

Performance Summaries by Strategic Goal

STRATEGIC GOAL 1

Restoration and Improved Quality of Life for Disabled Veterans

Restore the capability of veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families.

Public Benefit

Providing for the specialized health care needs of veterans is an integral component of America's commitment to its veterans. Due to the prevalence of certain chronic and disabling conditions among veterans, VA has developed strong expertise in certain specialized services that are not uniformly available in the private sector. For example, VA has developed polytrauma centers that provide coordinated health and rehabilitation services to active duty servicemembers and veterans who have experienced severe injuries resulting in multiple traumas including spinal cord injuries, traumatic brain injuries, visual impairment, amputations, combat stress, and post-traumatic stress disorder. In addition, through the use of Specially Adapted Housing (SAH) grants, VA is able to make adaptations to seriously disabled veterans' homes in order to help these veterans live more independent lives.

VA's expertise in these specialized services has been shared with health care systems across the country and throughout the world.

In addition to VA's comprehensive system of health care, VA provides compensation, vocational rehabilitation, life insurance, dependency and indemnity compensation, and dependents' and survivors' education services to veterans and their families.

These services are concrete expressions of the pact between our Nation and those who bravely served it in uniform.



VA Increasing Access to Mental Health Care

Addressing a special mental health forum with the top clinicians and researchers from the Department of Veterans Affairs (VA), former Secretary of Veterans Affairs Jim Nicholson announced plans to begin



Former Secretary Nicholson addresses VA clinicians and researchers at a special mental health forum held in Washington, DC.

locating some of the Department's mental health programs closer to places where primary care is provided.

"Given the reluctance of some veterans to talk about emotional problems, increasing our mental health presence in primary care settings will give veterans a familiar venue in which to receive care -without actually going to an identified mental health clinic," he said.

Nicholson described VA as "a long-standing leader in mental health," with \$3 billion devoted this year to mental health services. The Department has the Nation's largest mental health program and is

internationally recognized for research and treatment of post-traumatic stress disorder (PTSD).

"The wounds of war are not always the result of explosions and rocket fire," he added. "They can sometimes be unseen and cloaked in silence. If left untreated, they can be just as lethal. We let veterans know that mental health issues and other military-related readjustment problems are not their fault -- that we can help them -- and that they can get better."

Acknowledging that VA officials expect to see increasing numbers of newly returned combat veterans with PTSD and other mental health issues, Nicholson said mental health care is currently provided at each of VA's 153 medical centers and 882 outpatient clinics.

Nicholson also announced plans to begin a series of regional conferences about providing mental health care to veterans with "our partners at the state, local and community levels." Recent expansion of the Department's mental health services include:

- Greater availability of "telemental health" programs, which treated about 20,000 patients last year.
- Integrating mental health services into geriatric programs.
- Adding psychologists and social workers to the staffs of VA's polytrauma centers.
- Increasing the number of Vet Centers from 209 to 232 by the end of 2008, and establishing 100 new combat veteran patient advocates to run outreach programs for their former comrades.

"As the newest generation of combat veterans returns home, we want to ensure that we are providing them the very best in mental health care and treatment possible. They deserve nothing less," Nicholson said.



Four-Year Performance Trend – Percent of Targets Achieved

Based on the total number of reported results during a fiscal year, the chart below shows the *percent of performance targets that were achieved* for this strategic goal for the past four years.

Each year performance targets change and, to a lesser extent, so do the number and type of measures. Thus, as shown in the data table, the total number of targets may vary each year.



<u>Note</u>: For 2005 and 2006, additional final results are now available. Thus, numbers and percentages have been adjusted from those appearing in the FY 2006 PAR.

Positive 2007 Outcomes

<u>Accurate Claims Processing</u>: The national accuracy rate for processing veterans' claims for disability compensation benefits was maintained at 88 percent, helping to ensure that veterans receive the proper level of monetary benefits for injuries or illnesses they sustained while on active military service.

<u>Vocational Rehabilitation and Employment</u>: The proportion of service-connected disabled veterans who successfully completed the vocational rehabilitation and employment program was maintained at 73 percent. This program provides disabled veterans with the skills and opportunities to obtain employment or gain independence in daily living.



FY 2007 Performance Summary Table – *Selected Measures*

The following table highlights important achievements related to strategic goal one and its supporting strategic objectives. Also shown are estimates of the resources devoted to each objective as well as a total for the strategic goal.

Strategic Goal 1			
Restoration and Imp	proved Quality of Life for	or Disabled Vet	erans
TargetsResultsObligations (\$ in Millions)% of Total VA Resources			
		\$62,329	72.8%

Strategic Objective 1.1 – Specialized Health Care Services Maximize the physical, mental, and social functioning of veterans with disabilities and be a leader in providing specialized health care services.				
• Achieve 98.0 percent of Specially Adapted Housing grant recipients who indicate that grant-funded housing adaptations increased their independence	• TBD percent	\$25,733	30.1%	
	Final data are expected in 10/2008.			
	I			
4-Year His				
Year Targets	Results Avail, Nov. 2007			
FY 2006 N/A	N/A			
FY 2003 N/A	N/A N/A			
FY 2004 N/A	N/A N/A			
F7 2003 N/A				
Strategic Objective 1	2 – Decisions on Disability	Compensation CI	aims	
	-			
PROVIDE TIMELY AND ACCURATE DECISION			OMIC STATUS AND	
QUAL	ITY OF LIFE OF SERVICE-DISABLED VETE	RANS.		
Complete in 160	• 183 days	\$35,390	41.3%	
days compensation and				
pension rating-related				
actions, on average				
,	1 			
4-Year His				
Year Target	s Results			
FY 2000 105 FY 2005 145	167			
FY 2004 145	166			
FY 2003 165	182			
		1		



Strategic Goal 1				
Restoration and Improved Quality of Life for Disabled Veterans				
Targets	Results	Obligations (\$ in Millions)	% of Total VA Resources	
• Reduce to 127 days rating-related compensation actions pending, on average	• 135 days			
Year Target Year Target FY 2006 150 FY 2005 119 FY 2004 N/A FY 2003 N/A				
Achieve an 89	88 percent			
percent national accuracy rate for compensation core rating work	Actual data through 07/2007. Final data are expected in 01/2008.			
Year Target Year Target FY 2006 87% FY 2005 88% FY 2004 N/A FY 2003 N/A				
Strategic Objective Provide eligible service-connected e and maintain employment, while deliv		INITY TO BECOME EMPLOY	ABLE AND OBTAIN	
• Achieve a 73 percent rehabilitation rate of all veteran participants who exit the vocational rehabilitation program and find and maintain suitable employment	• 73 percent	\$773	0.9%	
Year Targe FY 2006 69% FY 2005 66% FY 2004 67% FY 2003 65%	ts Results 73% 63% 62%			

Part I - Performance Summaries by Strategic Goal



Strategic Goal 1 Restoration and Improved Quality of Life for Disabled Veterans					
Targets	R	esults	Obligations (\$ in Millions)	% of Total VA Resources	
	Strategic Objective 1.4 – Improved Standard of Living for Eligible Survivors				
СОМ	PENSATION, EDUCAT	ION, AND INSURANCE B	ENEFITS.		
Complete in 125	• 132 da	ys	\$434	0.5%	
days dependency and indemnity compensation (DIC) actions, on average		-			
4 Maga	Reterre	1			
ş	History gets Results				
······································	20 <u>136</u> 20 124				
	20 124 26 125				
FY 2003 N	/A 153				



STRATEGIC GOAL 2

Smooth Transition to Civilian Life

Ensure a smooth transition for veterans from active military service to civilian life.

Public Benefit

In partnership with DoD, VA conducts outreach activities and transition assistance to separating servicemembers. This enables VA to more quickly identify veterans returning from a combat zone who have service-connected disabilities, as well as those returning without a disability.

These outreach activities include the following:

- During the last 4 years, VA coordinated 8,150 transfers of OIF/OEF servicemembers and veterans from a military treatment facility to a VA medical facility.
- Soldier Family Management Specialists (SFMS) within Assistance Centers at 25 VA medical centers play a critical role in helping severely injured soldiers and their families with issues as the soldiers transition from military service to the civilian community.

• In 2007 the Post Deployment Health Reassessment (PDHRA) initiative resulted in more than 26,000 referrals to VA medical centers and approximately 13,000 referrals to Vet Centers.

The PDHRA is a DoD post-deployment outreach and health screening initiative designed to identify early health-related concerns among servicemembers returning from deployment.

VA participated in 492 PDHRA On-Site and 209 Call Center events in addition to accepting referrals from the DoD 24/7 PDHRA Call Center.

VA's involvement in PDHRA is critical for early intervention with combat veterans having readjustment and physical and mental health concerns.



VA Teams Up with States to Help Injured Veterans



Former Secretary Nicholson addresses the National Association of State Directors of Veterans Affairs on the expansion of a collaborative outreach program with states and territories.

To help severely injured servicemembers receive benefits from their states when they move from military hospitals to VA medical facilities in their communities, VA expanded a collaborative outreach program with states and territories.

After a 4-month pilot with the state of Florida, former Secretary of Veterans Affairs Jim Nicholson expanded the program to all states while addressing a conference of the National Association of State Directors of Veterans Affairs in Alexandria, Virginia. "This initiative is a promising extension of VA's own transition assistance for those leaving military service," said Nicholson. "It is also an opportunity to partner with the states to make long-term support possible for our most deserving veterans..."

Called "State Benefits Seamless Transition Program," the initiative involves VA staff located at 10 DoD medical facilities. VA staff will identify injured military members who will be transferred to VA facilities. VA will contact state veterans affairs offices on behalf of the veterans. The state offices, in turn, will contact the veterans to inform them about benefits available to them and dependent family members. Most states and territories offer a range of benefits to veterans.

"Connecting veterans with state benefits immediately upon their separation from military service is a challenge, and more so for those who have suffered serious injury," said John M. Garcia, president of the National Association of State Directors of Veterans Affairs (NASDVA). "The State Benefits Seamless Transition Program opens a good line of communication and coordination between the Department of Defense, the U.S. Department of Veterans Affairs, and the State Departments of Veterans' Affairs."

"I applaud VA for expanding nationwide this worthwhile pilot program for our severely injured servicemembers," said LeRoy Collins Jr., executive director of the Florida Department of Veterans' Affairs. "This new initiative will be of great value to state governments enhancing long-term support to their veterans and families."



Four-Year Performance Trend – *Percent of Targets Achieved*

Based on the total number of reported results during a fiscal year, the chart below shows the *percent of performance targets that were achieved* for this strategic goal for the past four years.

Each year performance targets change and, to a lesser extent, so do the number and type of measures. Thus, as shown in the data table, the total number of targets may vary each year.



<u>Note</u>: For 2006, additional final results are now available. Thus, numbers and percentages have been adjusted from those appearing in the FY 2006 PAR.

Positive 2007 Outcomes

<u>Caring for Severely-Injured or Ill Veterans of the Global War on Terror</u>: VA assigns a case manager to make sure that ill or severely-injured OIF/OEF veterans receive the proper care when they are transferred from a military treatment facility to the VA health care system. This year, 90 percent of these veterans were contacted by their VA case manager within 7 calendar days of the veteran being notified that he/she was going to be transferred to the VA health care system. The case managers serve as patient advocates to ensure the needs of these veterans and their families are fully addressed.

<u>Timely Processing of Education Claims</u>: For those veterans filing for education benefits for the first time, processing time fell to 32.4 days, while processing time fell to just 13.2 days for those filing a claim to continue their program of education or training. The education program is a vital component of VA's ongoing effort to ease veterans' transition from active military duty to civilian life. This program provides financial assistance to veterans to assist them in achieving their educational or vocational goals.



FY 2006 Performance Summary Table – *Selected Measures*

The following table highlights important achievements related to strategic goal two and its supporting strategic objectives. Also shown are estimates of the resources devoted to each objective as well as a total for the strategic goal.

Strategic Goal 2 Smooth Transition to Civilian Life			
Targets	Results	Obligations (\$ in Millions)	% of Total VA Resources
		\$4,310	5.0%
Strategic	c Objective 2.1 – Reentry into Civ	ilian Life	
EASE THE REENTRY OF NEW VETERANS INTO	D CIVILIAN LIFE BY INCREASING AWARENESS OF, BENEFITS, AND SERVICES.	ACCESS TO, AND USE OF	VA HEALTH CARE
• VA case managers contact 90 percent of severely injured OIF/OEF servicemembers/veterans within 7 calendar days of notification of transfer to the VA system as an inpatient or outpatient	• 90 percent Actual data through 08/2007. Final data are expected in 11/2007.	\$1,533	1.8%
	r History argets Results -Baseline- N/A N/A N/A N/A N/A N/A		
Ensure 48 percent of all original claims filed within the first year of release from active duty are filed at a BDD site prior to a service- member's discharge	• TBD percent (1) Final data are expected in 11/2007. (2) 2006 result has been recalculated. 		
Year Ta FY 2006 FY 2005 FY 2004 FY 2004	r History argets Results 53% 46% N/A 55% N/A N/A N/A N/A		



Smooth Transition to Civilian Life			
Targets	Results	Obligations (\$ in Millions)	% of Total VA Resources
ENHANCE THE ABILITY OF VETERANS AND SE	DJECTIVE 2.2 – DECISIONS ON EDUCATIONAL ANI REVICEMEMBERS TO ACHIEVE EDUCATIONAL ANI EDUCATION CLAIMS AND CONTINUING PAYMENTS	D CAREER GOALS BY PRO	-
Complete in 35 days original education claims, on average	• 32.4 days	\$2,777	3.2%
Year Tar FY 2006 2 FY 2005 2 FY 2004 2	History Results 27 40 25 33 24 26 29 23		
Complete in 15 days supplemental education claims, on average	• 13.2 days		
Year Tar FY 2006	History rgets Results 13 20 13 19 12 13 15 12		
Achieve a 96 percent payment accuracy rate (Education claims)	95 percent 2006 result is corrected.		
Year Tar FY 2006 9 FY 2005 9 FY 2004 9	History Results 5% 94% 5% 96% 4% 94% 5% 94%		



STRATEGIC GOAL 3

Honoring, Serving, and Memorializing Veterans

Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.

Public Benefit

VA continues to set the national standard of excellence in quality and patient safety for the health care industry. Interactive technology strategies are being implemented to provide care in the least restrictive environments to allow patients and families maximum participation in disease management and health maintenance.

Telehealth technologies continue to be implemented to facilitate access to care and to improve the health of veterans and provide the right care in the right place at the right time.

VA has developed and implemented nationally recognized clinical guidelines for treatment and care of patients with one or more high-volume diagnoses. VA's innovations in patient care and development of technology strategies serve as models for the health care industry. Veterans are assured of and merit dignity in their lives, especially in time of need. Such dignity is provided through VA pension programs and life insurance.

Through readjustment counseling, employment services, vocational rehabilitation, education assistance, and home loan guarantees, VA helps veterans become fully reintegrated into their communities with minimal disruption to their lives.

VA honors veterans with final resting places in national shrine cemeteries that are lasting tributes commemorating their service to our Nation.



Chronic Pain Rehabilitation Program

Former Secretary of Veterans Affairs Jim Nicholson praised VA's acclaimed Chronic Pain Rehabilitation Program at the James A. Haley Veterans' Hospital in Tampa, Florida, as a shining example of VA's world-class health care.

"The program at the Tampa VA Medical Center is the largest and most comprehensive pain center in the VA system," Nicholson said. "We're meeting the challenges of treating wounded servicemembers returning from combat in Iraq and Afghanistan, while providing topnotch care to older veterans with chronic medical problems."



VA Tampa's interdisciplinary team received a national award designating their Chronic Pain Rehabilitation Program as a **Clinical Center of Excellence**.

Nicholson noted the Tampa pain program was one of six facilities -- and the only VA facility -- to receive the American Pain Society's first "Clinical Centers of Excellence in Pain Management Awards," honoring the Nation's outstanding pain care centers.

The Society recognized programs that help pain patients enhance overall functionality and quality of life through integrated care across medical disciplines. Patients in the VA pain program have, on average, a 50 percent reduction in pain during treatment. More than half of polytrauma patients leave the facility free of prescribed pain medications, while others have substantially reduced dosages.

The Tampa VA Medical Center hosts one of VA's major polytrauma centers that receive the most severely wounded veterans of combat in Iraq and Afghanistan. Pain management for these patients is particularly challenging because many have cognitive impairment and multiple complex injuries. Patients often arrive on high doses of narcotics, which can interfere with their rehabilitation.

In its recognizing the Tampa center, the American Pain Society highlighted programs that reach beyond drugs to other approaches such as cognitive behavioral and physical therapy to treat the whole person, not just the pain. According to the Society, the Tampa facility had demonstrated that integrated, multidisciplinary pain care yields the best medical, psychological, and social outcomes.

During the past 17 years, Tampa's Chronic Pain Rehabilitation Program has developed national models for managing chronic pain. The facility has devised a pain assessment questionnaire that is used by more than 800 clinicians and researchers in 36 countries.



Four-Year Performance Trend – Percent of Targets Achieved

Based on the total number of reported results during a fiscal year, the chart below shows the *percent of performance targets that were achieved* for this strategic goal for the past four years.

Each year performance targets change and, to a lesser extent, so do the number and type of measures. Thus, as shown in the data table, the total number of targets may vary each year.



Note: For 2005, additional final results are now available. Thus, numbers and percentages have been adjusted from those appearing in the FY 2006 PAR.

Positive 2007 Outcomes

<u>Patient Satisfaction with VA Health Care</u>: Again in 2006 (the most recent data available), patient satisfaction with VA's health care system was higher than the private sector. Based on results from the most recent American Customer Satisfaction Index survey, inpatients at VA medical centers recorded a satisfaction level of 84 out of a possible 100 points, up 1 point from last year and 5 points higher than the private sector. VA's rating of 82 for outpatient care was 2 points higher than last year and 4 points above the private sector.

<u>Access to Medical Care</u>: VA continued to provide excellent access to the Department's health care system. The share of primary care appointments scheduled within 30 days of the veteran's desired date increased to 97.2 percent, while for specialty care appointments the figure increased to 95 percent.

<u>Housing Assistance</u>: VA increased to 57.0 percent the proportion of veterans who otherwise could have lost their homes through foreclosure had it not been for VA's direct involvement in assisting them with steps to retain ownership of their homes or at least significantly reducing their financial hardship by helping them sell their homes.

<u>Access to a Burial Option</u>: VA increased to 83.4 percent the proportion of veterans who have reasonable access to a burial option in either a national or state veterans' cemetery. Last year four new national cemeteries began interment operations, providing service to about 1.5 million veterans in the areas of Detroit, Michigan; Atlanta, Georgia; Sacramento, California; and south Florida.



FY 2007 Performance Summary Table – *Selected Measures*

The following table highlights important achievements related to strategic goal three and its supporting strategic objectives. Also shown are estimates of the resources devoted to each objective as well as a total for the strategic goal.

Strategic Goal 3 Honoring, Serving, and Memorializing Veterans			
Targets	Results	Obligations (\$ in Millions)	% of Total VA Resources
		\$14,454	16.9%

Strategic Objective 3.1 – Delivering Health Care Provide High-Quality, Reliable, Accessible, Timely, and efficient health care that maximizes the health and functional status of enrolled veterans, with special focus on veterans with service-connected conditions, Those unable to defray the costs, and those statutorily eligible for care.				
Achieve a score of 84 percent on the Clinical Practice Guidelines Index II	• 83 percent Actual data through 05/2007. Final data are expected in 11/2007.	\$8,478	9.9%	
Year Ta FY 2006 7 FY 2005 1 FY 2004 1	History rgets Results 7% 83% V/A N/A V/A N/A V/A N/A			
Achieve a score of 88 percent on the Prevention Index III	• 87 percent Actual data through 05/2007. Final data are expected in 11/2007.			
Year Ta FY 2006 8 FY 2005 1 FY 2004 1	History rgets Results 8% 88% N/A N/A N/A N/A N/A N/A			



Strategic Goal 3 Honoring, Serving, and Memorializing Veterans			
Targets	Results	Obligations (\$ in Millions)	% of Total VA Resources
• Achieve 96 percent of primary care appointments scheduled within 30 days of desired date	• 97.2% percent Actual data through 08/2007. Final data are expected in 11/2007.		
Year Ta FY 2006 9 FY 2005 9 FY 2004 9	r History rgets Results 16% 96% 14% 96% 13% 94% 17% 93%		
Achieve 95 percent of specialty care appointments scheduled within 30 days of desired date	• 95 percent Actual data through 08/2007. Final data are expected in 11/2007.		
Year Ta FY 2006 9 FY 2005 9 FY 2004 9	History rgets Results 13% 94% 13% 93% 10% 93% 80% 89%		
• Achieve a score of 78 percent of patients rating VA health care service as "very good" or "excellent" for inpatients	• 77 percent Actual data through 05/2007. Final data are expected in 11/2007.		
Year Ta FY 2006 7 FY 2005 7 FY 2004 7	r History rgets Results 4% 78% 4% 77% 0% 74% 0% 74%		



Strategic Goal 3 Honoring, Serving, and Memorializing Veterans			
Targets	Results	Obligations (\$ in Millions)	% of Total VA Resources
Achieve a score of 78 percent of patients rating VA health care service as "very good" or "excellent" for outpatients	• 77 percent Actual data through 05/2007. Final data are expected in 11/2007.		
Year Ta FY 2006 7 FY 2005 7 FY 2004 7	History rgets Results 3% 78% 3% 77% 2% 72% 1% 73%		
Achieve a 26.3 percent annual increase of non- institutional, long-term care average daily census using 2006 as the baseline (Baseline = 43,325)	• 6.5 percent Actual data through 06/2007. Final data are expected in 11/2007.		
Year Ta FY 2006	rgets Results -Baseline- N/A N/A N/A N/A N/A N/A		



Strategic Goal 3 Honoring, Serving, and Memorializing Veterans			
Targets	Results	Obligations (\$ in Millions)	% of Total VA Resources
PROVIDE ELIGIBLE VETERANS AND THEIR	Decisions on Pe SURVIVORS A LEVEL OF INCOME THAT RAISES CESSING PENSION CLAIMS IN A TIMELY AND A	S THEIR STANDARD OF LIV	/ING AND SENSE OF
Complete in 160 days compensation and pension rating-related actions, on average	• 183 days	\$3,831	4.5%
Year Ta FY 2006 FY FY 2005 FY FY 2004 FY	History rgets Results 185 177 145 167 145 166 165 182		
Complete in 96 days non-rating pension actions, on average	• 104 days		
Year Ta FY 2006	History rgets Results 66 92 73 68 V/A 58 V/A 67		
Achieve an 89 percent national accuracy rate for pension authorization work	• 91 percent Actual data through 07/2007. Final data are expected in 01/2008.		
Year Ta FY 2006 8 FY 2005 8 FY 2004 1	History rgets Results 8% 88% 44% 86% V/A 84% V/A 81%		



Strategic Goal 3 Honoring, Serving, and Memorializing Veterans			
Targets	Results	Obligations (\$ in Millions)	% of Total VA Resources
MAINTAIN A HIGH LEVEL	Objective 3.3 – Providing Insura OF SERVICE TO INSURANCE POLICYHOLDERS A INCE THE FINANCIAL SECURITY OF VETERANS'	AND THEIR BENEFICIARIES	;
Year Tai	• 3.0 days	\$1,684	2.0%
FY 2004 FY 2003 FY 2004 FY 2004	• 96 percent		
Year Tai FY 2006 9 FY 2005 9 FY 2004 9	History gets Results 5% 96% 5% 96% 5% 96% 5% 96% 5% 95%		
_	ic Objective 3.4 – Meeting Buria IRIAL NEEDS OF VETERANS AND ELIGIBLE FAMI		
• Ensure 83.8 percent of veterans are served by a burial option within a reasonable distance (75 miles) of their residence	• 83.4 percent	\$215	0.3%
Year Tai FY 2006 81 FY 2005 78 FY 2004 75	History rgets Results .6% 80.2% .3% 77.1% .3% 75.3% .4% 75.2%		



Llenering	Strategic Goal 3	-) (- 1	
Honoring, Targets	Serving, and Memorializing Results	g Veterans Obligations (\$ in Millions)	% of Total VA Resources
• Achieve 97 percent of survey respondents rating the quality of service provided by the national cemeteries as excellent	• 94 percent		
Year Ta FY 2006 9 FY 2005 9 FY 2004 9	History rgets Results 6% 94% 95% 94% 95% 94% 95% 94%		
	ive 3.5 – Symbolic Expressions		
• Ensure 90 percent of graves in national cemeteries are marked within 60 days of interment	• 94 percent	\$6	<0.1%
4-Year Year Ta FY 2006 9 FY 2005 8 FY 2004 7 FY 2003 7			
Strategic O	bjective 3.6 – Home Purchase a	nd Retention	
	IRCHASE AND RETAIN A HOME BY MEETING OR B UALITY, TIMELINESS, AND FORECLOSURE AVOI		JSTRY STANDARDS
Achieve a 51.0 percent foreclosure avoidance through servicing ratio	\$240	0.3%	
Year Ta FY 2006 47 FY 2005 47 FY 2004 47	History rgets Results 7.0% 54.0% 7.0% 48.0% 7.0% 44.0% 4.0% 45.0%		



STRATEGIC GOAL 4

Contributing to the Nation's Well-Being

Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.

Public Benefit

VA advances medical research and development programs to support veterans' needs and contribute to the Nation's medical and scientific knowledge base as a public good. Initiatives in research include developing strategies to reduce the number of veterans with diabetes, expanding research addressing obesity issues of veterans, and increasing VA involvement in the research and practice of genomic medicine – the science of using information about gene sequence and expression to assess the risk of future disease, to diagnose existing disease, and to choose treatments best matched to the needs of each individual.

One notable VA-led study, *Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation*, the results of which were published in 2007, is expected to have a significant impact on U.S. clinical practice, as well as veterans. The U.S.-Canadian study, led by VA's Cooperative Studies Program (CSP), found that balloon angioplasty plus stenting did little to improve outcomes for 2,287 patients with stable coronary artery disease who also received optimal drug therapy and underwent lifestyle changes. The study, called COURAGE, involved patients at 15 VA medical centers and 35 other U.S. and Canadian hospitals.

A PTSD Genetics Working/Planning Group is being established to explore and define the basis to conduct research related to the genetics of PTSD through development of new and expansion of currently available cohorts (e.g., ongoing CSP clinical trials). By careful clinical characterization and genetic analyses, the VA PTSD cohort should be a longitudinally available resource with continued possibilities for research studies. The studies include determining genetic variants that contribute to PTSD risk, as well as treatment response and outcomes. The first meeting was held in September 2007.

Through relationships with 107 of the 126 U.S. medical schools, VA trained some 31,000 medical residents and fellows and 17,000 medical students in the past year. In addition, as a partner in 5,000 associated health programs across the country, VA trained nearly 44,000 additional medical personnel in over 40 separate disciplines. The quality of health care provided to veterans and to Americans in general is enhanced as a result of these partnerships.

VA's maintenance of national cemeteries as national shrines preserves our Nation's history, nurtures patriotism, and honors the service and sacrifice of our Nation's veterans. Each national cemetery exists as a national shrine providing an enduring memorial to this service, as well as a dignified and respectful setting for their final rest.

VA's Office of Operations, Security, and Preparedness (OSP) became operational in 2007. OSP coordinates the Department's emergency management, preparedness, security, and law enforcement activities to ensure the Department can continue to perform VA's Mission Essential Functions under all circumstances across the spectrum of threats. Both VA's Central Office and Martinsburg Readiness Operation Centers are well equipped, through access to the Homeland Security Information Network and the Homeland Security Data Network, to create a Common Operating Picture that will better enable VA to prepare for, mitigate, respond to, and recover from any man-made or natural event.



VA Expands Successful Infection Control Program Nationwide

Building on the success of a pilot program at VA's Pittsburgh Health Care System that reduced a worrisome staph infection by 50 percent, VA has tough new screening requirements in place in all of its hospitals.



"Hot Spots" or common areas that harbor bacteria were identified, and VA medical center employees take precautions to make sure these hot spots are disinfected often.

In addition to emphasizing its commitment to hospital hygiene and flagging affected patients for special precautions, VA facilities monitor all incoming patients on key units for methicillin-resistant Staphylococcus aureus (MRSA).

"VA demonstrated that dramatic reductions in MRSA-related infections are possible," said Acting Secretary of Veterans Affairs Gordon Mansfield. "VA's completion of our national deployment of these serious prevention measures reinforces VA's stature as one of the safest health care environments nationally."

MRSA is primarily spread through direct physical contact with a person or object carrying the bacteria. Typically, it resides on the skin or in the nose. According to the

Centers for Disease Control and Prevention, MRSA is one of the most rapidly growing infections associated with health care facilities, and it is estimated there may be more than 94,000 MRSA cases a year in the United States associated with 18,650 deaths annually.

The four primary strategies VA now uses to eliminate MRSA include obtaining nasal specimens from all patients when they are admitted, transferred, or discharged; isolating all patients who test positive for MRSA; emphasizing the importance of thorough hand washing for everyone; and cultural transformation to make infection control a primary goal.

"MRSA is a dangerous infection, difficult to eradicate, that can cause pneumonia, wound or bloodstream infections," said Dr. Michael J. Kussman, VA's Under Secretary for Health. "Our ability to reduce the number of cases of MRSA infection enhances our ability to provide quality health care for veterans."



Four -Year Performance Trend – *Percent of Targets Achieved*

Based on the total number of reported results during a fiscal year, the chart below shows the *percent of performance targets that were achieved* for this strategic goal for the past four years.

Each year performance targets change and, to a lesser extent, so do the number and type of measures. Thus, as shown in the data table, the total number of targets may vary each year.



Positive 2007 Outcomes

<u>Medical Research</u>: VA continued its long track of success in conducting research projects that lead to clinically useful interventions that improve the health and quality of life for veterans and the general population. Among other advancements, we made notable progress in developing a new treatment to assist veterans suffering from PTSD.

<u>Honoring our Fallen Heroes</u>: As a direct indicator of our commitment to maintaining national cemeteries as shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made, 97 percent of those surveyed rated the appearance of national cemeteries as excellent and 98 percent said they would recommend the national cemetery system to other veterans' families during their time of need.



FY 2007 Performance Summary Table – *Selected Measures*

The following table highlights important achievements related to strategic goal four and its supporting strategic objectives. Also shown are estimates of the resources devoted to each objective as well as a total for the strategic goal.

Strategic Goal 4 Contributing to the Nation's Well-Being					
Targets	Results	Obligations (\$ in Millions)	% of Total VA Resources		
		\$1,503	1.8%		

Strategic Objective 4.1 – Emergency Preparedness Improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans, as well as to support national, state, and local emergency management and homeland security efforts.						
Achieve 10 percent of U Secretaries, As Secretaries, an key officials wh certify that their "ready to deploy continuity of op (COOP) site	nder sistant d other o self- teams ar y" to their	e) Percent		\$23	<0.1%
		Year Histor	4			
	Year FY 2006	Targets 100%	Results 85%			
	FY 2005	N/A	85%			
	FY 2004 FY 2003	N/A N/A	N/A N/A			



Contr	Strategic Goal 4 Contributing to the Nation's Well-Being				
Targets	Obligations (\$ in Millions)	% of Total VA Resources			
Strategic Objective 4.2 – Medical Research and Development Advance VA medical research and develop programs that address veterans' needs – with an emphasis on service-connected injuries and illnesses – and contribute to the Nation's knowledge of disease and disability.					
• Achieve 67 percent progress towards development of one new treatment for post- traumatic stress disorder (PTSD)	• 67 percent Actual data through 08/2007. Final data are expected in 11/2007.	\$379	0.4%		
Year Ta FY 2006 () FY 2005 () FY 2004 () FY 2003 ()	r History Irgets Results 60% 47% N/A 40% N/A 33% N/A N/A				
ENHANCE THE QUALITY OF CARE TO	C Objective 4.3 – Academic Par O VETERANS AND PROVIDE HIGH-QUALITY EDL ED INTERNALLY IN VA AND VIA PARTNERSHIPS	JCATIONAL EXPERIENCES			
• Attain a score of 86 on a scale of 0-100 on the assessment by medical residents and other trainees of their clinical training experience at VA	• 86	\$996	1.2%		
	r History rgets Results 85 85 85 84 82 84 82 83				



Contr	Strategic Goal 4 Contributing to the Nation's Well-Being					
Targets	Bosulto					
Strategic Objective 4.4 – Socioeconomic Well-Being of Veterans Enhance the socioeconomic well-being of veterans, and thereby the Nation and local communities, through veterans benefits; assistance programs for small, disadvantaged, and veteran-owned businesses; and other community initiatives.						
• Attain 3.00 percent as the statutory minimum goal for awarding contracts to service-disabled veteran- owned small businesses expressed as a percent of total VA procurement dollars	• 5.59 percent Actual data through 08/2007. Final data are expected in 06/2008.	\$2	<0.1%			
Year Ta FY 2006 3 FY 2005 3 FY 2004 3	r History argets Results .00% 3.58% .00% 2.15% .00% 1.25% .00% 0.49%					
ENSURE THAT NATIONAL CEMETERIE	- Maintaining National Cemeters S ARE MAINTAINED AS SHRINES DEDICATED TO M, AND HONORING THE SERVICE AND SACRIFIC	OPRESERVING OUR NATI				
• Achieve 99 percent of survey respondents rating the appearance of the national cemeteries as excellent	• 97 percent	\$103	0.1%			
Year Ta FY 2006 9 FY 2005 9 FY 2004 9	r History argets Results 99% 97% 98% 98% 98% 98% 98% 97%					



ENABLING GOAL

Applying Sound Business Principles

Deliver world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources.

Public Benefit

VA's enabling goal is different from the four strategic goals. The enabling goal and its corresponding objectives represent crosscutting support activities such as information technology management, supply management, human capital planning, and budgeting. These activities enable all organizational units of VA to carry out the Department's mission. The following are a few examples of how VA is applying sound business principles to save time and money:

- Advanced Clinic Access (ACA) is a set of principles and tools for identifying and managing supply and demand to reduce waits and delays. The aim of ACA is to improve access and timeliness of services by redesigning systems to eliminate delays and enhance process flow, while maintaining and/or improving quality, outcomes, and satisfaction. VA promotes ACA principles to improve efficiencies of in-house administrative and clinical capacity, as well as to reduce fee and contract care.
- Conducting efficiency reviews of VA supply chain processes to maximize standardization of supplies, equipment, and services, and to standardize policy and guidance for pharmacy, prosthetics, and fee basis management.
- Advancing VA/DoD collaboration through various process and systems such as Joint Clinical Practice Guidelines, Joint Electronic Health Records, Interoperability Plan, Graduate Medical Education, and joint procurement of medical equipment and supplies.
- Implementing VA's Information Security program designed to protect the

confidentiality, integrity, and availability of veterans' private information as well as provide assurance that cost-effective security controls are in place to protect automated information systems from financial fraud, waste, and abuse.

- Implementing VA's E-Gov (Electronic Government) initiatives, which are focused on using information technology to improve service to veterans. A major objective is to have Web-based information in one place readily available for veterans to reduce the time required to identify services and benefits for which they may qualify.
- Transferring all of VA's employee personnel records contained in the Official Personnel Folder to an electronic format. This accomplishment will eliminate the need for paper records and enable the electronic transfer of employee information among federal agencies. It will also improve access and increase the security of VA's personnel records.
- Creating a secure Intranet Web portal to house employee-specific information regarding background investigations inprocess or completed. The Electronic Questionnaire for Investigations Processing (e-QIP) will speed up processing and lower rejection rates. This system will allow for a net savings of both time and money.
- Through an aggressive real property management program, VA manages its vast holding of diverse capital assets through performance monitoring and analysis. VA seeks to reduce underutilized and vacant space, improve facility condition, decrease operating costs, and reduce non-mission dependent assets. A key element of VA's real property program is its 5-year Capital Plan, which is updated each year.



DoD and VA Establish a New Medical Data Exchange Capability

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. Carres	Lab Results Most Recent Cumulative	Laboratory Resultable Former	Ri - Wokih				Other For		(F Graph		
	All Tests by Date Selected Tests by Da	C Abromal						г э			
	Worksheet Graph	Date/Time	Specimen		HGB	MCV	PLT	Iwac	1		
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and the second se		01/21/98 00:00		34.6L	11.6L	90.4	282	81			
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		08/15/97 00:00		30.8L	10.4L	89	559 M	14.5H			
Sec. 2		08/14/97 00:00		30.7 L	10.2 L	90.7	544 H	18 H			
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and the second se		08/13/97 04:06		25.7 L*	8.4 L	90	559 H	20.1 H			
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The Department of Defense (DoD) and the Department of Veterans Affairs opened data connections that allow doctors in either department to view patient records created by their colleagues at the other agency. Military Health System officials hailed the new interface as a sign of tremendous progress in the campaign to share data between the departments, which have many patients in common.

"With the latest development in the Bidirectional Health Information Exchange (BHIE) program, doctors can now click a button on their computer screens -- whether they are using DoD's Armed Forces Health Longitudinal Technology Application or VA's Veterans Health Information Systems and Technology Architecture -- and see

medication and allergy profiles as well as laboratory, radiology, and pathology reports," said Charles Hume, deputy chief information officer at the Military Health System.

BHIE was available at some hospitals previously, but now all 135 military hospitals and 155 VA medical centers have access to it. Response time for queries is measured in seconds. "It's essentially instantaneous," Hume said.

Although doctors at both agencies use the same process to access records, the two systems handle queries differently. The Military Health System's Clinical Data Repository holds all servicemembers' records, and VA's queries go directly to the database. VA is building a Health Data Repository, but in the meantime, DoD queries are sent to VA hospitals nationwide.

Until now, doctors had to log onto a separate system to view the records rather than accessing them with the same software they use for their own clinical records.

In the future, BHIE will go beyond allowing doctors to view the records to facilitating the exchange of data across system boundaries. The program to build the more robust interface is called the Clinical Data Repository/Health Data Repository (CHDR).

Seven DoD and VA hospitals are already using CHDR to automatically check for potentially harmful drug interactions whenever a doctor writes an electronic prescription.

Hume said that by the end of the year, the feature that checks for adverse drug interactions should be installed at all 290 DoD and VA hospitals. Hume said that he knows of no other system that performs checks so widely when a prescription is written.

Source: Federal Computer Weekly, "DOD and VA open a new medical data spigot," by Nancy Ferris, published on August 3, 2007.



FY 2007 Performance Summary Table – *Selected Measures*

The following table highlights important achievements related to VA's Enabling Goal and its supporting objectives. Also shown are estimates of the resources devoted to each objective as well as a total for the goal.

Enabling Goal Applying Sound Business Principles				
Targets	Results	Obligations (\$ in Millions)	% of Total VA Resources	
		\$3,026	3.5%	

Enabling Object Recruit, develop, and r	ETAIN A COMPETENT, COM	pment and Retenti MITTED, AND DIVERSE WOR TERANS AND THEIR FAMILIE	RKFORCE THAT PROVIDES	
• Attain 32.0 pe of VA employees veterans	ercent • 31.0	percent	\$121	0.1%
FY FY FY FY	2006 30.0% 30 2005 28.0% 28 2004 26.0% 20 2003 N/A 24	sults 0.6% 0.0% 0.0% 1.0% E-2 – Outreach and	I Communications	
IMPROVE COMMUNICATIO	N WITH VETERANS, EMPL	OYEES, AND STAKEHOLDER EFITS AND SERVICES THAT	RS ABOUT VA'S MISSION, G	
• Submit 45 pe of title 38 reports to Congress by the c	.0	ercent	\$51	<0.1%
	4-Year	History		
Year	Targets	Resi	ults	
FY 2006	35% by due date		lue date	
FY 2005	4000/1 1 1	0.40/ 1	lua data	
	100% by due dat			
FY 2004 FY 2003	100% by due dat 80% w/i 15 days of du N/A		/s of due date	



Ann	Enabling Goal Applying Sound Business Principles					
Targets	Obligations (\$ in Millions)	% of Total VA Resources				
• Submit 35 percent of responses to pre- and post-hearing questions within the required timeframe	• 27 percent					
4-Year Year Tar FY 2006 3 FY 2005 N FY 2004 N FY 2003 N						
IMPLEMENT A ONE-VA INFORMATION TE CREATION OF CROSS-CUTTING COMMO	E-3 – Reliable and Secure In CCHNOLOGY FRAMEWORK THAT ENABLES TH IN SERVICES TO SUPPORT THE INTEGRATIO DISTENT, RELIABLE, AND ACCURATE INFORM	HE CONSOLIDATION OF	SOLUTIONS AND THE			
Receive no more than 8 distinct data exchanges from DoD's Defense Manpower Data Center ^(*) ^(*) Explanation: The gradual reduction in data exchanges between VA and DoD systems will eliminate data inconsistencies between the two agencies. This is critical, particularly in areas such as separation data and medical records.	• 11 distinct data exchanges	\$399	0.5%			
4-Year Year Tar FY 2006 2 FY 2005 N FY 2004 N FY 2003 N						



Ann	Enabling Goal lying Sound Business Pr	inciples	
Targets	Results	Obligations (\$ in Millions)	% of Total VA Resources
• Send no more than 1 distinct data exchange to DoD's Defense Manpower Data Center ^(*) (*) Explanation: The gradual reduction in data exchanges between VA and DoD systems will eliminate data inconsistencies between the two agencies. This is critical, particularly in areas such as separation data and medical records.	• 6 Distinct Data Exchanges		
FY 2006 1 FY 2005 N FY 2004 N	History gets Results 0 8 /A N/A /A N/A /A N/A		
IMPROVE THE OVERALL GOVERNANC ACCOUNTABILITY; EMPLOYING RESOU	Objective E-4 – Sound Busine E AND PERFORMANCE OF VA BY APPLYING RCES EFFECTIVELY THROUGH ENHANCED O DURCING; AND LINKING STRATEGIC PLANNIN	SOUND BUSINESS PRINC	MENT, ACQUISITION
Achieve \$170 million of joint VA/DoD procurement contracts for high-cost medical equipment and supplies	• \$180 million (1) 2006 result is corrected. (2) Beginning in 2007, medical supplies were added to this measure.	\$2,455	2.9%
4-Year Year Targets FY 2006 \$150 milli FY 2005 FY 2004 N/A FY 2003 N/A			



	Enabling Goal		
Ap Targets	plying Sound Business Pr Results	Obligations (\$ in Millions)	% of Total VA Resources
• Fully utilize 95 percent of space as compared to overall space (owned and direct-leased)	112 percent (1) Actual data through 08/2007. Final data are expected in 11/2007. (2) 2006 result is corrected.		
Year Ta FY 2006 9 FY 2005 9 FY 2004 Ba FY 2003 9	ar History gets Results 5% 104% 5% 98% seline 80% I/A N/A TBD porcept		
Achieve a 6 percent cumulative decrease in "facility traditional" energy consumption per gross square foot from 2003 baseline	• TBD percent (1) Final data are expected in 01/2008. (2) Both the 2007 target and the strategic target changed per Executive Order 13423 issued in January 2007. (3) 2006 result is corrected.		
Year Ta FY 2006 FY 2005	ar History gets Results 2% 4.4% I/A N/A I/A N/A -Baseline-		