examinations (#656)	147	160.3	320	337	Timeliness of completion of follow-up field examination is measured to ensure consistency and quality of service is maintained. The focus of this measure is to improve service to beneficiaries. Tracking of follow-up examination timeliness occurs as soon as initial examination is complete. The measure is computed by using the three month rolling average for completion dates of all follow up	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***

					fiduciary exams within the three proceeding months.	
Average Days to Complete Supplemental Education Claims (#219)	6.7	8.6	14	14	This measures how well VA is doing at ensuring Veteran's and eligible dependents receive benefits in a timely manner. The measure is computed; Timeliness = total processing days divided by total claims processed. Note this is for "Supplemental Education Claims".	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***
National Cemetery Administration (NCA)						
Percent of respondents who rate the quality of service provided by the national cemeteries as excellent. (#580)	96%	96%	97%	97%	This measures the percent of respondents who rate the quality of service provided by VA national cemeteries as excellent, the percent of respondents who rate VA national cemetery appearance as excellent, and who would recommend the VA national cemetery	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***
Percent of respondents who rate national cemetery appearance as excellent (#581)	99%	99%	99%	99%		***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***

Percent of respondents who would recommend the national cemetery to Veteran families during their time of need (#582)	99%	99%	99%	99%	to Veteran families during their time of need through an annual survey of Veterans, Veteran next of kin, and funeral home directors who have utilized VA burial and memorial benefits during the year.	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***
Percent of respondents who agree or strongly agree that the quality of the headstone or marker received from VA was excellent (#583)	93%	92%	93%	93%	This measures the percent of respondents who rate the quality of headstones, markers, and Presidential Memorial Certificates provided by VA as excellent through an annual survey of Veterans, Veteran next of kin, and funeral home directors who have utilized VA burial and memorial benefits during the year.	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***
Percent of respondents who agree or strongly agree that the quality of the Presidential Memorial Certificate received from VA was excellent (#584)	93%	95%	96%	96%		***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***
Veterans Health Administration (VHA)						

Percent of HUD-VASH vouchers allocated that have resulted in homeless Veterans obtaining permanent housing (#535)	92%	92%	94%	94%	Through public housing authorities, the U.S. Department of Housing and Urban Development provides rental assistance vouchers for privately owned housing to Veterans who are eligible for VA health care services and are experiencing homelessness. VA case managers connect these Veterans with support services such as health care, mental health treatment and substance abuse counseling to help them in their recovery process and with their ability to maintain housing in the community. This performance measure tracks the success of these intervention efforts for Veterans and their families who have become homeless. (existing measure)	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***

Number of Veterans and family members permanently housed or prevented from becoming homeless (#XXX)	N/A	100,981	90,000	TBD	Number of Veterans placed in permanent housing, including moves into the HUD-VASH program, rapid rehousing placements through SSVF program, exits from VA residential programs to permanent housing, and exits to permanent housing from SSVF prevention services. This measure includes Veteran family members placed through the SSVF and HUD-VASH programs.	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***
Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by the mental health component of the Short Form-12 (SF-12) (#XXX)				2.3	This measure examines national changes in the mental health component scores of the SF-12 instrument among Veterans who have started a new course of mental health treatment in VA. Veterans who start a mental health program and have not had similar services in the	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***

					six months prior are identified and invited to participate in a mental health assessment that is conducted within two weeks of the start of treatment. Veterans who agree to the baseline assessment, which is conducted by telephone, are also invited to participate in a follow-up assessment about 3 months later. This measure calculates the differences in scores at follow-up assessment and baseline among all participating Veterans, regardless of whether they continued to engage in treatment or not (i.e. an intent to treat analysis). Annual target sample size for these assessments is 10,000 per year.	

Average improvement in reported disability levels 3-4 months after start of mental health treatment as measured by scores on the World Health Organization Disability Assessment Scale (WHO-DAS) (#XXX)				1.3	This measure examines national changes in the mental health component scores of the WHO-DAS instrument among Veterans who have started a new course of mental health treatment in VA. Veterans who start a mental health program and have not had similar services in the six months prior are identified and invited to participate in a mental health assessment that is conducted within two weeks of the start of treatment. Veterans who agree to the baseline assessment, which is conducted by telephone, are also invited to participate in a follow-up assessment about 3 months later. This measure calculates the differences in scores at follow-up assessment and baseline among all	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***

					participating Veterans, regardless of whether they continued to engage in treatment or not (i.e. an intent to treat analysis). Annual target sample size for these assessments is 10,000 per year.	
Percentage of Veterans flagged as high risk for suicide who have received recommended interventions and follow-up (#XXX)				65%	This measure examines Veterans who were recently identified at the VHA as being high risk for suicide. We measure whether these Veterans receive three recommended interventions and follow up care processes for suicide: safety planning within 7 days, engagement in mental health care (4 or more mental health visits in 30 days), and a review of their suicide risk within 90 days. To meet this measure, a Veteran's care must have included all three recommended care processes, as the VHA	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***

				believes these processes are likely to lead to reduced risk for suicide. The measure is calculated from the Corporate Data Warehouse. For the safety plan and case review aspects of the measure, we track progress note titles indicative of having received these care processes. We analyze encounter data to determine whether patients received the recommended minimum of 4 mental health visits in the 30 days after being identified as high risk for suicide.	

Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (#606)	92%	90%	85%	85%	At-risk Veterans benefit from early interventions to avoid homelessness for themselves and their families. The VA is providing resources through the SSVF program to provide supportive services to very low-income Veteran families. Funds are granted to provide non-profit organizations and consumer cooperatives that will assist very low-income Veterans and their families by providing a range of supportive services designed to promote housing stability.	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***
Veterans Benefit Administration (VBA)						
Percent of Montgomery GI Bill or Post 9/11 GI Bill participants who successfully completed an education or training program (#494)	(Baseline)	(Baseline)	TBD	TBD	This measure represents GI Bill participant use and academic progress using VA education benefits/services. This measure helps to validate beneficiaries are informed consumers (recipients	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***

					of the Bill) and are optimizing their education/training decisions. **The criterion for successful completion is measured using the Graduation Rate or Certificate of Completion. The Graduation Rate measures full-time and part-time GI Bill beneficiaries' graduation or completion of a certificate from an Institution of Higher Learning that reports within the VA educational benefits system students using educational benefits. The Certificate of Completion measures full-time and part-time GI Bill beneficiaries certificate of completion at an approved training program which is not an Institution of Higher Learning that report within the VA	

					educational benefits system students using educational benefits. Currently VA does not track student progress after successfully completing the program. VA is currently in the process of updating academic progress, or outcome measures, in accordance with Public Law 114-315, Section 404. This law requires the Secretary to report annually to Congress the academic progress of students using the Post 9/11 GI Bill.	
Class Achievement Rate (#601) (formerly VR&E Employment Outcome Rate (#602)	(Baseline)	69%	TBD	TBD	The Employment Outcome rate is the proportion of Veterans who VA determine as ready to seek employment (Job Ready) who actually achieved employment in a given fiscal year. The Employment Outcome rate was initially intended to assess the efficacy of the Regional Office-	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***

					and Counselor-level Positive Outcome Measure during the first year of its implementation (FY 2016).	
Board of Veterans Appeals (BVA)						
# of appeals decided (# 65)				TBD	The number of appeals decided is directly related to the Board's mission of issuing final decisions on behalf of the Secretary. This performance metric will be measured using VA's Veterans Appeals Control and Locator System (VACOLS)/Caseflow. The Board is presently working to reduce legacy appeals and implement the Veterans Appeals Improvement and Modernization Act of 2017. Because this measure for FY19 will include both legacy appeals and appeals in the new system we are presently working to implement, initial targets have not been	***Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions***

					established.	
# of hearings held (# 712)				TBD	In addition to deciding appeals, the Board's mission includes conducting hearings with appellants. By tracking the number of hearings held, the Board is able to monitor how well it is executing its mission. This performance metric will be measured using VA's Veterans Appeals Control and Locator System (VACOLS)/Caseflow. The Board is presently working to reduce legacy appeals and implement the Veterans Appeals Improvement and Modernization Act of 2017. Because this measure for FY19 will include both legacy appeals and appeals in the new system we are presently working to implement, initial targets have not been established.	***Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions***

# of appeals in BVA's pending inventory (#561)				TBD	The number of cases in inventory allows the Board to monitor its progress in reducing the appeals inventory. This performance metric will be measured using VA's Veterans Appeals Control and Locator System (VACOLS)/Caseflow. The Board is presently working to reduce legacy appeals and implement the Veterans Appeals Improvement and Modernization Act of 2017. Because this measure for FY19 will include both legacy appeals and appeals in the new system we are presently working to implement, initial targets have not been established.	***Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions***
% of appeals decided with at least one remanded issue (#709)				TBD	Tracking the percentage of appeals decided with at least one remanded issue allows the Board to accurately track the	***Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions***

					number of appeals that are being remanded for additional development. In the legacy appeals system, appeals can be remanded multiple times before a claim is resolved. This metric allows the Board to track the number of claims that continue to churn through the system. This performance metric will be measured using VA's Veterans Appeals Control and Locator System (VACOLS)/Caseflow. The Board is presently working to reduce legacy appeals and implement the Veterans Appeals Improvement and Modernization Act of 2017. Because this measure for FY19 will include both legacy appeals and appeals in the new system we are presently working to implement, initial	

					targets have not been established.	
Veterans Experience Office (VEO)						
Trust in VA among America's Veterans (#692)	60%	69%	90%	90%	This measures confidence placed in the VA's ability to provide services to meet the needs of the Veteran. "I trust VA to fulfill our country's commitment to Veterans." **Ease, Effectiveness, and Emotion are the three key drivers used to measure customer experience excellence. These key benchmarks can have a significant impact on the overall perception of trust.	***Strategic Objective 3.1: VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions***
Office of the Inspector General (OIG)						
Number of reports (audit, inspections, evaluation, contract review, and CHIP (formerly known as CAP) and CBOC reports) issued that identify opportunities for improvement and provide recommendations for corrective action	304	293	330	330	This measure summarizes the number of published reports that result from OIG oversight of VA benefits, health care, and administrative programs. It is required under the Inspector General Act and reported to	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***

(#585)					Congress semiannually. This measure conveys information on reports regarding the economy, efficiency, and regulatory compliance of VA operations, and includes recommendations and corrective actions to the Department on how to fulfill its mission, improve service to veterans, promote accountability, and meet strategic goals. This measure is validated and monitored through internal administrative procedures.	
Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (#586)	2,425	2,811	2,400	2,100	This measure summarizes activities that result from criminal investigations into VA benefits, health care, and administrative programs. This measure, which is required under the	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***

					Inspector General Act and reported to Congress semiannually, conveys outcomes related to serious instances of fraud, waste, abuse, or mismanagement within VA operations. This measure is validated and monitored through internal administrative procedures.	
Monetary benefits (dollars in millions) from audits, investigations, contract reviews, inspections, and other evaluations (#587)	$4,093	$10,024	$3,100	$3,400	This measure summarizes the financial impact (in dollars) to the Department and the taxpayer that results from OIG oversight of VA benefits, health care, and administrative programs. This measure, which is required under the Inspector General Act and reported to Congress semiannually, quantifies financial outcomes of OIG findings germane to	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***

					the Better Use of Funds, Fines, Penalties, Restitutions, and Civil Judgements, Savings and Cost Avoidance, Questioned Costs, and actual Dollar Recoveries. This measure is validated and monitored through internal administrative procedures.	
Return on investment (monetary benefits divided by cost of operations in dollars) (#588)	34 to 1	73 to 1	22 to 1	23 to 1	This measure presents a ratio of between the scope of Monetary Benefits and annual OIG budget resources, in dollars, and is adjusted for the cost of health care oversight. It is reported to Congress semiannually. This measure is validated and monitored through internal administrative procedures.	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***

Percentage of Recommendations implemented within 1 year to improve efficiencies in operations through legislative, regulatory, policy, practices, and procedural changes in VA (#590)	83%	70%	85%	85%	This measure summarizes the number of recommendations made to VA to improve the efficiency and economy of benefits, healthcare, and administrative operations. These recommendations, which are required to be monitored under the Inspector General Act and are reported to Congress semiannually, are conveyed to VA as part of the report process. Although VA generally concurs with OIG recommendations and corrective actions, OIG cannot compel VA to implement them. This measure is validated and monitored through internal administrative procedures.	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***

Percentage of Recommended recoveries achieved from post-award contract reviews (#591)	100%	100%	98%	98%	This measure summarizes financial recoveries in dollars that result from OIG reviews of VA contract awards where significant instances of non-compliance with contract terms are identified. This measure is required as part of a broader scope of reporting related to audits of VA programs under the Inspector General Act and is reported to Congress semiannually. This measure is validated and monitored through internal administrative procedures.	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***
Percent of full cases that result in criminal, civil, or administrative actions (#694)	N/A	78%	72%	74%	This measure summarizes the number of investigative activities involving fraud, waste, abuse, mismanagement, or misconduct that were referred to appropriate authorities for criminal prosecution or	***Strategic Objective 3.2: VA holds its personnel accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse***

					administrative action. This measure is required under the Inspector General Act and reported to Congress semiannually. It is validated and monitored through internal administrative procedures.	
Office of Acquisitions, Logistics, and Construction (OALC)						
Percent of lease projects accepted by VA as substantially complete in the quarter identified (#262)	75%	86%	80%	TBD	This measure to what extent CFM is delivering CFM completed leased facilities according to our baseline project schedules. VA is measuring this aspect (area of function) to determine the effectiveness and success of our lease contract requirements, contractor performance, and project management. Performance will be monitored according to a standard baseline schedule that VA uses for our (facility-related) projects and	***Management Objective 4.1: Infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to agilely adapt to changing business environments and Veteran needs***

					whether VA is accomplishing this performance target according to baseline.	
Perce of facilities customers (i.e. internal customers, VHA) that are satisfied with services being provided (#253)	81%	79%	70%	70%	This measures customer satisfaction with the facilities services CFM provides. VA is measuring customer satisfaction to determine the level of success CFM is having in meeting customer needs. The measure's data is derived via customer surveys administered quarterly, with results given in percent of need met. The historical target of 70% of overall satisfaction is the forecasted target VA strives to attain in FY 2019	***Management Objective 4.1: Infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to agilely adapt to changing business environments and Veteran needs***
Human Resources and Administration (HRA)						
Percentage of VA Employees Who Are Veterans (#278)	32.53%	32%	35%	35%	Defined as the percentage of Veterans onboard VA. This measure assesses the degree to which VA's workforce reflects	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce***

					customers we serve, which is considered to enhance VA's ability to execute its mission.	***that consistently delivers world class services to Veterans and their families***
FEVS-AES Employee Engagement Index Score (#608)	62%	62%	65%	66% (responses marked positive)	Defined as an engagement score across a related combination of responses to survey questions (index). Engagement in the workplace and with leaders in particular, has renewed emphasis in VA so as to energize its employees in bringing about a better experience for Veterans and their families. There are four workplace practices that drive engagement in VA: (1) invest in employee training and development, (2) seek employee involvement and input in workplace processes, (3) enhance frontline supervisor behaviors, and (4) use local workforce survey data to inform action.	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***

FEVS-AES* Talent Management Index Score (#XXX)				59%	Defined as a talent management score across a related combination of responses to survey questions (index). Effectively managing talent involves recruiting the right people, using employees' skills in the workplace, maintaining a competent workforce, and investing in employee training and development. Talent management can enhance employee satisfaction and engagement, and reduce burnout and turnover.	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***
Executive Fill Rate, Non-Medical Center Directors (#715)			78%	80%	Defined as percentage of non-MCD positions filled by qualified executives. Reflects the balance of all executives in VA who are not specifically MCDs. High quality leadership has been identified as a major factor in improving	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***

					employee engagement and the overall employee experience. Elevated engagement energizes service delivery to internal and external VA customers.	
Executive Fill Rate, Medical Center Directors (#86)			87%	95%	Defined as percentage of MCD positions filled by qualified executives. MCDs fills represent a critical leadership position upon which the success of the entire medical center largely depends.	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***
Time to Hire VA-Wide (#718)			51%	51% of hires enter on duty within 80-day target (subject to FY18 baselining)	Defined as OPM's Target of 80 Days from Date the Agency Validates the Hiring Need to Entry on Duty (USA Staffing Upgrade). Since the 2010 Hiring Reform Initiative, VA has worked to improve the quality and speed of hiring new employees. With implementation of the new Upgrade system, the Time to Hire measure intends	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***

					to more accurately reflect the end-to-end hiring activities, including onboarding. This information will also inform better decision making for all phases of the hiring process.	
Retention of VA Veterans Workforce (#713)			(Baseline)	76.6% Veteran employee 2-year retention rate (Subject to FY18 baselining)	Defined as the 2-year retention rate of Veterans in the VA workforce. Activity measuring the compliance of the VA with Executive Order 13518. Provides the process and metrics associated with measuring the retention of Veterans in the VA workforce. In addition, this metric is one of the four elements tracked by the Veteran Employment Council. Measures taken to increase Veteran Retention based on this data improve both the Veteran Experience and the Employee Experience.	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***

Mission Critical Occupation (MCO) Quit Rate (#XXX) [broken out in three categories: Medical Officer (Primary Care), Psychologist, and Psychiatrist]				Medical Officer (Primary Care) Below 5.53% Psychologist Below 3.9% Psychiatrist Below 5.76%	MCO quit rate is defined as the percentage of regrettable losses: voluntary resignations and losses to another federal agency. Per the OPM Closing Skills Gaps Initiative, HR&A is tracking and reporting the MCO Quit Rates for three MCOs: Medical Officers (Primary Care), GS-602, Psychologists, GS-180 and Psychiatrists, GS-180. This turnover rate is especially important to analyze since these losses are voluntary and potentially preventable. This metric also helps VA to target strategies and actions to mitigate staffing shortages in critical clinical and support positions.	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***

FEVS-AES Best Places to Work Index Score (#XXX)				58% (responses marked positive)	Defined as a score related to the employees' perception of their workplace, across a related combination of responses to survey questions (index). The Best Places to Work index measures employee satisfaction with the job, organization, and likelihood to recommend the workplace to others. It is comparable across Federal agencies and to the private sector.	***Management Objective 4.2: VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world class services to Veterans and their families***
Office of Information Technology (OIT)						
% software development projects using Agile (Fiscal Year) (#XXX)				60%	Integrated Data Collection (IDC) In March 2013, OMB issued M-13-09 which instituted an IDC channel to report on progress in meeting IT strategic goals, objectives and metrics, as well as cost savings	***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***

% of IT projects within 10% of budgeted cost + budgeted schedule (Fiscal Year) (#XXX)				83%	and avoidance resulting from IT management actions. The IDC draws draw on information previously reported under PortfolioStat, the FDCCI, the Federal Digital Government Strategy, quarterly Federal Information Security Management Act (FISMA) metrics, the Federal IT Dashboard, and selected human resource, financial management, and procurement information requested by OMB. PortfolioStat In March 2012, the Office of Management and Budget (OMB) launched an initiative referred to as PortfolioStat to maximize the return on IT investments across the	***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***
% of agency spending on cloud computing (#XXX)				15%		***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***
# of unique portals a Veteran must access to obtain benefits and services (#XXX)				TBD		***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***
% legacy modernization projects compared to total # of legacy systems (#XXX)				TBD		***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***

# of Data Center Closures (actual) (#XXX)				Non-tiered = 1, Tiered = 4	government's IT portfolio. PortfolioStat is designed to drive down overall IT expenditures for the federal government. The PortfolioStat program assists agencies in assessing the maturity of their IT investment management process, eliminating duplicative investments, and moving to shared solutions (such as cloud computing) within and across agencies.	***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***
% of cyber risk assessment domains @ "managing risk" (#XXX)				100% Managing Risk score		***Management objective 4.3: VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend***
Office of the Secretary, Veterans Affairs (OSVA)						
Number of EO 13771 regulatory actions issued (#XXX)		0	TBD	TBD	Per OMB/OIRA's guidance relating to EO 13777, IA's Regulatory Reform Task Force are required to include a number of performance indicators	***No direct alignment to VA's Strategic Plan***
Number of EO 13771 deregulatory actions issued (#XXX)		1	TBD	TBD		***No direct alignment to VA's Strategic Plan***

Total incremental cost of all EO 13771 regulatory actions and EO 13771 deregulatory actions (including costs or cost savings carried over from previous fiscal years) (#XXX)	N/A	($1.9M)	($2.4M)	TBD	in the FY 2019 Annual Performance Plan (APP). VA will modernize systems and focus resources more efficiently in order to be competitive and to provide "best-in-class service" to Veterans and its employees (cuts across all mission goals)	***No direct alignment to VA's Strategic Plan***

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