



# Department of Veterans Affairs

## FY 2018 – 2024 Strategic Plan

Refreshed May 31, 2019

### *Section 508 Compliance Statement:*

*The U.S. Department of Veterans Affairs is committed to making its electronic and information technologies accessible to individuals with disabilities in accordance with Section 508 of the Rehabilitation Act (Title 29 U.S.C. § 794d), as amended in 1999. For further information, questions or comments related to this document accessibility, contact VA 508 Office at [section508@va.gov](mailto:section508@va.gov).*

# Letter from the Secretary

As Secretary of Veterans Affairs, I am promulgating the refreshed Department of Veterans Affairs (VA) Fiscal Year (FY) 2018 – 2024 Strategic Plan. This version incorporates my priorities<sup>1</sup> for the Department’s goals, objectives, and strategies. These priorities continue the good work the Department has embarked upon and accelerate its transformation. In this way, we will invoke lasting change in how we relate to, interact with, and ultimately serve our Veterans, their families, caregivers, survivors, and the Nation.

*Customer service* is my prime directive and first priority. We are driven by customer feedback, unified Veteran data, and employees characterized by a customer-centric mindset to make accessing VA services seamless, effective, efficient, and emotionally resonant for our Veterans.<sup>2</sup>

My second priority is *MISSION*<sup>3</sup> *Act Implementation*. This landmark legislation will fundamentally change VA health care through its mandates to enhance service offerings based on robust market analyses of VA health care facility capacity and quality compared to commercially available health care companies. Using these data, VA will put in place the right combination of VA and locally-offered services to best meet the health care needs of Veterans wherever they may be. The Act also asks VA to expand support to caregivers of Veterans. Our Veteran families and caregivers are a pivotal partner for VA, and we will ensure that we provide them with the support and services they need to help us take care of our Nation’s Veterans.

Replacing our aging Electronic Health Record (EHR) is my third priority for VA. The new EHR system will connect VA to the Department of Defense, private health care providers, and private pharmacies to enable the seamless and secure transfer of Veterans’ and Servicemembers’ sensitive health information. EHR will facilitate the timely payment of benefits and enhance the coordination of care to improve patient care and safety. With the new EHR system, VA will change the way we do business and make the delivery of VA services more efficient, timely, and focused on the health and safety of our Veterans.

Focus on VA Business Systems Transformation is my fourth priority. Upgrading VA to a 21st century operating capability consists of continuing the advances made in Appeals Modernization, implementing the new Forever GI Bill, and deploying one of the largest information technology (IT) systems innovations in Federal Government – VA’s EHR system. These major projects, along with the transformation of digital services, financial management, logistics and supply chain systems, human capital systems and processes, and other modernization efforts, will help the Department move beyond the old siloed approach to mission accomplishment. Transformation will be evidenced by an empowered VA workforce ably serving Veterans in the field with world-class customer service and improved Veteran outcomes

Attention to these priorities and the diligent implementation of the strategic objectives and strategies in this strategic plan will result in positive and enduring outcomes for the Veterans we serve and their families.



Robert L. Wilkie

---

<sup>1</sup> U.S. Department of Veterans Affairs (2019). Health Services Research Development: *VA Priorities and VHA Plans*. Retrieved from [https://www.hsrd.research.va.gov/about/strategic\\_plan.cfm](https://www.hsrd.research.va.gov/about/strategic_plan.cfm).

<sup>2</sup> VA Customer Experience (CX) Policy (August 22, 2018) retrieved from <https://vaww.insider.va.gov/wp-content/uploads/2018/08/Customer-Service-Policy-Statement-SECVA-Signed.pdf>.

<sup>3</sup> MISSION is the acronym for *Maintaining Internal Systems and Strengthening Integrated Outside Networks*.

# Contents

Letter from the Secretary.....	2
Prologue: VA’s Mission Defined.....	4
The Department Today .....	5
Major Programs .....	5
Organization.....	6
“Veteran” Defined.....	6
Core Values .....	8
VA Strategic Goals.....	8
GOAL 1: VETERANS CHOOSE VA FOR EASY ACCESS, GREATER CHOICES, AND CLEAR INFORMATION TO MAKE INFORMED DECISIONS .....	12
GOAL 2: VETERANS RECEIVE HIGHLY RELIABLE AND INTEGRATED CARE AND SUPPORT AND EXCELLENT CUSTOMER SERVICE THAT EMPHASIZES THEIR WELL-BEING AND INDEPENDENCE THROUGHOUT THEIR LIFE JOURNEY .....	17
GOAL 3: VETERANS TRUST VA TO BE CONSISTENTLY ACCOUNTABLE AND TRANSPARENT .....	28
GOAL 4: VA WILL TRANSFORM BUSINESS OPERATIONS BY MODERNIZING SYSTEMS AND FOCUSING RESOURCES MORE EFFICIENTLY TO BE COMPETITIVE AND TO PROVIDE WORLD-CLASS CUSTOMER SERVICE TO VETERANS AND ITS EMPLOYEES.....	32
Appendix A: FY2018-2019 Agency Priority Goals.....	44
Appendix B: Strategic Objective Performance Goals.....	45
Appendix C: Strategic Plan Influences and Supporting Data .....	47
Appendix D: VA Strategic Planning Process and Stakeholder Engagement.....	60
Appendix E: Bibliography.....	63
Appendix F: Acronym Glossary .....	68

## 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 the United States 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 5 to 7 years to deliver better choices for Veterans. Where we are not measuring up, we must fix VA. Opening 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 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.

**Mission Statement:** To fulfill President Lincoln's promise, "To care for him who shall have borne the battle and for his widow, and his orphan."

### VA PRIORITIES

- **Customer Service:** We will be driven by customer feedback, unified Veteran data, and employees characterized by a customer-centric mindset to make accessing VA services seamless, effective, efficient, and emotionally resonant for our Veterans.
- **MISSION Act Implementation:** VA is committed to ensuring Veterans have a wide variety of options for their health and well-being as mandated, especially through a Community Care Network and expansion of support to caregivers of Veterans.
- **Electronic Health Record:** We will modernize our appointment system to connect VA to the Department of Defense, private health care providers, and private pharmacies.
- **Business Systems Transformation:** VA resources are spent on the care and services Veterans need most, and systems and technology enable employees to enhance the quality of the care and services Veterans deserve. Emphases will be on appeals modernization, Financial Management Business Transformation (FMBT), the Forever GI Bill, and supply chain transformation.

### ADDITIONAL AREAS OF FOCUS

- **Suicide Prevention:** Suicide prevention is the top clinical priority for VA. Suicide is a national health crisis and requires all of Government, along with public-private partnerships, to address.
- **VA and DoD Collaboration:** In partnership with DoD, we will provide Veterans with a seamless transition from military service to Veteran status. This partnership will enable VA to anticipate needs and provide quality benefits, care, and services. One of our most critical collaborations is preventing Veteran suicide especially during the transition period. Another crucial effort with DoD is replacing our aging Electronic Health Record system.
- **Accountability:** VA is dedicated to providing transparency and building public trust and confidence in us. We will improve the performance and accountability of senior executives and employees through thorough, timely, and unbiased investigation of all allegations and concerns.

- **Women’s Health:** We are proud of our care for women Veterans and will increase the trust and knowledge of VA services for women Veterans so they choose VA for benefits and services
- **Community Living Centers:** VA Community Living Centers will continue to work to improve quality ratings and be competitive with the private sector.
- **Hiring and Vacancies:** VA will attract and retain highly qualified employees, especially in the critical health care occupations.
- **Wait Times:** We will continue to improve Veteran wait times for health care appointments.

**VETERANS GET THE BEST.** VA must change so that Veterans 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’s goals, objectives, and strategies align the actions that make this intention a reality.

**VA EMPOWERS VETERANS.** VA is dedicated to empowering our transitioning military Servicemembers, 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 anymore. 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.

---

*“Excellent customer service is a responsibility of all VA employees.” ~Secretary Wilkie, Speech to VA Employees, September 27, 2018.*

---

## THE DEPARTMENT TODAY

### MAJOR PROGRAMS

VA is one of the few Federal agencies that provides services directly 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), Department of Homeland Security (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 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<sup>4</sup> and has a workforce of approximately 366,736 full-time employees.<sup>5</sup>

Services and benefits are provided through a nationwide network of 172 Medical Centers, 1,241 VA Outpatient sites, 1 Extended Care facility (stand-alone), 8 Residential Care facilities (stand-alone),<sup>6</sup> 56 Regional Offices and the National Capital Region Benefits Office (NCRBO), 142 additional out-based offices at which Vocational Rehabilitation and Employment (VR&E) operates, 133 Integrated Disability Evaluation System (IDES) offices at military installations located within and outside the Continental United States (VR&E Operates at 71), Transition Assistance Program support offered at 300 military installations, 93 VetSuccess on Campus (VSOC) sites operated by VR&E at Colleges and Universities,<sup>7,8</sup> 3 Education and Training Regional Processing Offices, 6 Fiduciary Hubs, 3 Pension Management Centers, 1 Insurance Center, 9 Regional Loan Centers, 136 National Cemeteries, and 112 Veterans Cemetery Grants Program funded state, Tribal, and territorial cemeteries.<sup>9</sup> VA has increased support for suicide prevention by expanding the Veterans Crisis Line to three call centers and increasing the number of Veterans served by VHA's Readjustment Counseling Service provided through 300 Vet Centers, 80 Mobile Vet Centers, 18 Vet Center Out-Stations, over 990 Community Access Points, and the Veterans Combat Call Center.<sup>10</sup>

## "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

<sup>4</sup> U.S. Department of Veterans Affairs, *About VA*, (2017).

<sup>5</sup> U.S. Department of Veterans Affairs, *VA Benefits & Health Care Utilization* (2019).

<sup>6</sup> U.S. Department of Veterans Affairs, *VA Benefits & Health Care Utilization* (2019).

<sup>7</sup> Veterans Benefits Administration. *Veterans Benefits Administration Progress & Results Webcast: For End of Fiscal Year 2018*. (October 16, 2018) pg. 7.

<sup>8</sup> Veterans Benefits Administration (2018). *VBA Education Service Quarterly Webinar*, pg. 8.

<sup>9</sup> Office of Policy and Planning, NCA, February 7, 2019.

<sup>10</sup> U.S. Senate Committee on Veterans Affairs, (2018) Statement of the Honorable Robert Wilkie, pg. 9. Retrieved from <https://www.veterans.senate.gov/imo/media/doc/SECVA%20Wilkie%20Testimony%209.26.2018.pdf>.

Merchant Mariners and other groups designated by the Department of Defense, 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.

Servicemembers in an active duty status may also be eligible for certain VA benefits and services which include, but are not limited to, Servicemembers’ Group Life Insurance, Traumatic Injury Protection, GI Bill, Education and Career Counseling, 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 below shows the number of living Veterans and their use of certain VA benefits, care, and services.<sup>11</sup>

VA Benefits & Health Care Utilization	Quantity
Estimated Veteran Population (as of 12/31/2018) <sup>12</sup>	19.6 Million
Estimated Number of Female Veterans <sup>12</sup>	1,902,553
Percentage of Veterans Age 65 or Older (Updated 1/25/2019) <sup>11</sup>	47.1 percent
Total Enrollees in VA Health Care System (FY18) <sup>11</sup>	9.17 Million
Total Unique Patients Treated (FY18) <sup>11</sup>	6.34 Million
Veteran Amputees Utilizing VA Health Care (FY18) <sup>11</sup>	93,936
Veterans Receiving VA Disability Compensation (as of 12/31/18) <sup>11</sup>	4.8 Million
Veterans Rated 100% Disabled (as of 12/31/18) <sup>11</sup>	707,038
Veterans Receiving VA Pension (as of 12/31/18) <sup>11</sup>	255,593
Veterans in Receipt of Individual Unemployability Benefits (as of 12/31/18) <sup>11</sup>	359,304
Spouses Receiving Dependency Indemnity Compensation (as of 12/31/18) <sup>11</sup>	408,215
Veterans Compensated for PTSD (as of 12/31/18) <sup>11</sup>	1,054,651
Veterans Participating in Vocational Rehabilitation & Employment (Chapter 31) Benefits (FY18) <sup>11</sup>	125,513
VA Education Beneficiaries (FY18) <sup>11</sup>	903,806
Face Amount of Insurance Policies Supervised and Administered by VA (as of 12/31/18) <sup>11</sup>	\$1.22 Trillion
Active VA Home Loan Participants (as of 12/31/18) <sup>11</sup>	3.19 Million
VA Supervised Life Insurance Policies (as of 12/31/18) <sup>11</sup>	5.96 Million
Interments in VA National Cemeteries (FY18) <sup>13</sup>	135,306
Headstones and Markers provided (FY18) <sup>13</sup>	344,245
Presidential Memorial Certificates issued (FY18) <sup>13</sup>	517,858

<sup>11</sup> U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017*, (n.d.).

<sup>12</sup> National Center for Veteran Analysis and Statistics, *VA Benefits & Health Care Utilization* (2019).

<sup>13</sup> National Cemetery Administration, Office of Policy and Planning, February 7, 2019.

## 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**:

### **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 eligible Veterans who come to us, with 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 United States of America.

The previously-stated VA priorities will be implemented by the strategic goals of this plan. These goals describe the outcomes VA will deliver to Veterans. Developing these goals involved assessing current and past operations, and seeking out leading practices in health care, benefits delivery, and customer service. Additionally, VA benchmarked best practices in business operations, including integration of technology into business, human capital management, facilities management, organizational governance, and human-centered design practices.<sup>14</sup>

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

<sup>14</sup> Department of Veterans Affairs. *Customer Service Policy Statement* (2018).





To better adapt to future operational challenges, including growing and changing Veteran demand for services, VA will modernize its practices to become a more efficient and agile provider of benefits and care. VA is undertaking a modernization effort, driven by Presidential Executive Order 13781,<sup>15</sup> memo M-17-22 from the Office of Management and Budget (OMB),<sup>16</sup> the President’s Management Agenda (PMA),<sup>17</sup> and the Appeals Modernization Act<sup>18</sup> to reform the Department. VA priorities also guide the modernization effort and challenge VA to improve customer experience, service delivery, internal organization, and governance, and to upgrade systems and enhance access for Veterans. The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018<sup>19</sup> and the Harry W. Colmery Veterans Educational Assistance Act (“Forever GI Bill”)<sup>20</sup> also drive VA modernization and transformation. Successfully implementing these two major pieces of legislation is a critical driver for VA’s business modernization efforts. These efforts will determine where VA will focus its budget to best enhance Veteran outcomes and experiences in the future. VA understands that it cannot do this alone. The key to modernization is creating greater interoperability with governmental partners, including DoD, in 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 access 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 other Federal, state, Tribal, and local government entities to ensure Veterans get what they need. VA will continue to leverage private sector partners where appropriate and necessary to deliver the best outcome for Veterans.

<sup>15</sup> The White House, *Executive Order 13781 Comprehensive Plan for Reorganizing the Executive Branch* (2017).

<sup>16</sup> Executive Office of the President, *Memorandum for Heads of Executive Departments and Agencies M-17-22*, (2017).

<sup>17</sup> Executive Office of the President, *President’s Management Agenda*, available at: [www.whitehouse.gov/wp-content/uploads/2018/03/Presidents-Management-Agenda.pdf](http://www.whitehouse.gov/wp-content/uploads/2018/03/Presidents-Management-Agenda.pdf).

<sup>18</sup> *Appeals Improvement and Modernization Act of 2017*, Public Law No.: 115-55. Retrieved from <https://www.congress.gov/115/plaws/publ55/PLAW-115publ55.pdf>.

<sup>19</sup> *VA MISSION Act of 2018*, Public Law No: 115-182. Retrieved from <https://www.congress.gov/115/bills/s2372/BILLS-115s2372enr.pdf>.

<sup>20</sup> 115th Congress, *Harry W. Colmery Veterans Educational Assistance Act of 2017*, Public Law 115–48. Retrieved from <https://www.congress.gov/115/plaws/publ48/PLAW-115publ48.pdf>.

---

***“Our first challenge is to improve the culture to focus our attention and efforts on offering world-class customer service through all our operations. Our second challenge is to increase access to care and benefits through MISSION Act implementation and business transformation.” ~Secretary Wilkie, Senate Committee on Veterans’ Affairs Testimony, September 26, 2018.***

---

Most importantly, to provide excellent customer service, VA must understand what Veterans, their families, caregivers, and supporters need. We will communicate with the Veteran and their families early and consistently throughout their military service, and will continue to do so throughout their lives. Our communication with Veterans and Veteran support groups will not simply focus on getting their feedback after they are served by VA and its partners. We will obtain input throughout their life journey to better understand what new services they need, and learn what changes we must make to improve outcomes for Veterans. This includes working with and improving support of Veteran families, caregivers, and supporters who are critical to Veterans’ well-being. We do this to ensure timely delivery of what Veterans need. This is what we mean by being “Veteran focused.”



Achieving VA’s 2018 – 2024 strategic goals, objectives, strategies, and performance goals 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 Veteran impact. To that end, performance goals are stated from the Veterans’ perspective whenever possible. These performance goals will be included in the Department’s annual performance plan.

Three of the four strategic goals address what VA will do for Veterans; these goals form an integrated whole. The fourth is an enabling goal and focuses on what VA must do to achieve the outcomes described in the first three. Alignment with the priorities and the modernization effort is highlighted to identify key advances that will support these goals.



## VA Strategic Goals, Objectives, and Priorities Poster



### VA FY2018 – 2024 STRATEGIC GOALS & OBJECTIVES


MISSION STATEMENT: To fulfill President Lincoln's promise, "To care for him who shall have borne the battle and for his widow, and his orphan."

#### VA PRIORITIES

- 
**CUSTOMER SERVICE:** We will be driven by customer feedback, unified Veteran data, and employees characterized by a customer-centric mindset to make accessing VA services seamless, effective, efficient and emotionally resonant for our Veterans.
- 
**MISSION Act:** VA is committed to ensuring Veterans have a wide variety of options for their health and well-being.
- 
**Electronic Health Record:** This new system will enable the seamless and secure transfer of Veterans' and Servicemembers' sensitive health information.
- 
**Business Systems Transformation:** Modernized systems and technology enable employees to enhance the quality of the care and services Veterans deserve.
- 
**Suicide Prevention:** Suicide prevention is VA's top clinical priority; it is a national health crisis and requires all of Government, along with public-private partnerships, to address.

#### VA STRATEGIC GOALS, OBJECTIVES, AND ALIGNED PRIORITIES

- 
**Goal 1:** Veterans choose VA for easy access, greater choices, and clear information to make informed decisions.
  - **Objective 1.1:** VA understands Veterans' needs throughout their lives to enhance their choices and improve customer experiences.
  - **Objective 1.2:** VA ensures Veterans are informed of, understand, and can get the benefits, care, and services they earned, in a timely manner.

- 
**Goal 2:** Veterans receive highly reliable and integrated care and support and excellent customer service that emphasizes their well-being and independence throughout their life journey.
  - **Objective 2.1:** VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence.
  - **Objective 2.2:** VA ensures at-risk and underserved Veterans receive what they need to end Veteran suicide, homelessness, and poverty.

- 
**Goal 3:** Veterans trust VA to be consistently accountable and transparent.
  - **Objective 3.1:** VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions.
  - **Objective 3.2:** VA holds personnel and external service providers accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse.

- 
**Goal 4:** VA will transform business operations by modernizing systems and focusing resources more efficiently to be competitive and to provide world-class customer service to Veterans and its employees.
  - **Objective 4.1:** (Agility) VA's infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to adapt to changing business environments and Veteran needs.
  - **Objective 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.
  - **Objective 4.3:** (VA IT/Cybersecurity) VA IT modernization will deliver effective solutions that enable VA to provide improved customer service and a secure, seamless experience within available resources in a cost-effective manner.
  - **Objective 4.4:** (Data Driven Decision Making) VA will institutionalize data supported and performance


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


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


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

**Enhanced Access**

Enhanced access is achieved when:

- 

VA understands the benefits, care, and services the Veteran needs because we have communicated with the Veteran, and VA knows what exists in the Veteran’s community;
- 

Veterans are informed of the benefits, care, and services available to them as well as the quality of benefits, care, and services provided by VA and/or other providers; and
- 

Veterans can get the benefits, care, and services they earned in a timely manner.

***“The prime directive is customer service. When a Veteran comes to VA, it is not up to him to employ a team of lawyers to get VA to say yes. It is up to VA to get the Veteran to yes, and that is customer service.” ~Secretary Wilkie, Senate Veterans’ Affairs Committee Statement, September 26, 2018.***

**DELIVERING GREATER CHOICES FOR VETERANS:**

- VA competes for Veteran customers by improving experiences and outcomes.
- Online navigator tools/information are developed with Veterans and empower Veterans to make decisions with relevant information.
- Sharing of equivalent quality measures from VA and the private sector supports Veterans’ decisions.
- Immediate survey and response capability (as appropriate) captures customer information and experience at the point of service and will be used to improve services and quality.
- Veteran and family journey maps inform VA deployment of benefits, care, and services.
- Co-locating services will improve access to benefits and care.
- VA conducts market analyses to find the best providers of benefits, care, and services wherever Veterans are located.

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

**1.1 PERFORMANCE GOALS**

- Veterans are satisfied with the available choices for care, benefits, and services.
- Eligible Veterans choose VA as their provider of choice for their care.

VA understands our Veterans’ lives and relevant experiences to better anticipate what they need. This includes understanding the evolving nature of military service and combat, understanding their experiences and the new and pervasive challenges transitioning Service- members face, and communicating with our Veterans to ensure we provide the services they need and achieve the outcomes they desire.

*“Customer service must start with you, the customer. We have to talk to Veterans. We have to listen to Veterans.” ~Secretary Wilkie, Speech to the American Legion, 100th Anniversary, August 29, 2018.*

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

FOCUS AREA: CUSTOMER SERVICE; BUSINESS TRANSFORMATION – *Electronic Health Record*

VA will ensure Veterans, their families, caregivers, and survivors are aware of and understand the full range of VA will enhance understanding of our Veterans by expanding our knowledge of their experiences throughout their military service. We use real-time information shared by DoD via the Veteran Electronic Health Record (EHR) 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 their evolving needs. We understand the impacts and outcomes to our Veterans when they access VA benefits, care, and services. VA will use this information to improve Veteran experiences and outcomes and ensure we continue to do what works.

VA continues to monitor Veterans’ access to, and utilization of, benefits, care, and services to determine what improvements must be made and assure Veterans receive what they need, when and where they need it.

**STRATEGY 1.1.2: VA FOCUSES ON VETERAN OUTCOMES TO TAILOR CHOICE**

---

To tailor the choice of benefits, care, and services Veterans need, VA must continuously assess how, why, when, and where Veterans access them. VA must understand the impacts Veterans experience as a result of services provided by VA and our partners. VA cannot simply measure internal activities like the number of forms processed or appointments made on time. We must focus on ensuring our efforts improve Veteran health, well-being, independence, economic security, and memorialization. This focus on enhanced outcomes requires VA to implement a system based on customer-driven priorities informed by Veterans’ needs, rather than an administrative rule-based system. VA will provide Veterans with the information they need to make the choices that work best for them.

---

*“This department provides world-class medical services. And it is stunning to me that that story has not been told to the American people by leadership, by all of us. My only concern there, and I said it in public, is that we have to concentrate on getting our Veterans to that service.” ~Secretary Wilkie, Speech to VA Employees, August 3, 2018.*

---

**STRATEGY 1.1.3: VA USES VETERAN JOURNEY MAPS TO ENHANCE UNDERSTANDING**

---

<p>FOCUS AREA: CUSTOMER SERVICE – <i>Veteran Journey Maps</i></p>
---

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 better understand Veterans needs and subsequently provide Veterans with benefits, care, and services more appropriate to their stage of life. VA will expand the use of Veteran journey maps to enhance 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 Veteran journey maps will enable VA personnel to understand the moments that matter most to Veterans in their interactions with VA, including their pain points and bright spots—a critical component of providing the excellent customer service Veterans deserve. VA’s customer experience framework will build on the use of Veteran journey maps and will ensure customer service core capabilities, tools, data, and metrics are consistently applied throughout VA. In this way we will ensure a consistent customer experience for our Veterans.



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

**1.2 PERFORMANCE GOALS**

- 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 feel like a valued customer” is true.

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

Informed by customer feedback, VA will integrate digital information, contact centers, and databases so Veterans can easily find what they need, no matter which communication channel they choose. Using human-centered design practices and working with Veterans, VA will continually ensure the VA.gov website is Veteran-centric and user friendly, and provides seamless and personalized forms, tools, online communities, and information. VA will also unify Veteran data, adding customer preferences for electronic correspondence to its new Vet360 database and integrating the Vet360 profile service with mobile apps. VA will also establish a governance structure to institutionalize the focus on customer experience and maintain senior VA leadership involvement in, and commitment to, the customer service effort.

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

VA will ensure Veterans, their families, caregivers, and survivors are aware of and understand the full range of Veteran benefits, care, and services available to them through VA and other Federal, state, Tribal, local government entities, and Veterans Service Organizations (VSO). VA will help Veterans navigate the diverse and

complex range of resources by engaging Servicemembers prior to their transition to civilian life, so they can make informed decisions. Further, VA will engage Veterans in anticipation of major life events (seeking jobs, retiring, aging, etc.) to ensure Veterans receive timely and relevant information about benefits and services applicable to their stage of life and need. VA will simplify access to the information and services they need. Veterans will have multiple ways to access information about Veteran benefits, care, and services. Examples include person-to-person contact, virtual, and digital interfaces (e.g., Web sites, apps, and digital tools to include telehealth and mobile devices).

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

---

VA will tailor communications to better inform our diverse Veteran population. We will incorporate communication preferences and needs of Veterans based on where they live, their gender, their military experiences and their cultural backgrounds. We also make it easy to understand us. VA implements this by simplifying our correspondence, using plain language to communicate with Veterans, and testing this language to ensure it is easy for the intended audience (Veterans, families, caregivers, and supporters) to understand. We will also tailor customer experience training for employees so they will be more sensitive to, and understanding of, the diversity of our Veteran population.

### **STRATEGY 1.2.3: VA ADVOCATES FOR VETERANS**

---

VA will advocate for Veterans in both the private and government sectors. We will advocate for innovative practices that better meet the unique needs of our Veterans; we will push for better choices and opportunities in the training and education sectors to enhance their employment options, and we will ensure Veterans' military experiences are shared and understood by the Nation to remind them of the sacrifices our Servicemembers and Veterans have endured on behalf of our Nation. VA will explore and develop partnerships with Federal, state, Tribal and local governments, private sector corporations, and faith based and nonprofit organizations to coordinate their services with the benefits programs carried out by VA to better address Veterans' needs.

---

***“There is one unspoken fact of VA life that can never be replaced. It can never be replicated. It can never be privatized. That is the community nature of the VA experience. For your service to America, you deserve to come to and be treated by those who know what you and your families have gone through.” ~Secretary Wilkie, Speech to American Legion 100th Anniversary, August 29, 2018.***

---



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

Serving as a leading advocate and honoring military service, VA will deliver integrated and seamless benefits, care, and services, enhancing the lives of Servicemembers, Veterans, their families, caregivers, and survivors. Improved quality of life means Veterans are independent, economically secure, socially engaged however they choose, and enjoy enhanced well-being.<sup>21</sup> VA will engender the full trust of our customers.

The strategic objectives and strategies associated with this goal focus on the following outcomes:

- Ensuring Veterans receive highly integrated and coordinated benefits, care, and support services that include care management and are tailored to meet their economic and health needs, mitigating negative outcomes such as poverty, homelessness, and unaddressed mental and physical health challenges. VA will do this by quickly implementing the 2018 MISSION Act.
- 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.



<sup>21</sup> 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.

**REALIZING HIGH PERFORMING DELIVERY NETWORKS:**

- **MISSION Act implementation** institutionalizes care management and standardized care practices across the delivery systems.
- **Appeals reform** simplifies the process and provides Veterans a fair and more timely review.
- **Forever GI Bill** expands and enhances educational benefits.
- **Transition Assistance Program** improvements educate and inform active duty Servicemembers on VA benefits and services earlier during their military service.
- **Expansion of mental health care and suicide prevention services** support Veterans for 12 months after their transition to civilian life.
- Use of **cloud-based electronic medical records** to support benefits and care management.
- **Focus on urgent care** throughout the networks to ensure timely medical attention.
- Implement VA's Customer Experience framework and Patient Experience program across VA Medical Centers to measurably improve the Veteran experience.
- **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** organizations or payers so Veterans may use VA, Medicare, Medicaid, TRICARE, or private health insurance to manage their health care needs.
- **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 Servicemembers 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.

---

*"We face some persistent problems: Increasing demand for care, vacancies in critical specialties, aging facilities, antiquated management systems, and a new generation of computer-savvy Veterans who expect and deserve 21st-century service – service that is quick, diverse, and close to home." ~Secretary Wilkie, Senate Committee on Veterans' Affairs Testimony, September 26, 2018.*

---

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

**2.1 PERFORMANCE GOALS**

- 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 its lines of business.

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.

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

---

FOCUS AREA: CUSTOMER SERVICE –  
*Video-based Services*

VA will clarify and simplify eligibility requirements for providers and streamline administrative processes that emphasize care management and coordination for Veterans no matter where they are. VA is expanding the use of telehealth, mobile applications, electronic forms, and videoconferencing capabilities to deliver benefits and care to Veterans no matter where they live. Most importantly, improvements to mobile device applications, including the 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 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 already used by VA’s business lines. For example, the Board of Veterans’ Appeals uses video hearings to reduce unnecessary Veteran travel and to expedite adjudication of Veteran appeals. Veterans are also able to apply for benefits on VA.gov and can check the status of their claim or appeal online or on their mobile devices. VA will continue to invest in infrastructure that supports seamless and secure data sharing with 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 opening 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 reasonable access.

**STRATEGY 2.1.2: IMPROVED SEPARATION PREPARATIONS AND COMPENSATION SUPPORTS VETERAN INDEPENDENCE**

---

FOCUS AREA: BUSINESS TRANSFORMATION –  
*Transition*

VA will partner with DOL and DoD to prepare Servicemembers for transition from active duty to their civilian lives. VA will work with their Transition Assistance Program (TAP) interagency partners in implementing improvements to TAP as required by the Fiscal Year 2019 National Defense Authorization Act.<sup>22</sup> In order to ensure that Servicemembers are better informed on VA benefits and services, VA will expand its current VA Benefits and Services briefing during TAP to a full day. Recognizing that providing education and information to Servicemembers earlier in their military career fosters positive transition readiness, VA will support the Military Life Cycle by developing and making available additional training courses at any stage of a Servicemember’s military career.

---

<sup>22</sup> John S. McCain National Defense Authorization Act for Fiscal Year 2019, Public Law 115-232.

VA will help Veterans pursue economic opportunities and professional or career development. VA will enhance education and career counseling to transitioning Servicemembers and Veterans eligible for VA education benefits. VA will further partner with State, Local, and community organizations to ensure that transitioning Servicemembers, Veterans, and their families are informed of and connect to community resources that support their transition and promote their economic well-being. Furthermore, VA will assist civilian employers by providing them with tools to demonstrate how Servicemembers’ skills, training, and characteristics transfer to non-military jobs. VA will continue to implement the 34 provisions of the new Forever GI Bill, enhancing or expanding education benefits for Veterans, Servicemembers, families, and survivors.

Concurrently, VA will continue to 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 consider 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 provide financial security for our most severely ill, injured, or wounded Veterans. The Veterans Appeals Improvement and Modernization Act of 2017 took effect on February 19, 2019. The Veterans Appeals Modernization Act will transform VA’s current appeals process into one that is simple, timely, and fair to Veterans.

VA’s registration process for medical services entails enrollment for VA health care, processing registrations at assigned health care facilities, assigning Veterans to preferred health care facilities, and establishing the health record and fiscal accounts at facilities. During TAP, Servicemembers are able to start the process for enrolling in VA health care.

The combination of 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 ITS CONTINUUM OF HEALTH CARE SERVICES TO INCLUDE CARE MANAGEMENT**

---

FOCUS AREA: CUSTOMER SERVICE; MISSION ACT – *VA Continuum of Health Services*

VA will excel at its continuum of health care services, which include: Primary Care Services, Urgent Care Services, Mental Health Services, Geriatrics and Extended Care Services, Women’s Health, 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 its continuum of care ensures Veterans receive quality care for those conditions most attributed to military service and best addressed by VA to optimize 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 to ensure VA’s continuum of care is highly integrated with any care the Veteran receives outside of VA. This means VA sets clear standards, ensures a 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 access for the Veteran.

The MISSION Act requires VA to consolidate all of VA’s community care efforts into a single program that is much easier to navigate for Veterans, families, VA employees and community providers. This will ensure our Veterans receive the best health care possible, whether delivered in VA facilities or in the community.

---

***“The VA MISSION Act...will fundamentally transform the Veterans health care system to fulfill the President’s promise to give Veterans more choice and prevent shortfalls in funding that have plagued the current VA Choice program. So what does that do for our warriors? It consolidates and streamlines all of our community care programs into one. It expands our program of comprehensive assistance for family caregivers to include, finally, eligible Veterans of all eras in our history. And, importantly, it strengthens my ability to recruit and retain the quality health care professionals that you deserve.” ~Secretary Wilkie, Speech to the American Legion, 100th Anniversary, August 29, 2018.***

---

### **STRATEGY 2.1.4: EMPHASIZING VETERANS’ AND THEIR FAMILIES’ WHOLE HEALTH AND WELLNESS**

---

VA will improve Veteran health outcomes by shifting from a system focused on disease management to one 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 well-being and adopt healthy living practices that deter or defer preventable health conditions. Programs like MyHealthVet 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 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 improving social determinants of health.<sup>23</sup>

VA will also continue to promote preventive health care practices. This includes 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 lifestyle practices for Veterans and their families. VA will also improve health outcomes by assisting Veterans with the social determinants of health to include education, vocational rehabilitation, employment, disability income, housing, life insurance, planning for memorial services, and access to legal services.

---

<sup>23</sup> Office of Disease Prevention and Health Promotion 3. *Social Determinants of Health* (2019). Social determinants of health are social, economic, physical, and other environmental factors that influence an individual’s health and quality of life.

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

FOCUS AREA: CUSTOMER SERVICE –  
*Realignment and consolidation of select Federal Veteran cemeteries under VA*

VA will honor and memorialize Veterans in a dignified and respectful manner by providing Veterans and eligible family members with final resting places in national shrines and 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, to preserve the legacy and ensure “No Veteran Ever Dies.” VA’s national cemeteries are being used as platforms for community engagement and public education, with emphasis on empowering student-based research on site. VA’s National Cemetery Administration (NCA) will sustain and expand university partnerships throughout all 50 states.

Legacy products will also be 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 these Veterans. 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 2019. 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.



*The photo above shows the dedication ceremony for the Houlton Band of the Maliseet Tribe Veterans Cemetery. This is the first Tribal Veterans Cemetery east of the Mississippi. VA’s grant program provided funding for construction of a Veterans’ section within the existing Tribal cemetery.*

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

### 2.2 PERFORMANCE GOALS

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

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

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

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. VA will apply its expertise in its continuum of health care services and provide exceptional patient experiences, and ensure close coordination between providers of medical, psychological, life skills, home support services, and quality of life needs for severely ill, injured, or wounded Veterans. VA will ensure Veterans’ caregivers and families receive the support they need.



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

FOCUS AREA: SUICIDE PREVENTION –  
*National Strategy for Preventing Veteran Suicide 2018-2028*

Suicide prevention is our top clinical priority and VA provides a comprehensive continuum of mental health care and suicide prevention services to end Veteran suicides. Guided by Executive Order 13861, *National Roadmap to Empower Veterans and End Suicide*, VA will engage our Federal, state, Tribal, faith based, and local partners to cultivate social support networks and connect Veterans to their community to foster a sense of belonging that improves quality of life for Veterans. We will also coordinate with academia and nonprofit organizations and integrate our research efforts to fill gaps where research is needed and eliminate duplications, leverage data sharing to identify at-risk Veterans and factors that contribute to suicide, and develop and implement strategies that end Veteran deaths by suicide.<sup>24</sup>

VA and DoD are collaborating to assist Servicemembers and Veterans during their transition from uniformed to civilian life, by focusing on the first 12 months after separation from service, a critical period marked by a high risk for suicide, during which:

- Servicemembers will learn about VA benefits and start the enrollment process leaving military service.
- Any transitioning Veteran can go to a VA medical center or Vet Center to receive emergency mental health care immediately as needed.
- VA will work with former Servicemembers with other than honorable discharges to provide mental health services and suicide risk assessments and connect them with appropriate VA or community providers for ongoing care. This includes active duty and reserve component Servicemembers as directed by 38 U.S.C. § 1720I.<sup>25</sup>
- Transitioning Servicemembers and Veterans can quickly find information online about their eligibility for VA care.
- VA will proactively call recently-separated Servicemembers early and consistently during the first 12 months after separation to inform them of the services and benefits available to them.

VA and DoD will integrate efforts to conduct early engagement of Servicemembers/Veterans with mental health challenges. We will quickly coordinate delivery of continuing care and support to drive down Servicemember and Veteran suicide, and to treat other common conditions such depression and/or post-traumatic stress disorder (PTSD). Further, in accordance with VA's newly-published *National Strategy for Preventing Veteran Suicide 2018-2028*,<sup>26</sup> VA is implementing broad, community-based prevention strategies, driven by data, to connect all Veterans

<sup>24</sup> Executive Office of the President. *Executive Order 13861, National Roadmap to Empower Veterans and End Suicide* (March 5, 2019). Retrieved from <https://www.federalregister.gov/documents/2019/03/08/2019-04437/national-roadmap-to-empower-veterans-and-end-suicide>.

<sup>25</sup> *Title 38 Veterans Benefits. U.S.C. § 1720I: Mental and behavioral health care for certain former members of the Armed Forces* (May 1, 2019). Retrieved from [http://uscode.house.gov/view.xhtml?req=\(title:38%20section:1720I%20edition:prelim](http://uscode.house.gov/view.xhtml?req=(title:38%20section:1720I%20edition:prelim).

<sup>26</sup> U.S. Department of Veterans Affairs n.d. *National Strategy for Preventing Veteran Suicide 2018-2028*. Retrieved from [https://www.mentalhealth.va.gov/suicide\\_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf).



with support and any needed care. VA will provide services to equip and empower Veterans to achieve their life goals. VA will lead the Nation in caring for people with associated with PTSD and other mental health challenges.<sup>27</sup>

---

***“Suicide prevention is the top clinical priority for VA.” ~Secretary Wilkie, State of the Department of Veterans Affairs Testimony, September 26, 2018.***

---

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

---

<p>FOCUS AREA: MISSION ACT – <i>Community Living Centers</i></p>
--

VA’s goal is to keep all Veterans in their homes if that is their desire. To support the growing number of aging Veterans, VA is updating policies and regulations to make it easier to support caregivers and include services such as adult day care provided by Veterans nursing homes. 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 there are times when a Veteran desires, or needs, to be cared for outside of their home.

However, when a Veteran can no longer stay in his or her home, VA will be there for them by investing in more Community Living Centers (CLC). VA’s CLCs already compare closely with the private sector, even though VA cares for sicker patients with conditions such as prostate obstruction, spinal cord injury, mental illness, homelessness, PTSD, combat injury, and terminal illness. VA CLCs provide quality service to this vulnerable Veteran population by having a higher staff-to-resident ratio than private sector facilities.

### **STRATEGY 2.2.4: INCREASED ACCESS FOR RURAL VETERANS**

---

VA understands the challenges Veterans living in rural areas face. In 2018, VA provided care through a telehealth modality to more than 782,000 unique patients, or roughly 12 percent of the Veteran population. This equates to more than 2.29 million telehealth episodes of care over 50 primary and specialty areas. Of these Veterans, 45 percent lived in rural areas and may have otherwise had limited access to VA healthcare. However, less than 1 percent received care through a telehealth modality in their home or other non-VA locations. In order to increase the provision of care to Veterans in the location of their choice, VA will further utilize and expand access to telehealth services. By striving to eliminate regulatory barriers, VA will increase Veterans’ access to care in their local communities and particularly improve access for those in rural or underserved areas.

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 to utilize their facilities and resources to better serve Veterans, their families, and the communities where they live. Furthermore, VA will continue to identify opportunities to partner with commercial providers to increase access for VA services to rural Veterans. In 2018, VA announced connected care programs with Walmart, T-Mobile, and Philips designed to give Veterans more opportunities to connect with healthcare providers through telehealth.

---

<sup>27</sup> Executive Order 13822 (2018). *Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life*. Retrieved from <https://www.federalregister.gov/documents/2018/01/12/2018-00630/supporting-our-veterans-during-their-transition-from-uniformed-service-to-civilian-life>.

These initiatives demonstrate VA’s desire to leverage and strengthen public private partnerships to increase access of telehealth care for Veterans.

**STRATEGY 2.2.5: PROVIDE INTEGRATED SUPPORT TO HOMELESS AND AT-RISK VETERANS**

---

VA’s priority for homeless Veterans and their families, and for those Veterans at risk of becoming homeless, is to provide them a permanent safe place to live. VA will work with all our State, Local, Tribal, and faith based partners to provide integrated support to homeless Veterans. VA’s homeless continuum of services and foreclosure assistance programs are augmented with employment, health, and mental health care assistance.

**STRATEGY 2.2.6: VA INCLUDES WOMEN VETERANS AND ADAPTS TO THEIR EVOLVING NEEDS**

---

VA has made significant progress in serving women Veterans in recent years and will continue to provide comprehensive primary care, maternity care, specialty care, gynecology, and mental health services. For qualifying severely injured Veterans, VA offers limited reimbursement of adoption expenses and in-vitro fertilization reimbursement. VA has at least one women’s health primary care provider (WH-PCP) at each VA health care facility, gynecologists at 133 sites, and mammography at 60 locations.

VA will continue to train additional providers so every eligible woman Veteran has an opportunity to receive primary care from a WH-PCP in a respectful, safe, and inclusive environment. Since 2008, 5,800 providers have been trained in women’s health. To further enhance women’s health outcomes, VA will redesign its electronic health record to improve tracking capabilities for breast and reproductive health care. Finally, VA is also factoring care for women Veterans into the design of new VA facilities and utilizing technology, including social media, to reach women Veterans and their families. VA is proud of its care for women Veterans and will work to increase the trust in, and knowledge of, VA services for women Veterans so they choose VA for benefits and services.

---

***“...this is your Veterans Affairs Department. The doors are open. We will be making changes to make sure that the needs of our fighting women are taken care of, and that the Department of Veterans Affairs will be walking with you into the rest of the 21st century.” ~Secretary Wilkie, Speech to the Military Women’s Coalition Inaugural Meeting, September 7, 2018.***

***“Women’s health is a frontier, the new frontier for VA. Absolutely.” ~Secretary Wilkie, Confirmation Testimony, June 27, 2018.***

---

**STRATEGY 2.2.7: VA IS THERE FOR FAMILIES AND CAREGIVERS**

---

FOCUS AREA: MISSION ACT –  
*Expansion of Support to Caregivers*

The MISSION Act expands eligibility for VA’s Program of Comprehensive Assistance for Family Caregivers (PCAFC) beyond post-9/11 Veterans to include eligible Veterans from all eras of service. VA’s Caregiver Support Program (CSP) will oversee the expansion, occurring in two phases:

- Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975, will be integrated into the program first.

- Veterans who incurred or aggravated a serious injury in the line of duty between May 7, 1975, and September 11, 2001, will be integrated into the program 2 years later.

VA supports this expansion and recognizes the sacrifice and value of Veterans’ family caregivers. In addition to the services available to family caregivers of eligible Veterans participating in PCAFC, VA will continue to add programs designed for, and currently available to, caregivers which include access to: caregiver support coordinators at every VA medical center, VA Caregiver Support Line, peer support, monthly education calls with a theme of “Care for the Caregiver,” workshops to develop caregiver skills, and training courses focused on supporting and meeting the needs of caregivers. These resources support the wellbeing of caregivers and their Veterans.<sup>28</sup> VA will engage families and caregivers in Veterans’ health care decisions. We will enhance online support programs like “Family Connect” during telehealth consults so family caregivers 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 family caregivers in our communications with Veterans before and after they seek VA services to ensure we add their perspectives into the improvements we make.




---

<sup>28</sup> U.S. Department of Veterans Affairs. *VA Caregiver Support* (2019). Retrieved from [https://www.caregiver.va.gov/Care\\_Caregivers.asp](https://www.caregiver.va.gov/Care_Caregivers.asp).

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

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

- 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. The organization is committed to using data for process and performance improvement. VA continues to improve accountability, communication, and cross-functional collaboration throughout the organization.
  - **Individual accountability:** Veterans deserve the best and brightest the Nation has to offer. VA only hires and retains individuals who embody our values and are committed to VA’s mission. Leaders and staff incorporate VA’s values into everything they do and are measured by their adherence to those values for achieving positive outcomes for Veterans.
- b) **Transparency:** VA publicly and consistently shares critical metrics demonstrating how it improved the Veteran’s experience, well-being, independence, and quality of life.
- c) **Value:** VA will deliver value to the Veteran by achieving excellent outcomes that enhance their lives and provide what they need. This is how VA will meet the highest standard of performance.

---

*“VA’s Office of Accountability and Whistleblower Protection (OAWP) has changed dramatically the way VA handles accountability and whistleblower issues, ensuring adequate investigation and correction of wrongdoing throughout VA while also protecting employees who lawfully disclose wrongdoing from retaliation.” ~Secretary Wilkie, State Department of Veterans Affairs Testimony, September 26, 2018.*

---

#### EARNING VETERANS’ TRUST:

- **Shared quality measures** of VA and other network providers.
- **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 makes the right decisions** that consistently put Veterans’ well-being first.
- VA shows value to Veterans and taxpayers via **better outcomes and decreased spend rates.**

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

### 3.1 PERFORMANCE GOALS

- 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 customer experience, benefit, and service delivery performance data.

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



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

VA will consistently share critical information publicly about its mission effectiveness, Veteran outcomes, and internal/external provider performance that is easily understood and compares to industry standards. We will specifically share 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 meet or exceed community standards for quality of care and customer service. This will result 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.

**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 changing needs and expectations. Customer experience data and insights will be hardwired into VA governance and decision-making to ensure that the perspective of the customer is always included. 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 PERSONNEL AND EXTERNAL SERVICE PROVIDERS ACCOUNTABLE FOR DELIVERING EXCELLENT CUSTOMER SERVICE AND EXPERIENCES WHILE ELIMINATING FRAUD, WASTE, AND ABUSE**

**3.2 PERFORMANCE GOALS**

- VA significantly reduces 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.

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

**STRATEGY 3.2.1: ALL EMPLOYEES PROVIDE EXCELLENT CUSTOMER SERVICE**

VA will ensure leaders and staff have the resources, training, and capabilities to support and empower Veterans and deliver excellent customer experiences. Customer service will start with VA employees talking with each other across all office barriers and across all compartments. If employees do not listen to each other, they will not be able to listen to Veterans or their families, and they will not be able to provide the world-class service our customers deserve. VA must be a bottom-up organization, with energy flowing upward from those who are closest to the Veterans and family members we are sworn to serve.

**STRATEGY 3.2.2: GOOD PERFORMERS ARE REWARDED**

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.

***“Customer service means that before a Veteran walks into the door of the VA, he is already being greeted by schedulers, medical professionals, and Americans who are ready to serve him.” ~Secretary Wilkie, Confirmation Testimony, June 27, 2018.***

**STRATEGY 3.2.3: ALL EMPLOYEES ARE HELD ACCOUNTABLE**

---

FOCUS AREA: ACCOUNTABILITY –  
*Office of Accountability and Whistleblower Protection*

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 implementing legislation, regulations, and supervisory tools that enable supervisors to manage their staff appropriately. Specifically, VA will apply Public Law 115-41, the VA Accountability and Whistleblower Protection Act of 2017, to 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. The newly-created Office of Accountability and Whistleblower Protection is charged with implementing the Act, with the involvement of other responsible offices, as appropriate. Further, this office will ensure VA is tracking and implementing accepted recommendations from audits and investigations carried out by VA’s Office of the Inspector General (OIG) and Office of Special Counsel (OSC), VHA’s Office of Medical Investigations (OMI), and the Comptroller General of the United States.

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

---

FOCUS AREA: ACCOUNTABILITY –  
*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. When risks are identified, mitigation actions and internal controls will be put in place to address the risk. Mitigation actions will be closely monitored for effectiveness. Persons engaged in fraud, waste, or abuse will be 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 will ensure excellent customer experience outcomes for Veterans and their families whenever they access VA’s integrated and collaborative delivery networks.

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

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

**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’s strategic footprint** supports VA’s 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 use 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.
- In accordance with the **MISSION Act**, VA will conduct a 3-year pilot to furnish **mobile deployment teams of medical personnel** to underserved facilities and report to Congress on VA’s progress.

---

*“Business transformation is essential if we are to move past compartmentalization of the past and empower our employees serving Veterans in the field to provide world-class customer service. This means reforming the systems responsible for claims appeals, GI Bill benefits, human resources, financial and acquisition management, supply chain management and construction.” ~Secretary Wilkie, State of the Department of Veterans Affairs Testimony, September 26, 2018.*

---



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

### 4.1 PERFORMANCE GOAL

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

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

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

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

VA has a robust research and development capability and innovates to improve services to Veterans and employees. The rapid incorporation of new approaches to how we serve Veterans is critical to the delivery of world-class health care and benefits. The future focus of VA medical research will be on personalized medicine driven by application of clinical genomics to tailor treatment to individual needs.

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

### BUSINESS STRATEGY 4.1.1: AGILE STRATEGIC FOOTPRINT

VA will ensure agile response to changing Veteran needs and marketplace volatility and incorporate a value management approach to capital investments. VA will ensure 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. Veterans will have 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 capabilities in the private sector. VA will focus on providing more ambulatory centers and consolidating inpatient care in partnership with community systems to provide Veterans better access to care no matter where they are.

To meet the growing demand for telehealth services, VA announced the Anywhere to Anywhere Telehealth Initiative in August 2017, which enables VA practitioners to use telehealth technology to treat Veterans no matter where the Veteran or provider are located. In order to implement this initiative, the Department issued a rule titled “Authority of Health Care Providers to Practice Telehealth;” this rule allows VA practitioners to use telehealth to treat Veterans in any state, effectively bypassing state licensure laws. The Anywhere to Anywhere Telehealth Initiative will enhance access to care and improve Veteran experience as they engage with VA providers from the location and modality of their choice. In January 2018, the U.S. Senate passed the Veterans E-Health and

Telemedicine Support Act (VETS Act) of 2017 – bipartisan legislation designed to expand VA’s telehealth program and allow VA clinicians to provide telehealth service across state lines. The VETS Act provides legislative authority and is imperative to the success of the Anywhere to Anywhere Telehealth program. VA is extending its telehealth network with a series of partnerships aimed at improving access to connected health services for rural and remote Veterans.

**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 resources and legislative authorities and shape external market forces to favor Veteran outcomes. VA will accomplish this by collaborating where appropriate with Veteran-centric groups, such as Veteran Service Organizations (VSOs), to develop and implement Veteran-focused policies. VA will also factor the changing capabilities of Federal, state, local, and Tribal governments into its operational planning where many complementary benefits and services from other agencies may have uncertain futures, and expand partnerships with businesses and organizations that provide Veterans with services and opportunities.

*“Transformation also means entering into more robust partnerships with our State and Local communities to address Veteran homelessness, that particularly plagues our Vietnam Veterans who also suffer the highest rates of suicide.” ~Secretary Wilkie, Confirmation Statement before the Senate Veterans’ Affairs Committee, June 27, 2018.*

---

**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 deliver improvements to, and integration of, its business and operational functions.

**BUSINESS STRATEGY 4.1.4: ORGANIZATIONAL REDESIGN**

---

VA will be restructured and reorganized to reduce fragmentation, overlap, and duplication of efforts by consolidating similar functions and program offices to shift resources to delivering services to Veterans. This means reducing administrative and logistic positions. VA will use horizontal and vertical delayering, which will 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: SUPPLY CHAIN TRANSFORMATION**

---

FOCUS AREA: BUSINESS TRANSFORMATION –  
*Modernize Supply Chains*

Effective supply chain management is a major differentiator between high- and low-quality health care systems. VA will continue its supply transformation program. This program is designed to build a lean, efficient supply chain that provides timely access to meaningful data focused on patient and financial outcomes. To date, VA has established a standardized supply chain organizational structure, a robust supply-chain training and development program, an integrated data analysis capability, and a comprehensive equipment lifecycle management program.

VA continues to work on data standardization and governance, a supply chain innovation center, and a clinically-driven strategic sourcing program.

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**

Congress assigned VA’s responsibility for a “Fourth Mission” in Public Law (P.L.) 97-174, which defined VA as the primary medical back-up system to DoD during conflicts or domestic emergencies. As Federal plans to protect public health during disasters evolved over the years, the “Fourth Mission” has grown to encompass more than supporting the military during crisis. As codified in Public Law 107-287<sup>29</sup>, VA will use its vast infrastructure and resources, geographic reach, deployable assets, and health care expertise, to make significant contributions to the Federal emergency response effort in times of emergencies and disasters.

VA will align facilities, infrastructure, policies, processes, programs, and systems to provide mission assurance of services and force protection of people and assets while building a culture of preparedness and resilience. As a foundational part of Federal emergency management efforts through the U.S. National Response Framework and U.S. National Disaster Recovery Framework, VA will lead the effort for meeting Veterans’ needs and fill gaps in community services for Veterans. Additionally, VA will support and partner with other Government agencies working with Veterans at the Federal, state, local and Tribal levels on a day-to-day basis and in times of crisis. In accordance with Presidential Policy Directive 40, the Department will continuously provide VA’s primary mission essential function to ensure the continuous delivery of benefits to our Nation’s Veterans and their beneficiaries. Moreover, as a national asset, VA will provide hospital care and medical services to individuals responding to, involved in, or otherwise affected by covered disasters and emergencies per United States Code (U.S.C.) title 38 section 1785 and may also furnish hospital care and medical services as a humanitarian service in emergency cases per 38 U.S.C. section 1784.

**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**

**4.2 PERFORMANCE GOALS**

- 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.

<sup>29</sup> 107th Congress, Public Law 107-287, *Department of Veterans Affairs Emergency Preparedness Act of 2002* (2002). Retrieved from <http://uscode.house.gov/statutes/pl/107/287.pdf>.

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

Concurrently, it is widely known in private and public sectors that the ability to deliver world-class customer experience is strongly dependent on high levels of employee engagement. In VA, we have identified five primary drivers of employee engagement: servant leadership behaviors, listening to the employee’s voice, supporting an innovative environment, maintaining a focus on people, and connecting to the mission. Servant leadership and connection to the mission are integral to the other three drivers, but in different ways. Listening to the employee’s voice, supporting an innovative environment, and maintaining a focus on people are all key aspects of a servant leadership approach. VA has set goals for these first four drivers in the Enterprise-Wide Employee Engagement Plan.<sup>30</sup> ([The VA Employee Engagement Enterprise-Wide Plan is accessible from VA’s National Center for Organizational Development.](#)) The fifth driver, connection to the mission, is seen as a foundational component that is ever present in the others.

**BUSINESS STRATEGY 4.2.1: STANDARDIZE HUMAN CAPITAL POLICIES ENTERPRISE-WIDE**

---

VA will facilitate consistent implementation of policies, processes, and HR programs across the VA enterprise and will develop consistency and governance around all human capital functions and capabilities. VA will move toward a single learning platform to disseminate human capital policies and learning throughout the Department. Individual performance management systems shall also be standardized across the Department to enhance accountability, productivity, and performance. VA will implement new performance appraisal processes to 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 vacancy and capability challenges by exploring and implementing optimal organizational structures for achieving recruiting goals, to include consolidation of recruiting capabilities, recruiting centers of excellence, and outsourcing unique recruiting requirements to close staffing gaps.

VA will implement tools and systems to identify and fill vacancies in a timely manner. 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.

VA will leverage existing authorities, submit legislative proposals, and implement new policies to ensure hiring flexibilities enhance our ability to recruit the best candidates and hire the most qualified applicants.

---

<sup>30</sup> U.S. Department of Veterans Affairs. (VA) *Employee Engagement Enterprise-wide Plan*. Retrieved from [https://www.va.gov/NCOD/VA\\_Employee\\_Engagement\\_Enterprise-wide\\_plan.pdf](https://www.va.gov/NCOD/VA_Employee_Engagement_Enterprise-wide_plan.pdf).

The Veterans Health Administration’s (VHA) workforce challenges mirror those of the health care industry. There is a national shortage of health care professionals, especially physicians and nurses. VA remains fully engaged in a fiercely competitive clinical recruitment market and has increased its number of clinical providers including hard-to-recruit and hard-to-retain physicians such as psychiatrists. Furthermore, VHA will continue to take several key steps to attract qualified candidates, including:

- Hiring initiatives targeting specialty care, such as mental health providers;
- Increased maximum physician salaries;
- Utilization of recruitment, relocation, and retention (3Rs) incentives and the Education Debt Reduction Program (EDRP);
- Targeted nationwide recruitment advertising and marketing;
- The “Take a Closer Look at VA” trainee outreach recruitment program;
- Expanding opportunities for telemedicine providers;
- DoD/VA effort to recruit transitioning Servicemembers;
- Exhibiting regularly at key health care conferences and job fairs; and
- Critical position hiring and vacancies.



*“When I go about filling critical spaces in the VA world, I look to three things. I look to mental health. I look to primary care providers. I look to those who specialize in women’s health. The VA has to change to accommodate America’s change.” ~Secretary Wilkie, Speech to the Military Women’s Coalition Inaugural Meeting, September 7, 2018.*

**BUSINESS STRATEGY 4.2.3: IMPROVE LEADERSHIP AND WORKFORCE COMPETENCY**

VA will foster an environment of trust, accountability, adaptability, and performance to improve competency across the Department and 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. VA will also 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 an electronic performance evaluation system to modernize VA’s performance management process. The new electronic performance evaluation system will ensure supervisors communicate with employees in a timely manner regarding their performance plans to include promulgation of an employee’s initial performance plan, conduct of mid-year assessments, and completion of a final rating.

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 utilize manpower management to determine staffing levels needed to accomplish VA’s mission and program objectives. The staffing requirements will be based on staffing models, time studies, productivity standards, industry guidance, or benchmarks. The staffing standards will be validated and revised periodically to ensure the Department is 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 ensure VA has the right people to 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 DELIVER EFFECTIVE SOLUTIONS THAT ENABLE VA TO PROVIDE IMPROVED CUSTOMER SERVICE AND A SECURE, SEAMLESS EXPERIENCE WITHIN AVAILABLE RESOURCES IN A COST-EFFECTIVE MANNER**

**4.3 Performance Goal**

- Users are satisfied with VA’s ability to provide secure and transparent interoperability of information and data.

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

In alignment with President’s Management Agenda Cross-Agency Priority (CAP) Goal 4, VA will provide Veterans a coordinated and seamless experience in delivering the highest quality care, benefits, and services. VA will modernize by building a unified enterprise of integrated and interoperable business processes and technical services that put Veterans first.

**BUSINESS STRATEGY 4.3.1: BUY FIRST**

---

FOCUS AREA: MISSION ACT –  
*Caregiver Support Information Technology System*

VA will apply a buy-first strategy for acquisitions, focusing on procurement of managed services through cloud vendors. Secondly, VA will procure internally hosted Commercial-Off-The-Shelf solutions, followed by in-house development. VA will host the latter two in its newly established VA Enterprise Cloud (VAEC) which leverages the services provide by leading commercial cloud service providers. Third, in accordance with VA MISSION ACT requirements and to meet the needs of Veterans, VA’s Caregiver Support Program (CSP) must develop and implement a new information technology system to support administrative and record-keeping needs. VA will work with Congress to allocate funding and resources for expanding CSP to all eligible Veterans.

**BUSINESS STRATEGY 4.3.2: MODERNIZE LEGACY SYSTEMS AND PROCESSES**

---

FOCUS AREA: VA/DOD COLLABORATION; BUSINESS TRANSFORMATIONS –  
*Financial Management Business Transformation*

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 EHR and financial management systems.

VA’s Financial Management Business Transformation (FMBT) program will replace its financial management and acquisition system with new systems that increase transparency, accuracy, timeliness, and reliability of financial information across VA. This will improve fiscal accountability to taxpayers and enable VA employees to better care for and serve Veterans. FMBT will provide a modern, Integrated Financial and Acquisition Management System (iFAMS) with transformative business processes and capabilities that enables VA to meet its goals and objectives in compliance with financial management legislation and directives.

VA will modernize its electronic health record system to provide Veterans with seamless care as they transition from Servicemember to Veteran status and when they choose to use community care. VA is working closely with DoD to ensure the deployment of an EHR that is fully interoperable. Engaging front-line staff and clinicians is a fundamental aspect in ensuring VA meets the program’s goals. The new EHR system is the first step to modernize our appointment system. More importantly, the interoperability of the new system will connect VA to the DoD, private doctors, and private pharmacies to create a continuum of care and organize the health care around Veteran’s needs. This is also our opportunity to turn the corner and be an industry leader on opioid abuse intervention and suicide prevention.

VA will improve benefits and service delivery capabilities through the development of a Veteran-centric system known as the Benefits Integration Platform (BIP). Built on the technological foundation of the Veterans Benefits Management System (VBMS), BIP will consolidate common services and capabilities and operate as VA’s unified benefits and services platform; VBA will migrate all appropriate IT systems, functionality, and lines of business

(LoB) to BIP. By leveraging the platform; VBA will establish authoritative customer data and reduce duplication across LoBs. BIP will support VA’s buy-first strategy and improve Veteran experience through human-centered design development.

VA will modernize interment capabilities through the development of the Memorial Benefits Management System (MBMS). The modern solution will enable improved management and operations of the largest cemetery system in the country. MBMS will also enable NCA end-users to perform eligibility, benefits, and cemetery management functions using one system. MBMS will increase the efficiency of benefits delivery by improving access, enhance end-user functionality, and improving customer experience through shorter processing times.

Other major legacy systems targeted for replacement include memorialization support systems and Veterans appeals systems. Additionally, VA will ensure rigorous business process analysis and reengineering are conducted before the procurement or development of new solutions.

---

***“The Electronic Health Record has the potential to change the way our Veterans are treated, but also change the way we do business, to make the delivery of our services more efficient, make it more timely. And in an age when we are, as a nation, trying to grapple with the terrible effects of things like opioid addiction and mental health problems, this is a system that will give the VA central control and a way to look into the medical life of our people to tell us if there is a problem - if there is a problem for potential opioid abuse, if there is a mental health problem, if there is something as simple as a dietary problem.” ~Secretary Wilkie, Speech to VA Employees, August 3, 2018.***

---

### **BUSINESS STRATEGY 4.3.3: LAUNCH DIGITAL VETERANS PLATFORM**

---

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

### **BUSINESS STRATEGY 4.3.4: ENHANCE SERVICE TO VA BUSINESS LINES**

---

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

VA will develop and implement IT systems to support integration efforts among these critical VA programs:

- Caregiver Support Program (CSP);
- Forever GI Bill;
- Appeals modernization;
- Financial management and acquisition systems;
- Electronic health records;
- Women’s health; and
- Interment and memorialization support systems.





VA will integrate development and operations to enable frequent delivery of incremental releases with high reliability. In VA's development and operations (DevOps) model, VA will run projects as a single team that is responsible for both developing capabilities within a product line, managing releases, and operating capabilities in production. This requires integrated development and operations teams, as well as a modern tools and processes optimized to support continuous integration such as Cloud infrastructure and automated tests and deployments. DevOps improves collaboration between developers and IT operations professionals through communication and a strong understanding of business goals. Since they are complementary strategic concepts, VA is adopting Product Line Management (PLM), Scaled Agile Framework (SAFe), Information Technology Service Management (ITSM), and DevOps as part of a comprehensive modernization effort to enhance service to VA business lines.

#### **BUSINESS STRATEGY 4.3.5: MODERNIZE AND UNIFY VA'S DIGITAL SERVICES**

---

VA services will be represented by a single, high-quality, mobile-friendly self-service tool, such as VA.gov. 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 interface 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 and the Department will continue to streamline VA's digital experience so it is more user-friendly for customers. VA will deliver self-service tools on par with top private sector companies and will put the organization at the leading edge of digital modernization across Government.

**BUSINESS STRATEGY 4.3.6: 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. Given the high degree of connectivity, interdependence, and reliance on integrated open platform technology, meeting cybersecurity challenges requires strategic attention and collaboration across the entire VA ecosystem. VA has a critical mission that includes protecting Veteran and VA mission critical data as well as safeguarding VA’s information systems and infrastructure from continuously evolving cybersecurity threats.

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

**4.4 PERFORMANCE GOALS**

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

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

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

### **BUSINESS STRATEGY 4.4.1: INSTITUTIONALIZE VALUE MANAGEMENT, ANALYTICS, AND DATA PRACTICES**

---

VA will institutionalize a value management capability to understand the outcomes VA provides 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 stakeholders. This capability will support decision making that focuses resources on Veteran services and drives operational efficiency.

### **BUSINESS STRATEGY 4.4.2: STANDARDIZED ACCESSIBLE DATA**

---

VA will use comprehensive data to drive uniform understanding of Veterans, describe Veteran-facing and internal business processes, provide baseline information used by the enterprise, and 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 Veteran needs and evolving market forces. Coupled with value analytics, VA will leverage competitive advantages to adapt better VA care, benefits, and services to address Veterans’ needs and 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 and achieve long-term organizational objectives. VA governance will achieve cross-organizational unity of purpose and execution, consistently promulgate critical decisions throughout the enterprise, track progress toward established outcomes, and ensure compliance with laws, regulations, policies, and Executive Orders. The enterprise governance framework consists of architecture, practices, and enterprise decision-making norms. It will drive the use of customer experience data and value analytics as the basis for data informed decision making within the Department.

### **BUSINESS STRATEGY 4.4.5: 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.

**APPENDIX A: FY2018-2019 AGENCY PRIORITY GOALS**

VA Priorities	Impact Statement	Achievement Statement (Metric)	Responsible Office
Customer Experience	Veteran Customer Experience: VA will increase Veterans’ trust in VA.	By September 30, 2019, Veterans' positive responses will increase from 67 percent (FY17, Q4) to 90 percent to the statement, "I trust VA to fulfill our country's commitment to Veterans."	Veterans Experience Office
MISSION Act Implementation	Community Care: Improve Veterans' health 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 percent (FY17Q4) to 79 percent.	Veterans Health Administration
Business Transformation	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 and Veterans Benefits Administration
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 percent from the baseline of 57 percent. 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

Agency Priority Goals support the achievement of VA’s priorities within 2 years and drive improvements to Veterans’ outcomes, customer service, and organizational efficiencies.<sup>31</sup> [VA’s published 2018-2019 Agency Priority Goals and metrics are accessible from the Federal government's performance website.](#)

<sup>31</sup> Executive Office of the President (2018). Circular No. A–11. *Preparation, Submission, and Execution of the Budget*. Pg. 250.2. <https://www.whitehouse.gov/wp-content/uploads/2018/06/a11.pdf>.

## APPENDIX B: STRATEGIC OBJECTIVE PERFORMANCE GOALS

The table below lists VA Goals, Strategic and Management Objectives, and their associated Performance Goals.

<p><b>Goal 1: Veterans choose VA for easy access, greater choices, and clear information to make informed decisions.</b></p> <p><b>Objective 1.1:</b> VA understands Veterans' needs throughout their lives to enhance their choices and improve customer experiences.</p> <p><b>Performance Goals 1.1:</b></p> <ul style="list-style-type: none"> <li>1.1.a: Veterans are satisfied with the available choices for care, benefits, and services.</li> <li>1.1.b: Eligible Veterans choose VA as their provider of choice for their care.</li> </ul>
<p><b>Objective 1.2:</b> VA ensures Veterans are informed of, understand, and can get the benefits, care, and services they earned, in a timely manner.</p> <p><b>Performance Goals 1.2:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>1.2.b: Veterans agree that the statement "I feel like a valued customer" is true.</li> </ul>
<p><b>Goal 2: Veterans receive highly reliable and integrated care and support and excellent customer service that emphasizes their well-being and independence throughout their life journey.</b></p> <p><b>Objective 2.1:</b> VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence.</p> <p><b>Performance Goals 2.1:</b></p> <ul style="list-style-type: none"> <li>2.1.a: Veterans are satisfied with the results of the Veteran benefits, care, and services they received.</li> <li>2.1.b: VA's organizational performance matches or exceeds industry standards for excellence in all of its lines of business.</li> </ul>
<p><b>Objective 2.2:</b> VA ensures at-risk and underserved Veterans receive what they need to end Veteran suicide, homelessness, and poverty.</p> <p><b>Performance Goals 2.2:</b></p> <ul style="list-style-type: none"> <li>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).</li> <li>2.2.b: End Veteran suicides.</li> <li>2.2.c: End Veteran homelessness.</li> <li>2.2.d: Veterans achieve independence and economic security.</li> </ul>
<p><b>Goal 3: Veterans trust VA to be consistently accountable and transparent.</b></p> <p><b>Objective 3.1:</b> VA is always transparent to enhance Veterans' choices, to maintain trust, and to be openly accountable for its actions.</p> <p><b>Performance Goals 3.1:</b></p> <ul style="list-style-type: none"> <li>3.1.a.: Veterans say, "I trust VA to fulfill our Country's commitment to Veterans."</li> <li>3.1.b.: VA publishes health care benchmarks aligned with the private sector.</li> <li>3.1.c.: VA publishes customer experience, benefit, and service delivery performance data.</li> </ul>
<p><b>Objective 3.2:</b> VA holds personnel and external service providers accountable for delivering excellent customer service and experiences while eliminating fraud, waste, and abuse.</p> <p><b>Performance Goals 3.2</b></p> <ul style="list-style-type: none"> <li>3.2.a.: VA significantly reduces fraud, waste, and abuse.</li> <li>3.2.b.: Performance based action will be initiated against all proven poor performers within 90 days of substantiation of poor performance.</li> <li>3.2.c.: Appropriate disciplinary or adverse action will be initiated against all employees within 90 days of substantiation of misconduct.</li> </ul>

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

**Objective 4.1:** VA's infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to adapt to changing business environments and Veteran needs.

**Performance Goal 4.1:**

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

**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 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 Federal Government.
- 4.2.b.: VA retains a quality workforce.

**Objective 4.3:** VA IT modernization will deliver effective solutions that enable VA to provide improved customer service and a secure, seamless experience within available resources in a cost-effective manner.

**Performance Goal 4.3:**

- 4.3.a: Users are satisfied with VA's ability to provide secure and transparent interoperability of information and data.

**Objective 4.4:** VA will institutionalize data supported and performance focused decision making that improves the quality of outcomes.

**Performance Goals 4.4**

- 4.4.a: Employees have access to the information and 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 challenging operating environment, summarized by the following trends:<sup>32</sup>

- 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.

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

<sup>32</sup> The 2018-2024 Strategic Plan assumes these trends will continue during the timeline of this document.

addressing the needs and experiences of Veterans after leaving military service.<sup>33</sup> Less than one percent of Americans serve in the military, compared to 12 percent of the population during World War II.<sup>34</sup> Most Americans have very little, if any, exposure to the military or Veterans, resulting in perhaps a general misunderstanding of Servicemembers 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.<sup>35</sup>

## INTERNAL INFLUENCES

### MANAGEMENT CHALLENGES

In his “State of the VA” briefing on September 26, 2018, the Secretary clearly articulated the pervasive challenges that the Department must confront, many of which relate to VA’s health care activities.<sup>36</sup> 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 most 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 death by suicide.

The Secretary highlighted a path forward to improve the VA’s culture to focus attention and effort on offering world-class customer service. While increasing access to care and benefits through MISSION ACT implementation and business transformation including adoption of a new electronic health record system, new claims and appeals process, and modernizing VA human resources, financial management, construction program, and supply systems.

Secretary Wilkie’s Priorities are:

- Customer Service;

<sup>33</sup> Carter, et al., *Lost in Translation, The Civil-Military Divide and Veteran Employment*, (2017).

<sup>34</sup> Eikenberry and Kennedy, *Americans and Their Military, Drifting Apart*, (2013).

<sup>35</sup> Secretary McDonald Memo, *Strategic Imperatives for FY2018-2024 Strategic Planning Cycle*, (February 2, 2016).

<sup>36</sup> The White House, *Press Briefing by Secretary of Veterans Affairs David Shulkin*, (May 31, 2017).



- MISSION Act Implementation;
  - Community Care
  - Expansion of Benefits for Caregivers
- Electronic Health Record;
- Business Systems Transformation;
  - Appeals Modernization
  - Forever GI Bill
  - Financial Management Systems
  - Supply Chain Transformation

His additional areas of focus are:

- VA/DoD Collaboration;
- Suicide Prevention;
- Accountability;
- Women’s Health;
- Community Living Centers;
- Hiring and Vacancies; and
- Wait Times.

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 VA 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 2017. Concurrently, health care benefits have increased by 98 percent during the same period. Education coupled with Vocational Rehabilitation and Employment (VR&E) outlays have increased by 313 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.

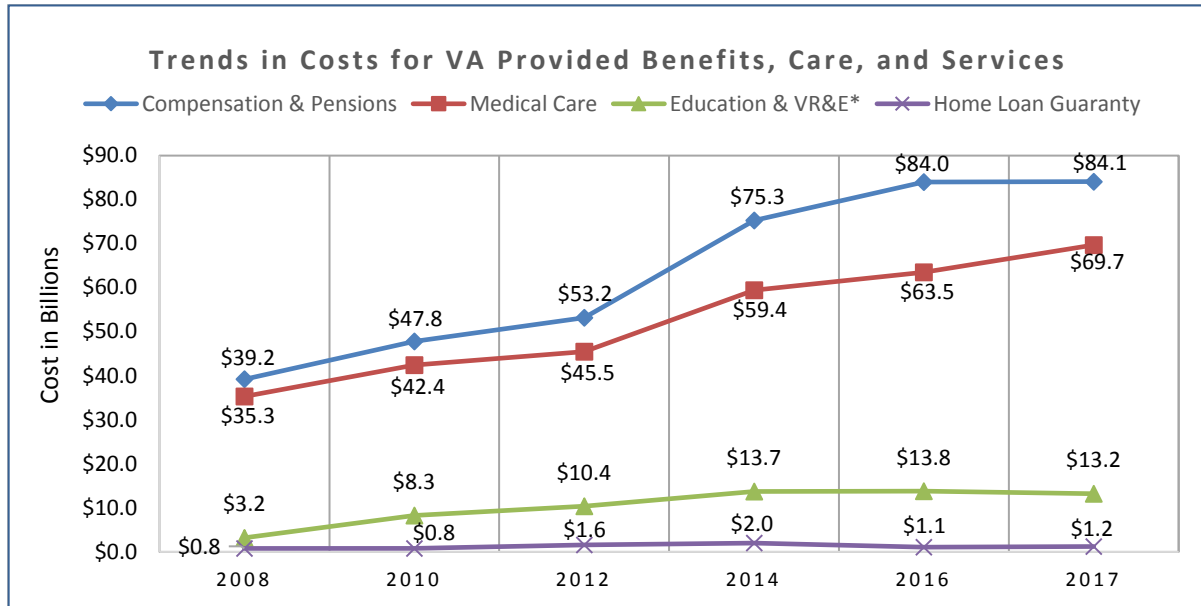
The graph below show the number of Veterans or beneficiaries using certain VA benefits and services,<sup>37</sup> and the increase in costs to provide compensation and pensions, medical care, VR&E, and home loan guarantees to Servicemembers, Veterans, their families, and survivors. The data showing increased costs was pulled from 2008, 2010, 2012, 2014, 2016, 2017 VA expenditure tables that reside on the National Center for Veterans Analysis and Statistics Web site.<sup>38</sup>

---

<sup>37</sup> 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.

<sup>38</sup> U.S. Department of Veterans Affairs, *Expenditure Tables*, (2017).

### Trends in Costs for VA Provided Benefits, Services, and Care



## UNDERSTANDING OUR AT-RISK POPULATIONS

The variance in Veteran populations is driven by conflict and war. The Veteran population swelled to its highest numbers because of the Nation’s engagement in World War II (WWII), (12/07/1941 – 12/31/1946) and the Korean Conflict (6/25/1950 – 7/27/1953).<sup>39</sup> An estimated 21,832,566 Americans served during these conflicts.<sup>40</sup> 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.<sup>41</sup>

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.<sup>42</sup> 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

<sup>39</sup> Torreon, Barbara, *U.S. Periods of War and Dates of Recent Conflicts*, (2017) pg. 2-4.

<sup>40</sup> 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 during the Korean Conflict.

<sup>41</sup> U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017*, (n.d.).

<sup>42</sup> Torreon, Barbara, *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).

service-connected disability (34 percent of Post-9/11 Veterans compared to 18 percent of all other Veterans).<sup>43</sup> *This is a distinctly different pattern from previous Veteran populations.*

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.<sup>44</sup> (The number of Veterans retrieved from *VETPOP2016 Living Veterans by Period of Service, gender, 2015-2045*,<sup>45</sup> and the number of Veterans using VA benefits and services retrieved from *U.S. Veterans Eligibility Trends and Statistics*.<sup>46</sup>)

# of Veterans using VA Benefits & Services	2005	2007	2009	2011	2013	2015	2017
	9,102,227	8,989,987	8,579,872	8,908,323	9,240,704	9,526,480	9,828,570
Male	8,534,148	8,388,520	7,967,650	8,231,909	8,463,035	8,690,885	8,882,230
Female	568,079	601,467	612,222	676,414	777,669	835,595	946,340
All Veterans	24,542,219	23,565,983	22,877,618	22,319,248	21,649,655	20,783,555	19,998,799

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.

<sup>43</sup> 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.

<sup>44</sup> Estimate for 2005 through 2015 revised based on changes in methodology to remove non-Veterans (Spouses, dependents, Active Servicemembers) from the count.

<sup>45</sup> U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, gender, 2015-2045, 9/30/2017, (n.d.)*.

<sup>46</sup> U.S. Department of Veterans Affairs, *U.S. Veterans Eligibility Trends and Statistics (2017)*.

## 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 (12/07/1941 to 12/31/1946), and another 5,720,000 served during the Korean Conflict (6/25/1950 to 7/27/1953).<sup>47, 48</sup> 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.<sup>49</sup> Most WWII Veterans (52.9 percent) and Korean Conflict Veterans (73.1 percent) used at least one VA benefit or service,<sup>50</sup> and 6.4 percent of World War II and 5.6 percent of Korean Veterans live in poverty.<sup>51</sup>

**Vietnam Veterans:** 8,744,000 Veterans<sup>52</sup> served during the Vietnam War (8/5/1964 to 5/27/1975)<sup>53</sup> and approximately 6,650,524 were living in September 2017.<sup>54</sup> They are age 55 years and older, and approximately one-third of Vietnam era Veterans are 70 percent or more disabled.<sup>55</sup> The clear majority (89.7 percent) receive VA health care or compensation,<sup>56</sup> and 6.3 percent of Vietnam Veterans live in poverty.<sup>57</sup>

**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).<sup>58</sup> 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.<sup>59</sup> 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

<sup>47</sup> 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.).

<sup>48</sup> Dates retrieved from Torreon, Barbara, *U.S. Periods of War and Dates of Recent Conflicts*, (2017) pg. 2-4.

<sup>49</sup> U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017*, (n.d.).

<sup>50</sup> U.S. Department of Veterans Affairs, *U.S. Veterans Eligibility Trends and Statistics*, (2015).

<sup>51</sup> U.S. Department of Veterans Affairs, *Profile of Veterans in Poverty: 2014*, (2016) pg. 18.

<sup>52</sup> Defense Manpower Management Center, *Principal Wars in which the United States Participated-U.S. Military Personnel Serving and Casualties* (n.d.).

<sup>53</sup> Torreon, Barbara, *U.S. Periods of War and Dates of Recent Conflicts*, (2017) pg. 4.

<sup>54</sup> U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017*, (n.d.).

<sup>55</sup> U.S. Department of Veterans Affairs, *Profile of Vietnam War Veterans: From the 2015 American Community Survey*, (2017) pg. 4, 8.

<sup>56</sup> U.S. Department of Veterans Affairs, *U.S. Veterans Eligibility Trends and Statistics*, (2015).

<sup>57</sup> U.S. Department of Veterans Affairs, *Profile of Veterans in Poverty: 2014*, (2016) pg. 18.

<sup>58</sup> 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.

<sup>59</sup> 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.

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).<sup>60</sup>

**Post-9/11 or Gulf War II Veterans:** More than 4.4 million Veterans have served in the military since October 2001.<sup>61</sup> 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,<sup>62</sup> 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).<sup>63</sup> Nearly half (48%) of all Post 9/11 Veterans deployed to Iraq or Afghanistan and many deployed to both Nations;<sup>64</sup> 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.<sup>65</sup>

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.<sup>66</sup>

---

## 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.<sup>67, 68</sup>

**Poverty:** In 2017, there were approximately 19.9 million living Veterans.<sup>69</sup> 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.<sup>70</sup> A comparison of poverty rates among all Veteran cohorts, including Veterans who served during peacetime, shows the highest poverty rates for Post-9/11 Veterans (8.9 percent) and lowest for Korean War Veterans (5.6 percent).<sup>71</sup>

---

<sup>60</sup> U.S. Department of Veterans Affairs, *Profile of Pre-9/11 Veterans: 2015*, (2017) pg. 6-10.

<sup>61</sup> U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017* (n.d.).

<sup>62</sup> U.S. Department of Veterans Affairs, *Profile of Post-9/11 Veterans: 2015*, (2017) pg. 6-8.

<sup>63</sup> U.S. Department of Veterans Affairs, *Profile of Women Veterans: 2015* (2016) pg. 4.

<sup>64</sup> Bureau of Labor Statistics, *Employment Situation of Veterans 2016*, (2016) pg. 2.

<sup>65</sup> U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2024*, (n.d.).

<sup>66</sup> U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017* (n.d.).

<sup>67</sup> Bureau of Labor Statistics, *Employment Situation of Veterans 2016*, (2016) pg. 9-12.

<sup>68</sup> 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.

<sup>69</sup> U.S. Department of Veterans Affairs, *Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045, 9/30/2017*, (n.d.).

<sup>70</sup> U.S. Department of Veterans Affairs, *Profile of Veterans in Poverty: 2014*, (2016) pg. 4-7.

<sup>71</sup> U.S. Department of Veterans Affairs, *Profile of Veterans in Poverty: 2014*, (2016) pg. 18.

## AGING VETERANS

**Agging 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 women non-Veterans are in the same age group.<sup>72</sup> As of September 30, 2017, the number of living Veterans by period of service were:<sup>73</sup>

- 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.<sup>74</sup> 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 expected to lose the ability to function independently and require long term support services,<sup>75</sup> 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.<sup>76</sup>

## 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).<sup>77</sup> 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

<sup>72</sup> U.S. Department of Veterans Affairs, *Profile of Veterans in Poverty: 2014*, (2016) pg. 18.

<sup>73</sup> 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.

<sup>74</sup> OECD, *OECD Better Life Index*, (n.d.).

<sup>75</sup> Favreault and Dey, *Long-Term Services and Supports for Older Americans: Risks and Financing* (2015) pg. 1.

<sup>76</sup> Anderson PhD, *Chronic Care: Making the Case for Ongoing Care* (2010) pg. 5.

<sup>77</sup> Congressional Budget Office, *Rising Demand for Long-Term Services and Supports for Elderly People*, (2013) pg. 8, 31.

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.<sup>78</sup>

- 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 1 percent are parents, and 36 percent are children.<sup>79</sup> In 2018, caregivers for Post-9/11 Veterans were younger than caregivers for civilians. Approximately 10 percent of Post-9/11 and 22 percent of civilian caregivers were over the age of 75. However, in 2034, the percentage of Post-9/11 caregivers over the age of 75 is projected to equal to civilian caregivers, about 55 percent, but from that point forward Post 9/-11 caregivers will be older than civilian caregiver. By 2044, 85 percent of Post-9/11 caregivers, compared to 70 percent of civilian caregivers, are projected to be over the age of 75.<sup>80</sup>
- 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 and few other caregivers will be available to fill the void.

**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.<sup>81</sup> 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<sup>82</sup> 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).<sup>83</sup> Furthermore, because the number of Americans age 65 and older is expected to increase from 46 million in 2014 to 74 million by 2030<sup>84</sup> 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.<sup>85, 86</sup>

---

## MENTAL HEALTH

**Suicide:** Suicide prevention is a top priority for VA, and VA has adopted a public health approach to suicide prevention, which is outlined in VA’s National Strategy for Preventing Veteran Suicide 2018-2028.<sup>87</sup> Between 2005

---

<sup>78</sup> Ramchand, et al., *Hidden Heroes: America's Military Caregivers*, (2014) pg. 29-30, 70, 104-105.

<sup>79</sup> Ramchand, et al., *Hidden Heroes: America's Military Caregivers*, (2014) pg. 33-34.

<sup>80</sup> Ramchand, et al., *Hidden Heroes: America's Military Caregivers* (2014), pg. 118.

<sup>81</sup> 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.pg. 13.

<sup>82</sup> Family Caregiver Alliance, *Selected Long-Term Care Statistics* (2015).

<sup>83</sup> 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.

<sup>84</sup> Colby & Ortman, *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*, (2015) pg. 5.

<sup>85</sup> 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.

<sup>86</sup> 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, home health aides 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.

<sup>87</sup> U.S. Department of Veterans Affairs, *National Strategy for Preventing Veteran Suicide 2018-2028*.

and 2016, the Veteran suicide rate increased by 25.9 percent.<sup>88</sup> In 2016, the majority of Veterans who died by suicide (58 percent) were age 55 and older, and the suicide rate was highest among younger Veterans (age 18-34). Additionally, the risk of suicide was 1.8 times higher for female Veterans when compared to non-Veteran adult women. Between 2005 and 2016, after adjusting for age differences, Veterans in VHA care had a higher rate of suicide than Veterans not in VHA care. However, the rate of suicide among Veterans who recently receive VHA services increased at a slower pace than the rate of suicide among Veterans who did not recently receive VHA services.<sup>89, 90, 91</sup>

**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,<sup>92</sup> 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.<sup>93</sup>

- Up to 30 percent of Vietnam Veterans are believed to have PTSD.<sup>94</sup> 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 two-fold higher risk of death than those without PTSD.<sup>95</sup>

**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<sup>96</sup> and severe shortages exist in many areas in the U.S., which includes entire States.<sup>97</sup> By 2025, the supply of mental health professionals will fall short of the demand by up to 57,490.<sup>98</sup>

---

## RURAL VETERANS

Approximately 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

---

<sup>88</sup> U.S. Department of Veterans Affairs, *VA National Suicide Data Report 2005-2016*, (2018) pgs. 3 and 5.

<sup>89</sup> U.S. Department of Veterans Affairs, *VA National Suicide Data Report 2005-2016*, (2018) pgs. 3, 8, and 7.

<sup>90</sup> 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.

<sup>91</sup> National Institute of Mental Health, *Suicide* (n.d.). The suicide rate is the actual number of deaths by suicide per 100,000 people.

<sup>92</sup> U.S. Department of Veterans Affairs, *Mental Health Effects of Serving in Afghanistan and Iraq*, (2015).

<sup>93</sup> Ramchand, et al., *Hidden Heroes: America's Military Caregivers*, (2014) pg. 47.

<sup>94</sup> U.S. Department of Veterans Affairs, *Study explores reasons why Veterans seek—or don't seek—PTSD care* (2014).

<sup>95</sup> 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.

<sup>96</sup> American Hospital Association, *2017 AHA Environmental Scan*, (n.d.) pg. 6.

<sup>97</sup> U.S. Department of Health and Human Services, *Health Professional Shortage Areas (HPSA) - Mental Health*, (2017).

<sup>98</sup> 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.



Veterans earn 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.<sup>99</sup>

- Rural Veterans are older, have higher poverty and uninsured rates, and are in poorer health when compared to urban Veterans.<sup>100</sup> Mental health services are not available in more than half of all counties in the U.S., and all those counties are in rural areas.<sup>101</sup>

**Rural Hospitals:** Rural hospitals are critical health care resources for 5.2 million Veterans<sup>102</sup> and 62 million Americans.<sup>103</sup> 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.<sup>104</sup> One-third of closed hospitals are critical access hospitals<sup>105</sup> and an additional 673 hospitals are at risk of closing.<sup>106</sup> The rural health care system serves the Nation’s most disadvantaged people who are older, sicker, and poorer than their urban counterparts.<sup>107</sup>

---

## WOMEN VETERANS

In 2016, women represented 56 percent of the general population but only 10 percent (approximately 2 million) of the Veteran population.<sup>108</sup> Most 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.<sup>109</sup> 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.<sup>110</sup> 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.<sup>111</sup>

---

<sup>99</sup> U.S. Department of Veterans Affairs, *Rural Veterans' Health Care Challenges*, (2017).

<sup>100</sup> U.S. Department of Veterans Affairs, *Rural Veterans' Health Care Challenges*, (2017).

<sup>101</sup> American Hospital Association, *2017 AHA Environmental Scan*, (2017) pg. 6.

<sup>102</sup> U.S. Department of Veterans Affairs, *Rural Veterans*, (2017).

<sup>103</sup> iVantage Health Analytics, *2015 Rural Health: Vulnerability to Value*, (2015) pg. 5.

<sup>104</sup> Topchik, Michael, *Rural Relevance 2017: Assessing the State of Rural Healthcare in America*, (2017) pg. 6-8.

<sup>105</sup> 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.

<sup>106</sup> iVantage Health Analytics, *Rural Relevance - Vulnerability to Value: A Hospital Strength INDEX Study*, (2016) pg. 7.

<sup>107</sup> Topchik, *Rural Relevance 2017: Assessing the State of Rural Healthcare in America*, (2017) pg. 17.

<sup>108</sup> Bureau of Labor Statistics, *Employment Situation of Veterans 2016*, (2016) pg. 18.

<sup>109</sup> U.S. Department of Veterans Affairs, *Profile of Women Veterans*, (2016) pg. 4, 7, 9, 11, 13.

<sup>110</sup> U.S. Department of Veterans Affairs, *Study of Barriers for Women Veterans to VA Health Care*, (2015) pg. 30, 58, 73.

<sup>111</sup> U.S. Department of Veterans Affairs, *VA Utilization Profile FY 2016*, (2017) pg. 7.

## 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 Hispanic, 6.7 percent are Asian, and the remainder are American Indian/Alaskan Native, Hawaiian/Pacific Islander and other races.<sup>112</sup> 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.<sup>113</sup>

## 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.<sup>114</sup> The map on page 54 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.<sup>115</sup>

**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.<sup>116</sup> Further, shortages in some mental health professions could be as high as 253,000.<sup>117</sup>

**Nursing Shortages:** The supply of registered nurses (RN) and licensed practical nurses (LPN) is projected to meet demands in 2025, but the distribution of nurses across the country is not expected to align with demand.<sup>118</sup> 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.

<sup>112</sup> U.S. Department of Veterans Affairs, 2017, *VetPop 2016, Table L. Living Veterans by Period of Service, Gender, 9/30/2017*, (n.d.).

<sup>113</sup> U.S. Department of Veterans Affairs, *Minority Veterans Report: 2014*, (2017) pg. vi, vii, 35.

<sup>114</sup> iVantage Health Analytics, *Hospital Vulnerability Index: Rural Closures and Risk of Closure*, (2015).

<sup>115</sup> U.S. Department of Veterans Affairs, *Veteran Population Projection Model 2016: Overview*, (n.d.).

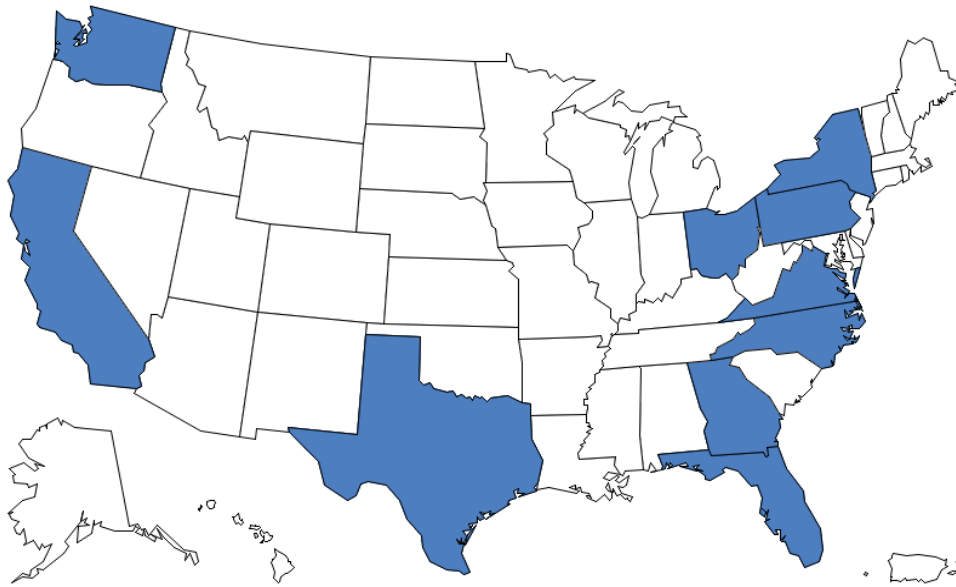
<sup>116</sup> American Hospital Association, *2017 AHA Environmental Scan* (2017) pg. 5.

<sup>117</sup> 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.

<sup>118</sup> U.S. Department of Health and Human Services, *The Future of the Nursing Workforce: National-and State-Level Projections, 2012-2025*, (2014) 15.

## Map of Where Veterans are Projected to Live in 2030

Top 10 States in 2030



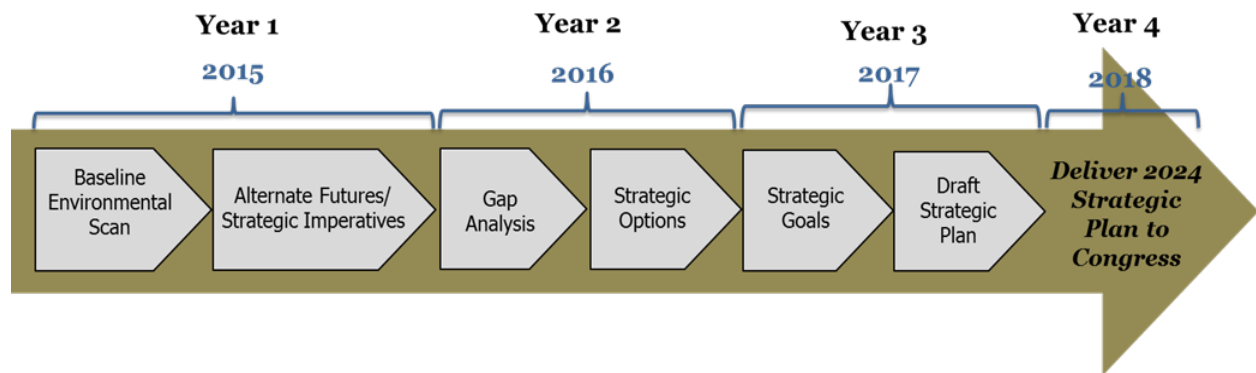
Source: VetPop2016

## 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 7 years into the future to accomplish its mission and promote best outcomes for Veterans in 2024. The figure below represents the 2015 – 2018 QSPP. Outputs from one phase are inputs to the next phase, and they are critical to the overall success of the process.



In 2015, 87 people from across VA and other Federal agencies contributed to the QSPP 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 to meet the needs of Servicemembers, Veterans, their families, and caregivers. These trends informed Strategic Imperatives (described below) that provide context for the Strategic Goals and Objectives.<sup>119</sup>

<sup>119</sup> Secretary McDonald Memo, *Strategic Imperatives for FY2018-2024 Strategic Planning Cycle*, (February 2, 2016).

## Strategic Imperatives



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 Servicemembers, 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 VA senior leadership 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 initial promulgation of the five VA priorities and the efforts of the VA Reform Planning Teams further informed the first published version of this plan. The second version of the plan was informed by Secretary Wilkie’s priorities, which 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, The American Legion, Disabled American Veterans, Veterans of Foreign Wars, and Paralyzed Veterans of America. Final socialization of the plan with Congress and Veteran-centric groups, such as the VSOs, 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 objectives 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. [The Journeys of Veterans Map is accessible from the Office of Innovation and Improvement, Department of Education.](#)

## APPENDIX E: BIBLIOGRAPHY

- American Hospital Association. n.d. "2017 AHA Environmental Scan." *American Hospital Association*. Accessed May 31, 2017. <https://www.aha.org/system/files/content/17/2017environmentalscan.pdf>.
- Anderson, Gerard. 2010. "Chronic Care: Making the Case for Ongoing Care." *Robert Wood Johnson Foundation*. Accessed January 4, 2018. <https://www.rwjf.org/en/library/research/2010/01/chronic-care.html>.
- Bernstein, Lenny. 2015. "U.S. faces 90,000 doctor shortage by 2025, medical school association warns." *Washington Post*. March 3. Accessed July 12, 2017. [https://www.washingtonpost.com/news/to-your-health/wp/2015/03/03/u-s-faces-90000-doctor-shortage-by-2025-medical-school-association-warns/?noredirect=on&utm\\_term=.c897a08a71e8](https://www.washingtonpost.com/news/to-your-health/wp/2015/03/03/u-s-faces-90000-doctor-shortage-by-2025-medical-school-association-warns/?noredirect=on&utm_term=.c897a08a71e8).
- Bureau of Labor Statistics. 2016. "Economic News Release: Employment Situation of Veterans Summary." *U.S. Department of Labor*. March 22. Accessed November 1, 2016. <https://www.bls.gov/news.release/pdf/vet.pdf>.
- . n.d. *How the Government Measures Unemployment*. Accessed October 27, 2017. [https://www.bls.gov/cps/cps\\_htgm.htm#employed](https://www.bls.gov/cps/cps_htgm.htm#employed).
- . n.d. *Labor Force Statistics from the Current Population Survey*. Accessed October 27, 2017. [https://www.bls.gov/cps/cps\\_htgm.htm#employed](https://www.bls.gov/cps/cps_htgm.htm#employed).
- Carter, Phillip, Amy Schafer, Katherine Kidder, and Moira Fagan. 2017. "Lost in Translation: The Civil-Military Divide and Veteran Employment." *Center for New American Security*. June 15. Accessed August 7, 2017. <https://www.cnas.org/publications/reports/lost-in-translation>.
- Centers for Disease Control and Prevention. 2017. *Violence Prevention: Risk and Protective Factors*. October 3. Accessed December 4, 2017. <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>.
- Colby, Sandra L., and Jennifer M. Ortman. 2015. "Projections of the Size and Composition of the U.S. Population: 2014 to 2060." *U.S. Census Bureau*. March. Accessed July 12, 2017. <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>.
- Congressional Budget Office. 2013. "Rising Demand for Long-Term Services and Supports for Elderly People." June 13. Accessed May 11, 2017. <https://www.cbo.gov/publication/44363>.
- Defense Manpower Management Center. n.d. "Principal Wars in which the United States Participated-U.S. Military Personnel Serving and Casualties." *Defense Casualty Analysis System*. Accessed September 25, 2017. [https://dcas.dmdc.osd.mil/dcas/pages/report\\_principal\\_wars.xhtml](https://dcas.dmdc.osd.mil/dcas/pages/report_principal_wars.xhtml).
- Eikenberry, Karl W., and David M. Kennedy. 2013. "Americans and Their Military, Drifting Apart." *New York Times*, May 26. Accessed June 15, 2017. <http://www.nytimes.com/2013/05/27/opinion/americans-and-their-military-drifting-apart.html>.
- Executive Office of the President of the United States. 2017. "Federal Register." *Executive Order 13781 Comprehensive Plan for Reorganizing the Executive Branch*. March 17. Accessed February 2019. <https://www.federalregister.gov/documents/2017/03/16/2017-05399/comprehensive-plan-for-reorganizing-the-executive-branch>.
- . 2019. "Federal Register." *Executive Order 13861 National Roadmap to Empower Veterans and End Suicide*. March 8. Accessed March 8, 2019. <https://www.federalregister.gov/documents/2019/03/08/2019-04437/national-roadmap-to-empower-veterans-and-end-suicide>.
- . 2018. "Federal Register." *Executive Order 13822 Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life*. January 9. Accessed January 31, 2019. <https://www.federalregister.gov/documents/2018/01/12/2018-00630/supporting-our-veterans-during-their-transition-from-uniformed-service-to-civilian-life>.
- . 2017. *Presidential Executive Order on a Comprehensive Plan for Reorganizing the Executive Branch*. March 13. Accessed December 13, 2017. <https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/memoranda/2017/M-17-22.pdf>.
- . 2018. "Whitehouse.gov." *Circular A-11 Preparation, Submission, and Execution of the Budget*. June. Accessed February 14, 2019. <https://www.whitehouse.gov/wp-content/uploads/2018/06/a11.pdf>.
- Family Caregiver Alliance. 2015. "What is Long-Term Care?" *Selected Long-Term Care Statistics*. January 31. Accessed June 6, 2017. <https://www.caregiver.org/selected-long-term-care-statistics>.

- Favreault, Melissa, and Judith Dey. 2015. "Long-Term Services and Supports for Older Americans: Risks and Financing." *U.S. Department of Health & Human Services*. July 1. Accessed December 28, 2017. <https://aspe.hhs.gov/basic-report/long-term-services-and-supports-older-americans-risks-and-financing-research-brief>.
- Government Business Council. 2016. "What is Long-Term Care and Who Needs It?" *Federal Long Term Care Insurance Program*. March. Accessed June 30, 2017. [https://cdn.govexec.com/media/jeffs/fltc/fltc\\_posts\\_v8.pdf](https://cdn.govexec.com/media/jeffs/fltc/fltc_posts_v8.pdf).
- Holder, Kelly Ann. 2017. "Veterans in Rural America: 2011–2015: American Community Survey Reports." *U.S. Census Bureau*. January. Accessed July 17, 2017. <https://www.census.gov/content/dam/Census/library/publications/2017/acs/acs-36.pdf>.
- iVantage Health Analytics . 2015. "2015 Rural Health: Vulnerability to Value." *iVantage* . Accessed August 7, 2017. [https://ivantagehealth.com/wp-content/uploads/2015/04/2015-RURAL-RELEVANCE-FULL-PDF\\_FNL2.pdf](https://ivantagehealth.com/wp-content/uploads/2015/04/2015-RURAL-RELEVANCE-FULL-PDF_FNL2.pdf).
- . 2016. "Rural Relevance - Vulnerability to Value: A Hospital Strength INDEX Study." *Chartis.com*. Accessed May 15, 2017. [http://www.chartis.com/resources/files/INDEX\\_2016\\_Rural\\_Relevance\\_Study\\_FINAL\\_Formatted\\_02\\_08\\_16.pdf](http://www.chartis.com/resources/files/INDEX_2016_Rural_Relevance_Study_FINAL_Formatted_02_08_16.pdf).
- Kang DrPH, Han K., Tim A. Bullman, PhD, Derek J. Smolenski MPH, Nancy A. Skopp PhD, Gregory A. Hahn PhD, and Mark A. Reger PhD. 2015. "Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars." *Annals of Epidemiology* (Elsevier Inc.) 25: 96-100. <https://www.ncbi.nlm.nih.gov/pubmed/25533155>.
- Kaye, H. Stephen, Charlene Harrington, and Mitchell P. LaPlante. 2010. "Long-Term Care: Who Gets It, Who Gets It, Who Provides It, Who Pays, And How Much?" *Health Affairs* 29 (1: Advancing Long-Term Services & Supports): 11-21. Accessed July 12, 2017. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2009.0535>.
- Manchester, Julie. 2017. *VA secretary vows to bring down veteran suicide rate*. July 16. Accessed July 18, 2017. <http://thehill.com/blogs/blog-briefing-room/news/342204-va-secretary-vows-to-bring-down-veteran-suicide-rate>.
- National Institute of Mental Health. 2019. *Suicide*. Accessed June 19, 2019. <https://www.nimh.nih.gov/health/statistics/suicide.shtml>
- OECD. n.d. "United States." *OECD Better Life Index*. Accessed June 5, 2017. <http://www.oecdbetterlifeindex.org/countries/united-states/>.
- Office of Disease Prevention and Health Promotion. 3 . *Social Determinants of Health*. March 2019. Accessed March 5, 2019. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.
- Ramchand, Rajeev, Terri Tanielian, Michael P. Fisher, Christine Anne Vaughan, Thomas E. Trail, Caroline Batka, Phoenix Voorhies, Michael Robbins, Eric Robinson, and Madhumita Ghosh Dastidar. 2014. "Rand Corporation." *Hidden Heroes: America's Military Caregivers*. Accessed June 30, 2017. [https://www.rand.org/pubs/research\\_reports/RR499.html](https://www.rand.org/pubs/research_reports/RR499.html).
- Schlenger, William E., Nida H. Corry, Christianna S. Williams, Richard A. Kulka, Norah Mulvaney-Day, Samar DeBakey, Catherine M. Murphy, and Charles R. Marmar. 2015. "A Prospective Study of Mortality and Trauma-Related Risk Factors Among a Nationally Representative Sample of Vietnam Veterans." *American Journal of Epidemiology* 182 (12): 980-990. Accessed July 16, 2017. doi:<https://doi.org/10.1093/aje/kwv217>.
- Spetz, Joanne, Laura Trupin, Timothy Bates, and Janet M. Coffman. 2015. "Future Demand For Long-Term Care Workers will be Influenced by Demographic and Utilization Changes." *Health Affairs* 34 (6): 936–945. Accessed December 27, 2017. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0005>.
- Topchik, Michael. 2017. "Rural Relevance 2017: Assessing the State of Rural Healthcare in America." *Chartis Center for Rural Health*. Accessed May 15, 2017. [https://cdn2.hubspot.net/hubfs/333498/CCRH/The%20Rural%20Relevance%20Study\\_2017\\_FL031717.pdf?hssc=31316192.1.1494871007884&hstc=31316192.37f8c36ee579ebf9ae0855b928a0a77b.1494871007884.1494871007884.1494871007884.1&hsCtaTracking=45e3d15a-8730-48c6-a82b](https://cdn2.hubspot.net/hubfs/333498/CCRH/The%20Rural%20Relevance%20Study_2017_FL031717.pdf?hssc=31316192.1.1494871007884&hstc=31316192.37f8c36ee579ebf9ae0855b928a0a77b.1494871007884.1494871007884.1494871007884.1&hsCtaTracking=45e3d15a-8730-48c6-a82b).
- Torreón, Barbara Salazar. October 11, 2017. *U.S. Periods of War and Dates of Recent Conflicts*. Congressional Research Service. Accessed December 28, 2017. <https://fas.org/sgp/crs/natsec/RS21405.pdf>.



- U.S. Census Bureau. n.d. "Veterans Living by Age & Period of Service, Age, and Sex: 2010 ." Accessed July 14, 2017. <https://view.officeapps.live.com/op/view.aspx?src=http%3A%2F%2Fwww2.census.gov%2Flibrary%2Fpublications%2F2011%2Fcompendia%2Fstatab%2F131ed%2Ftables%2F12s0521.xls>.
- U.S. Congress. House. *Harry W. Colmery Veterans Educational Assistance Act of 2017*. HR-3218. 115th Congress. Public Law No: 115-48 (08/16/2017). " *Congress.gov*. <https://www.congress.gov/bill/115th-congress/house-bill/3218/text/pl?overview=closed>.
- U.S. Congress. House. *Veterans Appeals Improvement and Modernization Act of 2017*. H.R. 2288. 115th Congress (08/23/2017). Public Law 115-55. <https://www.congress.gov/bill/115th-congress/house-bill/2288/text/pl?overview=closed>.
- U.S. Congress. Senate. *John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 or VA MISSION Act of 2018*. S.2372. 115th Congress (2017-2018). Public Law 115-82. <https://www.congress.gov/bill/115th-congress/senate-bill/2372/text>.
- U.S. Department of Defense. n.d. "Conflict Casualties." *Defense Casualty System*. Accessed June 19, 2019. <https://dcas.dmdc.osd.mil/dcas/pages/casualties.xhtml>.
- U.S. Department of Health and Human Services . 2014. "The Future of the Nursing Workforce: National-and State-Level Projections, 2012-2025." Health Resources and Services Administration, National Center for Health Workforce Analysis, Rockville, MD. Accessed May 11, 2017. <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nursingprojections.pdf>.
- U.S. Department of Health and Human Services. 2016. "Critical Access Hospitals: Rural Health Series." *Centers for Medicare & Medicaid Services*. November. Accessed July 17, 2017. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CritAccessHospfctsh.pdf>.
- . 2017. "Health Professional Shortage Areas (HPSA) - Mental Health." *Health Resources & Services Administration*. July 12. Accessed July 12, 2017. [https://datawarehouse.hrsa.gov/ExportedMaps/HPSAs/HGDWMapGallery\\_BHPR\\_HPSAs\\_MH.pdf](https://datawarehouse.hrsa.gov/ExportedMaps/HPSAs/HGDWMapGallery_BHPR_HPSAs_MH.pdf)
- . 2017. "Health Professional Shortage Areas." *Data Warehouse*. July 12. Accessed July 12, 2017. <https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx>.
- . 2016. "National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025." *Health Resources and Services Administration*. November. Accessed July 12, 2017. <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/behavioral-health2013-2025.pdf>.
- . 2017. "What is Long-Term Care?" *Administration on Aging*. February 21. Accessed June 30, 2017. <https://longtermcare.acl.gov/the-basics/what-is-long-term-care.html>.
- . 2017. "Who Needs Care?" *Long Term Care*. February 21. Accessed June 6, 2017. <https://longtermcare.acl.gov/the-basics/who-needs-care.html>.
- U.S. Department of Labor. 2016. "Economic News Release: Employment Situation of Veterans Summary." *Bureau of Labor Statistics*. March 22. Accessed Novemer 1, 2016. <http://www.bls.gov/news.release/pdf/vet.pdf>.
- U.S. Department of Veterans Affairs. 2019. "(VA) Employee Engagement Enterprise-wide Plan." April 17. Accessed April 24, 2019. [https://www.va.gov/NCOD/VA\\_Employee\\_Engagement\\_Enterprise-wide\\_plan.pdf](https://www.va.gov/NCOD/VA_Employee_Engagement_Enterprise-wide_plan.pdf).
- . 2011. "2010 National Survey of Veterans: Understanding and Knowledge of VA Benefits and Services." *National Center for Veterans Analysis and Statistics*. November. Accessed December 11, 2017. [https://www.va.gov/vetdata/docs/SpecialReports/2010NSV\\_Awareness\\_FINAL.pdf](https://www.va.gov/vetdata/docs/SpecialReports/2010NSV_Awareness_FINAL.pdf).
- . 2015. *2015 Veteran Economic Opportunity Report*. Accessed July 12, 2016. <http://www.benefits.va.gov/benefits/docs/veteraneconomicopportunityreport2015.pdf>.
- . 2017. *About VA*. April 28. Accessed August 15, 2017.
- U.S. Department of Veterans Affairs. July 13, 2005. *American War and Military Operations Casualties*. Congressional Research Service, Library of Congress.
- . 2017. "America's Wars Fact Sheet." *Office of Public Affairs*. May. Accessed July 6, 2017. [https://www.va.gov/opa/publications/factsheets/fs\\_americas\\_wars.pdf](https://www.va.gov/opa/publications/factsheets/fs_americas_wars.pdf).
- . 2017. "Expenditure Tables." *National Center for Veterans Analysis and Statistics*. Accessed April 20, 2019. <https://www.va.gov/vetdata/Expenditures.asp>.
- . 2017. "FY 2018 Budget Submission: Benefits and Burial Programs and Departmental Administration, Volume 3 of 4." *Office of Budget*. May. Accessed June 30, 2017. <https://www.va.gov/budget/products.asp>.

- U.S. Department of Veterans Affairs. 2011. "Gulf War Era Veterans Report: Pre-9/11 (August 2, 1990 to September 10, 2001)." Accessed October 27, 2017. [https://www.va.gov/vetdata/docs/SpecialReports/GW\\_Pre911\\_report.pdf](https://www.va.gov/vetdata/docs/SpecialReports/GW_Pre911_report.pdf).
- . 2019. *Health Services Research & Development: VA Priorities and VHA Strategic Plans*. January 4. Accessed February 12, 2019. [https://www.hsrd.research.va.gov/about/strategic\\_plan.cfm](https://www.hsrd.research.va.gov/about/strategic_plan.cfm).
  - . 2015. "Mental Health Effects of Serving in Afghanistan and Iraq." *PTSD: National Center for PTSD*. August 13. Accessed July 5, 2017. [https://www.ptsd.va.gov/understand/types/combat\\_exposure.asp](https://www.ptsd.va.gov/understand/types/combat_exposure.asp).
  - . 2017. "Minority Veterans Report." *Center for Minority Veterans*. March. Accessed July 7, 2017. [https://www.va.gov/vetdata/docs/SpecialReports/Minority\\_Veterans\\_Report.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf).
  - . n.d. "National Strategy for Preventing Veteran Suicide 2018-2028." *Office of Mental Health and Suicide Prevention*. Accessed April 18, 2019. [https://www.mentalhealth.va.gov/suicide\\_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf).
  - . 2017. "Profile of Post-9/11 Veterans: 2015." *National Center for Veterans Analysis and Statistics*. March. Accessed July 5, 2017. [https://www.va.gov/vetdata/docs/SpecialReports/Post\\_911\\_Veterans\\_Profile\\_2015.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Post_911_Veterans_Profile_2015.pdf)
  - . 2017. "Profile of Pre-9/11 Veterans: 2015." *National Center for Veterans Analysis and Statistics*. June. Accessed October 30, 2017. [https://www.va.gov/vetdata/docs/SpecialReports/Pre\\_911\\_Veterans\\_2015.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Pre_911_Veterans_2015.pdf).
  - . 2017. "Profile of Veterans 2015: Data from the American Community Survey." *National Center for Veterans Analysis and Statistics*. March. Accessed May 11, 2017. [https://www.va.gov/vetdata/docs/SpecialReports/Profile\\_of\\_Veterans\\_2015.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2015.pdf).
  - . 2016. "Profile of Veterans in Poverty: 2014." *National Center for Veterans Analysis and Statistics*. March. Accessed August 25, 2016. [http://www.va.gov/vetdata/docs/SpecialReports/Profile\\_of\\_Veterans\\_In\\_Poverty\\_2014.pdf](http://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_In_Poverty_2014.pdf).
  - . 2016. "Profile of Veterans: 2014." *National Center for Veterans Analysis and Statistics*. March. Accessed December 1, 2016. [http://www.va.gov/vetdata/docs/SpecialReports/Profile\\_of\\_Veterans\\_2014.pdf](http://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_2014.pdf).
  - . 2017. "Profile of Vietnam War Veterans: From the 2015 American Community Survey." *National Center for Veteran Analysis and Statistics*. July. Accessed July 16, 2017. [https://www.va.gov/vetdata/docs/SpecialReports/Vietnam\\_Vet\\_Profile\\_Final.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Vietnam_Vet_Profile_Final.pdf).
  - . 2016. "Profile of Women Veterans: 2015." *Prepared by the National Center for Veterans Analysis and Statistics*. December. Accessed July 7, 2017. [https://www.va.gov/vetdata/docs/SpecialReports/Women\\_Veterans\\_Profile\\_12\\_22\\_2016.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_Profile_12_22_2016.pdf).
  - . 2017. "Rural Veterans." *Office of Rural Health*. June 5. Accessed July 6, 2017. <https://www.ruralhealth.va.gov/aboutus/ruralvets.asp>.
  - . 2014. "Study explores reasons why Veterans seek—or don't seek—PTSD care ." *Office of Research & Development*. April 14. Accessed July 17, 2017. <https://www.research.va.gov/currents/spring2014/spring2014-25.cfm>.
  - . 2015. "Study of Barriers for Women Veterans: Final Report." *Center for Women Veterans*. April. Accessed July 7, 2017. [https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Womens%20Health%20Services\\_Barriers%20to%20Care%20Final%20Report\\_April2015.pdf](https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf).
  - . 2016. "Suicide Among Veterans and Other Americans: 2001-2014." *Office of Suicide Prevention*. August 3. Accessed July 17, 2017. <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>.
  - . n.d. "Table 2L: VETPOP2016 Living Veterans by Period of Service, Gender, 2015-2045." *National Center for Veterans Analysis and Statistics*. Accessed July 5, 2017. [http://www.va.gov/vetdata/docs/Demographics/New\\_Vetpop\\_Model/2L\\_VetPop2016\\_POS\\_National.xls](http://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/2L_VetPop2016_POS_National.xls).
  - . 2014. "Table 3L: VETPOP 2014 Living Veterans by Race/Ethnicity, Gender, 2013-2043." *National Center for Veterans Analysis and Statistics*.
  - . 2017. *The Veteran Population Model*. August 31. Accessed December 12, 2017. [https://www.va.gov/vetdata/veteran\\_population.asp](https://www.va.gov/vetdata/veteran_population.asp).
  - . 2017. "The Veteran Working-Poor: The Relationship between Labor Force Activity and Poverty Status." *National Center for Veterans Analysis and Statistics*. November. Accessed December 13, 2017. [https://www.va.gov/vetdata/docs/SpecialReports/The\\_Veteran\\_Working\\_Poor.pdf](https://www.va.gov/vetdata/docs/SpecialReports/The_Veteran_Working_Poor.pdf).

- U.S. Department of Veterans Affairs. August 2, 1973. *U.S. Military Personnel and Casualties in Principal U.S. Wars*. Congressional Research Service, Library of Congress.
- U.S. Department of Veterans Affairs. 2017. "U.S. Veterans Eligibility Trends and Statistics." National Center for Veterans Analysis and Statistics.
- . 2016. "Unique Veterans Users Profile: 2015." *National Center for Veterans Analysis and Statistics*. December. Accessed July 13, 2017. [https://www.va.gov/vetdata/docs/SpecialReports/Profile\\_of\\_Unique\\_Veteran\\_Users\\_2015.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Unique_Veteran_Users_2015.pdf).
- . 2019. "VA Benefits & Health Care Utilization ." *National Center for Veterans Statistics and Analysis*. January 25. Accessed February 22, 2019. <https://www.va.gov/vetdata/docs/pocketcards/fy2019q2.pdf>.
- . 2017. "VA Benefits & Health Care Utilization." *NCVAS Pocket Cards*. June 30. Accessed JUNE 30, 2017. <https://www.va.gov/vetdata/pocketcard/index.asp>.
- . 2017. *VA Benefits & Health Care Utilization*. September 2017. Accessed December 6, 2017. <https://www.va.gov/vetdata/docs/pocketcards/fy2018q1.pdf>.
- . 2019. *VA Caregiver Support*. March 5. Accessed March 5, 2019. [https://www.caregiver.va.gov/Care\\_Caregivers.asp](https://www.caregiver.va.gov/Care_Caregivers.asp).
- . 2018. "VA Insider." *Customer Service Policy Statement*. August 22. Accessed February 8, 2019. <https://vaww.insider.va.gov/wp-content/uploads/2018/08/Customer-Service-Policy-Statement-SECVA-Signed.pdf>.
- . 2018. "VA National Suicide Data Report: 2015-2016." *MentalHealth*. September. Accessed February 12, 2019. [https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP\\_National\\_Suicide\\_Data\\_Report\\_2005-2016\\_508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf).
- . 2017. *VA Utilization Profile: FY 2016*. November. Accessed December 12, 2017. [https://www.va.gov/vetdata/docs/Quickfacts/VA\\_Utilization\\_Profile.pdf](https://www.va.gov/vetdata/docs/Quickfacts/VA_Utilization_Profile.pdf).
- . 2015. "Veteran Population Projection Model - VetPop2014." *National Center for Veterans Analysis and Statistics*. September. Accessed December 1, 2016. [http://www.va.gov/vetdata/docs/Demographics/New\\_Vetpop\\_Model/VetPop2014Document.pdf](http://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/VetPop2014Document.pdf).
- . n.d. "Veteran Population Projection Model 2016: Overview." *National Center for Veteran Statistics and Analysis*. Accessed July 5, 2017. [https://www.va.gov/vetdata/docs/Demographics/New\\_Vetpop\\_Model/Vetpop16\\_Overview.pdf](https://www.va.gov/vetdata/docs/Demographics/New_Vetpop_Model/Vetpop16_Overview.pdf).
- U.S. Senate Committee on Veterans Affairs. 2018. "Statement of the Honorable Robert Wilkie before the Senate Veterans' Affairs Committee the State of the Department Of Veterans Affairs." *Senate.gov*. September 26. Accessed February 22, 2019. <https://www.veterans.senate.gov/imo/media/doc/SECVA%20Wilkie%20Testimony%2009.26.2018.pdf>
- Veterans Benefits Administration. 2018. "USB Stakeholder Engagement." *Progress& Results Webcast for end of Fiscal Year 2018*. October 16. [https://benefits.va.gov/benefits/docs/USB\\_Stakeholder\\_Engagement\\_101618.pdf](https://benefits.va.gov/benefits/docs/USB_Stakeholder_Engagement_101618.pdf).
- . 2018. "VBA Education Service Quarterly Webinar." *benefits.va.gov*. September 27. Accessed February 22, 2019. [https://www.benefits.va.gov/GIBILL/docs/presentations/SCO\\_Webinar\\_09\\_27\\_2018.pdf](https://www.benefits.va.gov/GIBILL/docs/presentations/SCO_Webinar_09_27_2018.pdf).

## APPENDIX F: ACRONYM GLOSSARY

Acronym	Definition
<b>ADL</b>	Activities of Daily Living
<b>AHA</b>	American Hospital Association
<b>BIP</b>	Benefits Integration Platform
<b>BVA</b>	Board of Veterans' Appeals
<b>CAP</b>	Cross-Agency Priority
<b>CHOICE</b>	Veterans Access and Choice Accountability Act
<b>CLC</b>	Community Living Center
<b>COTS</b>	Commercial Off-the-Shelf
<b>CSP</b>	Caregiver Support Program
<b>DC</b>	District of Columbia
<b>DHS</b>	Department of Homeland Security
<b>DoD</b>	Department of Defense
<b>DOL</b>	Department of Labor
<b>EHR</b>	Electronic Health Record
<b>FEMA</b>	Federal Emergency Management Agency
<b>FMBT</b>	Financial Management Business Transformation
<b>FY</b>	Fiscal Year
<b>GPO</b>	Government Publishing Office
<b>GWOT</b>	Global War on Terrorism
<b>HPSA</b>	Health Professional Shortage Area
<b>HR</b>	Human Resources
<b>I-CARE</b>	Integrity, Commitment, Advocacy, Respect, and Excellence
<b>IADL</b>	Instrumental Activities of Daily Living
<b>IDES</b>	Integrated Disability Evaluation System
<b>IDN</b>	Integrated Delivery Networks
<b>iFAMS</b>	Integrated Financial and Acquisition Management System
<b>IT</b>	Information Technology
<b>ITSM</b>	Information Technology Service Management
<b>LPN</b>	Licensed Practical Nurse
<b>MBMS</b>	Memorial Benefits Management System
<b>M.D.</b>	Medical Doctor
<b>MISSION Act</b>	Maintaining Internal Systems and Strengthening Integrated Outside Networks Act
<b>MPH</b>	Master in Public Health
<b>NCA</b>	National Cemetery Administration
<b>NCRBO</b>	National Capital Region Benefits Office
<b>NOAA</b>	National Oceanic and Atmospheric Administration
<b>OAWP</b>	Office of Accountability and Whistleblower Protection
<b>OECD</b>	Organization for Economic Co-operation and Development
<b>OEI</b>	Office of Enterprise Integration
<b>OIG</b>	Office of the Inspector General

Acronym	Definition
<b>OMB</b>	Office of Management and Budget
<b>OMI</b>	Office of Medical Investigations
<b>OSC</b>	Office of Special Counsel
<b>PCAFc</b>	Program of Comprehensive Assistance for Family Caregivers
<b>PDHS</b>	Post Deployment Health Services
<b>PLM</b>	Product Line Management
<b>PMA</b>	President’s Management Agenda
<b>PTSD</b>	Posttraumatic Stress Disorder
<b>QSPp</b>	Quadrennial Strategic Planning Process
<b>REACH VET</b>	Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment
<b>RN</b>	Registered Nurses
<b>SAFe</b>	Scaled Agile Framework
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>TAP</b>	Transition Assistance Program
<b>TBI</b>	Traumatic Brain Injury
<b>U.S.C.</b>	United States Code
<b>VA</b>	Department of Veterans Affairs
<b>VACO</b>	VA Central Office
<b>VAEC</b>	VA Enterprise Cloud
<b>VBA</b>	Veterans Benefits Administration
<b>VBMS</b>	Veterans Benefits Management System
<b>VETS Act</b>	Veterans E-Health and Telemedicine Support Act
<b>VHA</b>	Veterans Health Administration
<b>VR&amp;E</b>	Vocational Rehabilitation and Employment
<b>VSOC</b>	VetSuccess on Campus
<b>VSO</b>	Veterans Service Organizations
<b>WH-PCP</b>	Women’s Health Primary Care Provider
<b>WRIISC</b>	War Related Illness and Injury Study Centers
<b>WWII</b>	World War II