

PERFORMANCE MEASURES

BY ORGANIZATION AND PROGRAM

In addition to VA's key performance goals, there are other performance measures, identified and discussed in the following tables, by which VA evaluates its success. The tables show trend data for a 5-year period and associated target levels of performance grouped by organization and program, including the total amount of resources (number of full-time equivalent employees and obligations) for each program. Within each group, the performance measures are structured as follows:

1. *Target was met or exceeded (green);*
2. *Target was not met, but the deviation did not significantly affect goal achievement (yellow);*
3. *Target was not met, and the difference significantly affected goal achievement (red).*

For each measure that resulted in non-achievement of a performance target (highlighted in red), we provide a brief explanation as to why there was a significant deviation between the actual and planned performance level, and identify what steps are being taken to ensure goal achievement in the future.

VA uses the balanced measures concept to monitor program and organizational performance. Rather than focusing attention solely on one or two types of performance measures, we examine and regularly monitor several different types of measures to provide a more comprehensive and balanced view of how well we are performing. While each of our major program elements uses a balanced family of measures, the specific measures vary somewhat from organization to organization,

and thus, from program to program. The performance measures for each organization have been tailored to fit the strategic goals of the programs for which each organization is responsible.

For example, VHA has developed performance measures corresponding to their "6 for 2007" strategic goals:

- put quality first until first in quality;
- provide easy access to medical knowledge, expertise, and care;
- enhance, preserve, and restore patient function;
- exceed patients' expectations;
- maximize resource use to benefit veterans;
- build healthy communities.

VBA has implemented a system of balanced performance measures. This system contains the major service delivery performance measures that mean the most to the veterans we serve, our stakeholders, and our employees:

- timeliness of claims processing;
- accuracy;
- customer satisfaction;
- unit cost;
- employee development.

NCA evaluates its performance in those areas identified by veterans and their family members as being most important to service delivery:

- reasonable access to a burial option in a national or state veterans cemetery;
- quality of service provided;
- satisfaction with the appearance of national cemeteries as national shrines;
- quality and accuracy of headstones, markers, and Presidential Memorial Certificates;
- access to information about burial benefits and services provided.

Taken together, the measures in the following tables and the Department's key measures demonstrate the balanced view of performance VA uses in assessing how well we are doing in meeting our strategic goals, objectives, and performance targets.

The GPRA program activity structure is somewhat different from the program activity structure shown in the program and financing (P&F) schedules of the President's Budget. However, all of the P&F schedules (budget accounts) have been aligned with one or more of our programs to ensure all VA program activities are covered. The program costs (obligations) represent the total resources available for each of the programs, regardless of which organizational element has operational control of the resources. The performance measures and associated data for each major program apply to the entire group of schedules listed for that program.

Veterans Health Administration Performance Measures

Medical Care

P&F ID Codes: 36-0160-0-1-703; 36-0160-0-2-703; 36-5287-0-1-703; 36-5287-0-2-703; 36-5014-0-2-703; 36-2431-0-1-703; 36-5014-0-1-703; 36-0152-0-1-703; 36-0163-0-1-703; 36-4014-0-3-705; 36-4048-0-3-703; 36-4138-0-3-703; 36-8180-0-7-705; 36-0110-0-1-703; 36-0111-0-1-703; 36-0181-0-1-703; 36-4538-0-3-703; 36-4018-0-3-705; 36-0144-0-1-703; 36-4537-0-4-705; 36-4258-0-1-704

FY 1997 FY 1998 FY 1999 FY 2000 FY 2001 Actual FY 2001 Plan

Resources

FTE	186,135	184,768	186,595	183,396	186,832	185,553
Medical care costs (\$ in millions)	\$17,149	\$17,441	\$17,859	\$19,434	\$21,653	\$21,685

Performance Measures

	Goal Achieved					
Percent of full-time employees receiving 40 hours of continuing education or training annually; as part of the 40 hours, all front-line providers will have 20 hours directly related to patient safety	N/A	N/A	N/A	74%	77%	50%
Percent of patients who report problems in the following categories regarding their participation in health care decisions:						
- patient involvement in decision-making	N/A	34%	33%	33%	32%	32%
- information on condition / treatment	N/A	37%	37%	36%	35%	35%
Number of VISNs that perform CARES studies seeking to assess and realign the VA health care system in order to provide cost-effective care to veterans	N/A	N/A	N/A	N/A	1	1
Dollars derived from alternative revenue generated from health care cost recoveries	N/A	\$560.1M	\$573.6M	\$572.9M	\$771.0M	\$675.0M
Increase the number and dollar volume of sharing agreements by 10% over the previous year (Baseline = FY 2000):						
Non-DoD Agreements						
Number	N/A	N/A	N/A	1136	2506	1249
\$ Purchased	N/A	N/A	N/A	\$290M	\$379M	\$310M
\$ Sold	N/A	N/A	N/A	\$32M	\$49M	\$36M

Goal Not Achieved - - Minimal Difference

Implement and maintain patient access to telephone care 7 days a week, 24 hours a day, in all VISNs	N/A	N/A	N/A	N/A	21	22
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The performance goal for this measure was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Veterans Health Administration Performance Measures

FY 1997 FY 1998 FY 1999 FY 2000 FY 2001 Actual FY 2001 Plan

Medical Care (continued)

	Goal Not Achieved -- Significant Difference					
Percent of patients who use tobacco products	32%	29%	27%	25%	27%	22%

In FY 2001, Veterans Health Administration (VHA) expanded the sampling methodology to include established patients, defined as having been seen at least once, 12 - 24 months ago, and again within the current year. The previous methodology included only patients who had been seen at least three times in the 12 months prior to the review. The change was made to enable comparison to external measures that require at least two years of continuous enrollment. The baseline using the previous methodology was 25% using tobacco; using the new methodology, the baseline is 30% using tobacco. Those patients seen in VHA at least 3 times in the previous 12 months were less likely to smoke. Although the baseline was recalculated to reflect the more liberal sample and additional smokers, the FY 2001 target of 22% was not changed, thus requiring a reduction of 8% instead of the original 3%. The efforts in tobacco cessation resulted in a 3% decrease nationally. Smoking cessation will continue to be a top priority in preventive measures in FY 2002.

Percent of VA-managed Federal Coordinating Centers that complete at least one NDMS casualty reception exercise every three years	N/A	N/A	50%	66%	63%	70%
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Prior to September 11, 2001, efforts to focus attention on VA's responsibilities for contingency support during war or national emergencies were sometimes overshadowed by requirements of other VA missions. Already stretched thin, staffing levels sometimes drove contingency support commitments to a lower priority. As a result, participation in casualty reception and other exercises was not as robust as desired. Nevertheless, while our goal of 70 percent was not fully achieved in our first year of measuring our performance against this target, we did approximate the target by achieving 63 percent and anticipate that this rather ambitious initial target level will be exceeded in FY 2002. No new strategies are as yet planned (although revised planning guidance is being discussed internally) since we are well on our way toward meeting the targeted achievement level of 75 percent in FY 2002.

Increase the number and dollar volume of sharing agreements by 10% over the previous year (Baseline = FY 2000):						
DoD Agreements						
Number	N/A	N/A	N/A	717	604	788
Revenue	N/A	N/A	N/A	\$35.4M	\$37.7M	\$ 38.0M

The decrease in sharing agreements has been due largely to a change in policy at DoD to focus on managed care support TRICARE networks at the expense of direct VAMC-military treatment facility relationships. VA and DoD are attempting to increase sharing activities through the VA-DoD Executive Council, which meets on a regular basis and has work groups developing recommendations in the following areas: information management and technology; clinical practice guidelines; patient safety; pharmacy; medical/surgical supplies; benefits coordination; financial management; geriatric care; and joint facility utilization/resource sharing.

Of those who are Hepatitis C positive and for whom treatment is medically appropriate and desired, percent of patients treated	N/A	N/A	N/A	N/A	Being replaced by new measures in FY 2002	N/A
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This measure will be replaced by three new measures in FY 2002. Current viral treatment has significant side effects and is successful only among a minority of patients. Due to the risk-benefit ratio of treatment as compared to supportive care and watchful waiting, many patients have opted to defer therapy or have been unable to tolerate treatment-associated side effects. If and when dramatically improved therapy for treating Hepatitis C becomes available, it is expected that a significantly large number of persons with infection will be treatment candidates and accept treatment. The new measures are: 1) percent of patients screened and/or tested for the risk factors of Hepatitis C; 2) percent of patients tested for Hepatitis C subsequent to a positive Hepatitis C risk factor screening; and 3) percent of patients with Hepatitis C who have annual assessments of liver function.

Percent of C&P transmissions between VBA and VHA that are electronic	N/A	N/A	N/A	N/A	N/A	90%
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VHA is continuing to identify the best way to ensure accuracy of counting the number of transmissions and is in discussion with VBA regarding this measure to ensure that double counting or duplicative work is minimized or eliminated.

Veterans Health Administration Performance Measures						
	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001 Actual	FY 2001 Plan
Special Emphasis Programs						
	Goal Achieved					
Percent increase in number of enrolled veterans who have access to home and community-based care when clinically appropriate (2000 baseline = ADC of 14,111)	N/A	N/A	N/A	Baseline	14%	14%
Percent of veterans who acquired independent living at discharge from a Domiciliary Care for Homeless Veterans (DCHV) program or a community-based contract residential care program	N/A	52%	50%	48%	51%	48%
Percent of veterans who obtained employment upon discharge from a DCHV program or a community-based contract residential care program	N/A	54%	55%	51%	51%	51%
Percent of homeless patients with mental illness who receive a follow-up mental health outpatient visit, admission to a CWT/TR or admission to a PR RTP within 30 days of discharge	N/A	64%	64%	63%	63%	63%
Percent of veterans using Vet Centers who report being satisfied with services and say they would recommend the Vet Center to other veterans	N/A	N/A	100%	100%	99%	95%
Percent of hospitalized first admission traumatic brain injury (TBI) patients discharged to the community setting (FY 1997 baseline = 305 patients)	N/A	60%	63%	66%	68%	66%
Blind Rehabilitation - Percent change in functional status from admission to discharge from a blind rehabilitation program or unit	N/A	N/A	N/A	N/A	108%	90%
Amputees (PACT) - Average Length of Stay Efficiency of veterans undergoing rehabilitation for a lower extremity amputation in a medical rehabilitation bed unit	N/A	N/A	N/A	N/A	50%	50%
Percent of prosthetics orders delayed	N/A	2%	2%	1%	1%	2%
Percent of randomly selected admissions from Special Intensive PTSD Programs (SIPPs) that are enrolled in the Outcomes Monitoring program	N/A	N/A	N/A	N/A	85%	65%

Veterans Health Administration Performance Measures

FY 1997 FY 1998 FY 1999 FY 2000 FY 2001 Actual FY 2001 Plan

Special Emphasis Programs (continued)

	Goal Not Achieved -- Significant Difference					
Percent of spinal cord injury (SCI) respondents to the Performance Analysis Center of Excellence (PACE) Survey who rate their care as very good or excellent - Inpatient	55%	55%	55%	52%	53%	60%

While this was one percentage point better than FY 2000's attainment level, in retrospect, it appears that improving SCI veterans satisfaction will take more attention and resources. Balancing of resources in constrained economic times and dealing with key shortages in the national health care arena continue to be challenges. Improved staffing to maintain capacity may increase patient satisfaction. VHA will conduct focused review of results and problem scores.

The following recent interventions were initiated: designation of bed and staffing levels as described in VHA Directive 2000-022; 2001, increased staff at SCI Centers (increase full time equivalent of 275 in FY 2001); distribution and implementation of clinical guidelines from the consortium for spinal cord medicine; annual national SCI primary care team training; improvements in the S Registry to improve coordination of care; achievement of CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation for acute Spinal Cord Injury and Disorders (SCI&D) rehabilitation programs at 19 of 20 SCI Centers; continued identification and translation of best practices in spinal cord injury and disorders by quality enhancement research initiative for spinal cord injury; outreach to patients with SCI&D to increase influenza and pneumococcal vaccinations; distribution of SCI, continuing medical education project to enhance primary care knowledge of SCI&D issues; improved access to care within patients' community. Improvement in satisfaction scores is anticipated as patients with SCI&D are affected by these initiatives.

Percent of spinal cord injury (SCI) respondents to the Performance Analysis Center of Excellence (PACE) Survey who rate their care as very good or excellent - Outpatient	57%	55%	55%	57%	Not available*	58%
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*Due to delays in contract award negotiations, the data for FY 2001 will not be available until the fourth quarter of FY 2002, contingent on the availability of funds.

Medical Education

P&F ID Codes: 36-0160-0-1-703

FY 1997 FY 1998 FY 1999 FY 2000 FY 2001 Actual FY 2001 Plan

Resources

Education costs (\$ in millions)	\$919	\$933	\$902	\$884	\$898	\$914
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Performance Measure

	Goal Achieved					
Medical residents' and other trainees' scores on a VHA survey assessing their clinical training experiences	N/A	N/A	N/A	N/A	84	81

Veterans Benefits Administration Performance Measures

Compensation and Pension

P&FID Codes: 36-0153-0-1-701; 36-0153-2-1-701; 36-0153-1-1-701; 36-0153-4-1-701; 36-0154-0-1-701; 36-0155-0-1-701; 36-0151-0-1-705; 36-0110-0-1-703; 36-0111-0-1-703

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001 Actual	FY 2001 Plan
Resources						
FTE	6,931	6,770	6,841	7,123	8,035	7,791
Benefits costs (\$ in millions)	\$19,352	\$20,242	\$21,112	\$22,054	\$23,277	\$23,389
Administrative costs (\$ in millions)	\$495	\$491	\$549	\$586	\$706	\$685

Performance Measures

	Goal Achieved					
Rating-related actions - average days pending	94	119	144	138	182	220
National accuracy rate (authorization work)	N/A	70%	63%	51%	62%	62%
National accuracy rate (fiduciary work)	N/A	51%	48%	60%	68%	65%
Telephone activities - abandoned call rate	9%	13%	9%	6%	6%	7%
Telephone activities - blocked call rate	45%	52%	27%	3%	3%	4%
Fiduciary activities -initial appeals and fiduciary beneficiaries - percent of initial appointments > 45 days	N/A	N/A	N/A	6%	12%	12%
Appeals ratio	N/A	N/A	N/A	N/A	8%	8%

Goal Not Achieved - - Minimal Difference

Customer orientation (customer satisfaction)	N/A	N/A	N/A	67%	67%	68%
Non-rating actions - average days to process	23	32	44	50	55	54
One VA survey (C&P)	N/A	N/A	N/A	3.3	3.0	3.6

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

Goal Not Achieved -- Significant Difference

Overall satisfaction	58%	57%	57%	56%	56%	60%
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This measure is a lagging indicator that reflects our level of timeliness and quality. Although quality improved during the year, timeliness did not. We expect satisfaction to improve as we realize the positive effects of initiatives to reduce claims processing times. For more information see the narrative on timeliness and quality of claims processing.

Non-rating actions - average days pending	56	74	94	84	117	85
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Changes in staffing, with new staffing added and experienced staffing promoted from the position, resulted in fewer claims being processed. The loss of production was not off-set by changes made by the C&P Service that reduced the number of income match claims that were added to the pending claims inventory. The added focus given to rating-related cases impacted on these types of claims. It is expected that an increase in staffing experience and time to spend processing claims should result in improved performance.

Veterans Benefits Administration Performance Measures

Compensation and Pension (continued)

The indicators below are the component end-products for the measure on average days to complete rating-related actions. We do not establish separate performance goals for these indicators. For a detailed discussion of rating-related actions timeliness, see the narrative on pages 27-30.

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001	Claims Completed in FY 2001
Average days to process rating-related actions	94	128	166	173	181	481,117
Initial disability compensation	133	168	205	212	219	86,549
Initial death compensation/DIC	66	89	111	122	133	19,898
Reopened compensation	101	141	182	189	197	261,583
Initial disability pension	77	94	112	115	130	29,050
Reopened pension	67	88	113	111	126	54,561
Reviews, future exams	41	61	104	108	119	22,252
Reviews, hospital	33	52	73	78	91	7,224

Education

P&F ID Codes: 36-0137-0-1-702; 36-0200-0-1-701; 36-8133-0-7-702; 36-2473-0-0-702; 36-0140-0-3-702; 36-4259-0-3-702 (Off Budget); 36-4260-0-3-702; 36-0151-0-1-705; 36-0111-0-1-703

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001 Actual	FY 2001 Plan
Resources						
FTE	1,051	927	849	781	852	774
Benefits costs (\$ in millions)	\$914	\$891	\$1,210	\$1,197	\$1,387	\$1,768
Administrative costs (\$ in millions)	\$72	\$66	\$70	\$66	\$64	\$73

Performance Measures

	Goal Achieved					
Compliance survey completion rate	82%	80%	98%	94%	92%	90%
Customer satisfaction-high ratings (Education)	76%	76%	78%	78%	82%	80%
Telephone Activities - Abandoned call rate (Education)	N/A	N/A	N/A	17%	13%	18%
Employee job satisfaction (Education)	56%	N/A	2.8	3.3	3.3	3.3

	Goal Not Achieved -- Significant Difference					
Telephone Activities - Blocked call rate (Education)	45%	60%	16%	39%	45%	30%

There were very high blocked call rates during the early part of the fiscal year due to the higher than normal number of calls. In addition, the St. Paul Overflow call unit was discontinued, effective September 30, 2000, resulting in calls blocked instead of being diverted to St. Paul. Furthermore, equipment limitations in Buffalo added to the problem. The blocked call rate improved toward the middle of the fiscal year. Muskogee is due to get new equipment in fiscal year 2002 which will help. Meanwhile, seasonal employees and Education Service Unit personnel have been answering the phones.

Payment accuracy rate	93%	94%	94%	96%	92%	96%
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The backlog and influx of new hires created a sense of urgency in claims processing which caused a deterioration in quality. Further, training and experience will raise the quality level. Continuing improvement in Enrollment Certification Automated Processing will result in fewer errors as more cases are processed without human intervention.

Performance Measures

Veterans Benefits Administration Performance Measures

Education (continued)

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001 Actual	FY 2001 Plan
Goal Not Achieved -- Significant Difference (continued)						
Administrative cost per trainee	N/A	\$156	\$171	\$166	\$177	\$165

This measure may be higher than desired due to the hiring of 100 new employees. Information Technology (IT) costs were also higher than expected. A redistribution of IT overhead costs will bring our cost per trainee down. We project an increase in trainee counts as more Licensing & Certification and Top-Up claims are received. As trainee counts go up, cost per trainee will go down.

Vocational Rehabilitation and Employment

P&F ID Codes: 36-0137-0-1-702; 36-0140-0-3-702; 36-4259-0-3-702 (Off Budget); 36-4260-0-3-702; 36-0151-0-1-705; 36-0111-0-1-703

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001 Actual	FY 2001 Plan
Resources						
FTE	1,099	919	972	940	1,061	971
Benefits costs (\$ in millions)	\$402	\$406	\$412	\$439	\$427	\$419
Administrative costs (\$ in millions)	\$78	\$68	\$72	\$81	\$109	\$116

Performance Measures

	Goal Achieved					
Speed of entitlement decisions in average days	N/A	88	88	78	62	66
Employment timeliness in average days	N/A	83	53	42	38	50
Accuracy of decisions (entitlement)	N/A	N/A	86%	89%	93%	91%
Serious Employment Handicap (SEH) rehabilitation rate	N/A	N/A	49%	62%	64%	63%

Goal Not Achieved -- Significant Difference

Accuracy of decisions (services)	N/A	85%	87%	86%	79%	89%
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The methodology for performing this quality review changed during FY 2001 after the target was set. The target was not adjusted based on the change in the methodology for conducting the review.

Accuracy of decisions (fiscal)	N/A	N/A	94%	94%	86%	96%
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The methodology for performing this quality review changed during FY 2001 after the target was set. The target was not adjusted based on the change in the methodology for conducting the review.

Customer satisfaction (Survey)	N/A	N/A	N/A	76%	76%	80%
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At the time the 80% target was set, it was perceived to be a stretch goal. However, many factors such as the hiring of new employees (due to the renewed focus on veterans), the reduction in contract services, and utilization of the annual survey (which was not regional office specific) are key factors that affected this measure.

Veterans Benefits Administration Performance Measures

Housing

P&F ID Codes: 36-0137-0-1-702; 36-1119-0-1-704; 36-1119-0-2-704;
 36-4127-0-3-704 (Off Budget); 36-4129-0-3-704 (Off Budget);
 36-4025-0-3-704; 36-0140-0-3-702; 36-4259-0-3-702 (Off Budget);
 36-0151-0-1-705; 36-0111-0-1-703

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001 Actual	FY 2001 Plan
Resources						
FTE	2,254	2,075	2,108	2,057	1,759	1,827
Benefits costs (\$ in millions)	\$1,368	\$1,676	\$1,811	\$1,866	\$540	\$722
Administrative costs (\$ in millions)	\$139	\$161	\$160	\$157	\$162	\$162

Performance Measures

	Goal Achieved					
Veterans satisfaction	N/A	90%	93%	93%	93%	93%
Property holding time (months)	N/A	N/A	6.7	N/A	8.2	10
Statistical quality index	N/A	N/A	N/A	94%	96%	93%
One VA survey (Housing)	N/A	N/A	N/A	3.3	3.3	3.0
Telephone activity for abandoned calls (Housing)	N/A	N/A	N/A	TBD	4%	5%
Return on investment	97%	99%	101%	N/A	108%	98%

	Goal Not Achieved -- Minimal Difference					
Lender satisfaction	N/A	67%	67%	74%	74%	76%
Processing time for eligibility certificates (days)	N/A	N/A	N/A	4.8	7.4	5.0

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

	Goal Not Achieved - - Significant Difference					
Administrative cost per loan	\$291	\$233	\$111	N/A	\$177	\$120

Accurate data were not available for setting the FY 2002 target. The status of unit cost as a measure is under review.

Administrative cost per default	\$212	\$304	\$338	N/A	\$351	\$340
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Accurate data were not available for setting the FY 2002 target. The status of unit cost as a measure is under review.

Telephone activity for blocked calls (Housing)	N/A	N/A	N/A	N/A	15%	5%
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Blocked calls were at 14.8% in FY 2001 compared with the plan of 5%. On May 16, 2001, Loan Guaranty Service implemented the Loan Guaranty National Automated Response System (LGY NARS) telephone module. As a result of the implementation, the fiscal year to date Blocked Call Rate fell from 20% to 15%. Although we did not meet our goal of 5% in FY 2001, the Blocked Call Rate from June 2001 has ranged from 2.5% to 3.75%. We anticipate meeting our goal of 4% in FY 2002.

Veterans Benefits Administration Performance Measures

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001 Actual	FY 2001 Plan
<i>Insurance</i>	P&F ID Codes: 36-0120-0-1-701; 36-4012-0-3-701; 36-4010-0-3-701; 36-4009-0-3-701; 36-8132-0-7-701; 36-8150-0-7-701; 36-8455-0-8-701; 36-0151-0-1-705; 36-0111-0-1-703					

Resources

FTE	584	563	548	525	507	523
Benefits costs (\$ in millions)	\$2,778	\$2,687	\$2,559	\$2,458	\$2,534	\$2,554
Administrative costs (\$ in millions)	\$38	\$40	\$40	\$40	\$41	\$42

Performance Measures

	Goal Achieved					
High customer ratings (Insurance)	90%	95%	96%	96%	95%	95%
Low customer ratings (Insurance)	5%	2%	1%	2%	2%	2%
Percent of blocked calls (Insurance)	44%	17%	6%	4%	3%	5%
Average hold time in seconds	70	35	20	20	17	20
Percent of insurance disbursements paid accurately	98%	99%	99%	99%	99%	99%
Cost per policy maintained	\$9.96	\$10.34	\$11.25	\$11.34	\$11.88	\$13.00
Cost per death award	\$87.55	\$88.15	\$78.18	\$79.45	\$83.95	\$85.00
Employee skills matrix (Insurance)	N/A	N/A	N/A	N/A	88%	85%
Favorable IG audit opinion (Insurance)	Y	Y	Y	Y	Y	Y

	Goal Not Achieved - - Minimal Difference					
Employee satisfaction (Insurance)	N/A	N/A	N/A	3.3	3.3	3.7

The performance goal for this measure was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

National Cemetery Administration Performance Measures

Burial

P&F ID Code: 36-0155-0-1-701; 36-0129-0-1-705; 36-8129-0-7-705;
36-0183-0-1-705; 36-0110-0-1-703; 36-0111-0-1-703

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001 Actual	FY 2001 Plan
Resources						
FTE	1,283	1,328	1,357	1,399	1,385	1,466
Benefits costs (\$ in millions)	\$113	\$114	\$106	\$109	\$111	\$130
Administrative costs (\$ in millions):						
Operating costs	\$77	\$84	\$92	\$103	\$116	\$116
State cemetery grants	\$5	\$6	\$5	\$19	\$24	\$40
Capital construction	\$19	\$79	\$21	\$30	\$33	\$37

Performance Measures

	Goal Achieved					
Percent of veterans served by a burial option in a national cemetery within a reasonable distance (75 miles) of their residence	N/A	N/A	56.7%	67.5%	66.0%	63.3%
Cumulative number of kiosks installed at national and state veterans cemeteries	2	6	14	24	33	32
Percent of monuments ordered on-line by other federal and state veterans cemeteries using AMAS-R	N/A	N/A	65%	87%	89%	88%
Percent of individual headstone and marker orders transmitted electronically to contractors	68%	85%	88%	89%	92%	91%
Percent of Presidential Memorial Certificates that are accurately inscribed	98%	98%	98%	98%	98%	98%
Percent of headstones and markers that are undamaged and correctly inscribed	95%	95%	95%	97%	97%	97%

	Goal Not Achieved -- Significant Difference					
Percent of veterans served by a burial option only in a state veterans cemetery within a reasonable distance (75 miles) of their residence	N/A	N/A	10.3%	5.1%	6.6%	12.5%

VA did not meet the FY 2001 performance goal, which was established prior to the availability of the new VetPop2000 data released in April 2001. If the data model used to project the veteran population had not changed during the year, VA would have met its goal to serve 12.5 percent of veterans with a burial option only in a state veterans cemetery within a reasonable distance of their residence.

Board of Veterans' Appeals Performance Measures

P&F ID Code: 36-0151-0-1-705

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001 Actual	FY 2001 Plan
Resources						
FTE	492	483	478	468	455	480
Administrative costs (\$ in millions)	\$36	\$38	\$40	\$41	\$44	\$45

	Goal Achieved					
Appeals resolution time (days)	628	686	745	682	595	650
Response time (days)	334	197	195	220	90	202

	Goal Not Achieved -- Minimal Difference					
Deficiency-free decision rate	N/A	89%	84%	86%	87%	90%
Appeals decided per FTE	88.1	80.5	78.2	72.7	69.3	71.3
Cost per appeals case	\$839	\$965	\$1,062	\$1,219	\$1,401	\$1,327

The performance goal for these measures was set at an approximate target level, and the deviation from that level is slight. There was no effect on overall program or activity performance.

	Goal Not Achieved - - Significant Difference					
Court remand rate	64%	58%	65%	61%	97%	55%

The impact of the Veterans' Claims Assistance Act of 2000 was the primary reason why this goal was not met. Cases pending at the Court were remanded to the Board for further remand to the appropriate regional offices in order to ensure claimants' due process rights under the new law. Because of the enormous backlog of cases at the regional offices, the Secretary in April 2001 directed the General Counsel to prepare regulations which would permit the Board to develop evidence of cure procedural defects without a remand. As a result of the Secretary's memorandum, the Board of Veterans' Appeals has been working with VBA, VHA and General Counsel to enable the Board to perform evidence development and not remand cases to the regional offices for development. It is intended that this will speed up the process and provide a decision to the appellant in a shorter period of time. This will fundamentally change how the Board of Veterans' Appeals does business.

Departmental Management Performance Measures

P&F ID Codes: 36-0151-0-1-705; 36-4539-0-4-705; 36-0110-0-1-703;
36-0111-0-1-703

	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001 Actual	FY 2001 Plan
Resources						
FTE	2,170	2,216	2,483	2,564	2,674	2,871
Administrative costs (\$ in millions)	\$281	\$327	\$357	\$416	\$449	\$473

Performance Measures

	Goal Achieved					
Percent of cases using alternate dispute resolution (ADR) techniques	N/A	11%	12%	13%	29%	14%
Number of audit qualifications identified in the auditor's opinion on VA's Consolidated Financial Statements	2	2	0	0	0	0
Percent increase of EC/EDI usage over 1997 base year	N/A	16%	48%	86%	178%	90%
Percent of statutory minimum goals met for small business concerns	N/A	36%	37%	33%	23%	23%
Percent implementation of the Department-wide IT Security Program	N/A	N/A	N/A	N/A	20%	20%

	Goal Not Achieved -- Significant Difference					
Percent of stakeholders who are satisfied or very satisfied with their level of participation in VA's planning process	N/A	N/A	N/A	N/A	N/A	75%

The intent of this measure is to develop some measure of satisfaction with VA's planning process among VA's stakeholders. The method for obtaining this data is to survey the participants of VA's Four Corners meetings, which include representatives from VA, Congress, OMB, and veterans service organizations. Because no Four Corners meetings were held in FY 2001, VA has no actual data associated with this target. VA intends to resume its Four Corners meeting in FY 2002 and will collect data from the participants.

Percent of employees who are aware of ADR as an option to address workplace disputes	N/A	N/A	N/A	N/A	28%	50%
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The percentage of employees who are aware of ADR as an option is being determined by the percentage of employees who have received ADR/mediation awareness training. Overall, 28 percent of VA employees have received mediation awareness training. It is fully anticipated that these numbers will increase during FY 2002. Currently, 53 percent of new VA employees are receiving ADR/mediation awareness training as part of their employee orientation.

Number of interactive points of contact on VA Web site available to veterans	N/A	N/A	N/A	100	N/A	110
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FY 2001 goals were not met due to the implementation of VA's new Inquiry Routing and Information System (IRIS). IRIS quickly routes complaints, inquiries and compliments directly to the concerned office. IRIS also provides the means to quantify the number of such contacts and extract evaluative information. Therefore, this performance goal is no longer needed.

