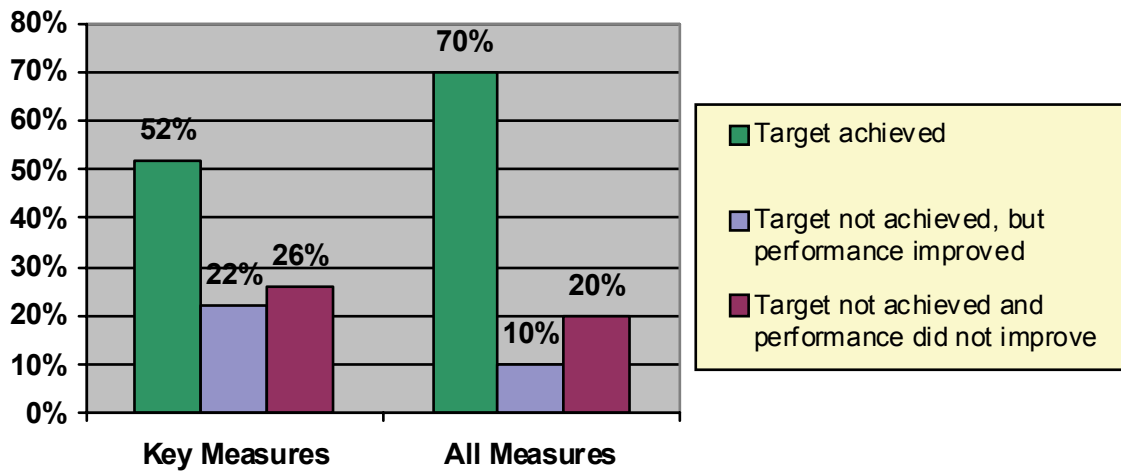




## 2008 Performance -- A Department-Level Summary

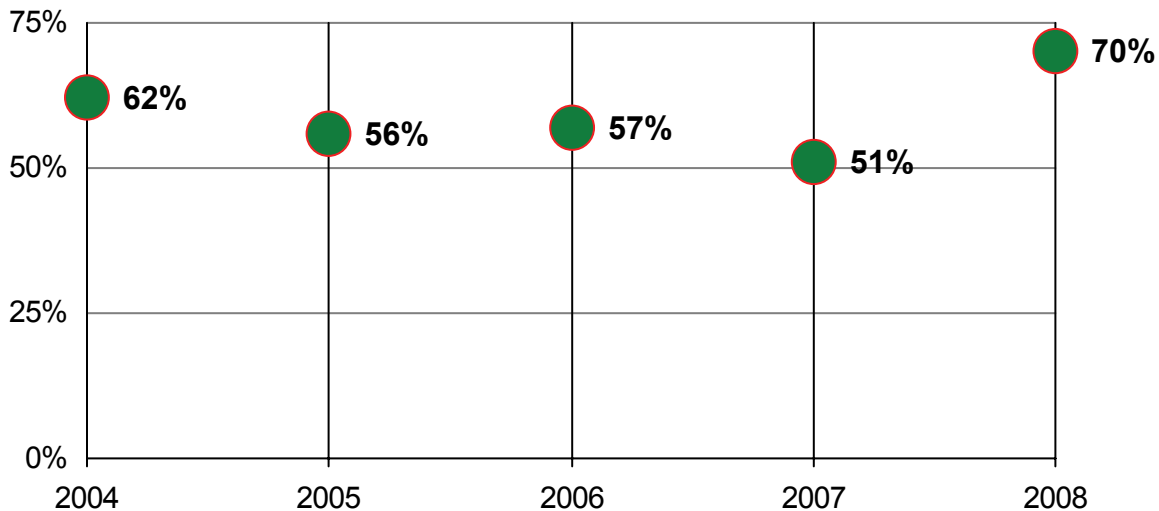
**Performance Results: Key vs. All Measures:** The chart below shows how well VA performed in meeting its performance targets. As shown, VA achieved the target for 52 percent of its key measures and 70 percent of all measures. In addition, for key measures, 22 percent of the targets were not achieved, but performance improved from 2007. For all measures, 10 percent of the targets were not achieved, but performance improved from 2007.

**2008 Performance Results Distribution for Key and All Measures**



**Performance Trends: All Measures:** The chart below shows how well VA performed in meeting its performance targets for all of its measures since 2004. Trend analysis should be considered in light of yearly changes to performance targets and, to a lesser extent, changes to the numbers and types of measures.

**Percent of Targets Achieved For All Measures – 5-Year Trend**





## Strategic Goal Summary

### 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 **specialized health care** for 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 a **polytrauma system of care (PSC)** that provides coordinated inpatient, transitional, and outpatient 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, burns, amputations, combat stress, and post-traumatic stress disorder. The PSC provides intensive clinical and social work case management services essential to coordinating the complex

components of care for polytrauma patients and their families.

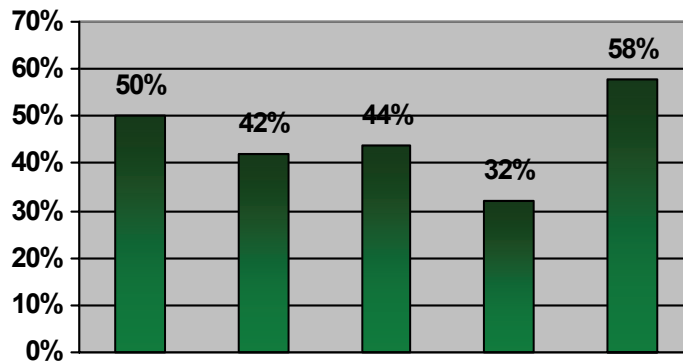
VA's expertise in these specialized services has been shared with health care systems across the **country** and throughout the **world**.

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.

Seriously disabled veterans use **Specially Adapted Housing grants** to modify their homes so that they may live more independent lives.

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

#### Five-Year Performance Trend – Percent of Targets Achieved



Data Table	2004	2005	2006	2007	2008
Targets Achieved	14	10	11	6	11
Total Targets	28	24	25	19	19



## Making a Difference for the Veteran

### Disabled Veteran Completes 3,200 Mile Cross Country Run



Vietnam veteran Eugene Roberts and his grandson run the final stretch of his more than 3,200-mile cross country journey to the Baltimore VA Medical Center where he was welcomed by hundreds of cheering supporters. Baltimore City Police and members of the Patriot Guard Riders escorted Roberts for the final five miles to the medical center.

Hundreds of Department of Veterans Affairs (VA) employees, veterans, and onlookers cheered, waved U.S. flags, and shed tears of joy as Marine veteran Eugene Roberts, Sr., turned from West Baltimore Street into the Baltimore VA Medical Center to finish his more than **3,200-mile cross country run** in April.

While any cross country run is a feat worthy of celebration, what made this Vietnam veteran's trek so special was that he has **two prosthetic legs**. Roberts began his incredible journey in early July 2007 from Marine Corps base Camp Pendleton, California. He crossed nine southern States to Parris Island Marine Corps Depot, South Carolina, and then ran to the VA medical center in Baltimore.

Nothing deterred Roberts -- not the 120-degree temperatures on the desert highways of Southern California and Arizona, or the torrential southern rain storms. "Running on these prosthetic legs wasn't easy," Roberts said to the crowd of supporters after he crossed the finish line. "But my

faith in Jesus kept me going each day." He also attributed his success to the loving support of his wife of more than 40 years, and continual assistance from the **VA Maryland Health Care System prosthetics team**.

Prosthetics Specialist Charlene Grant supported Roberts from day one. Grant made sure that Roberts had the latest athletic prostheses that were up to the task. She also worked with Roberts to coordinate health care "pit stops" at VA medical centers along his journey across the country. These medical centers quickly accommodated the VA Maryland Health Care System patient during his cross country journey. Due to the unprecedented use of his prosthetics, VA medical staff needed to make regular adjustments to his legs and sockets, and the soles of his prosthetic feet had to be replaced after the constant pounding on the pavement. As with any distance runner, Roberts also had his share of blisters and minor injuries.

"This is a great example of how the VA Maryland Health Care System and the VA as a whole is going the 'extra mile' to provide world-class health care services to our Nation's veterans," said Dennis Smith, Director of the VA Maryland Health Care System. "Veterans like Roberts are an inspiration to other amputees, veterans, health care providers, and just about anybody who learns of his amazing story," Smith added. **"His 'never surrender' attitude is an example to people of all walks of life** that no matter how bad things might seem, having the right attitude can lead you down the road to personal accomplishment and fulfillment."



## Most Important Achievements and Current Challenges

### Most Important Achievements – Strategic Goal 1

**TRAUMATIC BRAIN INJURY (TBI):** In collaboration with the Department of Defense, VA developed the first **evidence-based guideline** on the management of **traumatic brain injury** in primary care settings. This will form the basis of caring for this challenging population throughout the VA healthcare system.

**DEVELOPED SURGICAL QUALITY AND OPERATIVE COMPLEXITY INFRASTRUCTURE MODEL:** As surgical procedures and perioperative care become more complex, it is increasingly important to understand their nature, and to quantify and qualify the extent of processes and personnel involved in the **pre-operative assessment**, the operative intervention, and the post-operative care of the surgical patient. The model **quantifies optimal levels** of pre-operative, intra-operative, and post-operative support in order to assure quality, safety, and efficiency.

**SUICIDE PREVENTION HOTLINE:** VA continued operating a **national suicide prevention hotline** to ensure that veterans in emotional crisis have free, **24/7 access** to trained counselors. Veterans can call the Lifeline number, 1-800-273-TALK (8255), and press "1" and they are immediately connected to VA suicide prevention and mental health professionals.

**UNIFORM MENTAL HEALTH SERVICES PROGRAM HANDBOOK:** This Handbook establishes **minimum clinical requirements for VA Mental Health Services**. It delineates the essential components of the mental health program that are to be implemented nationally to ensure that all veterans, wherever they obtain care in VA, have access to needed mental health services.

**36 PERCENT INCREASE IN SPECIALLY ADAPTED HOUSING (SAH) GRANTS AWARDED:** VA assisted 985 severely **disabled veterans** in building a new or adapting an existing dwelling to meet their adaptive **housing needs** enabling them to live more independently. This is a **36 percent increase** from 2007.

**BEGAN PILOTING NEW DISABILITY EVALUATION SYSTEM (DES):** Starting in the National Capital Region in **cooperation with DoD**, VA began testing a pilot project that involves administering a single DoD medical examination and a single VA disability evaluation for active duty persons entering the Physical Evaluation Board (PEB) process. The goal of the pilot program is to reduce the overall time it takes a servicemember to progress through DES from time of referral to the Medical Examination Board to receipt of VA benefits.

**PAPERLESS PROCESSING OF CLAIMS:** Benefits Delivery at Discharge (BDD) claims are now being processed electronically -- in a **paperless, fully automated environment**. On average, VA processes 28,500 BDD claims per year. Veterans will receive benefits more quickly after separation from service.

**INCREASED EFFICIENCY AND EFFECTIVENESS THROUGH SPECIALIZATION:** VA consolidated all customer service calls into nine **National Call Centers**, created a **fiduciary hub pilot** consolidating oversight of fiduciary activities from several sites into one site, and centralized processing of original pension claims to three **Pension Management Centers**.

**UPGRADING WORKFORCE SKILLS AND CAPABILITIES:** VA has embarked on an **aggressive training program** for new and seasoned **employment and rehabilitation counselors** to ensure that all veterans receive the high quality care they deserve. Training focus areas include the following: leading people, new counselor training, new manager training, employment coordinator training, and contract management training.



### Challenges – Strategic Goal 1

**MAKING CULTURAL CHANGES AT VA'S COMMUNITY LIVING CENTERS (CLCs):** Cultural transformation at VA's CLCs means transforming the way we think about how we deliver care to our veterans in these facilities. The purpose of cultural transformation is to transform our CLCs from the institutional care model to **vibrant communities** where the focus is on resident-centered care and a homelike environment. Cultural transformation will take time.

**INCREASED SPECIAL ADAPTED HOUSING (SAH) WORKLOAD:** The SAH program's **workload increased 84 percent** from 2006 levels as a result of changes in Public Laws 109-233 and 110-289. These changes included **increased grant amounts**, multiple use provisions, and yearly adjustments to the grant maximums based on a cost-of-construction index.

**ADAPTING TO NEW WAYS OF DOING BUSINESS:** (1) The **DES Pilot** has required significant changes to business processes and extensive, **complex coordination** between VA and DoD. For example, service treatment records are transferred to VA in hard copy because the infrastructure to transfer the records electronically has yet to be built. (2) Adoption of **paperless processing** beyond just BDD will require a **robust electronic infrastructure** that builds on the efficiencies VA has achieved through its paperless processing pilots. (3) Consolidation of pension claims processing requires ongoing dedication to **training** of newly hired staff before improvements in efficiency are realized.

**DETERMINING WHAT VETERANS NEED FOR ENHANCED INDEPENDENT LIVING:** VA is conducting a study of **independent living services and outcomes** by reviewing a random sample of counseling files for veterans who entered independent living programs between February 2005 and December 2007. Through this analysis, VA will develop ways to enhance service delivery for veterans with independent living needs.

## STRATEGIC GOAL 2

### *Smooth Transition to Civilian Life*

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

### Public Benefit

Beginning in May 2008, VHA's Outreach Office initiated a **national call center** to reach two distinct populations of OEF/OIF veterans. Veterans are being contacted by telephone to inform them about recent changes and enhanced benefits for VA services and to provide assistance in accessing these benefits, if requested.

VA's Center for Faith-Based and Community Initiatives expanded grassroots participation with VA programs and pilot programs in order to address a wide range of issues related to veterans in need, especially those who are **homeless**, returning from Afghanistan and Iraq, disabled, and hospitalized.

Recent results include the following:

- From 2002-2007, the number of Faith-Based and Community Organizations (FBCOs) in funded partnership with the VA's Homeless Veteran's Grant and Per Diem Program rose from 176 to 506 – a 187 percent increase. Further, 15,000 beds were created and 50,000 homeless veterans were served by these partners.
- In FY 2007, FBCOs in partnership with VA's Vocational Rehabilitation and Employment Service hired 673 service-connected disabled veterans. In FY 2008 through the third quarter, FBCOs hired 480 service-connected disabled veterans. From FY 2005-FY 2007, FBCOs hired a total of 1,600 disabled veterans.
- As a result of the VA Loan Guaranty Program for Homeless Veterans Multifamily Transitional Housing, Catholic Charities' St. Leo Campus opened a newly built apartment

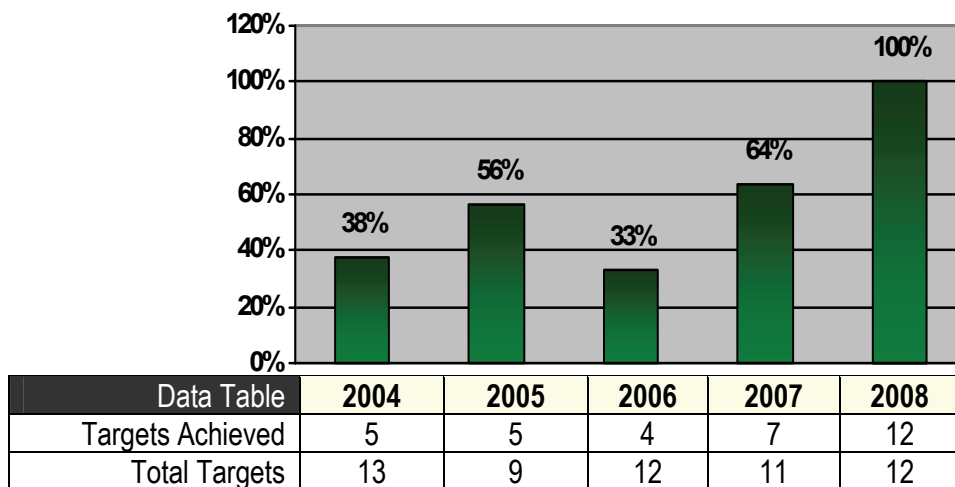


building, which is occupied by 141 homeless veterans.

- With VA's assistance, more than 350 FBCOs have enlisted 65 major veterans,

civic, and service organizations in providing services to hospitalized veterans in their local communities.

### Five-Year Performance Trend – Percent of Targets Achieved



Note: For 2006 and 2007, additional final results are now available. Thus, numbers and percentages have been adjusted from those appearing in the FY 2007 PAR.

### Making a Difference for the Veteran

#### Post 9/11 GI Bill Expands Veterans' Benefits



The Post-9/11 GI Bill for veterans with active duty service on or after September 11, 2001, goes into effect August 1, 2009.

In June 2008, President Bush signed the "Post-9/11 GI Bill," which creates an entirely **new veterans' educational program**. The new law gives veterans with active duty service on or after September 11, 2001, enhanced educational benefits similar to those provided to veterans following World War II. It also provides the **opportunity** for veterans to transfer unused educational benefits to their spouses and children.

The Post-9/11 GI Bill offers **tuition payments** for approved training up to the cost of in-state tuition charged undergraduates at the most expensive public institution of higher learning in the veteran's state. A monthly housing stipend is paid if the veteran is attending school more than half-time in a classroom setting.

For more details about the Post-9/11 GI Bill and other veterans' educational programs, on the **Web** go to [www.giill.va.gov](http://www.giill.va.gov) or call 1-888-GI-BILL-1 (1-888-442-4551).





## Most Important Achievements and Current Challenges

### Most Important Achievements – Strategic Goal 2

**OUTREACH TO DEMOBILIZED TROOPS:** VA initiated a **pilot demobilization program** with the Army to inform demobilizing reserve component (RC) combat veterans of their enhanced **5 years of free VA health care** and 180 days for dental care at VA during their mandatory demobilization separation briefings. VA offered assistance to demobilizing RC soldiers with completion of the enrollment form, collected completed forms, and submitted them to the VA medical center of the veteran's choosing.

**RESTORING VISION FOR HOMELESS VETERANS:** More than **550 homeless veterans** received vision care and eye glasses through donations from FBCOs and private sector foundations.

**CREATED THE VETSUCCESS PILOT:** In this pilot program, VA's Vocational Rehabilitation and Employment Service developed **partnerships** with **150 new FBCOs**. As a result, approximately **1,600 veterans** with service-connected disabilities have been **employed** by FBCOs.

**MEETING EDUCATIONAL NEEDS OF VETERANS:** VA provided benefits to approximately **539,000 total students** in 2008. Coupled with this increased demand, **operational improvements** were realized as new staff became more experienced. Compared to FY 2007, **claims** were completed more **quickly** and **accurately**. For example, **payment accuracy** improved by 1 percentage point from **95 percent** in FY 2007 to **96 percent** in FY 2008 – and for original education claims, timeliness improved from **32 days** to **19 days** to process a claim.

### Challenges – Strategic Goal 2

**MANAGING THE EXPANSION OF EDUCATION BENEFITS:** VA faces the challenge of implementing provisions of Public Law 110-252, the Supplemental Appropriations Act, 2008. The new law expands education benefits and creates the need to establish a **new payment and claims processing system**. There will be a significant increase in **workload**, which will make it increasingly difficult to ensure performance targets continue to be met.

## 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

The Veterans Health Administration is the United States' largest integrated health system and 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**.

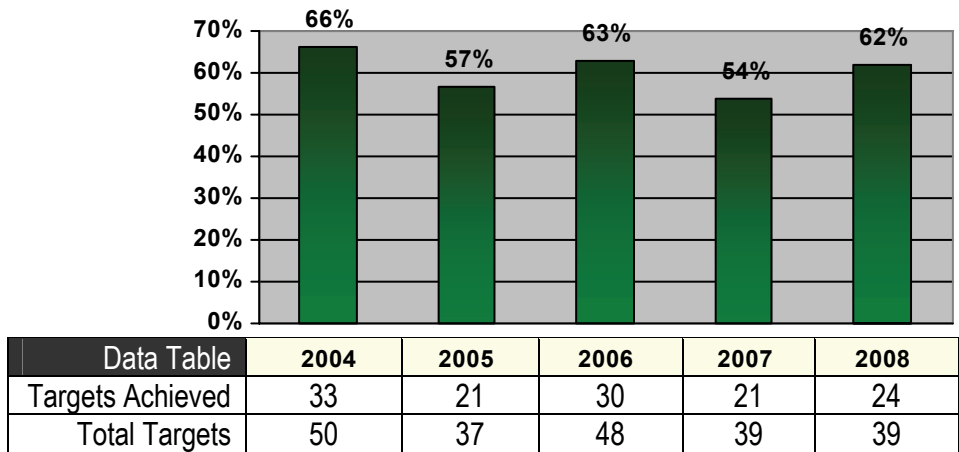
Through **readjustment counseling**, employment services, vocational rehabilitation, education assistance, and home loan guarantees, VA helps veterans become fully reintegrated



into their communities with minimal disruption to their lives.

Finally, VA honors veterans with final resting places in **national shrine cemeteries** and with lasting tributes that commemorate their service to our Nation

### Five-Year Performance Trend – Percent of Targets Achieved



Note: For 2007, additional final results are now available. Thus, numbers and percentages have been adjusted from those appearing in the FY 2007 PAR.

### Making a Difference for the Veteran

#### Michael E. DeBakey VAMC Performs First Liver Transplant



Liver transplant patient Michael Abshire, a 63 year-old, U.S. Navy veteran from Webster, Texas was released to go home in early December. Abshire poses with (from left) David H. Berger, M.D., MEDVAMC Operative Care Line Executive; John A. Goss, M.D., Chief, Division of Abdominal Transplantation at Baylor College of Medicine; Ralph G. Depalma, M.D., VA National Director of Surgery; and Donna Jackson, R.N.-C., Liver Transplant Clinical Coordinator.

A 63 year-old U.S. Navy veteran from Webster, Texas, became the first patient to undergo orthotopic liver transplantation at the Michael E. DeBakey VA Medical Center (MEDVAMC). The surgery, which took place in November 2007, represents a milestone locally in the field of organ transplantation and provides end-stage liver disease veterans with state-of-the-art care.

"The Michael E. DeBakey VA Medical Center's program for the treatment of liver disease is among the most advanced in the country. Given that we provide excellent care for veterans with end-stage liver disease preoperatively and postoperatively, the ability to now meet their transplantation surgical needs is a tremendous advantage," said David H. Berger, M.D., MEDVAMC Operative Care Line executive.

A Vietnam veteran, Abshire said he and his family are most grateful for the care he received at MEDVAMC and for the availability of the donor organ that saved his life. "I am alive today because of this hospital, because of these wonderful doctors and nurses and everyone else involved in the transplant program, and most importantly, because of the gift of life that was bestowed to me from an organ donor and their family. I feel incredibly blessed," said Abshire.





## Most Important Achievements and Current Challenges

### Most Important Achievements – Strategic Goal 3

**VA HOSPITAL REPORT CARD ISSUED TO CONGRESS:** VA issued its first comprehensive **Hospital Report Card** to Congress, including **analysis of disparities** in **quality of care** and **satisfaction**, demonstrating VA's commitment to **transparency** and **accountability** in health system performance.

**STRENGTHENED HEALTH CARE CREDENTIALING AND PRIVILEGING REQUIREMENTS:** VA strengthened its requirements for **credentialing** and **privileging** licensed **independent health care practitioners** to ensure **safe care** to veterans is delivered by appropriately qualified clinicians.

**HIGH CUSTOMER SATISFACTION WITH NATIONAL CEMETERIES:** VA's National Cemetery Administration once again received the **highest rating** awarded for customer satisfaction on the American Customer Satisfaction Index (ACSI). NCA scored 95 out of a possible 100 points, **scoring higher** than all 200-plus **Federal agencies** and **private corporations** and matching NCA's top ranked score on the 2004 survey.

**FUNDING NEW STATE VETERANS CEMETERIES:** In 2008, **4 new State veterans cemeteries** funded by VA's State Cemetery Grants Program began interment operations. These new cemeteries in Glennville, Georgia; Anderson, South Carolina; Des Moines, Iowa; and Williamstown, Kentucky will provide a burial option for approximately **200,000 veterans**.

**TIMELY HEADSTONE AND MARKER PROCESSING:** VA annually processes approximately **220,000 applications** for headstones and markers that mark the graves of veterans in cemeteries other than VA national cemeteries worldwide. In 2008, VA processed **95 percent of headstone and marker applications** within 20 days of the date of receipt. This is a dramatic **improvement** over 2007, when VA processed **38 percent** of applications within 20 days of receipt.

**COST EFFECTIVE FORECLOSURE AVOIDANCE:** VA achieved an "Efficiency-Foreclosure Avoidance Through Servicing (E-FATS)" ratio of 5.8. This means VA **avoided \$5.80** in potential claim payments **for every dollar spent** on assisting veterans who were at risk of losing their homes because of foreclosure. This figure has been impacted by the conversion of VA loan servicing to a new business environment and system.

**HELPING SEVERELY WOUNDED VETERANS:** In 2008, the **Traumatic Injury Protection Program**, which is designed to provide short-term financial assistance to severely injured members, paid **\$303 million** to more than **4,900** severely wounded servicemembers and veterans. VA also provided \$1.4 billion in life insurance coverage and benefits to severely injured veterans who have recently separated from service.

### Challenges – Strategic Goal 3

**MEETING SERVICE EXPECTATIONS DURING EXPANSION:** VA has established **5 new national cemeteries** since 2005 with plans underway to establish **6 more in 2009**. This is the **largest expansion** of VA's system of national cemeteries **since the Civil War**. As VA opens these new cemeteries, it must continue to provide high-quality service in all of its contacts with veterans and their families -- particularly with respect to scheduling committal services, arranging and conducting interments, and providing cemetery information.

**IMPACT OF AN ECONOMIC DOWNTURN:** Any significant **downturn** in the national or local economies will likely **increase** the number of defaults and **foreclosures** of VA-guaranteed loans. The levels of **defaults**, foreclosures, and property acquisitions are related to **interest rates** and the economy in general, and are particularly sensitive to regional downturns.

**IMPROVING PROGRAM IMPLEMENTATION:** In 2008, VA completed a "**Year One Review**" of the Servicemembers' Group Life Insurance Traumatic Injury Protection Program (TSGLI) to assess how well it is fulfilling its Congressional intent of providing short-term financial assistance to severely injured members. Over the next year or so, as recommended by the review, program **enhancements** providing for expanded benefits such as payments for limb salvage, uniplegia, and facial reconstruction along with administrative efficiencies and improved claims assistance must be **implemented**.



## 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.

VA continues to expand research efforts to evaluate the impact of **post-traumatic stress disorder (PTSD)** in both the clinical and non-clinical settings. VA assessed 800 U.S. Army soldiers before and after 1-year military deployments to Iraq. As part of the **Neurocognition Deployment Health Study** procedures, each soldier completed self-assessment reports on indices of PTSD symptom severity, health behaviors (smoking, alcohol use), and somatic health-related functioning.

Participants also completed a health-symptom checklist at the **postdeployment** assessment. Structural equation modeling revealed that postdeployment PTSD severity was associated with change in somatic health-related functioning, with postdeployment health symptoms as an intermediary variable. These relationships were independent of health risk behaviors, which had little association with somatic symptoms or PTSD. VA's findings highlight the functional impact of PTSD, which extends beyond psychological symptoms to health-related daily functioning.

Over **100,000 clinical trainees** rotate through VA facilities each year from accredited training programs. Trainees comprise an excellent pool from which to draw to maintain a high-quality health care workforce. In most disciplines, an experience in VA translates into a **doubling** of interest in a VA career. In 2008, the Office of Academic Affiliation proposed a new performance metric that will give firm numbers

regarding the success of our trainee program in contributing to our VA employee workforce. This metric will be implemented in the spring of 2009.

VA researchers are working to improve the construction of prostheses, using leading-edge technologies such as **robotics**, tissue engineering, and **nanotechnology** to create lighter limbs that closely mimic their real counterparts. The integration of body, mind, and machine is a major guiding principle as VA specialists design and build artificial limbs that look, feel, and respond like natural arms and legs. To meet the diverse needs of disabled veterans, VA researchers are working on numerous technologies such as **progressive wheelchairs**, artificial retinas, and hands-free computers with voice recognition.

Additionally, VA investigators are working to identify the best match for an individual veteran's prosthetic needs by collecting information such as how various **prosthetic devices** are used and the degree of satisfaction they provide to users. Important areas of advancement include the development of the first powered ankle-foot **prosthesis**, which thrusts users forward with tendon-like springs and an electric motor; the use of electrical stimulation delivered by devices implanted into the body, such as cardiac pacemakers, to enable veterans with varying degrees of **spinal cord injury** to improve their ability to walk and control the movement of paralyzed limbs; and the use of microelectronic implants in the eye to restore vision to veterans with such conditions as macular degeneration—the leading cause of blindness in the industrialized world.

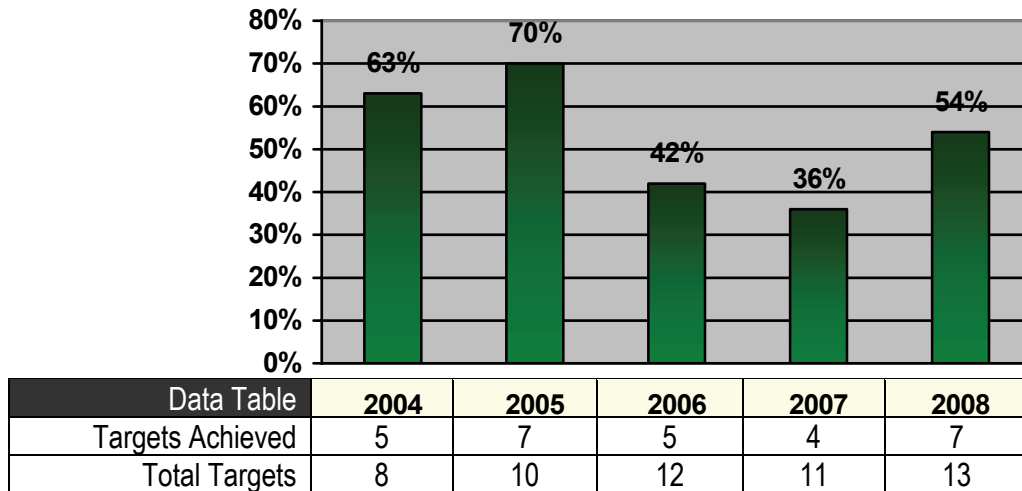


VA's maintenance of **national cemeteries** as national shrines preserves our Nation's history, nurtures patriotism, and honors the service and sacrifice of our Nation's veterans. Each national cemetery exists as a national shrine providing an enduring memorial to this service, as well as a dignified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

VA's Office of Operations, Security, and Preparedness (OSP) coordinates the

Department's **emergency management**, preparedness, security, and law enforcement activities to ensure the Department can continue to perform its essential functions under all circumstances across the spectrum of threats. Both VA's Central Office and Martinsburg Readiness Operation Centers are well equipped and are designed to help VA prepare for, respond to, and recover from natural or other disasters.

### Five-Year Performance Trend – Percent of Targets Achieved



Note: For 2007, additional final results are now available. Thus, numbers and percentages have been adjusted from those appearing in the FY 2007 PAR.



## Making a Difference for the Veteran

### VA In Space...Working to Prevent Salmonella Infection

A Department of Veterans Affairs (VA) researcher participated in a project that may lead to development of a vaccine to prevent *Salmonella* poisoning. **NASA's space shuttle Endeavour**, launched in March, transported research material to the International Space Station.

"This space flight is an exciting step in the development of a *Salmonella* vaccine that will benefit not only our Nation's veterans, but all mankind," said Secretary of Veterans Affairs Dr. James B. Peake. "This is a great example of VA working with the private and public sectors on vital research to create a life-saving advancement." The research will be used by VA investigators and other researchers to develop a ***Salmonella* vaccine** with the potential to save lives and billions of dollars.

The project came about through the teaming of VA researchers with investigators from the National Space Biomedical Research Institute, Duke University Medical Center, the University of Colorado at Boulder, and Germany's Max Planck Institute, as well as a commercial industry sponsor, SPACEHAB Inc.

*Salmonella* infection is the most common form of **food poisoning** in the United States, and leads to a loss of productivity estimated at close to \$100 billion annually. Worldwide, *Salmonella* diarrhea is one of the top three causes of infant mortality.



A VA research project bound for the International Space Station was onboard the shuttle Endeavour when it launched in March.

#### Most Important Achievements – Strategic Goal 4

**VA RESEARCH SHOWS HOW EARLIER INTERVENTION COULD BENEFIT HIV PATIENTS:** Highly Active Antiretroviral Therapy (HAART) is the standard treatment for HIV infection. VA investigators identified human genes that may inform the decision of when to initiate HAART treatment for each patient. VA's research has shown that patients with a CCL3L1-CCR5 genotype would **benefit** from **earlier initiation** of therapy.

**ENABLING GAINFUL EMPLOYMENT AMONG THE SPINAL-CORD INJURED:** Using a comprehensive, innovative, intensive vocational intervention technique, VA has succeeded in **assisting veterans** with **spinal cord injury** to return to **gainful employment**. The program is being implemented in **five VA hospitals** throughout the Nation.

**PROVIDING RELIEF FOR PATIENTS WITH STABLE CORONARY DISEASE:** VA's Cooperative Studies Program conducted the **COURAGE** trial, which showed that patients with chronic coronary disease can obtain relief from angina if they are treated with Percutaneous Coronary Intervention (PCI) plus optimal medical therapy or with optimal medical therapy alone. PCI plus optimal medical therapy relieved angina and improved health status better than optimal medical therapy alone for about 24 months. PCI's benefit was greater in patients with more severe and frequent angina.

**INCREASING VA'S MEDICAL RESIDENTS COHORT:** VA's Graduate Medical Education (GME) Enhancement aims to increase VA's share of U.S. resident positions from its low of 8.5% to the range of 10-11%. The 5-year plan is designed to add approximately 2,000 positions to VA's pre-existing physician resident positions. In the first three years, VA added 967 residency positions to the base allocations of 72 VA facilities in 66 different specialty training programs.



## Most Important Achievements and Current Challenges

### Most Important Achievements – Strategic Goal 4, *cont'd.*

**COMPLETED PROGRAM EVALUATION OF BURIAL PROGRAM:** An independent evaluation was completed to assess the extent to which VA's program of burial benefits has reached its stated goals and the impact that this program has had on the lives of veterans and their families. The information received from this evaluation, which included a nation-wide survey sent to more than 38,000 veterans, will help to guide future policy decisions for improving the ways in which VA serves the burial needs of veterans.

**NEW HUMAN RESOURCES CENTER ESTABLISHED:** In June 2008, VA established a new centralized Human Resources Center (HRC) devoted to meet the staffing requirements of VA's 131 national cemeteries, 5 Memorial Service Networks, and NCA's National Training Center. Previously, the burial program's field staffing needs were supported by local VHA and VBA field sites. Through the HRC, NCA has implemented new automated HR procedures and other process improvements that have increased the efficiency and cost effectiveness of NCA recruitment and workers compensation processes.

**HIGH SATISFACTION WITH CEMETERY APPEARANCE:** Ninety-eight percent of respondents to NCA's annual Survey of Satisfaction with National Cemeteries rated the appearance of national cemeteries as excellent. This is the seventh consecutive year that VA's national cemeteries have been rated at or above 97 percent in overall appearance by funeral home directors and family members of veterans interred in a national cemetery.

**SUPPORTING VETERAN-OWNED SMALL BUSINESSES:** In January 2008, pursuant to P.L. 109-46, the Veterans Benefits, Health Care, and Information Technology Act of 2006, the Secretary established first-ever procurement targets for contracting with Service-Disabled Veteran-Owned Small Businesses (SDVOSB) and Veteran-Owned Small Businesses (VOSB), respectively. The targets are ambitious with 5 percent and 10 percent of procurement dollars to be directed towards these entities. VA is committed to supporting veteran entrepreneurs.

**ENCOURAGING AND PROMOTING VETERAN ENTREPRENEURSHIP:** Since 2002, through VetFran, VA's Partnership with the International Franchise Association, more than 350 franchisors have created discounted franchise opportunities for more than 1,100 veterans. Leading the charge is Mike Ilitch, owner of Little Caesar's Pizza, who waives the franchise fee completely for disabled veterans and adds unique training support and other credits to encourage disabled veterans to operate his stores, a \$68,000 savings to the veteran.

**CREATING PUBLIC-PRIVATE PARTNERSHIPS TO PROMOTE VETERANS EMPLOYMENT:** VA and Monster Government Solutions, Inc., began a partnership in July 2008 to help veteran-owned businesses quickly locate honorably-discharged veterans seeking employment by matching data from VA's VetBiz.gov Vendor Information Pages and Monster's database as an information conduit. VA executed a partnership with Schneider National to help veterans become independent business owners.

**APPLYING LESSONS LEARNED TO IMPROVE EMERGENCY RESPONSE:** As a result of lessons learned from Hurricane Katrina and numerous organizational changes in the area of emergency preparedness, the Department's planning, response, and recovery from Hurricanes Gustav, Hanna, and Ike was more effective. Specifically, VA deployed liaison officers to the National Operations Center, the National Response Coordination Center, and the Department of Health and Human Services.

### Challenges – Strategic Goal 4

**MAINTAINING CEMETERY APPEARANCE:** VA must ensure that the appearance of national cemeteries meets the standards our Nation expects of its national shrines. To meet these standards and fulfill the National Shrine Commitment, VA needs to make improvements in the appearance of burial grounds and historic structures as well as conduct regular maintenance and repair projects at more than 800 facilities on over 17,000 acres of land contained within 156 cemeterial installations.

**FULLY IMPLEMENT NCA BUSINESS OFFICE:** Implementation of an NCA Business Office to provide centralized contracting, procurement, finance, and accounting support to national cemeteries will require coordination and involve numerous offices and functions.

**MONITOR USE OF VA'S VETBIZ.GOV VERIFICATION PROGRAM:** Examines ownership and control of veteran-owned small businesses, including service-disabled veteran-owned small businesses seeking Federal contracts at the prime or subcontract level. This program launched in May 2008. The challenge is to ensure that only eligible business concerns benefit from VA's unique "Veterans First" buying authority and to ensure that government and corporate teams have a base of competent, mission-ready businesses who meet their performance and pricing criteria.





## The President's Management Agenda

The President's Management Agenda (PMA), which was announced in 2001, is an aggressive strategy for improving the management of the Federal government. It focuses on key areas of management weakness across the government. Information on the PMA can be found at the following [Web site](http://www.whitehouse.gov/results/agenda/index.html): <http://www.whitehouse.gov/results/agenda/index.html>

OMB issues reports quarterly and uses a "stoplight" scorecard to show *status* and *progress* made by each Federal agency. These are defined below.

Symbol	Status Definitions	Progress Definitions
	Success; meets standards	Implementation is proceeding according to plan
	Mixed results	Some slippage requiring adjustment
	Unsatisfactory; one or more serious flaws	Unlikely to meet objectives absent significant management intervention

VA is working closely with OMB to address weaknesses identified in each of the areas. The table below summarizes VA's progress and status as of September 30, 2008. Please refer to pages 61-73 of the full PAR for more details or select the following: [Web](#).

VA's Status and Progress on the President's Management Agenda			
As of September 30, 2008			
Initiative	Status	Progress	Status Change from September 30, 2007
Human Capital (g-wide)			↔
Commercial Services Management (g-wide)			↑
Financial Performance (g-wide)			↔
E-Government (g-wide)			↔
Performance Improvement (g-wide)			↑
Real Property			↔
VA/DoD Coordination			↓
Research and Development		-- not rated --	
Improper Payments			↔
Faith-Based and Community Initiative			↔
Credit Management			↔
Health Information			↔



## Program Assessment Rating Tool (PART) Reviews

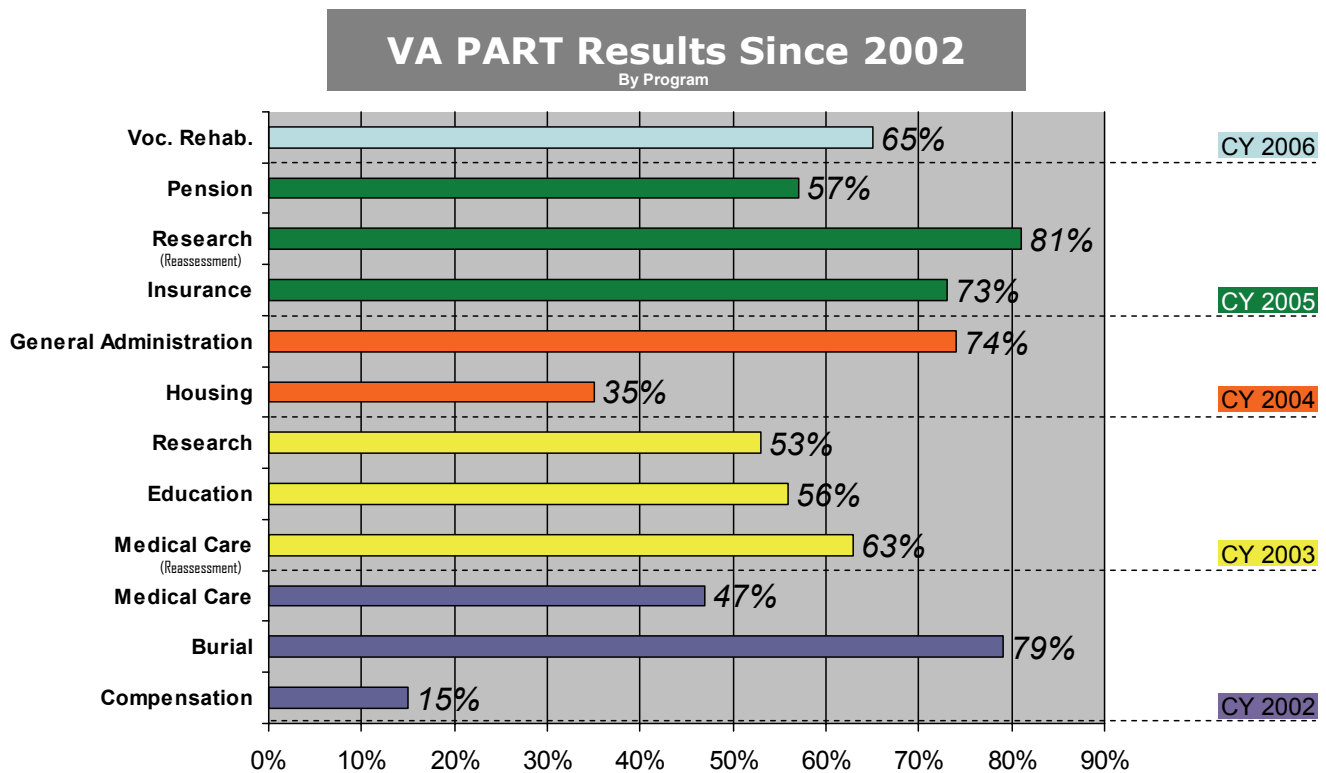
Starting in 2002, OMB began to evaluate all Federal programs using a detailed questionnaire-driven methodology called the Program Assessment Rating Tool (PART). The PART contains 25 questions pertaining to a program's design and purpose, strategic planning capability, quality of performance measurements, financial oversight, and reporting of accurate and consistent performance data. Information on the PART can be found at the following [Web site: www.ExpectMore.gov](http://www.ExpectMore.gov).

Once the review is completed, programs are given one of five ratings as follows:

Rating	Score Range
Effective .....	85-100%
Moderately Effective.....	70-84%
Adequate.....	50-69%
Ineffective.....	0-49%
Results Not Demonstrated.....	- - *

\* Regardless of the Overall Score, programs that do not have acceptable performance measures or have not yet collected performance data generally receive a rating of Results Not Demonstrated.

All of VA's 10 programs have been reviewed at least once. Below is a chart summarizing VA's PART results by program:



Please refer to pages 74-83 of the full PAR for more details or select the following: [Web](#).



## Major Management Challenges Identified by the OIG

The Department's Office of Inspector General (OIG), an independent entity, evaluates VA's programs and operations. The OIG submitted the following update of the most serious management challenges facing VA. Please refer to pages 252-305 of the full PAR for more details or select the following: [Web](#).

We reviewed OIG's report and provided responses, which are integrated within the OIG's report. Our responses include the following for each challenge area:

- *Estimated resolution timeframe (fiscal year)* to resolve the challenge
- *Responsible Agency Official* for each challenge area
- *Completed 2008 milestones* in response to the challenges identified by the OIG
- *Performance results/impacts* of completed milestones
- *Planned 2009 milestones* along with *estimated completion quarter*
- *Anticipated impacts* of the planned milestones

VA is committed to addressing its major management challenges. Using OIG's perspective as a catalyst, we will take whatever steps are necessary to help improve services to our Nation's veterans. We welcome and appreciate OIG's perspective on how the Department can improve its operations to better serve America's veterans.

The table below shows the strategic goal to which each challenge is most closely related, as well as its estimated resolution timeframe.

Challenge		Estimated Resolution Timeframe (Fiscal Year)
No.	Description	
<b>Strategic Goal 3: Honoring, Serving, and Memorializing Veterans</b>		
<b>OIG 1</b>	<b>Health Care Delivery</b>	
1A	Quality of Care	2009 and beyond
1B	New and Significantly-Increased Health Problems Associated with OEF/OIF	2009 and beyond
1C	Research	2009 and beyond
<b>Strategic Goal 1: Restoration and Improved Quality of Life for Disabled Veterans</b>		
<b>OIG 2</b>	<b>Benefits Processing</b>	
2A	Workload	2009
2B	Quality	2009
2C	Staffing	2009
<b>Enabling Goal: Applying Sound Business Principles</b>		
<b>OIG 3</b>	<b>Financial Management</b>	
3A	Financial Management System Functionality	2014
3B	Financial Management Oversight	2011
3C	Benefits Delivery Network System Records	Completed
<b>OIG 4</b>	<b>Procurement Practices</b>	
4A	Open Market Procurements and Inventory Controls	2009 and beyond
4B	Contract Modifications to Use Expired Years Funds	2009 and beyond
4C	Contract Award and Administration	2009
4D	Electronic Contract Management System	2009
<b>OIG 5</b>	<b>Information Management</b>	
5A	IT Security Controls	2013
5B	Information Security Program	2013