Department of Veterans Affairs FY 2018 – 2024 Strategic Plan

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VA | U.S. Department of Veterans Affairs

LETTER FROM THE SECRETARY

The Department of Veterans Affairs (VA) is committed to providing excellent care and benefits to our Nation's Veterans. We continue to serve over nine million Veterans who served through periods of peace and conflict to include WWII, the Korean War, Vietnam as well as the Gulf Wars. We anticipate that many more Veterans will require VA care and services in the future. I intend to ensure that VA will be there to serve them and their families.

VA provides many types of care and benefits tailored to Veterans that are not available in the private sector. In addition to providing some of the best overall high-quality health care in the country, VA delivers exceptional care in polytrauma, spinal cord injury and rehabilitation, prosthetics, traumatic brain injury, post-traumatic stress treatments and other behavioral health programs. VA plays a critical role in preparing our Nation's doctors and nurses — 70 percent of whom train at VA facilities. And we lead the Nation in innovation, with VA research having contributed to the first liver transplant, development of the cardiac pacemaker, advancements in treatments for Post-Traumatic Stress Disorder, cutting-edge prosthetics, and many other medical breakthroughs. We also lead the Nation in providing access to health care through telehealth. But we have much more work to do.

As VA moves forward with its modernization efforts, we will incorporate Veterans' input to build a system that works best for them—a customer and clinically-driven system. In order to do that, we must build a VA that competes successfully with the private sector. If we maintain the status quo, VA will fail and Veterans will be put at risk. VA faces many challenges that require a fundamental change to the way we think and operate to competitively serve our Veterans.

To ensure our success, VA will focus resources on foundational services that Veterans need most, and leverage Federal partners, community providers, and private partners to offer care and services where needed. This will provide Veterans access to the best of both VA and the private sector. We do not want Veterans to choose VA because they have no other choice; we want them to choose VA because we perform well for Veterans and their families. When we uphold high standards of care and services, equal to or better than the private sector, they will choose us as their provider.

Our disability system must be reformed. We need a system that promotes wellness and recovery rather than disincentivize them. We will modernize our systems and process for claims and appeals to ensure Veterans receive decisions quickly and are empowered to make informed choices about their benefits.

VA must continue to invest in ground breaking research that contributes to the quality of life for Veterans—and for all Americans. We also need to modernize our procurement and information technology services, continue our investments in 21st century technology, like telehealth to increase access to care, and better leverage our existing infrastructure while teaming up with private partners to invest in state-of-the-art facilities.

This strategic plan focuses on the positive outcomes we will achieve in partnership with our Veterans and builds on the improvements we have made, and will continue to make, on behalf of Veterans and their families everywhere.

David J. Shulkin, M.D.
Secretary of Veterans Affairs

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PROLOGUE: VA'S MISSION DEFINED

On March 3, 1865, President Lincoln signed legislation that established a network of National facilities to care for the Nation's wounded Civil War Soldiers. This singular act codified a social contract between the Nation and our Veterans that the Department of Veterans Affairs (VA) would always be there for them and their families, to help them heal and recover from the illnesses, injuries, or wounds sustained in service to America and to ease their successful reintegration into civilian life. This set of principles drives VA's mission to this day.

This strategic plan describes the major changes the Department will undergo over the next five to seven years to deliver better choices for Veterans. Where we are not measuring up, we must fix VA. Opening up options for Veterans to get their benefits, care, and services will force VA to compete for our Veteran customers. Our path to competitiveness is shaped by the Department's five priorities (refer to the box on the right), which define the operational focus of VA and which will make VA a stronger organization that provides better outcomes for Veterans, taxpayers, and society.

SECRETARY SHULKIN'S FIVE PRIORITIES FOR VA

MISSION STATEMENT

To fulfill President Lincoln's promise to care for those "who shall have borne the battle" and for their families, caregivers, and survivors.

VA PRIORITIES

- **Greater Choice:** VA is committed to ensure Veterans can make decisions that work best for them and their families.
- **Improve Timeliness:** Veterans must receive the benefits, care and services they need in a timely manner, no matter where they are.
- **Suicide Prevention:** Suicide prevention is VA's highest clinical priority. Suicide is a national health crisis; it requires all of Government, along with public-private partnerships to address.
- **Focus Resources:** Veterans and taxpayers deserve to know VA resources are spent on the care and services Veterans need most.
- **Modernize Systems:** Veterans and VA employees need systems and technology that enable them to deliver the high-quality care and services Veterans deserve.

VETERANS GET THE BEST

VA must change so that Veterans will get the best benefits, care, and services possible, wherever they live or work. We will excel at what we do best. We will find those who excel at what we do not do well, or cannot do, and partner with them. We do this to ensure Veterans are empowered and always receive the best benefits, care, and services available. VA's priorities and the strategic plan goals, objectives, and strategies align the actions that make this intention a reality.

VA EMPOWERS VETERANS

VA is dedicated to empowering our transitioning military Service members, Veterans, and their families with a broad range of choices that will help them thrive in their civilian lives. This means VA will focus on their well-being and, when needed, restore function so they can lead purposeful and dignified lives after military service.

EVERY DAY IS DAY "ONE"

VA will deliver on these priorities through deepening connections with Veterans. We will gather and use the information to look forward and plan for the future needs of our valued customers. VA has adopted the "Every Day is Day One" approach to conducting its business. This approach means we need to be accountable to our customers and American taxpayers each and every day. Status quo is not how we operate any more. We will innovate, quickly adopt what works, and strive for better results consistently. We will endeavor to drive down costs while simultaneously driving up "value" by improving outcomes for Veterans and their families that rivals the quality of care and services in the private sector.

FOCUS ON EXECUTION: "Above all else, VA needs to perform its core functions well. When Veterans arrive at a VA facility for care, they must be treated with respect, see a clean and modern facility, be seen by their provider on time, and understand what the next steps for their care will be. Veterans should be able to receive clear and accurate information about their claims and understand where they are in the process."

~Secretary Shulkin's Senate Appropriations Testimony, June 21, 2017.

THE DEPARTMENT TODAY

MAJOR PROGRAMS

VA is one of the few Federal agencies that provide direct services to its customers. It is also unique that VA's array of benefits, care, and support programs address needs of Veterans throughout their lives. Thus, VA is a lifetime partner for Veterans and their families.

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

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

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

VA provides contingency support for the Department of Defense (DoD), DHS/Federal Emergency Management Agency (FEMA), and other Federal departments and agencies during times of war or national emergency.

ORGANIZATION

VA is comprised of a Central Office (VACO), which is located in Washington, DC, the Board of Veterans' Appeals (BVA), and field facilities throughout the Nation, as well as the U.S. territories and the Philippines. Veteran programs are delivered by VA's three major Administrations: Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and National Cemetery Administration (NCA). VA is the second largest Federal department[1] and has a workforce of approximately 351,540 full-time employees.[2]

Services and benefits are provided through a nationwide network of 145 Medical Centers with hospital service, 25 Medical Centers without hospital service, 300 Vet Centers, 1,008 Clinics, one (1) Extended Care facility (stand-alone), eight (8) Residential Care facilities (stand-alone), 56 Regional Offices and National Capital Region Benefits Office (NCRBO), 142 additional out-based offices at which VR&E Operates, 122 Integrated Disability Evaluation

[1] U.S. Department of Veterans Affairs, *About VA*, (2017).
[2] U.S. Department of Veterans Affairs, *VA Benefits & Health Care Utilization,* (2017).

System (IDES) offices at military installations (VR&E Operates at 71), 94 VetSuccess on Campus (VSOC) sites operated by VR&E at Colleges and Universities, three (3) Education Processing Offices (RPO), six (6) Fiduciary Hubs, three (3) Pension Management Centers, one (1) Insurance Center, nine (9) Regional Loan Centers, 135 National Cemeteries, and 108 Veterans Cemetery Grants Program funded State, Tribal and Territorial cemeteries.[3]

"VETERAN" DEFINED

Veterans are individuals who have served in one of the seven uniformed services who meet the length of service and character of discharge requirements prescribed by law. This includes the Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Services, and Commissioned Officer Corps of the National Oceanic and Atmospheric Administration (NOAA), as well as eligible members of the Reserve and National Guard components, World War II Merchant Mariners, and certain members of the Philippine Armed Forces. VA also provides benefits and services to eligible survivors, spouses, dependents, and parents of Veterans, as well as caregivers of certain disabled Veterans.

VA Benefits & Health Care Utilization	Qty.
Current Veteran Population (as of 9/30/2017)	19.9 Million
Veterans Receiving VA Disability Compensation (as of 9/30/17)	4.55 Million
Veterans Rated 100% Disabled (as of 9/30/17)	609,325
Veterans Receiving VA Pension (as of 9/30/17)	276,574
Veterans in Receipt of Individual Unemployability Benefits (as of 9/30/17)	349,049
Spouses Receiving Death Indemnity Compensation (as of 9/30/17)	394,028
Veterans Compensated for PTSD (as of 6/30/17)	959,703
Veterans Participating in Vocational Rehabilitation & Employment (VR&E) (Chapter 31) Benefits (FY 16)	137,097
VA Education Beneficiaries (FY 17)	946,829
Total Enrollees in VA Health Care System (FY 16)	9.05 Million
Total Unique Patients Treated (FY 16)	6.26 Million
Life Insurance Policies Supervised and Administered by VA (as of 9/30/17)	6.08 Million
Face Amount of Insurance Policies Supervised and Administered by VA (as of 9/30/17)	$1.22 Trillion

Service members in an active duty status may also be eligible for certain VA benefits and services to include, but not limited to, Servicemembers' Group Life Insurance, Traumatic Injury Protection, GI Bill, the VA Home loan program, and certain medical services.

In this VA strategic plan, when the term "Veteran" is used, it is intended to be inclusive of all who are eligible for VA benefits and services. The table above shows the number of living Veterans' and their use of certain VA benefits, care, and services.[4, 5]

CORE VALUES

VA has incorporated core values that define who we are and our culture. They serve as a guide for employees in providing care and services to Veterans, their families, and beneficiaries. VA's core values are **I-CARE**:

[3] Numbers verified by the Veterans Benefits Administration, 12/12/2017
[4] U.S. Department of Veterans Affairs, *VA Benefits & Health Care Utilization,* (2017).
[5] U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017,* (n.d.).

Integrity, Commitment, Advocacy, Respect, and Excellence

Our Veterans deserve our very best—always. The values of Integrity and Respect are the bedrock behaviors of a VA workforce dedicated to treating those Americans who so willingly volunteered their lives in defense of this great Nation. VA pledges to Advocate and provide care for all Veterans who come to us, with particular emphasis on those who will need us the most but have the least ability to reach out to us for help. VA will ensure that our most vulnerable Veterans are cared for. Commitment is a thread that runs through all the goals and will remain unchanged through the volatile and complex future VA business environment. Achieving Excellence is the only performance target acceptable in a VA that is hyper-focused on improving the lives and outcomes of our Nation's Veterans. Pursuit of excellence drives innovation, agility, and better outcomes.

VA STRATEGIC GOALS

VA is dedicated to providing excellent care and services to the Veterans who courageously undertook the mantle of defense of the Nation.

The aforementioned five priorities shaped the strategic goals of this plan. These goals describe the outcomes Veterans can anticipate from VA. Developing these goals involved assessment of historic and current operations, seeking out leading practices in health care, benefits delivery, and customer service, as well as benchmarking best practices in business operations, including integration of technology into business, human capital management, facilities management, and organizational governance.

To deliver on our priorities, VA will aggressively seize opportunities driven by rapid advancements in technology and ground-breaking research to provide Veterans cutting-edge treatment and means to access care, benefits, and services. VA will benefit the Veteran and the general public by advancing the understanding of Veteran-specific illness and injuries, by developing new treatments for these illnesses and injuries, and by advancing the fields of genomic and personalized medicine to prevent future illness and improve the effectivenss of treatments. These advances will be critical as VA serves an evolving Veteran population shaped by rapidly shifting battlefields and tactics that generate ever-changing injuries and illnesses.

To better adapt to future operating challenges, including growing and changing Veteran demand for services, VA will modernize its practices to become an agile and efficient provider of benefits and care. VA is currently undertaking a modernization effort, in accordance with the Presidential Executive Order[6] and memo M-17-22 from the Office of Management and Budget (OMB),[7] to reform the Department. The modernization effort is also guided by the five priorities and it challenges VA to improve delivery, internal organization, and governance, and to upgrade systems and enhance access for Veterans. These efforts will also determine over the long run where VA will focus its budget to best enhance Veteran outcomes and experiences. VA understands that it cannot do this alone. The key to modernization is creating greater interoperability with Governmental partners, including DoD, in

[6] The White House, *Presidential Executive Order on a Comprehensive Plan for Reorganizing the Executive Branch,* (2017).
[7] Executive Office of the President, *Memorandum for Heads of Executive Departments and Agencies M-17-22,* (2017).

a way that focuses efforts in support of the Veteran's journey, beginning with their military service. We will partner with others to ensure Veterans can get their benefits, care, and services consistently, easily, and with excellent customer service, no matter where they are throughout their lives. VA will work with local communities, and with other Federal, State, Tribal, and Local Government entities to ensure Veterans get what they need. VA will also continue to leverage the private sector where appropriate and needed to deliver the very best outcomes for Veterans.

Most importantly, in order to provide excellent customer service, VA must deeply understand what Veterans, their families, caregivers, and supporters need. We will communicate with the Veteran and their families while they are still in military service, and then will continue to do so throughout their lives. Our communication with Veterans and their support groups will no longer simply focus on getting their feedback after they are served by VA and its partners. We will also ask their input beforehand to better understand what new services they need, as well as to learn what changes we must make to enhance outcomes for Veterans. This includes working with and improving our support of Veteran families, caregivers, and supporters whom we recognize as being critical to Veteran well-being. We do this to ensure timely delivery of exactly what is needed by our Veterans. This is what we mean by being "Veteran focused."

Achieving VA's 2018 – 2024 strategic goals, objectives, strategies, and performance goals, defined in the next section, will mean VA has taken a major step in achieving the promises articulated in the prologue. We will be performance driven. The performance that matters most is the impact on Veterans. To that end, performance goals in this document are stated from the perspective of the Veteran whenever possible. These performance goals will be included in the Department's annual performance plan.

There are four strategic goals, three of which address what VA will do specifically for Veterans. These goals are not separate from each other; instead, they form an integrated whole. The fourth goal is an enabling goal and is focused on what VA must do internally to achieve the outcomes described in the first three goals. Alignment with the priorities and the modernization effort is highlighted to identify key advances that will support the goals.

2024 STRATEGIC GOALS & OBJECTIVES

MISSION STATEMENT: To fulfill President Lincoln's promise to care for those "who shall have borne the battle" and for their families, caregivers, and survivors.

SECRETARY PRIORITIES

Greater Choice: VA is committed to ensure Veterans can make decisions that work best for them and their families.

Improve Timeliness: Veterans must receive the benefits, care and services they need in a timely manner, no matter where they are.

Suicide Prevention: Suicide prevention is VA's highest clinical priority. Suicide is a national health crisis; it requires all of government along with public-private partnerships to address.

Focus Resources: Veterans and taxpayers deserve to know VA resources are spent on the care and services Veterans need most.

Modernize Systems: Veterans and VA employees need systems and technology that enable them to deliver the high quality care and services Veterans deserve.

STRATEGIC GOALS

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

STRATEGIC OBJECTIVES

1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices.

1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose.

2.1: VA has collaborative, ***high-performing,*** and ***integrated delivery networks*** that enhance Veteran well-being and independence.

2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran ***suicide,*** homelessness, and poverty.

3.1: VA is always ***transparent*** to enhance Veterans' choices, to maintain trust, and to be openly ***accountable*** for its actions.

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

4.1. **(Agility)** VA's ***infrastructure improvements,*** improved decision-making protocols, and its focus on ***streamlined services*** enable VA to agilely adapt to changing business environments, improve delivery, and respond to Veteran needs.

4.2. **(Human Capital Management Modernization & Transformation)** 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.

4.3. **(VA IT/Cybersecurity)** VA ***IT modernization*** will quickly deliver effective IT solutions that will enable VA to provide improved customer service and provide a secure and seamless experience.

4.4. **(Data Driven Decision Making)** VA will institutionalize data supported and performance focused decision making that will improve the quality of outcomes.

> ***"Creating a seamless experience for Veterans accessing benefits and services is critical to fulfilling our mission."***
>
> ***Secretary Shulkin***
>
> **(Testimony to the Senate Committee on Veterans Affairs, 21 June, 2017**

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

To provide Veterans with better choices and better access to the benefits, care, and services they need, we have to enhance our understanding of what they are experiencing in their lives. VA will combine understanding of the Veteran with continuous market analyses of availability and quality of provider options to provide a better range of choices for our Veterans. This is what we mean by greater choice. Further, VA must compete for our Veteran customers or risk losing them. We welcome the challenge; we believe competing with the private sector to serve our Veterans will make us stronger. In this goal, we also expand easy access beyond making an appointment. It also applies to Veterans being able to use any benefit, care, or service they need no matter where they are. VA, in its quest to better serve Veterans in the manner they wish to be served, has identified three major elements pertaining to enhanced access for Veterans.

Enhanced access is achieved when:

- VA understands the benefits, care, and services the Veteran needs because they have communicated with the Veteran, and VA knows what actually exists in the Veteran's community;
- Veterans are informed of benefits, care, and services available to them that are offered by VA and/or other providers; and
- Veterans can actually avail themselves of the benefits, care, and services they need in the manner they desire.

VA has two strategic objectives focused on the choice and access elements described in the box to the right.

STRATEGIC OBJECTIVE 1.1: VA ANTICIPATES VETERANS' CHANGING NEEDS THROUGHOUT THEIR LIVES TO ENHANCE THEIR CHOICES

VA understands our Veterans' lives and relevant experiences to better anticipate what they will need. This includes understanding the evolving nature of military service and combat, understanding the new and pervasive challenges transitioning Service members tell us they are facing, and communicating often with our Veterans to ensure we are achieving the outcomes they desire.

1.1 PERFORMANCE GOAL

- Veterans surveyed are satisfied (or better) with the available choices for Veteran care, benefits, and services.
- Eligible Veterans choose VA as their provider of choice for their care.

STRATEGY 1.1.1: VA UNDERSTANDING OF VETERANS BEGINS WITH THEIR EXPERIENCE IN MILITARY SERVICE AND CONTINUES THROUGHOUT THEIR LIVES

VA will enhance understanding of our Veterans by expanding our knowledge of their experiences in military service, beginning with their entry into the military. We use real-time information shared by DoD via the Veteran electronic health records and other data sources to better anticipate their needs. We communicate with Veterans and their families in advance of their transition and throughout their civilian lives to understand how they are faring. We understand the impacts and outcomes to our Veterans as they use VA benefits, care, and services and use this information to either improve outcomes or to ensure we consistently keep doing what works.

STRATEGY 1.1.2: VA FOCUSES ON VETERAN OUTCOMES TO TAILOR CHOICE

ACHIEVING GREATER CHOICE:

- **VA competes for Veteran customers** by improving customer experiences and outcomes.
- **Online navigator tools/information** empowers Veterans to make decisions.
- Sharing of equivalent **quality measures from VA and the private sector** supports Veterans' decisions.
- **Immediate survey and response capability** (as appropriate) captures customer information where they are served.
- **Veteran and family journey maps** inform VA deployment of benefits, care, and services.
- **Co-locating services will** improve access to benefits and care.

To tailor the choice of benefits and services, as well as access to them for Veterans, VA must constantly assess how, why, when, and where Veterans are accessing benefits, care, and services. VA must also understand the outcomes and impacts Veterans experience as a result of services provided by VA or VA's partners. VA can no longer simply measure internal activities like the number of forms processed or appointments made on time. We must focus on understanding whether or not our efforts improved Veteran health or well-being, independence, economic security, or memorialization. This focus on enhanced outcomes also requires VA to implement choice as a system based on clinically and/or customer-driven priorities informed by Veterans' needs, rather than the administrative rule-based system currently in place today. VA will provide Veterans with the information they need to make the choices that work best for them.

STRATEGY 1.1.3: VA USES VETERAN JOURNEY MAPS TO ENHANCE UNDERSTANDING

VA's pledge to be Veteran focused means we must "walk in our Veteran's shoes." In addition to communicating more with our Veterans, VA will increase its use of Veteran journey maps, which describe the major life events and moments Veterans routinely experience. This will help us provide Veterans with benefits, care, and services more appropriate to the stage of life they are experiencing. VA will expand the use of the Veteran journey maps to enhance our business functions, such as acting on operational risks that impact Veteran outcomes; measuring true impacts to Veterans using our benefits and services, and anticipating changes to service offerings based on Veteran stages of life. Most importantly, the use of the Veteran journey maps will help VA personnel understand the Veteran's journey and relate better to our Veterans—a critical component of excellent customer service.

STRATEGIC OBJECTIVE 1.2: VETERANS ARE INFORMED OF, UNDERSTAND, AND CAN AVAIL THEMSELVES OF THE BENEFITS, CARE, AND SERVICES THEY CHOOSE

As the chief advocate for our Veterans, VA proactively educates and informs all Veterans about what they are entitled to, or eligible for, as well as what other non-VA provided benefits are available to them based on their personal needs, location, and desires *well before they depart military service*.

1.2 PERFORMANCE GOAL

- Veterans agree that they received timely, relevant, and easy to understand information from VA that empowered them to make informed choices about their benefits, services, and care.
- Veterans agree that the statement "I felt like a valued customer" is true.

STRATEGY 1.2.1: VA HELPS VETERANS NAVIGATE THE FULL ARRAY OF CARE, BENEFITS, AND SERVICES

MODERNIZATION ALIGNMENT

VA Navigator

VA will ensure Veterans, their families, caregivers, and survivors know about and understand the full range of Veteran benefits, care, and services available to them through VA, as well as resources available from other Federal, State, Tribal, Local Government entities, and Veteran servicing organizations. VA will help Veterans navigate the often diverse and complex range of resources by engaging military Service members early, well before they transition to civilian life, so that they can make more informed choices. Further, VA will engage Veterans often, and in anticipation of major life events (seeking jobs, retiring, aging, etc.) to ensure Veterans receive timely and relevant information of benefits and services applicable to their stage of life or particular needs. VA will make it extremely simple for each Veteran to access the information and services they need. Veterans will have multiple ways to access benefits, care, and services through a variety of channels—person-to-person interactions, virtual, and digital methods (e.g., websites, apps, telehealth, and mobile devices).

STRATEGY 1.2.2: VA TAILORS COMMUNICATIONS TO MAKE IT EASY TO UNDERSTAND OPTIONS

VA will tailor communications across the generational, geographic, cultural, gender, military experiences, and future goals spectrum of the Veteran population. We also make it easy to understand us. VA has begun to do this by simplifying the language in our correspondence to Veterans and by tailoring information on our websites for our Veterans' families, caregivers, and supporters so they can better help their Veteran. We also improve awareness training for employees to be more sensitive and understanding of the wonderful diversity of our Veteran population.

STRATEGY 1.2.3: VA ADVOCATES FOR VETERANS

VA will advocate for Veterans by exploring and establishing partnerships to address Veterans' needs, enrich their experience, augment options for Veterans, drive innovative practices, and enhance Veteran outcomes.

GOAL 2: VETERANS RECEIVE TIMELY AND INTEGRATED CARE AND SUPPORT THAT EMPHASIZES THEIR WELL-BEING AND INDEPENDENCE THROUGHOUT THEIR LIFE JOURNEY

VA will deliver integrated and seamless benefits, care, and support resulting in increased quality of life for Veterans and their families, caregivers, and supporters. Improved quality of life means Veterans are independent, economically secure, socially engaged however they choose, and enjoy enhanced well-being.[8]

The strategic objectives associated with these desired outcomes focus on:

- Ensuring Veterans receive highly integrated and coordinated benefits, care, and support services that include care management and that are tailored to meet their economic and health needs, thereby mitigating negative outcomes such as poverty, homelessness, and unaddressed mental and health challenges.
- Working with DoD and Local community programs to ensure a seamless and less burdensome transition, and ensuring Veterans have a clear path to economic security and well-being.
- Incorporating the use of technology into our delivery systems as well as driving the rapid expansion of other mobile capabilities to enhance delivery of benefits, care, and services anywhere the Veteran is located.

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

VA will leverage highly integrated partnerships with both the public and private sector to ensure Veterans get the best care and services available, even if that is outside of VA. If the community provides a better outcome, and the care or service is not considered a foundational VA offering, Veterans deserve the opportunity to get the best rather than have to settle for sub-par outcomes. This means that VA will excel at its foundational service offerings. VA will also, in partnership with the DoD and Department of Labor (DOL), better prepare Veterans for employment and reintegration into civilian life.

2.1 PERFORMANCE GOAL

- Veterans are satisfied with the results of the Veteran benefits, care, and services they received.
- VA's organizational performance matches or exceeds industry standards for excellence in all of its lines of business.

[8] Well-being in this document refers to the social, economic, psychological, spiritual and/or medical conditions that contribute to an individual's or group's emotional state; a high level of well-being means in some sense the individual or group's condition is positive, while low well-being is associated with negative happenings.

STRATEGY 2.1.1: VA BUILDS HIGH-PERFORMING AND INTEGRATED DELIVERY NETWORKS THAT LEVERAGE BOTH VIRTUAL AND PHYSICAL DELIVERY OF BENEFITS, CARE, AND SERVICES

VA will clarify and simplify eligibility requirements for providers, as well as streamline clinical and administrative processes that emphasize care management and coordination for Veterans. An example is the "Anywhere to Anywhere Care" initiative that will eliminate out of date regulations that unnecessarily restrict VA licensed providers to serve Veterans in any other state. VA is rapidly expanding the use of telehealth, mobile app, online applications, and videoconferencing capabilities to deliver benefits and care to Veterans no matter where they live. Most importantly, improvements to mobile devices and apps, including our VA Video Connect app and Provider Connect features, will enable VA providers to connect to Veterans across the country to provide timely and convenient care. This will help reduce the amount of time a Veteran needs to wait to see a provider, eliminating the need to travel to a VA or other Federal facility to be examined.

Video-based delivery of services is used by VA's business lines, like the Board of Veterans' Appeals, which uses video hearings to prevent unnecessary Veteran travel and to expedite adjudication of Veteran appeals. Veterans are also able to apply for any of their benefits via eBenefits and will soon be able to check the status of their claims, and/or applications, online or on their mobile devices. VA will continue to invest in infrastructure that supports seamless and secure data sharing with key external partners and the virtual delivery of benefits care and services for Veterans.

VA will also ensure reasonable access to a burial option through the physical delivery of new National cemeteries and grant-funded State and Tribal Veterans cemeteries. Approximately 95 percent of the Veteran population will be served by these facilities within 75 miles of their homes. VA will explore innovative options to address the remaining five percent of the Veteran population without access coverage.

REALIZING HIGH PERFORMING DELIVERY NETWORKS:

- Institutionalized **care management**
- **Enhanced use of IT** to include telehealth, tele-radiology, tele-mental health.
- Use of **cloud-based electronic medical records** to support benefits and care management.
- **Standardized care practices** across the delivery systems
- **Focus on Urgent care** throughout the networks to ensure timely medical attention.
- Transparently **shared quality measures** of VA and other network providers.
- **Rapid application of VA research** advancements to Veteran care with emphasis on advancing personalized medicine and clinical genomics.
- **Payment innovations** that rapidly pay providers and are based on performance and Veteran outcomes.
- **Integration with other Government payer** organizations so Veterans may use Medicare, Medicaid, or Tricare at VA or the private sector.
- **Leveraging VA's graduate medical training** competency to ensure Veterans are always treated by the best and most proficient providers.
- **Deliver Day of Discharge compensation determinations** to better support Service members during their transition to civilian life, and to continue to reduce the time to adjudicate claims to support Veterans throughout the remainder of their lives.
- Providing Veterans with **reasonable access to burial options** through the establishment of new National cemeteries, new State and Tribal Veterans cemeteries funded through VA's grant program, and innovative options to extend the service life of existing facilities.
- **Coordinate with DoD** to improve early screening and treatment protocols for traumatic brain and other concussive injuries.

STRATEGY 2.1.2: IMPROVED SEPARATION PREPARATIONS AND COMPENSATION SUPPORTS VETERAN INDEPENDENCE

MODERNIZATION ALIGNMENT

☑ Focus on Decision Ready Claims and Appeals Reform

VA will partner with the DOL and DoD to holistically prepare Service members for transition from active duty to their civilian lives. VA will help Veterans pursue economic opportunities and professional or career development. Concurrently, VA will modernize and enhance the claims and appeals process to ensure eligible Veterans receive appropriate and timely compensation for wounds, illnesses, and/or injuries sustained in service to their country. VA will regularly review and update its compensation policies and processes to reflect ongoing modern-day advances in health and biotechnology and take into account their positive impact on a Veteran's independence. Most importantly, a reformed compensation system will focus on supporting Veteran wellness, focus on service connection, and will provide financial security for our most severely ill, injured or wounded Veterans. The combination of all these efforts will emphasize each Veteran's abilities and restoration to a functional capacity so they may lead productive and dignified lives after military service.

STRATEGY 2.1.3: VA WILL EXCEL AT FOUNDATIONAL SERVICES TO INCLUDE CARE MANAGEMENT

MODERNIZATION ALIGNMENT

☑ Focus on VA Foundational Health Services

VA will excel at its foundational health services, which include: Primary Care Services, Urgent Care Services, Mental Health Services, Geriatrics and Extended Care Services, Rehabilitation Services, VA Care Coordination, Post Deployment Health Services (PDHS) and War Related Illness and Injury Study Centers (WRIISC), and Pain Management and Opioid Safety. VA's emphasis on foundational services ensures Veterans receive quality care for those conditions most attributed to military service and best provided by VA that optimizes their health, well-being, and quality of life.

For those services provided by external partners, VA will institute care management as a core business competency that ensures VA's foundational services are highly integrated with any care the Veteran receives outside of VA. This means VA sets clear standards, ensures continuum of care between the external providers and VA, and develops community partnerships in complementary services to fill service gaps to Veterans. When reviewing whether a service should be provided in-house or in the community, key considerations will always be safety, quality, expertise, and enhanced access for the Veteran.

STRATEGY 2.1.4: EMPHASIZING VETERANS' AND THEIR FAMILIES' WHOLE HEALTH AND WELLNESS

MODERNIZATION ALIGNMENT

☑ Focus on Veteran Wellness

VA will significantly improve Veteran health outcomes by shifting from a system primarily focused on disease management to one that is based on partnering with Veterans throughout their lives and focused on whole health. VA will provide personalized, proactive, patient driven health care to empower, equip, and encourage Veterans to take charge of their health, well-being, and to adopt healthy living practices that deter or defer preventable health conditions. Programs like MyHealtheVet engage the Veteran in managing their own health care and provide access to their providers without the burden of traveling to a facility. Support and consideration of the needs of the Veterans' families, caregivers, and supporters will be included in this

approach to Veteran wellness. A whole health system focuses not only on treatment but also on self-empowerment, self-healing, self-care, and improvements in the social determinants of health.

VA will also reinforce preventive health care practices to include incorporating complementary and integrative health care practices to reduce addiction, manage chronic pain, and improve mental health and other conditions that respond well to these interventions.

VA will stress preventive interventions for healthy Veterans that eliminate or significantly reduce conditions that impair Veteran quality of life such as diabetes, obesity, chronic pain, addiction, chronic kidney disease, and other similar conditions. VA will emphasize education on healthy life practices for Veteran and their families. VA will also improve health outcomes by assisting Veterans with the social determinants of health to include education, vocational rehab, employment, disability income where appropriate, housing or home loan guarantee, life insurance, and planning for memorial services.

STRATEGY 2.1.5: CONTRIBUTE TO VETERAN WELL-BEING BY PROVIDING INTERMENT AND MEMORIALIZATION SERVICES

MODERNIZATION ALIGNMENT

☑ Realignment and consolidation of select Federal Veteran cemeteries under VA

VA will ensure all Veterans will be honored and memorialized in a dignified and respectful manner by providing Veterans and eligible family members with final resting places in national shrines with lasting tributes that commemorate their service and sacrifice to our Nation. VA will enhance its existing burial and memorial benefits through the Veterans Legacy Program. VA's national cemeteries are being used as platforms for community engagement and public education, with emphasis on empowering student-based research on site. NCA will sustain and expand university partnerships, eventually covering all 50 states.

Legacy products are also being used beyond the classroom. NCA is partnering with various stakeholders who are committed to ending Veteran suicide. These groups will share the inspirational stories researched by students 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.

In addition, VA will pursue an initiative to streamline operations and promote efficiency in the Federal government by assuming responsibility of Veteran cemeteries maintained by other Federal agencies.

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

VA will proactively identify at-risk Veterans. While most Veterans reintegrate successfully into civilian life, some face social, economic, and health challenges that impede their successful transition into civil society. Through "REACH VET," VA now understands the conditions that put Veterans at higher risk of suicide, homelessness, and poverty. We will expand the use of this tool to reach out to Veterans before they transition and leverage our integrated network to provide them services catered to their specific needs. We are no longer waiting until Veterans are in crisis to reach out to them. This is the only way to truly end Veteran homelessness and suicides. Further, VA will improve support to the Veteran families and caregivers to better prepare and sustain them as they take care of their Veteran.

2.2 PERFORMANCE GOAL

- Veterans have a good quality of life (presence of positive emotions in daily activities, participation in society, satisfying relationships, and overall life satisfaction).
- Zero Veteran suicides.
- Zero Veterans are homeless.
- Veterans achieve independence and economic security.

STRATEGY 2.2.1: COMPREHENSIVE CARE FOR COMBAT AND/OR CATASTROPHICALLY ILL, INJURED, WOUNDED

VA will emphasize coordination of care and services, both within VA and with external providers, to deliver lifetime comprehensive support for the diverse and complex medical conditions and life challenges suffered by combat and/or catastrophically ill, injured, or wounded Veterans. This is where VA will bring to bear its expertise in foundational services and ensure close coordination between providers of medical, psychological, life skills, home support services, and quality of life needs for our severely wounded, ill, and injured Veterans. VA will further ensure the Veterans' caregivers and families receive the support they need.

STRATEGY 2.2.2: EARLY INTERVENTION AND FULL ACCESS TO MENTAL HEALTH AND SUICIDE PREVENTION

VA and DoD will integrate their efforts to conduct early diagnosis of Service members/Veterans with potential mental health challenges and quickly coordinate delivery of continuing care and coping skills they need to drive down Service member and Veteran suicide and complications associated with depression and/or Post-Traumatic Stress Disorder (PTSD). Further, VA will provide physical and mental health services to eliminate Veteran suicide and poor well-being due to physical and mental health challenges associated with trauma. VA will lead the Nation in caring for people suffering from mental health conditions associated with trauma and work to change the misconceptions associated with PTSD and other mental health challenges.

"Regardless of the numbers or rates, one Veteran suicide is too many." ~Secretary Shulkin
Testimony to the Senate Committee on Veterans Affairs, June 21, 2017

STRATEGY 2.2.3: SUPPORT TO CAREGIVERS AND SEAMLESS CARE OF AGING VETERANS

VA will focus on finding alternatives to institutionalized care. Our goal is to keep all Veterans in their homes if that is their desire. To support the growing numbers of aging Veterans, VA is removing and updating outdated policies and regulations to make it easier to support caregivers. VA will identify and cultivate social and community support networks that enhance Veterans' and their caregivers' experience during times of extended illness or when long-term care is needed. Knowing that there may be times when a Veteran desires to be, or needs to be, cared for outside of their home, VA is simplifying and making available more grants to States so they can build Veteran nursing homes as needed.

STRATEGY 2.2.4: INCREASED ACCESS FOR RURAL VETERANS

VA understands many of the challenges Veterans living in rural areas face. The VA Office of Rural Health will continue its efforts to increase access to health care for rural Veterans by providing opportunities for the delivery of virtual health care services into rural Veterans' homes, expanding health care provider virtual consultation services in underserved rural areas, and creating strong partnerships with Local, State, and National organizations to better serve Veterans, their families, and the communities where they live.

STRATEGY 2.2.5: IMPLEMENT HOUSING FIRST AND PROVIDE INTEGRATED SUPPORT TO IMPOVERISHED/HOMELESS VETERANS

VA's first priority for homeless Veterans and their families, and those at risk for homelessness, is to provide them a safe place to live. VA will focus grants on partners who embrace this "housing first" philosophy and cut ties with those who do not embrace this approach. VA's housing and foreclosure assistance programs are also augmented with employment and health care assistance.

STRATEGY 2.2.6: VA IS THERE FOR FAMILIES

VA understands that families and caregivers are on the front line in preventing Veteran suicide, homelessness, and addiction. More than that, they are critical to the whole health of the Veteran. VA will continue to expand programs designed for caregivers to include caregiver support coordinators, caregiver training and mentoring groups, and the Caregiver Support Line. VA will engage families and caregivers in the Veterans' health care decisions. We will continue to enhance online support programs like "Family Connect" during telehealth consults so family members can be part of the Veterans' health care experience and provide amplifying information that will enhance care for the Veteran. We will include family and caregivers in our communications with Veterans before and after they seek VA services to ensure we add their perspectives to the improvements we make.

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

EARNING VETERANS' TRUST:

- **Publicly shared performance data** of VA and public/private providers for comparison.
- **Consistently excellent service** by VA employees/providers throughout VA delivery networks.
- **Customers trust VA** to provide what they need even if it means going outside VA to do so on behalf of the Veteran or the family member.
- **VA leadership make the right decisions** that consistently put Veterans' well-being first.
- VA shows value to Veterans and taxpayers via **better outcomes and decreased spend rates.**

VA's pledge to build lifelong, trusted relationships with its Veterans is the basis for delivering relevant and excellent benefits, care, and services to our Veterans that enhance their lives. VA understands that earning our Veterans' trust is the gold standard we aspire to achieve and is critical to our long-term success. How VA delivers on its promises is just as important as what it delivers. VA will earn trust and be the natural choice for Veterans by holding itself accountable, being transparent about how we are performing, and showing how we adhere to our core values with every single interaction. Specifically, VA will focus on accountability, transparency, and value.

a) **Accountability**: The Secretary set the standard for excellence in his State of VA address, stating simply that Veterans deserve the best, no matter where they are or who serves them. Accountability occurs at all levels and is translated as follows:

- **Organizational accountability:** VA has clearly stated outcomes and consistently measures and shares the value of its efforts on behalf of Veterans, measures the change for Veterans, acts on data, and works within communities to build integrated networks of access and delivery.
- **Personnel accountability:** Veterans deserve the best and brightest the Nation has to offer. VA only hires and retains individuals who embody our values. Leaders and staff incorporate VA values into everything they do and are measured by their adherence to those values for achieving positive outcomes for Veterans; those who do not adhere to VA's values will no longer work for VA.

b) **Transparency:** VA publicly and consistently shares critical information, outcomes, and metrics showing how it improved the Veteran's experience, and their well-being, independence, and quality of life.

c) **Value:** Value to the Veteran is achieved by VA delivering excellent outcomes that enhance their lives and provide what they need in the most competitive manner possible. This is how VA will meet the highest standard of performance.

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

VA will assess itself based on how well it delivers positive outcomes to its Veterans and how well the Veteran is satisfied. Further, VA will share its performance with Veterans and the Nation to keep ourselves honest about how we are doing.

STRATEGY 3.1.1: PUBLIC SHARING OF VA AND PRIVATE SECTOR PERFORMANCE COMPARISON DATA

VA will consistently and publicly share critical information about its mission effectiveness, Veteran outcomes, and internal/external provider performance that is easily understood and compares to industry standards. We are specifically sharing data about quality of care, wait times, accountability actions, and satisfaction scores to ensure VA and external benefits, care, and service providers are held accountable. VA will routinely meet or exceed community standards for quality of care and customer service. This results in Veterans consistently choosing VA because we are the best at what we do, and we can be trusted to deliver on our promise to enhance Veteran wellness and well-being.

3.1 PERFORMANCE GOAL

- Veterans say, "I trust VA to fulfill our country's commitment to Veterans."
- VA publishes health care benchmarks aligned with the private sector.
- VA publishes benefits and service delivery performance data.

STRATEGY 3.1.2: VETERANS HAVE A VOICE IN VA

VA will solicit and use Veteran feedback on internal/external providers to continuously adapt benefits and care offerings to meet Veterans' changing needs and expectations. VA actively incorporates the voice of the Veteran into all its business lines to enhance outcomes, service, and transparency.

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

VA will achieve accountability by establishing and ensuring high-quality care and service standards are delivered consistently across our integrated delivery networks. This ensures that VA and community providers are held to the same high standards no matter where they are, and that Veterans can count on us to deliver the same quality of care and services no matter what VA facility or community provider they choose in the network. A Veteran should be able to walk into any VA facility and receive the same excellent level of care and service.

3.2 PERFORMANCE GOAL

- VA eliminates fraud, waste, and abuse.
- Performance based action will be initiated against all proven poor performers within 90 days of substantiation of poor performance.
- Appropriate disciplinary or adverse action will be initiated against all employees within 90 days of substantiation of misconduct.

STRATEGY 3.2.1: ALL EMPLOYEES PROVIDE EXCELLENT CUSTOMER SERVICE

VA will ensure that leaders and staff have the resources, training, and capabilities to support and empower Veterans and deliver excellent customer experiences.

STRATEGY 3.2.2: GOOD PERFORMERS ARE REWARDED

VA leader and employee advancement and incentives will be based on delivery of superior customer service, process improvements for heightened efficiency, and ability to produce positive outcomes and enhanced value for Veterans.

STRATEGY 3.2.3: ALL EMPLOYEES ARE HELD ACCOUNTABLE

VA will swiftly and justly address consistently poor performance, inappropriate behavior, fraud, waste, and abuse, and ensure appropriate protections for whistleblowers. VA will improve employee accountability by applying improved legislation, regulations, and supervisory tools that enable supervisors to manage their staff appropriately. Specifically, VA is applying Public Law 115-41, the VA Accountability and Whistleblower Protection Act of 2017, to expeditiously address performance and conduct issues and take corrective actions against employees who do not meet the needs of our Veterans or demonstrate VA core values.

STRATEGY 3.2.4: FRAUD, WASTE, AND ABUSE IS PROACTIVELY IDENTIFIED, DETERRED, OR ELIMINATED

MODERNIZATION ALIGNMENT

☑ Stop Fraud, Waste, and Abuse (FWA)

VA's key business processes (contracting, acquisition, finance, etc.) will continue to be assessed to identify risk exposure to fraud, waste, and abuse. This includes non-compliance with laws, regulations, and policies, and requires strong internal controls that apply to VA and external providers. If risks are identified, then mitigation actions and internal controls are put in place to deter or address the risk. Mitigation actions are closely monitored for effectiveness. Persons engaged in fraud, waste, or abuse are quickly identified and dealt with appropriately.

STRATEGY 3.2.5: EXTERNAL BENEFITS, CARE, AND SERVICE PROVIDERS ARE HELD ACCOUNTABLE

VA will clarify roles and responsibilities and set clear performance and customer service standards for VA and external benefits, care, and service providers. This ensures high-quality and excellent customer experience outcomes for Veterans and their families whenever they access VA's integrated and collaborative delivery networks.

GOAL 4: VA WILL MODERNIZE SYSTEMS AND FOCUS RESOURCES MORE EFFICIENTLY TO BE COMPETITIVE AND TO PROVIDE WORLD CLASS CAPABILITIES TO VETERANS AND ITS EMPLOYEES

MODERNIZE VA:

- VA consolidates inpatient care services **in partnership with community systems** and balances with more ambulatory care centers.
- **Shared Services** dramatically improves hiring, IT deployment, procurement, and financial transactions.
- **VA funding requests will** support new initiatives, eliminate poor performing legacy systems and programs, and eliminate unnecessary spending without sacrificing outcomes for Veterans.
- **VA Strategic Footprint** supports VA foundational services .
- **Leverage public/private partnerships** to ensure Veterans receive the benefits, care, and services they need.
- **Use of cloud based analytics** throughout VA and delivery networks results in consistently excellent service and outcomes for Veterans.
- **VA facilities** are updated and utilize the latest technology to better serve Veterans.
- **Enhance Employee Engagement** by providing better resources such as an Employee Engagement Resource Center, standing up an Employee Engagement Council, and implementing the use of Employee Engagement plans across all facilities and offices.

Two major forces are driving VA's continuing transformation:

a) The emphasis on using the Veteran's perspective to shape its program delivery and business operations.

b) The need to modernize our systems and focus resources in order to ensure VA is here for generations to come.

The cross-cutting objectives and strategies in this goal adapt the organization's behavior in four critical categories that will enable it to perform in an ever-changing business environment. It also addresses two critical functions (Human Resources (HR) and Information Technology (IT)) that must be optimized for the Department to realize its modernization aim. The strategies will help the Department make future choices about its strategic footprint (capital assets and construction); rapidly deploy the right human capital capabilities as mission requirements evolve; put in place an IT infrastructure that supports its Veteran engagement and delivery goals; and emphasize value analytics so VA makes smart, implementable, and relevant business decisions every day. VA will either develop or avail itself of shared services to dramatically improve hiring, procurement, and IT to drive better service and delivery.

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

Organizational agility will ensure VA is able to adapt quickly to market forces in order to deliver quality customer experiences and service to our Veterans in a competitive way.

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

4.1 PERFORMANCE GOAL

- VA has aligned its strategic footprint and services to ensure it can adapt quickly to changing Veteran needs.

Ever-evolving Veteran needs and a changing business environment mandate an agile strategic footprint, allowing VA to make quick infrastructure and personnel shifts that best serve Veterans.

VA has an extremely robust research and development capability and innovates to improve services to Veterans and employees. The rapid incorporation of new approaches to how we serve Veterans is critical to achieving agility and delivering best-in-class health care and benefits. The future focus of VA medical research will be on personalized medicine driven by application of clinical genomics to tailor medicines and treatments to individual Veterans.

VA must shape the business operating environment and champion legislative change recommendations that reduce bureaucracy, shift more resources and employees toward direct services for Veterans so we can address Veterans most important needs, and give VA leeway to rapidly adapt operations to serve Veterans in the most competitive manner possible. By working with Veterans' communities, other Government agencies, Federal, State, Local, and other public and private institutions to shape smarter and better approaches to service delivery, VA can focus on its strengths and ensure Veterans receive what they need, wherever they are.

BUSINESS STRATEGY 4.1.1: AGILE STRATEGIC FOOTPRINT

MODERNIZATION ALIGNMENT

Strategic footprint

VA will ensure agile response to changing Veteran needs and marketplace volatility and incorporate a value management approach to capital investments. VA ensures facilities are modern, located to best serve Veterans, and designed to offer access to or information about the full range of VA benefits and services. Optimally, Veterans will be able to have all their benefits and care needs addressed at a single location to the maximum extent possible. To achieve this, VA will build infrastructure using public/private partnerships and leverage existing capability in the private sector where possible. VA will focus on providing more ambulatory centers and consolidating more inpatient care in partnership with community systems to provide Veterans with better access to care no matter where they are.

BUSINESS STRATEGY 4.1.2: VA DRIVES CHANGE IN EXTERNAL BUSINESS ENVIRONMENT

VA will shape the business environment it must operate in by engaging Congress for needed legislative changes and shape external market forces to favor Veteran outcomes wherever possible. VA will do this by collaborating with key partners, such as the Veteran serving organizations, other non-profit and private sector organizations, to develop and implement Veteran-focused policies. VA will also factor into its operational planning the changing capabilities of Federal and State Government, where many complementary benefits and services from other.

Governmental agencies may have uncertain futures, and expand partnerships with businesses and organizations that provide Veterans with services and opportunities.

BUSINESS STRATEGY 4.1.3: RAPID INTEGRATION OF PROVEN INNOVATION

VA will use innovation, agile integration of technology into business operations, and rapid dissemination of best practices from internal and external sources to continuously deliver tangible improvements to, and integration of, all its business and operational functions.

BUSINESS STRATEGY 4.1.4: DELAYERING AND ORGANIZATIONAL DESIGN

MODERNIZATION ALIGNMENT

☑ Organizational delayering

VA will restructure and reorganize to reduce fragmentation, overlap, and duplication by consolidating similar functions and program offices to shift resources toward delivering direct services for Veterans. This means reducing administrative and logistic positions. VA will use horizontal and vertical delayering, which will also increase efficiency and quality of decisions by pushing them to the appropriate level with fewer required approvals and concurrences. Concurrent with delayering, VA will optimize its workforce by ensuring appropriate managerial span of control and clarifying staff roles by establishing "business rules of engagement."

BUSINESS STRATEGY 4.1.5: STRATEGIC SOURCING

MODERNIZATION ALIGNMENT

☑ Modernize Supply Chains

VA will align contracting offices across the Department and create full service supply chains that address total acquisition and material life cycles and result in efficient delivery of Veteran benefits, care, and services. VA will begin by creating a full service medical supply chain that allows VA to capitalize on the positive attributes of the current VA Pharmacy Program, and Group Purchasing Organization (GPO)/Integrated Delivery Networks (IDN) used by over 90 percent of health care systems in the U.S.

BUSINESS STRATEGY 4.1.6: FORCE PROTECTION, MISSION ASSURANCE, AND FEDERAL DISASTER RESPONSE

VA will align facilities, infrastructure, policies, processes, programs, and systems to provide force protection of people and assets and mission assurance of services. VA will be the lead for meeting Veterans' needs and will support Federal disaster response and preparedness on a day-to-day basis and in times of crisis. VA will continuously provide medical, hospital, benefits, and interment services, in compliance with Federal statutes, policy, regulation, and executive orders.

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

A robust human capital management capability is paramount to VA's ability to effectively and efficiently employ its workforce in service to Veterans. The needs of our Veterans are ever-growing, putting a greater and greater demand on our workforce. We must optimize their skills and abilities to fulfill our service mission.

4.2 PERFORMANCE GOAL

- VA attracts a quality workforce as a result of being identified as one of the Best Places to Work in the Federal Government.
- VA retains a quality workforce.

BUSINESS STRATEGY 4.2.1: STANDARDIZE HUMAN CAPITAL POLICIES ENTERPRISE-WIDE

VA will develop consistency and governance around all human capital functions and capabilities, and facilitate consistent implementation of policies, processes, and HR programs across the VA enterprise. VA will move toward a single learning platform to disseminate human capital policies and learning throughout the Department. Individual performance management and performance management systems shall also be standardized across the Department to enhance accountability, productivity, and performance. VA will implement new performance appraisal processes to better support employee growth and performance when coupled with enhanced employee engagement.

BUSINESS STRATEGY 4.2.2: IMPROVE STAFFING TO ENSURE A QUALIFIED VA WORKFORCE IS IN PLACE

VA will ensure the right people are in the right place at the right time with the right skills to serve our Veterans and their families. VA will do this by consistently reviewing, updating, and developing the positions required to perform the functions VA needs to achieve its mission successfully.

VA will address its persistent vacancy and capability challenges by exploring and implementing optimal organizational structures for achieving all our recruiting needs, to include consolidation of recruiting capabilities, recruiting centers of excellence, and outsourcing unique recruiting requirements to close key staffing gaps.

VA will implement tools and systems to identify and fill vacancies quickly. The deployment of a modern staffing system will enable frontline supervisors to directly request, create, and validate position modifications via an electronic interface to ensure recruitment actions are based on current needs and not legacy position descriptions.

BUSINESS STRATEGY 4.2.3: IMPROVE LEADERSHIP AND WORKFORCE COMPETENCY

VA understands that it must foster an environment of trust, accountability, adaptability, and performance to improve competency across the Department and that this begins with having competent leaders in place at all levels. VA will institute robust succession planning along with comprehensive identification of the skills and competencies necessary for each position to assure a capable workforce Department-wide. Further, VA will deploy new supervisor and management training to convey policy updates and guidance that enhance the employee experience and support adherence to the VA Accountability and Whistleblower Protection Act of 2017.

VA will implement a modernized performance appraisal system that focuses on enhanced dialogue rather than periodic and static evaluations. VA will train managers to implement adaptive work environments that enhance employee performance. Finally, VA will implement a common leadership development model for employees at all levels – individual, supervisor, manager, pre-executive and executive – to ensure a consistent understanding of leadership across the department.

BUSINESS STRATEGY 4.2.4: INSTITUTE MANPOWER MANAGEMENT TO OPTIMIZE VA HUMAN CAPITAL RESOURCES

VA will use manpower management to determine the staffing levels needed to accomplish VA's mission and program objectives. The staffing requirements will be based on models, time studies and/or industry benchmarking data that will devise staffing standards. The staffing standards will be validated and revised periodically to ensure the Department is always prepared to support Veterans.

VA's Human Resources management system, coupled with improved staffing processes (i.e. recruitment, hiring, retention, etc.), will optimize the workforce and assure VA has the right people to successfully and consistently meet Veterans' evolving needs and priorities. VA will also ensure the Department operates within approved staffing levels and budgets to contain personnel costs.

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

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

4.3 PERFORMANCE GOAL

- Users are satisfied (or better) with VA's ability to provide secure and transparent interoperability of information and data.

BUSINESS STRATEGY 4.3.1: BUY FIRST

VA will apply a buy-first strategy for all acquisitions, focusing primarily on the procurement of managed services through cloud vendors. Secondly, VA will procure internally hosted Commercial-Off-The-Shelf (COTS) solutions, followed by in-house development.

BUSINESS STRATEGY 4.3.2: MODERNIZE LEGACY SYSTEMS AND PROCESSES

MODERNIZATION ALIGNMENT

☑ Legacy system modernization

VA will transition existing, internally developed solutions to the private sector or shared service providers for modernization and long-term sustainment, beginning with VA's electronic health record system and financial management systems. Other major legacy systems targeted for replacement include benefits delivery systems, interment and memorialization support systems, and Veterans appeals systems. Additionally, VA will ensure that rigorous business process analysis and reengineering are conducted before the procurement or development of new solutions.

BUSINESS STRATEGY 4.3.3: LAUNCH DIGITAL VETERANS PLATFORM

VA will create the Digital Veterans Platform that will allow Veterans to centrally manage their information to include personal, benefit, and health data. It will enhance transparency for Veterans, their care providers, and Veteran service organizations; enhance interoperability between Federal and community partners; and expand the use of data with real-time analytics to support automated recommendations for care.

BUSINESS STRATEGY 4.3.4: ENHANCE THE NATION'S MEDICAL RESEARCH AND GRADUATE MEDICAL EDUCATION CAPABILITY

Improved informatics will allow VA research data to become a national resource. Discovery and translation will be facilitated by creating tailored data analyses of VA's massive longitudinal health data repositories for the general medical and pharmaceutical industry. The data analyses will include aggregating, customizing, and updating Veteran data for research purposes. VA will use this information to teach advanced techniques to those engaging in graduate medical education with VA.

BUSINESS STRATEGY 4.3.5: ENHANCE SERVICE TO VA BUSINESS LINES

IT Modernization will result in timelier, integrated, and repeatable delivery of application development and support solutions to internal VA business lines, to include scaling software development and maintenance to handle the strategic and tactical requirements needed to deliver solutions effectively. VA will continuously review business requirements and demands for IT solutions and services to ensure that Veteran care and services are appropriately supported.

BUSINESS STRATEGY 4.3.6: MODERNIZE AND UNIFY VA'S DIGITAL SERVICES

VA services will be fronted by a single, high-quality, mobile-friendly self-service tool. Use of that tool will be the preferred way for people to interact with VA for routine transactions, reducing the use of more costly and slower channels such as paper forms and call centers. Services will be accessible from a single online "front door," with a single user account, and will be customized for the individual using the service. All of VA's channels will direct users to these tools.

BUSINESS STRATEGY 4.3.7: ENHANCE CYBERSECURITY

VA will ensure network security, endpoint protection, data loss prevention, disaster recovery, and IT continuity by implementing IT solutions that incorporate secure technology practices into their service delivery models.

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

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

4.4 PERFORMANCE GOAL

- Employees report easy access to the information/data needed for effective decision-making.
- Increase the number of VA initiatives and programs that deliver better outcomes/value for Veterans.

Consistently reliable, accessible, comprehensive, and up-to-date data is critical to achieving VA agility and implementing value management in the Department. This will also support data-driven decision making. VA will

ensure that managers and decision makers have the right information to drive their data-based analytics and management efforts. Further, VA will institutionalize enterprise-wide modeling, value analytics, and forecasting capabilities. This, in turn, will enable VA to project future needs and to make adjustments quickly to ensure VA is providing excellent care and services to our Veterans.

BUSINESS STRATEGY 4.4.1: INSTITUTIONALIZE VALUE MANAGEMENT AND ANALYTICS

MODERNIZATION ALIGNMENT

☑ Value-based analytics

VA will institutionalize a value management capability to better understand the outcomes VA provides for Veterans and identify areas for improvement; understand how costs are distributed within and across programs and initiatives; identify new ways to optimize processes, reduce costs, and improve outcomes; and identify best practices among different stakeholders. This capability will support decision making that focuses resources on direct Veteran services and drives operational efficiency.

BUSINESS STRATEGY 4.4.2: STANDARDIZED ACCESSIBLE DATA

VA will use comprehensive data to drive uniform understanding of our Veterans, to describe Veteran-facing and internal business processes, to provide baseline information used by the enterprise, and to reflect appropriate customer and market segmentation. VA will use an enterprise-wide data repository/tool that supports secure and seamless data sharing and enables leadership at all levels to make timely Veteran-focused decisions based on comprehensive, single source data. This enhanced data capability will support value based decisions and enable easy access to data.

BUSINESS STRATEGY 4.4.3: INSTITUTIONALIZE CONSISTENT MODELING/PREDICTIVE ANALYSES

VA will use robust modeling and predictive analyses to anticipate changing Veteran needs and evolving market forces. Coupled with value analytics, VA will leverage its known competitive advantages to adapt better VA care, benefits, and services to address Veterans' changing needs and continually enhance outcomes.

BUSINESS STRATEGY 4.4.4: INSTITUTIONALIZE GOVERNANCE

VA will use a governance structure that results in responsive decision making for near term solutions that will achieve long-term organizational objectives. VA governance will achieve cross-organizational unity of purpose and execution, will consistently promulgate critical decisions throughout the enterprise, will track progress toward established outcomes, and will ensure organizational compliance with laws, regulations, policies, and Executive Orders. The enterprise governance framework consists of architecture, practices, and enterprise decision-making norms. It will also drive use of value analytics as the basis for data informed decision making within the Department.

APPENDIX A: FY18-19 PROPOSED AGENCY PRIORITY GOALS

VA Priorities	Impact Statement	Achievement Statement (Metric)	Responsible Office
Prevent Veteran Suicides	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.	By September 30, 2019, the percent of Veterans targeted through predictive modeling algorithms within the VHA system that receive core recommended interventions will increase to 90%. By September 30, 2019, VA has partnered with Health and Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA) and 17 cities in a "Mayor's Challenge" to develop community plans to end Veteran suicide outside the VHA system.	Veterans Health Administration, Office of Mental Health and Suicide Prevention
Provide Greater Choice for Veterans	Veteran Customer Experience: VA will increase Veterans' trust in VA.	By September 30, 2019, Veterans' positive responses will increase from 67% (FY17Q4) to 90% to the statement, "I trust VA to fulfill our Country's commitment to Veterans."	Veterans Experience Office
Improve Timeliness of Services	Community Care: Improve Veterans' health outcomes and experiences by consolidating all VA-purchased care programs into one modernized community care program.	By September 30, 2019, the percent of Veterans who are satisfied with the community care they received will increase from 73% (FY17Q4) to 79%.	Veterans Health Administration
Improve Timeliness of Services	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.	By September 30, 2019, VA has fully implemented the Veterans' Appeals Improvement and Modernization Act of 2017 and is adjudicating appeals under the new appeals system while resolving the remaining legacy appeals, i.e. the appeals filed under the pre-Veterans Appeals Improvement and Modernization Act of 2017 legal framework.	Board of Veterans' Appeals

APPENDIX B: STRATEGIC OBJECTIVE PERFORMANCE GOALS

Goal 1 Veterans choose VA for easy access, greater choices, and clear information to make informed decisions.	Goal 2 Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey.	Goal 3 Veterans trust VA to be consistently accountable and transparent.	Goal 4 VA will modernize systems and focus resources more efficiently to be competitive and to provide world class capabilities to Veterans and its employees.	
Strategic Objective 1.1 VA anticipates Veterans' changing needs throughout their lives to enhance their choices.	**Strategic Objective 2.1** VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence.	**Strategic Objective 3.1** VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions.	**Management Objective 4.1** VA's 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.
Performance Goals 1.1 **1.1.a:** Veterans surveyed are satisfied (or better) with the available choices for Veteran care, benefits, and services. **1.1.b:** Eligible Veterans choose VA as their provider of choice for their care.	**Performance Goals 2.1** **2.1.a:** Veterans are satisfied with the results of the Veteran benefits, care and services they received. **2.1.b:** VA's organizational performance matches or exceeds industry standards for excellence in all of its lines of business.	**Performance Goals 3.1** **3.1.a:** Veterans say, "I trust VA to fulfill our Country's commitment to Veterans." **3.1.b:** VA publishes healthcare benchmarks aligned with the private sector. **3.1.c:** VA publishes benefits and service delivery performance data.	**Performance Goals 4.1** **4.1.a:** VA has aligned its strategic footprint and services to ensure it can adapt quickly to changing Veteran needs.	**Performance Goals 4.2** **4.2.a:** VA attracts a quality workforce as a result of being identified as one of the Best Places to Work in the Federal Government. **4.2.b:** VA retains a quality workforce.
Strategic Objective 1.2 Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose.	**Strategic Objective 2.2** VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty.	**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.	**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.	**Management Objective 4.4** VA will institutionalize data supported and performance focused decision making that will improve the quality of outcomes.
Performance Goals 1.2 **1.2.a:** Veterans agree that they received timely, relevant, and easy to understand information from VA that empowered them to make informed choices about their benefits, services, and care. **1.2.b**: Veterans agree that the statement "I feel like a valued customer" is true.	**Performance Goals 2.2** **2.2.a:** Veterans have a good quality of life (presence of positive emotions in daily activities, participation in society, satisfying relationships, and overall life satisfaction). **2.2.b:** Zero Veteran suicides. **2.2.c:** Zero Veterans are homeless. **2.2.d:** Veterans achieve independence and economic security.	**Performance Goals 3.2** **3.2.a:** VA eliminates fraud, waste, and abuse. **3.2.b:** Performance based action will be initiated against all proven poor performers within 90 days of substantiation of poor performance. **3.2.c:** Appropriate disciplinary or adverse action will be initiated against all employees within 90 days of substantiation of misconduct.	**Performance Goals 4.3** **4.3.a:** Users are satisfied (or better) with VA's ability to provide secure and transparent interoperability of information and data.	**Performance Goals 4.4** **4.4.a:** Employees report easy access to the information/data needed for effective decision-making. **4.4.b:** Increase the number of VA initiatives and programs that deliver better outcomes/value for Veterans.

APPENDIX C: STRATEGIC PLAN INFLUENCES AND SUPPORTING DATA

This appendix provides the data and evidence used to substantiate the objectives and strategies of the strategic plan. The Department considered both internal management challenges as well as data that describes the veteran population and the business environment in which the Department must operate.

EXTERNAL INFLUENCES

STRATEGIC ENVIRONMENTAL SCAN

To understand the implications of VA's future operating environment, the VA Office of Policy and Planning, now the VA Office of Enterprise Integration (OEI), conducted an environmental scan, which included primary and secondary research. A diverse group of stakeholders from VA and other Federal agencies compiled more than 80 research papers on technology, economics, industry, socio-demographics, politics, customer experience, and competitive advantage, identifying trends that may affect VA's future operations.

The research confirmed that VA faces a challeneging operating environment, summarized by the following trends[9]:

- The U.S. Government's fiscal situation, chiefly the size of the Federal deficit and the percentage of funds that must go to service our debt, will constrain discretionary spending for the foreseeable future and limit benefits and services available to Veterans from other Federal agencies and private sector organizations.
- Ongoing efforts to reform, streamline, and downsize Federal agencies, and make the Federal workforce more efficient. As part of this effort, VA budget growth will likely plateau or even shrink after years of expansion as wars become less visible.
- Steady rises in mandatory spending as more Veterans return with increased needs, including more service-connected disabilities.
- The escalating cost of health care, education, and other VA benefits and services.
- The size and makeup of the Veteran population, which is largely driven by military workforce changes, the frequency and scope of U.S. operational deployments, the nature of each successive wartime conflict, and the political will to engage in conflicts.
- The nature of warfare has evolved from conventional, force-on-force kinetic to a so-called "hybrid"—a blend of conventional and non-conventional tactics. This could potentially change the types of illness or injuries VA will have to address.
- Continuing increases in the incidence of Traumatic Brain Injury (TBI), polytrauma, (Post-Traumatic Stress Disorder) (PTSD), and opioid use.
- An increasing civil-military divide and potentially emerging "Veteran fatigue" that could lead to diminished public and congressional support for Veterans programs.

[9] The 2018-2024 Strategic Plan assumes these trends will continue during the timeline of this document.

An aspect of changing American culture is the increasing divide between those who have served in the military and those who have not. This civilian-military divide poses significant and often misunderstood challenges when addressing the needs and experiences of Veterans after leaving military service.[10] Less than one percent of Americans serve in the military, compared to 12 percent of the population during the World War II.[11] The vast majority of Americans have very little, if any, exposure to the military or Veterans, resulting in perhaps a general misunderstanding of Service members and Veterans. Well-intentioned organizations, including the Government and the media, can often exacerbate and perpetuate mischaracterizations of service and the associated experiences. A prevailing notion that significant numbers of Veterans are incapable of reengagement into civilian life after military service or are unable to provide for themselves can stigmatize service and make finding a job or assimilating back into society extremely difficult. The disconnect between the reality of Veterans' experiences and the American public's perceptions of Veterans may influence their willingness to provide the level of support Veterans need in the future. Not having a clear understanding of the Veteran experience also results in poorly designed support mechanisms for Veterans by external VA providers. This requires continuous advocacy by VA to ensure Veterans get what they need to succeed.

These trends informed Strategic Imperatives that provide context for the Strategic Goals and Objectives found in Section I.[12]

INTERNAL INFLUENCES

MANAGEMENT CHALLENGES

In his "State of the VA" briefing on May 31, 2017, the Secretary clearly articulated the pervasive challenges that the Department must confront, many of which relate to VA's health care activities.[13] They range from ensuring adequate access to timely health care appointments for Veterans, paying care providers on time, and managing the complexity of VA's multiple Community Care Programs. Additionally, infrastructure problems continue to impede VA's ability to design and build a strategic footprint that meets the evolving demands of the Veteran population.

Structural and cultural challenges, such as accountability, overly bureaucratic business processes, unclear decision making, and redundant corporate services, are widely known and will endure without intervention. The issues of fraud, waste, and abuse are symptomatic of VA's flawed business model and a disservice to the majority of VA employees who are hardworking and dedicated professionals.

The Secretary also outlined specific Veteran-facing challenges that include the disability claims backlog, the lack of consistent quality care throughout the system, and Veteran suicides.

Secretary Shulkin's stated path forward focuses on "building trust with Veterans and the American people by modernizing VA." He articulated the path via his five priorities as presented throughout this document: a) Greater choice for Veterans, b) Improve the timeliness of services, c) Prevent Veteran suicide, d) modernize our systems, and e) focus resources more efficiently.

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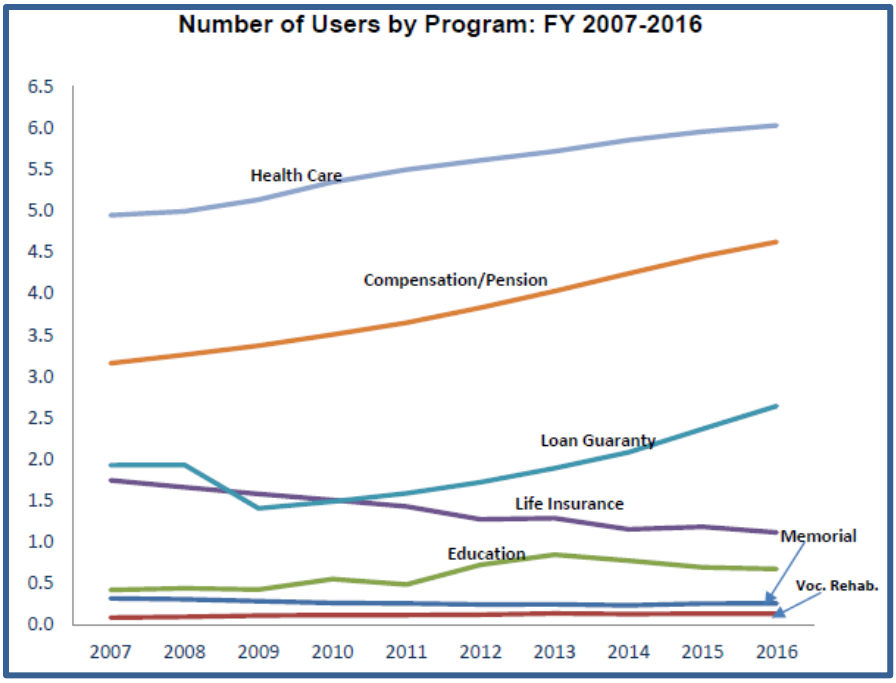
[10] Carter, et al., *Lost in Translation, The Civil-Military Divide and Veteran Employment,* (2017).
[11] Eikenberry and Kennedy, *Americans and Their Military, Drifting Apart,* (2013).
[12] Secretary McDonald Memo, *Strategic Imperatives for FY2018-2024 Strategic Planning Cycle,* (February 2, 2016).
[13] The White House, *Press Briefing by Secretary of Veterans Affairs David Shulkin,* (May 31, 2017).

VA is taking immediate action to achieve these priorities. However, these are complex challenges and will require a long-term and future-focused effort by VA to achieve enduring success. The Strategic Plan is a strategic roadmap that describes how the organization will address the root causes that challenge achievement of the five priorities.

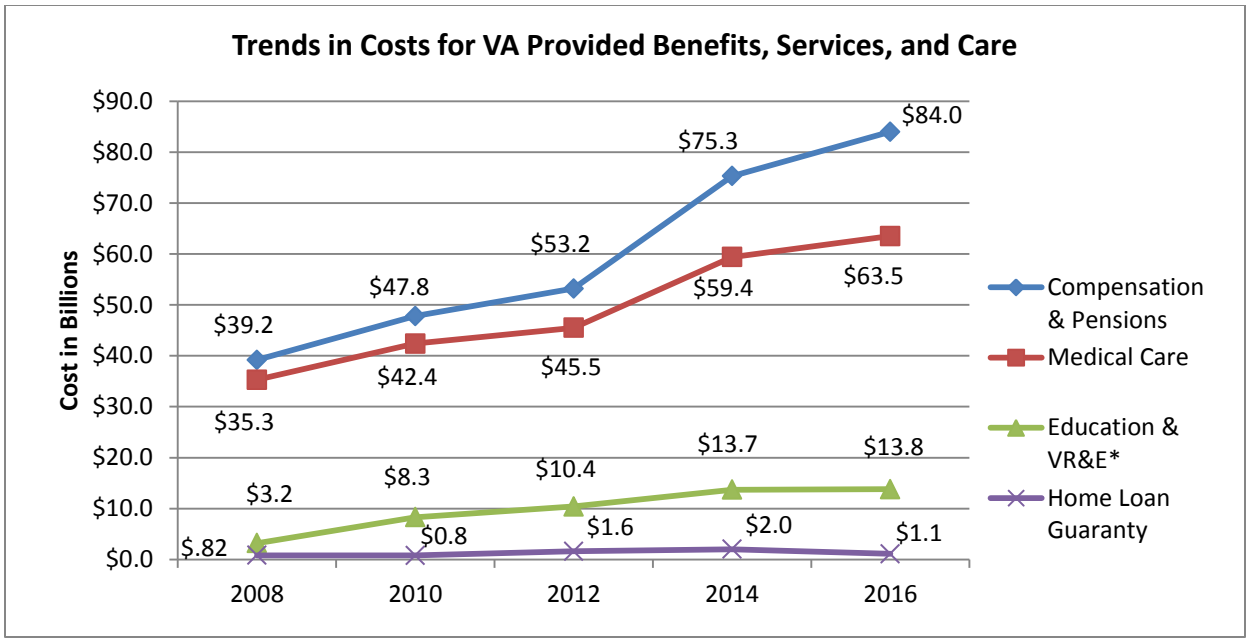
RISING COSTS OF VETERAN BENEFITS

No review of the factors VA faces now and in the future would be complete without an acknowledgment of the rising cost of Veteran benefits. The table below shows that compensation outlays have increased by 114 percent over the years between 2008 and 2016. Concurrently, health care benefits have increased by 80 percent during the same period. Education coupled with Vocational Rehabilitation and Employment (VR&E) outlays have increased by 331 percent. This is attributed to the increased tendency for Post 9/11 Veterans to apply for their benefits and care before they transition or shortly thereafter and their being awarded higher percentages of disability compensation.

The two graphs below show the number of Veterans or beneficiaries using certain VA benefits and services,[14] and the increase in costs to provide compensation and pensions, medical care, VR&E, and home loan guarantees to Service members, Veterans, their families, and survivors. The data showing increased costs was pulled from 2008, 2010, 2012, 2014, 2016 VA Expenditure tables that reside on the National Center for Veterans Analysis and Statistics website.[15,]



[14] U.S. Department of Veterans Affairs, *VA Utilization Profile FY 2016,* (2017) pg. 5.The number of users may total more than the number of Veterans. Many Veterans use more than one program and they will be counted in each benefit or service used.
[15] U.S. Department of Veterans Affairs, *Expenditure Table,* (2017).



UNDERSTANDING OUR AT-RISK POPULATIONS

The variance in Veteran populations is driven by conflict and war. The Veteran population swelled to its highest numbers as a result of the Nation's engagement in World War II (12/07/1941 – 12/31/1946) and the Korean Conflict (6/25/1950 – 7/27/1953).[16] An estimated 21,832,566 Americans served during these conflicts.[17] As the "Greatest Generation" passes, there has been a slow but steady decline in overall Veteran numbers from an all-time high of nearly 22 million to approximately 19.9 million in September 2017. Veteran population totals are projected to fall to 17.0 million by 2025.[18]

Despite the projected decrease in the total number of Veterans, VA still provides benefits and care to the same volume of individuals as aging Vietnam Veterans (8/5/1964 to 5/7/1975, Pre-9/11 Persian Gulf War Veterans (8/2/1990 – 4/6/1991), and Post-9/11 Veterans (10/7/2001 to present) enroll in the VA system.[19] With the higher use of benefits by the younger but more informed Gulf War and Post-9/11 Veteran, VA faces a steady and potentially increasing volume of individuals to serve. Furthermore, these Veterans may use VA services for a longer period because of their earlier entry into the VA system than their predecessors. For instance, a higher percentage of Post-9/11 Veterans used at least one VA benefit or program and almost twice as many have a service-connected disability (34 percent of Post-9/11 Veterans compared to 18 percent of all other Veterans).[20] *This is a distinctly different pattern from previous Veteran populations.*

[16] Torreon, *U.S. Periods of War and Dates of Recent Conflicts, (2017) pg. 2-4.*
[17] Defense Manpower Management Center, *Principal Wars in which the United States Participated-U.S. Military Personnel Serving and Casualties* (n.d.). 16,112,566 served in the military during WWII and 5,720,000 served diromg the Korean Conflict.
[18] U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017*, (n.d.).
[19] Torreon, *U.S. Periods of War and Dates of Recent Conflicts,* (2017) pg. 4-9. Overseas contingency operations since 2001: Iraqi Freedom (OIF), New Dawn (OND), Enduring Freedom (OEF), Inherent Resolve, and Freedom's Sentinel (OFS).
[20] U.S. Department of Veterans Affairs, *Profile of Post-9/11 Veterans: 2015,* (2017) pg. 13, 10. VA benefits or programs are Compensation and Pension, Education, Home Loan Guarantee, Vocational Rehabilitation and Employment, Life Insurance.

The table below shows that the number of Veterans using at least one VA benefit or service has grown over the last decade, even though the number of Veterans has steadily declined and costs for care, benefits, and services have increased substantially.

Gender	2007	2009	2011	2013	2015	2016
# of VA Users[21]	9,055,310	8,625,893	8,930,145	9,293,617	9,594,986	9,734,303
Male	8,455,219	8,014,897	8,255,967	8,517,199	8,757,962	8,861,990
Female	600,091	610,996	674,178	776,418	837,024	872,313
All Veterans[22]	23,565,983	22,877,618	22,319,248	21,649,655	20,783,555	20,392,192

This reality, coupled with the varying expectations between these very distinct Veteran cohort groups, presents a challenge to the Department as it must find the right balance of clinical, social, and ancillary care and benefits to meet the very different needs of the existing and future populations.

While VA segments Veteran populations into related war cohorts, it is increasingly apparent that this limited view of Veterans fails to capture the complexity and diversity of today's Veteran population. Conflict related cohorts provide an excellent starting point, but additional insight is required for VA to transform into a truly customer focused organization. VA will work to enhance its data on Veterans, understanding not only the conflict in which they served, but also understanding differences between age groups, physical location, what they did while serving in the military, and their education level before entering military service. This detailed understanding of our Veterans, using the Veteran journey map as a guide, will help VA to deliver better needed benefits care and services that enhance Veteran outcomes.

What we do understand about our Veterans is that while many do transition successfully from military service to civilian life, significant numbers do not. The demographic analyses that follow begin to help VA identify potential Veteran populations that may face significant life challenges and may seek additional VA benefits, care, and services.

VETERAN COHORTS BY CONFLICT/WAR

As the very nature of war and conflict evolves, so does the nature of the Veteran population. There are significant differences between the different Veteran cohorts that can be attributed to generational differences as well as the differences in care and benefits offerings by VA and the community. A quick synopsis of the major characteristics of each Veteran war cohort follows:

– **World War II and Korean Conflict Veterans:** 16,112,566 Veterans served during World War II (WWII), (12/07/1941 to 12/31/1946), and another 5,720,000 served during the Korean Conflict (6/25/1950 to 7/27/1953).[23, 24] They are the Nation's oldest Veterans and all are in their eighties or older. In September 2017, an estimated 623,653 WWII and 1,475,383 Korean Conflict Veterans were still living.[25] The majority of WWII

[21] U.S. Department of Veterans Affairs, *Unique Veteran Users Profile FY 2015,* (2017) pg. 8.
[22] U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017,* (n.d.).
[23] Number of Veterans retrieved from Defense Manpower Management Center, *Principal Wars in which the United States Participated-U.S. Military Personnel Serving and Casualties* (n.d.).
[24] Dates retrieved from Torreon, *U.S. Periods of War and Dates of Recent Conflicts,* (2017) pg. 2-4.
[25] U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017,* (n.d.).

Veterans (52.9 percent) and Korean Conflict Veterans (73.1 percent) used at least one VA benefit or service,[26] and 6.4 percent of World War II and 5.6 percent of Korean Veterans live in poverty.[27]

– **Vietnam Veterans:** 8,744,000 Veterans[28] served during the Vietnam War (8/5/1964 to 5/27/1975)[29] and approximately 6,650,524 were living in September 2017.[30] They are age 55 years and older, and approximately one-third of Vietnam era Veterans are 70 percent or more disabled. [31] The vast majority (89.7 percent) receive VA health care or compensation,[32] and 6.3 percent of Vietnam Veterans live in poverty.[33]

– **Pre-9/11 or Gulf War I Veterans:** 6,516,030 Veterans (959,554 females) served during the Pre-9/11 Gulf War era (8/1990 to 9/10/2001). Approximately 1.1 million Veterans deployed to the Persian Gulf region during this time and 763,337 Veterans served in theater during Operations Desert Shield, Desert Storm, or the post-Desert Storm stabilization period (8/1990 to 1/1992).[34] In 2015, 77 percent of these Veterans were under age 55, compared to 26 percent of all other Veterans and 67 percent of non-Veterans, and a higher percentage of this cohort group had a Bachelor's degree of higher (31.7 percent compared to 26.5 percent of all other Veterans). More Pre-9/11 Veterans worked in management or professional occupations, and men Veterans had higher median earnings and personal incomes and women Veterans had higher median personal incomes than all other Veteran cohort groups.[35] However, all Pre-9/11 Veterans did not have a similar level of financial security; 4.1 percent had no income (compared to 3.1 percent of all other Veterans), 5.9 percent had no health insurance (compared to 2.9 percent of all other Veterans), 7.8 percent received food stamps (compared to 6.6 percent) and about the same percentage lived in poverty (6.9 percent Pre-9/11 Veterans compared to 7.0 percent of all other Veterans.[36]

– **Post-9/11 or Gulf War II Veterans:** More than 4.4 million Veterans have served in the military since October 2001.[37] These Veterans are also known as Global War on Terrorism (GWOT) and Gulf War II Veterans. They are the youngest war cohort, more racially diverse than Veterans who served during other eras,[38] and more women (33.2 percent of women Veterans) served during the Post-9/11 era than any other period (compared to Peacetime: 24.9 percent; Pre-9/11: 23.3 percent; Vietnam: 13.1 percent; Korea: 3.0 percent, and WWII: 2.5 percent).[39] Nearly half (48%) of all Post 9/11 Veterans deployed to Iraq or Afghanistan and many deployed to

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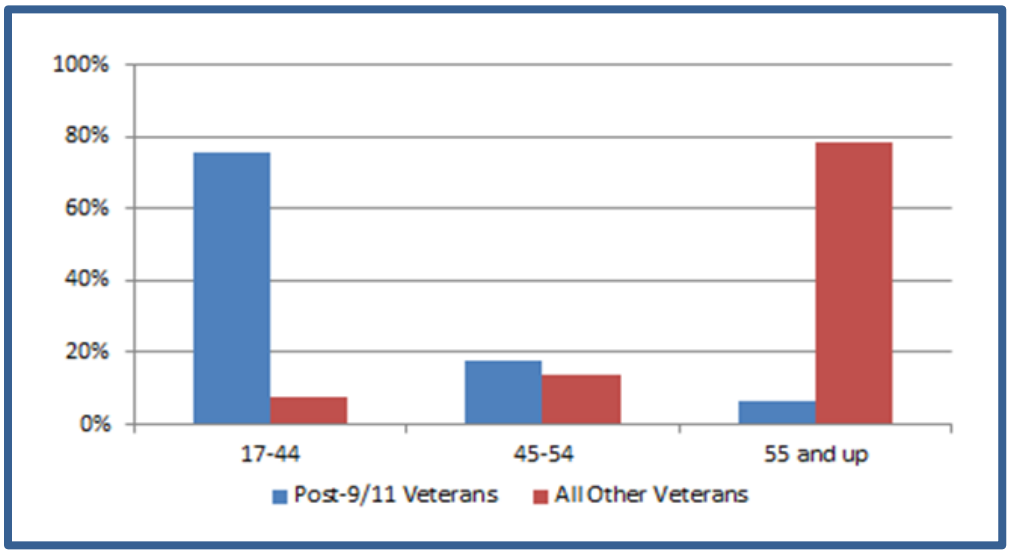
[26] U.S. Department of Veterans Affairs, (U.S. Department of Veterans Affairs 2015), *U.S. Veterans Eligibility Trends and Statistics*
[27] U.S. Department of Veterans Affairs, *Profile of Veterans in Poverty: 2014,* (2016) pg. 18.
[28] Defense Manpower Management Center, *Principal Wars in which the United States Participated-U.S. Military Personnel Serving and Casualties* (n.d.).
[29] Torreon, *U.S. Periods of War and Dates of Recent Conflicts,* (2017) pg. 4.
[30] U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017,* (n.d.).
[31] U.S. Department of Veterans Affairs, *Profile of Vietnam War Veterans: From the 2015 American Community Survey,* (2017) pg. 4, 8.
[32] U.S. Department of Veterans Affairs, *U.S. Veterans Eligibility Trends and Statistics*, (2015).
[33] U.S. Department of Veterans Affairs, *Profile of Veterans in Poverty: 2014,* (2016) pg. 18.
[34] U.S. Department of Veterans Affairs, *Gulf War Era Veterans Report: Pre-9/11 (August 2, 1990 to September 10, 2001),* (2011) pg. 5, 20-21.
[35] U.S. Department of Veterans Affairs, *Profile of Pre-9/11 Veterans: 2015,* (2017) pg. 11. Earnings includes salary, wages, and self-employment income. Income includes earnings plus all other incomes sources, such as pensions, Supplemental Security Income, public assistance, etc.
[36] U.S. Department of Veterans Affairs, *Profile of Pre-9/11 Veterans: 2015, (*2017) pg. 6-10.
[37] U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017* (n.d.).
[38] U.S. Department of Veterans Affairs*, Profile of Post-9/11 Veterans: 2015, (*2017) 6-8.
[39] U.S. Department of Veterans Affairs, *Profile of Women Veterans: 2015* (2016) pg. 4.

both Nations;[40] and because the GWOT is an ongoing conflict, we expect this cohort of Veterans to grow 25 percent by 2024 to approximately 5.4 million.[41]

The graphic below shows the age distribution of Post 9-11 Veterans compared to all other Veterans. In 2016, approximately 75.9 percent of Post-9/11 Veterans (roughly 2.1 million) were under age 45 and 80 percent of all other Veterans were 55 years and over. This cohort group has accessed VA benefits and services much earlier than Veterans from other eras and we expect them to continue to do so and stay with VA for most of their lives.[42]



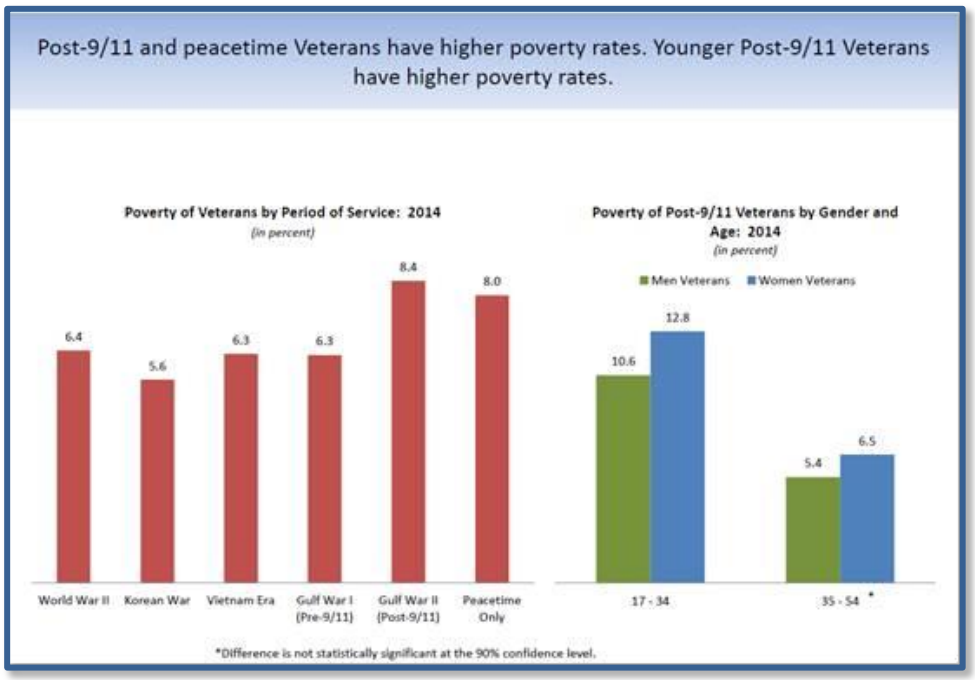
VETERANS IN POVERTY

– **Employment:** In 2016, 453,000 Veterans were unemployed. Forty percent (approximately 181,200) of all unemployed Veterans were age 18-44, the prime working years for adults. The remaining 60 percent (271,800) of unemployed Veterans were age 45 or over. The unemployment rate for men veterans was 4.7 percent, and rates were slightly higher for Veterans with a service connected disability; 4.8 percent men and 5.0 percent women Veterans were unemployed in 2016.[43, 44]

Poverty: In 2017, there were approximately 19.9 million living Veterans.[45] Even though poverty rates were lower for Veterans than non-Veterans in 2014, 9.4 percent of women Veterans and 6.7 percent of men Veterans lived in poverty. Poverty rates were higher for disabled women Veterans (15.3 percent) and disabled men Veterans (9.4 percent), and rates were highest among the youngest Veterans;14.6 percent of men Veterans and 18.7 percent of women Veterans age 17-34 lived in poverty.[46]

[40] Bureau of Labor Statistics, *Employment Situation of Veterans 2016,* (2016) pg. 2.
[41] U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2024,* (n.d.).
[42] U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017* (n.d.).
[43] Bureau of Labor Statistics, *Employment Situation of Veterans 2016*, (2016) pg. 9-12.
[44] Bureau of Labor Statistics, *How the Government Measures Unemployment*, (n.d). Veterans are considered unemployed if they do not have a job, are available for work, and they are actively looking for work.
[45] U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017*, (n.d.).
[46] U.S. Department of Veterans Affairs, *Profile of Veterans in Poverty: 2014, (*2016) pg. 4-7.

– The graph below compares poverty rates among all Veteran cohorts including Veterans who served during peacetime. Poverty rates are highest for Post-9/11 Veterans (8.9 percent) and lowest for Korean War Veterans (5.6 percent).[47]



AGING VETERANS

– **Aging Veterans:** As a group, Veterans are older than the U.S. population. More than half (52.3 percent) of all men Veterans and 18.1 percent of women Veterans are age 65 or older, while only 11.5 percent of men non-Veterans and 20.7 percent of female non-Veterans are in the same age group. [48] As of September 30, 2017, the number of living Veterans by period of service were:[49]

- World War II: 623,653
- Korean Conflict: 1,475,383
- Vietnam War: 6,650,524
- Pre-9/11 Gulf War I: 4,318,606
- Post-9/11 Gulf War: 4,381,474

– **Life Expectancy:** Thanks to modern medicine and technologic advances, Veterans and their non-Veteran counterparts are living longer. The average life expectancy in the U.S. is 79 years—76 years for men and 81 years for women.[50] However, increased life expectancy does not necessarily correspond with an improved quality of life and continued independence. More than half (52 percent) of Americans over age 65 are

[47] U.S. Department of Veterans Affairs, *Profile of Veterans in Poverty: 2014,* (2016) pg. 18.
[48] U.S. Department of Veterans Affairs, *Profile of Veterans 2015: Data from the American Community Survey*, (2017) pg. 5-6.
[49] U.S. Department of Veterans Affairs, 2017, *VetPop 2016, Table L. Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017*, (n.d.).Veterans who served during more than one war era may be counted in more than one cohort group.
[50] OECD, *OECD Better Life Index,* (n.d.).

expected to lose the ability to function independently and require long term support services,[51] and those with chronic conditions (diabetes, high blood pressure, etc.) or disabilities are more likely to need comprehensive health care and long-term support services to address their challenges.[52]

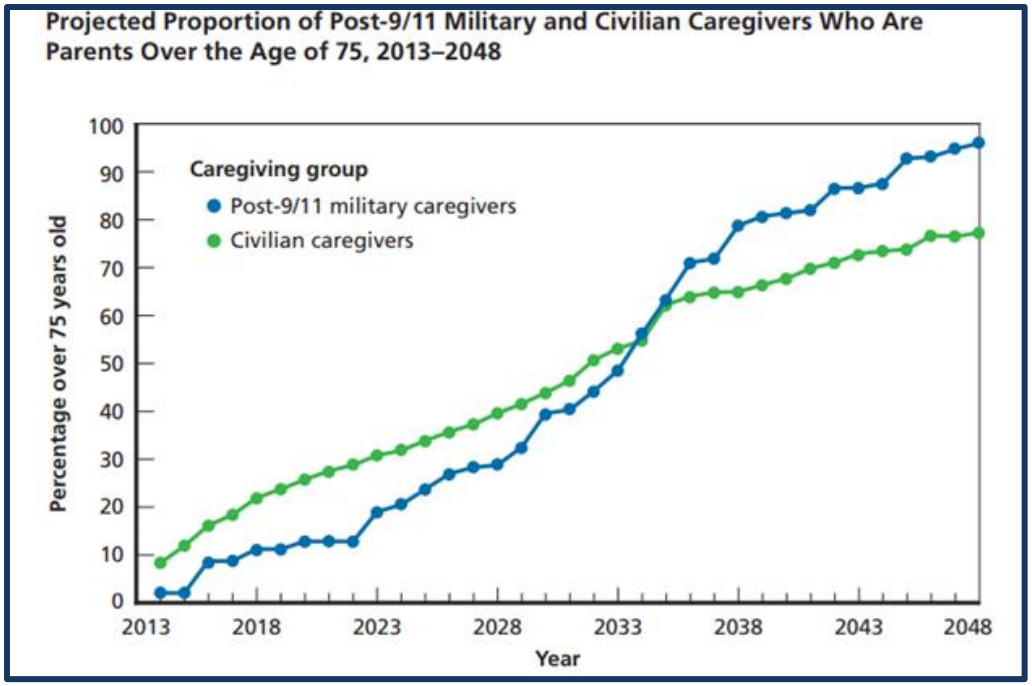
CAREGIVERS

- **Demand for caregivers in the general population**: Many Veterans, as well as non-Veterans, will rely on caregivers to assist with activities of daily living at some point in their lives, and that need will likely increase with their age. In 2010, about 4.8 percent of the non-elderly adult population served as either a formal (paid) or informal (unpaid) caregiver for an elderly person. The demand for caregivers for the elderly could increase to approximately 8 percent by 2030 when 25 percent of U.S adults will be age 65 or over (up from 17% in 2010).[53] The increased number of people over age 65 will drive the increased demand for caregivers at the same time that caregivers are aging and the pool of available caregivers is shrinking.
- **Caregivers for Service members and Veterans:** Caregivers caring for either Veterans or military Service members provide valuable services to Veterans and society in general, but their contributions and sacrifices are seldom recognized and few resources are available to support them. Nearly 5.5 million caregivers in the U.S. care for 1,900,498 Veterans or Service members. Most caregivers are family members who sacrifice their careers, physical and mental health, and quality of life to care for their loved ones. Those caregivers will age and face similar financial and quality of life challenges as the general population, and they may not have a nest egg to ensure economic security and quality of life.[54]

  Approximately 25 percent of caregivers for Post-9/11 Veterans are parents and 33 percent are a spouse or partner. About 22 percent of caregivers for Pre-9/11 Veterans are spouses, slightly more than one percent are parents, and 36 percent are children.[55] At some point in the Veteran's life, the caregiver may no longer be willing or available, or aging/health complications may impact a caregiver's ability to support the Veteran.

  The graph below shows the aging of caregivers of Post-9/11 Veterans compared to civilian caregivers. [56]

[51] Favreault and Dey, *Long-Term Services and Supports for Older Americans: Risks and Financing* (2015) pg. 1.
[52] Anderson PhD, *Chronic Care: Making the Case for Ongoing Care* (2010) pg. 5.
[53] Congressional Budget Office, *Rising Demand for Long-Term Services and Supports for Elderly People,* (2013) pg. 8, 31.
[54] Ramchand, et al., *Hidden Heroes: America's Military Caregivers*, (2014) pg. 29-30, 70, 104-105.
[55] Ramchand, et al., *Hidden Heroes: America's Military Caregivers*, (2014) pg. 33-34.
[56] Ramchand, et al., Hidden Heroes: America's Military Caregivers (2014), pg. 118.



– **Long-Term Care Services:** Many people have a narrow view of long-term care services and believe services are limited to medical or nursing home care for the elderly, but long-term care is much more than that. The majority of long-term care services are not related to medical care and 45 percent of all long-term care services provided to community residents (those not living in an institution) are under age 65.[57] Long-term care includes medical care but also specialized housing assistance, social, and/or personal care that helps people of all ages cope with physical or mental challenges[58] that impedes their ability to perform basic Activities of Daily Living (ADL) (bathing, toileting, dressing, and eating) or Instrumental Activities of Daily Living (IADL) (cooking, cleaning, and managing medications and finances). [59] Furthermore, because the percentage of Americans age 65 and older is expected to increase from 46 million in 2014 to 74 million by 2030[60] the demand for long-term care services is expected to increase as well. If current utilization trends continue, the need for long term care providers to care for the elderly is expected to increase as much as 79 percent by 2030.[61, 62]

[57] Kaye, Harrington and LaPlante, *Long-Term Care: Who Gets It, Who Gets It, Who Provides It, Who Pays, And How Much?*, (2010) pg. 13,
[58] Family Caregiver Alliance, *Selected Long-Term Care Statistics* (2015).
[59] Kaye, Harrington, & LaPlante, "Long-Term Care: Who Gets It, Who Gets It, Who Provides It, Who Pays, And How Much?" *Health Affairs* 29, no. 1. Advancing Long-Term Services & Supports (January 2010): pg. 11-12.
[60] Colby & Ortman, *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*, (2015) pg. 5.
[61] Spetz, et al., "Future Demand For Long-Term Care Workers will be Influenced by Demographic and Utilization Changes." *Health Affairs* 34, no. 6 (2015): pg. 936–941.
[62] Spetz, et al., "Future Demand For Long-Term Care Workers…" (2015) pg. 940. The projected need for long-term care providers include: registered nurses, licensed practical or vocational nurses, nursing assistants, homehealth aids and personal care aides, food preparation and serving workers, office and administrative support, building and grounds maintenance, community and social services workers, managers, counselors and social workers.

MENTAL HEALTH

– **Suicide:** Between 2001 and 2014, the risk for suicide among Veterans who deployed to Iraq and Afghanistan was 41 percent higher than civilians who never served in the military, and the suicide risk for Veterans who did not deploy was 61 percent higher than civilians.[63] In 2014, the majority of Veterans who died by suicide (65 percent) were age 50 and older, but the suicide rate was highest among younger Veterans (age 18-29), and the risk of suicide was 2.5 times higher for female Veterans when compared to female non-Veterans.[64] However, the suicide rate decreased for Veterans for Veterans receiving mental health treatment from VA.[65, 66, 67]

– **PTSD:** Approximately 10 – 18 percent of Veterans of Iraq or Afghanistan are believed to have PTSD and many are at risk for other mental health challenges;[68] 64 percent of Post-9/11 Veterans with caregivers have a mental health or substance abuse disorder (compared to 36 percent Pre-9/11 Veterans and 33 percent of civilians), and 50 percent of Post-9/11 Veterans with caregivers suffer from depression.[69]

  - Up to 30 percent of Vietnam Veterans are believed to have PTSD.[70] According to a 2015 study, Vietnam Veterans who were exposed to high levels of war zone stress and a high probability of PTSD had the greatest mortality risk. Male theater Veterans with a high probability of PTSD had a nearly 2-fold higher risk of death than did those without PTSD.[71]

– **Mental Health Services:** Veterans living in many regions of the country are more likely to find access to mental health services very difficult. More than half of all counties in the U.S. do not offer mental health services[72] and severe shortages exist in many areas in the U.S., which includes entire States.[73] By 2025, the supply of mental health professionals will fall short of the demand by up to 57,490.[74]

RURAL VETERANS

– 5.2 million, or 25 percent, of all Veterans live in rural communities. Fifteen percent of rural Veterans are Post-9/11 Veterans who served in Iraq and/or Afghanistan, and more than half (54 percent) of rural Veterans earn

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[63] Kang et al., "Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars." *Annals of Epidemiology* (Elsevier Inc.) 25 (2015): pg. 99.
[64] Veterans as a group are older than the U.S. population. Comparisons of suicide rates were made after adjusting or the differences in age between these two groups.
[65] U.S. Department of Veterans Affairs, *Suicide Among Veterans and Other Americans: 2001-2014*, (2016) pg. 9.
[66] Centers for Disease Control and Prevention *Risk Factors for Suicide*, (2017). A person at risk for suicide has certain characteristics common among those who attempt or die by suicide. For example, a family history of suicide, mental or physical illness, alcohol or substance abuse, feeling of isolation, hopelessness, or loss, lack of mental health treatment, and/or child abuse are some risk factors common in suicides.
[67] World Health Organization, *Suicide Rate* (n.d.). The suicide rate is the actual number of deaths by suicide per 100,000 people.
[68] U.S. Department of Veterans Affairs, *Mental Health Effects of Serving in Afghanistan and Iraq,* (2015).
[69] Ramchand, et al., *Hidden Heroes: America's Military Caregivers,* (2014) pg. 47.
[70] U.S. Department of Veterans Affairs, *Study explores reasons why Veterans seek—or don't seek—PTSD care* (2014)
[71] Schlenger, et al., "A Prospective Study of Mortality and Trauma-Related Risk Factors Among a Nationally Representative Sample of Vietnam Veterans." *American Journal of Epidemiology* 182, no. 12 (December 2015): pg. 987.
[72] American Hospital Association, *2017 AHA Environmental Scan,* (n.d.) pg. 6.
[73] U.S. Department of Health and Human Services, *Health Professional Shortage Areas (HPSA) - Mental Health,* (2017).
[74] U.S. Department of Health and Human Services, *National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025,*(2016) pg. 3. Shortage in mental health practitioners includes: Psychiatrists, Mental Health and Substance Abuse Social Workers, Mental Health Counselors, Marriage and Family Therapists, Substance Abuse and Behavioral Disorder Counselors, School Counselors, and Clinical, Counseling, and School Psychologists.

less than $36,000 per year. Many rural Veterans live in isolated areas with few employment, education, and/or health care options available to improve their health and/or provide economic security.[75]

– Rural Veterans are older, have higher poverty and uninsured rates, and are in poorer health when compared to urban Veterans.[76] Mental health services are not available in more than half of all counties in the U.S., and all those counties are located in rural areas.[77]

– **Rural Hospitals:** Rural hospitals are critical health care resources for 5.2 million Veterans[78] and 62 million Americans.[79] Unfortunately, reductions in Medicare reimbursements, reductions in reimbursements for treating the uninsured, and problems collecting fees for services from those with high deductible insurance policies are just a few reasons rural hospitals are under financial duress. Since 2010, 80 rural hospitals have closed.[80] One-third of closed hospitals are critical access hospitals[81] and an additional 673 hospitals are at risk of closing.[82] The rural health care system serves the Nation's most disadvantaged people who are older, sicker, and poorer than their urban counterparts.[83]

WOMEN VETERANS

In 2016, women represented 56 percent of the general population but only 10 percent (approximately 2 million) of the Veteran population.[84] The majority of women Veterans (56.5 percent) served from 1990 to present (Gulf War I and II eras), 24.9 percent served during peacetime, and 18.6 percent served during WWII, Korea, and Vietnam. Women Veterans are more racially diverse than men Veterans, approximately 34.1 percent of women Veterans are minorities compared to 21.9 percent minority men Veterans, and even though women Veterans have attained higher education levels than men they have lower median incomes, and a higher percentage of women live in poverty and without income and/or health insurance than men Veterans.[85] For women who do not use VA health care, nearly half reported that they were not able to determine their eligibility for VA benefits with information available, 47 percent prefer clinics specific for women, and 30 percent reported the lack of childcare was a significant barrier to VA health care.[86] Despite these challenges, the number of women using VA services has increased by over 45 percent since 2007 even though the number of women Veterans has increased less than 8 percent.[87]

MINORITY VETERANS

According to data from the 2016 Veterans Population Model, minorities represented 23.7 percent of the Veteran population (approximately 4.7 million as of September 30, 2017); 52.2 percent are Black, 31.2 percent are

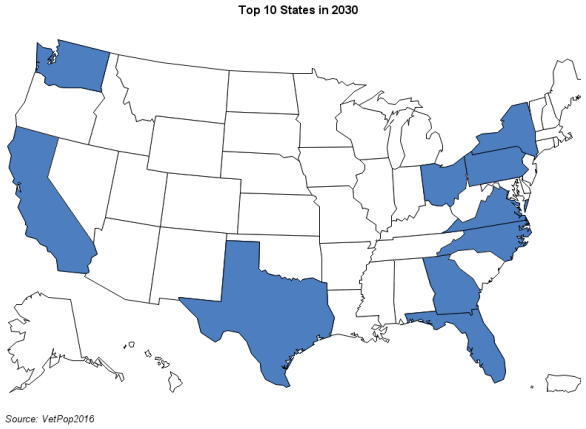
[75] U.S. Department of Veterans Affairs, *Rural Veterans' Health Care Challenges,* (2017).
[76] U.S. Department of Veterans Affairs, *Rural Veterans' Health Care Challenges,* (2017).
[77] American Hospital Association, *2017 AHA Environmental Scan,* (2017) pg. 6.
[78] U.S. Department of Veterans Affairs, *Rural Veterans,* (2017).
[79] iVantage Health Analytics, *2015 Rural Health: Vulnerability to Value*, (2015) pg. 5.
[80] Topchik, Michael. *Rural Relevance 2017: Assessing the State of Rural Healthcare in America,* (2017) pg. 6-8.
[81] U.S. Department of Health and Human Services, (2016) pg. 3-4. Critical Access Hospitals are small, rural, Medicare approved hospitals that provide 24-hour emergency care services, have a maximum of 25 inpatient beds, and provide inpatient services for an average of 96 hours.
[82] iVantage Health Analytics, *Rural Relevance - Vulnerability to Value: A Hospital Strength INDEX Study,* (2016) pg. 7.
[83] Topchik, *Rural Relevance 2017: Assessing the State of Rural Healthcare in America,* (2017) pg 17.
[84] Bureau of Labor Statistics, *Employment Situation of Veterans 2016,* (2016) pg. 18.
[85] U.S. Department of Veterans Affairs, *Profile of Women Veterans,* (2016) pg. 4, 7, 9, 11, 13.
[86] U.S. Department of Veterans Affairs, *Study of Barriers for Women Veterans to VA Health Care,* (2015) pg. 30, 58, 73.
[87] U.S. Department of Veterans Affairs, *VA Utilization Profile FY 2016,* (2017) pg. 7.

Hispanic, 6.7 percent are Asian, and the remainder are American Indian/Alaskan Native, Hawaiian/Pacific Islander and other races.[88] More than 43 percent served in the military since the Gulf War (1990 – 1991). Like the Veteran population in general, minority Veterans are older than the U.S. population; they have a median age of 55 years compared to non-Veterans (median age of 39). Approximately 2 million minority Veterans are enrolled in VA health care; 1.3 million used VA for health care, and about 6.2 percent live without health insurance. Poverty rates for minority Veterans are highest for those age 17 – 24 (15.5 percent) and 55 – 64 (13.5 percent), and 10.9 percent of all minority Veterans live in poverty.[89]

VETERAN ACCESS TO HEALTH CARE

– **Veteran Migration:** Veterans are moving to many regions in the U.S. where access to health care options may be limited or unavailable. Rural hospitals are under financial duress especially in the southern region of the U.S. Many hospitals have already closed and others are vulnerable to closing.[90] The map to the right shows where Veterans live today and where they are projected to live in 2030. Many of these areas have hospitals at risk for closing, and shortages are projected for health care professionals, especially in primary care and mental health.[91]

MAP OF WHERE VETERANS ARE PROJECTED TO LIVE IN 2030



– **Physician Shortages:** The supply of health care providers is not expected to keep pace with the growing demand. By 2025, we can expect a shortage of 46,100 – 90,400 physicians, approximately 12,500 – 31,100 primary care physicians, and twice that number of doctors with surgical specialties.[92] Further, shortages in some mental health professions could be as high as 253,000.[93]

– **Nursing Shortages:** The supply of RNs and LPNs is projected to meet demands in 2025, but the distribution of nurses across the country is not expected to align with demand.[94] Many States projected to have the highest Veteran populations in 2024 are also projected to have the greatest nursing shortages, particularly in North Carolina and Georgia.

[88] U.S. Department of Veterans Affairs, 2017, *VetPop 2016, Table L. Living Veterans by Period of Service, Gender, 9/30/2017*, (n.d.).
[89] U.S. Department of Veterans Affairs, *Minority Veterans Report: 2014,* (2017) pg. vi, vii, 35.
[90] iVantage Health Analytics, *Hospital Vulnerability Index: Rural Closures and Risk of Closure,* (2015).
[91] U.S. Department of Veterans Affairs, *Veteran Population Projection Model 2016: Overview,* (n.d.).
[92] American Hospital Association, *2017 AHA Environmental Scan* (2017) pg. 5.
[93] U.S. Department of Health and Human Services, *National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025,* (2016) pg. 20. Shortages in mental health practitioners includes: Psychiatrists, Mental Health and Substance Abuse Social Workers, Mental Health Counselors, Marriage and Family Therapists, Substance Abuse and Behavioral Disorder Counselors, School Counselors, and Clinical, Counseling, and School Psychologists.
[94] U.S. Department of Health and Human Services, *The Future of the Nursing Workforce: National-and State-Level Projections, 2012-2025, (*2014) 15.

APPENDIX D: VA STRATEGIC PLANNING PROCESS AND STAKEHOLDER ENGAGEMENT

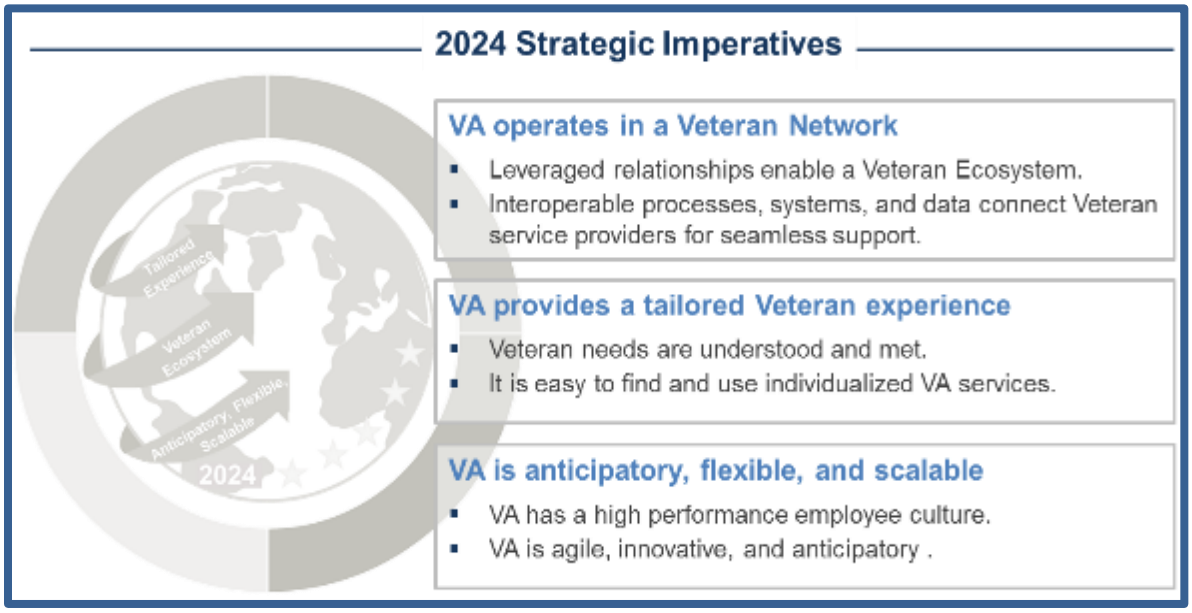
The FY2018 – 2024 VA Strategic Plan was developed during a three-year period using a bottom-up and top-down approach.

BOTTOM-UP OPERATIONAL INPUT

The Quadrennial Strategic Planning Process (QSPP) was the framework used to develop the Strategic Plan. The QSPP began with an Environmental Scan to understand what VA must consider seven years into the future to accomplish its mission and promote best outcomes for Veterans in 2024. The figure below represents the 2015 – 2018 Quadrennial Strategic Planning Process. Outputs from one phase are inputs to the next phase, and they are critical to the overall success of the process:

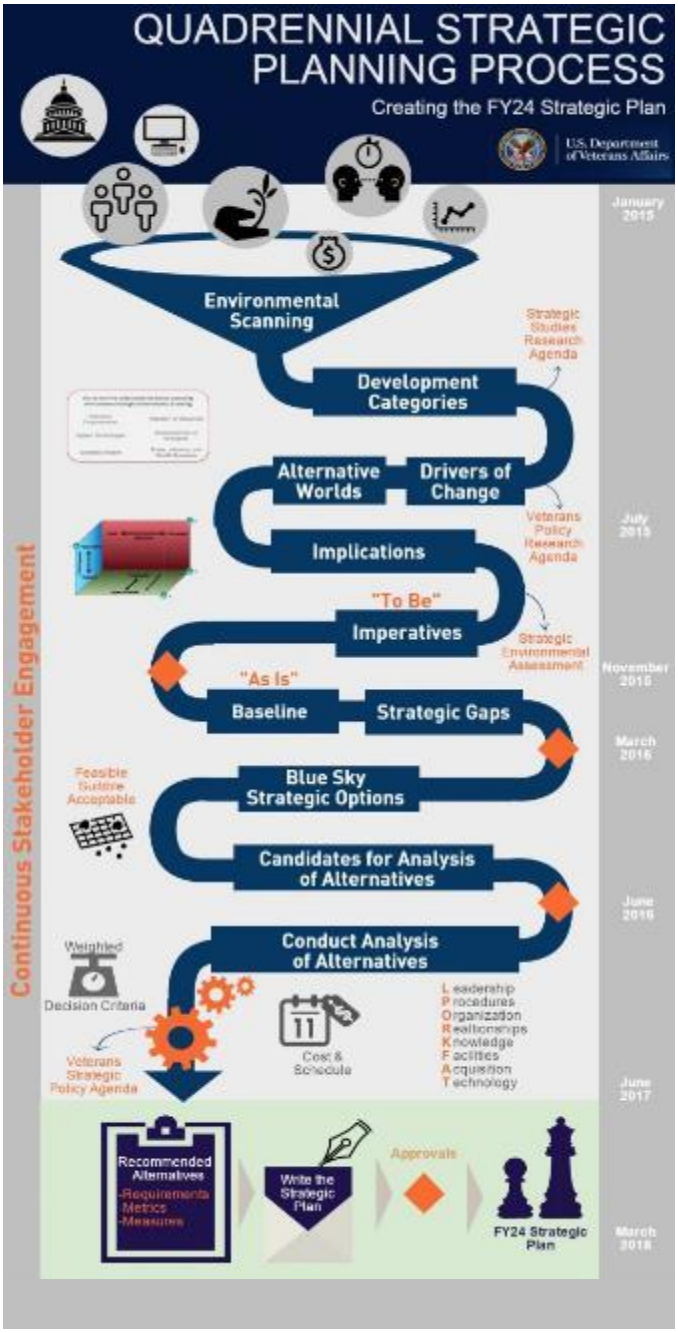
- In 2015, eighty-seven people from across VA and other Federal agencies contributed to the effort to include: VHA, VBA, NCA, VA Central Office, and U.S. Coast Guard, U.S. Postal Service, Office of Personnel Management, Health and Human Services and Social Security Administration.
- Participants used the environmental scan to write 87 Trend Worksheets identifying what VA must be or must do by 2024 in order to meet the needs of Service members, Veterans, their families, and caregivers.
- These trends informed Strategic Imperatives and provided context for the Strategic Goals and Objectives found in Section I.

These trends informed Strategic Imperatives (described below) that provide context for the Strategic Goals and Objectives.[95]



[95] Secretary McDonald Memo, *Strategic Imperatives for FY2018-2024 Strategic Planning Cycle,* (February 2, 2016).

- The Quadrenniel Strategic Planning Process is portrayed in the graphic to the the right.
- During 2016, VA hosted 15 day-long workshops to develop the FY 2018 to 2024 VA Strategic Plan:
  - VA used Veteran Journey Maps to understand key events in a Veteran's life and identify what Service members, Veterans, and their families might need at each phase of their life journey.
  - Workshop participants then identified potential options to address those needs and several alternatives for each option.
  - Finally, participants developed draft strategic goals and objectives. These were the foundation for VA's Secretary to shape the 2024 Strategic Plan.
- Developing VA's Strategic goals and objectives was a highly collaborative effort:
  - Approximately 150 people from VA Headquarters, 68 different offices, and several regional field offices participated in the workshops. Participants included planners, program managers, and experts on a variety of topics and/or specific programs.
  - Other Federal agencies participated in the workshops and contributed to developing the strategic plan: Health and Human Services, U.S. Coast Guard, and the National Oceanic and Atmospheric Administration.
  - VA collaborated with VSOs on three separate occasions to garner their insights and ensure the strategic plan focused on improving outcomes for Veterans.



TOP-DOWN LEADERSHIP INPUT

Initial input from Principals occurred when they approved both gaps and strategic options during the QSPP gap and strategic option phases. These outputs were used to develop the goals, strategic objectives, and strategies in the plan. Secretary Shulkin's promulgation of the five VA priorities and the efforts of the VA Reform Planning Teams further shaped the goals, objectives, and strategies. Indeed, several of the strategies in the plan are directly drawn

from reform initiatives in the 2017 Agency Reform Plan. Second and third stage reviews of the draft strategic plan document were also conducted for final refinement of goal language as well as the overall content in the plan.

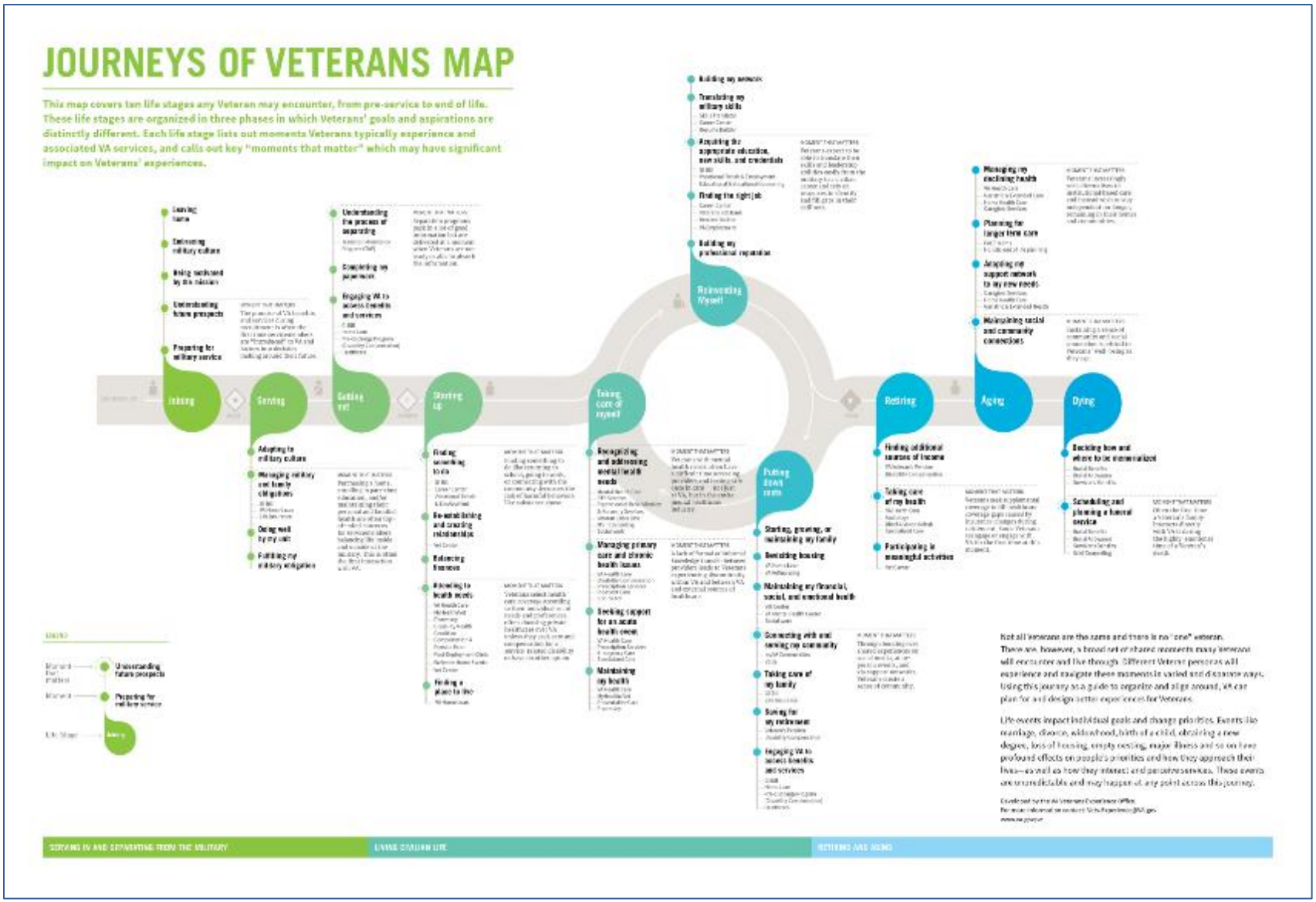
STAKEHOLDER ENGAGEMENT

Input from the VSOs was solicited during the Gap and Strategic Option phases of the plan. Their inputs shaped the material brought forward to VA Leadership. Participating VSOs included: American Veterans (AMVETS), American Legion, Disabled American Veterans, Veterans of Foreign Wars, and Paralyzed Veterans of America. Final socialization of the plan with the VSOs and Congress will take place after Office of Management and Budget (OMB) reviews the draft plan submitted in December 2017 and prior to publication in February 2018.

UNDERSTANDING THE VETERAN EXPERIENCE

Veteran journey maps and VA's "Customer Personas" were used to inform the thinking and work of planners during the QSPP. In addition to Veteran personas, planners also used personas depicting caregivers, potential stakeholders like veteran service organizations, non-profit organizations and private individuals. The personas were helpful to planners for developing strategic objective and strategies from the perspective of Veterans and other key stakeholders.

Both the VA Customer Personas and the Veteran Journey map were developed by the Veteran Experience Office's Insight and Design team. The journey map portrayed below, depicts the ten life stages any Veteran may encounter, from pre-service to end of life. The life stages are organized in three phases in which Veteran's goals and aspirations are distinctly different. While no Veteran is the same, there are a broad set of life moments many Veterans will encounter and live through. These life moments are an opportunity for VA to deliver benefits, care and/or services that will have a positive impact on Veterans and their families. The different Veteran personas used by the VA, helps us understand what Veterans may experience and how they may uniquely navigate those moments in varied and disparate ways. Which, in turn, may help VA tailor options for Veterans. Using the journey map and personas, VA can plan for and design better experiences for Veterans. The strategic objectives and strategies in this strategic plan focused on outcomes Veterans may want/need. Performance goals focus on how VA would assess successful delivery of an impactful and great experience for every Veteran we serve.


JOURNEYS OF VETERANS MAP
This map covers ten life stages any Veteran may encounter, from pre-service to end of life. These life stages are organized in three phases in which Veterans' goals and aspirations are distinctly different. Each life stage lists out moments Veterans typically experience and associated VA services, and calls out key "moments that matter" which may have significant impact on Veterans' experiences.
Joining
Serving
Getting out
Starting up
Taking care of myself
Putting down roots
Retiring
Aging
Dying
Not all Veterans are the same and there is no "one" veteran. There are, however, a broad set of shared moments many Veterans will encounter and live through. Different Veteran personas will experience and navigate these moments in varied and distinct ways. Using this journey as a guide to organize and align around, VA can plan for and design better experiences for Veterans.
Life events impact individual goals and change priorities. Events like marriage, divorce, adulthood, birth of a child, obtaining a new degree, loss of housing, empty nesting, major illness and so on have profound effects on people's priorities and how they approach their lives—as well as how they interact and perceive services. These events are unpredictable and may happen at any point across this journey.
SERVING IN AND SEPARATING FROM THE MILITARY
LIVING STATEIDE LIFE
RETIRING AND AGING

APPENDIX E: BIBLIOGRAPHY

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APPENDIX F: ACRONYM GLOSSARY

Acronym	Definition
ADL	Activities of Daily Living
AHA	American Hospital Association
CHOICE	Veterans Access and Choice Accountability Act
COTS	Commercial Off-The-Shelf
DC	District of Columbia
DoD	Department of Defense
DOL	Department of Labor
FEMA	Federal Emergency Management Agency
FY	Fiscal Year
GPO	Government Publishing Office
GWOT	Global War on Terrorism
HPSA	Health Professional Shortage Area
HR	Human Resources
IADL	Instrumental Activities of Daily Living
IDES	Integrated Disability Evaluation System
IDN	Integrated Delivery Networks
IT	Information Technology
LPNs	Licensed Practical Nurse
MD	Medical Doctor
MPH	Master in Public Health
NCA	National Cemetery Administration
NCRBO	National Capital Region Benefits Office
NOAA	National Oceanic and Atmospheric Administration
OECD	Organization for Economic Co-operation and Development
OEI	Office of Enterprise Integration
OMB	Office of Management and Budget
PDHS	Post Deployment Health Services
PTSD	Post-Traumatic Stress Disorder
QSPP	Quadrennial Strategic Planning Process
RNs	Registered Nurses
TBI	Traumatic Brain Injury
VA	Department of Veterans Affairs
VACO	VA Central Office
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VR&E	Vocational Rehabilitation and Employment
VSOC	VetSuccess on Campus
VSOs	Veterans Service Offices
WRIISC	War Related Illness and Injury Study Centers
WWII	World War II

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