Department of Veterans Affairs (VA) FY 2010 E-Government Act Report

We are pleased to submit the *Department of Veterans Affairs (VA) FY 2010 E-Government Act Report.* This report describes VA's accomplishments in implementing the requirements of the E-Government Act of 2002, Section 202(g) and the Open Government Directive dated December 8, 2009.

Section 1: Innovation and Transparency

Creating a more innovative, transparent, collaborative, and participatory VA is critical to achieving an important transformation and long-term success. It is often said that sunlight is the best disinfectant, and we believe that openness and transparency will lead to increased efficiency and performance. Candor about VA's challenges is allowing us to respond to issues and solutions from Veterans and VA employees. We also know that many of the best ideas come from outside Washington; in fact, many come from Veterans and other citizens across the country. New Web-enabled technologies not only provide opportunities for VA to deliver services in a more open and transparent way, but also enable greater participation and collaboration inside government, across VA and with other agencies, as well as outside government, with Veterans, their families, and all Americans.

In short, open government can help VA deliver real results. New Web-based tools will replace paper-based processes and allow Veterans to monitor progress of their claims at each step in the process. They will also have the opportunity to suggest improvements and get answers to questions online in real time. Most importantly, open government empowers Veterans to not only hold VA accountable, but to directly participate in its improvement.

Open government at VA is not just words on a page. Open government embodies a transformation in our culture that is already steeped in pride and dedication to our mission. We recognize that excellent service to Veterans and their families means embracing transparency, participation, and collaboration in a way that positively affects all stakeholders. Therefore, when we created the VA Open Government Plan, we relied on the support and vision of forward-looking senior leadership who recognized the need for openness at VA. VA's most senior leadership shaped the Open Government Plan and will play a critical, hands-on role in its implementation. We believe transparency and accessibility are tools of transformation.

Leveraging free and ubiquitous Web-based channels, we connected with Veterans and their families via our new Web site, Facebook, and Twitter to share stories about changes in policy and news from VA and from Veterans. We developed a new data quality plan to ensure that when we report financial, business, and other data that it is reliable and useful. We are also leveraging transparency to reengineer our business processes and improve performance across VA.

We developed a very exciting flagship program, the VA Innovation Initiative that will transform our business processes, provide transparency to our work, and create a collaborative effort throughout VA, among the Veterans we serve, and with the private sector. Specifically, VA is tapping the talent and expertise of individuals from both inside and outside government to contribute new ideas that will ultimately produce efficient results and innovative solutions.

With strong leadership, good governance, and a new commitment to creating a culture that is innovative, open, transparent, participatory, and collaborative, we will achieve our objective and create a high performing VA of which citizens, the Nation, and most importantly, our Veterans and their families, can be proud of.

Describe top three 2010 E-Government IT accomplishments related to Open Government and Innovation:

1. VA Innovation Initiative

VA is transforming itself into a 21st century organization that is people-centric, results-driven, and forward-looking. This journey involves a commitment to many broad challenges: to stay on the cutting edge of health care delivery; to lay the foundation for safe, secure, and authentic health record interoperability; to deliver excellent service for Veterans who apply for disability and education benefits; and to create a modern, efficient, and customer-friendly interface that all Veterans will appreciate.

VA has developed a department-wide program, the VA Innovation Initiative or VAi2, to bring the most promising innovations to VA's most important challenges to create visionary solutions in service to Veterans. VAi2 is a flagship program designed to tap the talent and expertise of individuals both inside and outside government to contribute new ideas that ultimately produce new, innovative solutions that advance VA's ability to meet the challenges of becoming a 21st century organization.

VAi2 invites employees, private sector companies, entrepreneurs, and academic leaders to contribute their best ideas for innovations that increase Veterans' access to VA services, improve the quality of services delivered, enhance the performance of VA operations, and reduce or control the cost of delivering those services that Veterans and their families receive. VAi2 will identify, prioritize, fund, test, and deploy the most promising solutions to VA's most important challenges.

VAi2 invests in solutions that better ensure that Veterans and their families receive the benefits that they need and have earned. Access supports

seamless, convenient, and effective interaction between VA and Veterans, providing the right care at the right time and in the right place. Improving access is a central component of VA transformation because it serves as an enabler of improved service to Veterans.

Programs focused on quality improvements span the entire VA mission, from health care to benefits delivery to Veteran employment. VAi2 enables VA to investigate creative technologies, processes, and practices that offer an opportunity to improve health outcomes, increase patient care satisfaction, and enhance the benefits services Veterans receive.

Twenty-first century transformation calls on VA to continually find the tools to serve more Veterans in more ways, and with better results. VAi2 programs target innovations that can seamlessly integrate into VA and generate dramatically improved outcomes. By identifying industry-leading solutions, VAi2 gives VA the ability to improve services by increasing reliability, speed, and accuracy.

VA is, and always will be, committed to the best system of delivering quality care and benefits to Veterans. Continually finding cost-effective ways to deliver services allows VA to maintain that high level of service on a long time basis. VAi2 plays an important role by enabling the use of promising technologies in the design of cost-effective solutions.

2. Blue Button

VA developed the Blue Button in collaboration with the Centers for Medicare and Medicaid Services (CMS) and the Department of Defense, along with the Markle Foundation's Consumer Engagement workgroup. The Blue Button was deployed August 29, 2010 (www.va.gov/bluebutton) encompassing data classes currently available to Veterans within the My HealtheVet portal. Information is comprised of self-entered health metrics (blood pressure, weight, heart rate, etc.), emergency contact information, test results, family health history, military health history, and other health-related information for registered users. For VA patients who are In-Person Authenticated, the Blue Button download also includes additional data classes extracted from the VA Electronic Health Record into the My HealtheVet personal health record, including VA medication history and VA wellness reminders. Users can select the Download Button to obtain an electronic copy of their personal health information; a downloadable file that can be saved for personal use or for use in other applications or systems. Alternatively, users can select the View/Print button to view their personal health information in the browser window. This interface allows users to generate a printer-friendly version. Having control of this information enables Veterans to share this data with health care providers, caregivers, or people they trust.

VA is working collaboratively with the CMS and the Department of Defense to make the Blue Button available to beneficiaries. Common branding across agencies and organizations will benefit consumers who may be constituents of multiple agencies, systems, and organizations. In keeping with the President's commitment to open government, we anticipate that the adoption of the Blue Button will increase and enhance consumer access to personal health information. A formal launch is planned for October 2010 in conjunction with the Health 2.0 Conference. Also in keeping with open government principles, a sample text file has been posted on the CMS Web site at: http://www.cms.gov/NonIdentifiableDataFiles/12_BlueButtonInitiative.asp and VA Web site: http://www.va.gov/bluebutton to support the Health 2.0 Developer Challenge. Industry partners have been invited to develop innovative solutions using the sample text file, and to showcase these health information technology applications as part of the Health 2.0 Developer Challenge competition. These files are also available to the public via Data.Gov (www.data.gov) to enhance transparency.

3. Veteran Benefit Management System (VBMS)

Secretary Shinseki charged the Veterans Benefits Administration (VBA) to rethink and revamp the claims process to ensure that no Veteran waits more than 125 days for a claim decision and that all adjudications will be 98% correct. VBA, in turn, depends on internal organizations for assistance, guidance, and especially innovative ideas. Breaking the back of the claims backlog is a charge not shouldered by VBA alone, but by everyone at VA.

Processing a Veteran's claim is more difficult than private sector processing models. VBA understood quickly that they could not simply tinker with a broken system or automate a broken process. VBA, with some help, is systematically breaking the back of the claims backlog in the timeframe mandated by the Secretary.

VBA developed a comprehensive, coherent, complete plan that starts with simple solutions that can be implemented quickly; i.e., reducing the time between incremental steps in the current system that will interface with signature program, VBMS. The plan is a time-phased overview of what happens, when it happens, how it happens, and who is responsible for making it happen.

One of the first successes of VBMS was the Virtual Regional Office (VRO). The VRO was designed to deliver an implementable professional specification of the front end of a new claims processing system and the dashboard that claims representatives will see and use.

4. Virtual Lifetime Electronic Record (VLER)

VLER, a collaborative project between VA, the Department of Defense, the Department of Health and Human Services, and private health care providers, will provide Veterans, Service members, family members, caregivers and service providers a single, secure source of information for health and benefits. VLER is our strategy for creating a single portal for authorized users to access information necessary to receive health care, make benefits determination, and provide compensation based on claims. This strategy is becoming reality through the inception of a portfolio of interoperability mechanisms; all based on openly architected-standards based systems.

As part of the Department's efforts to achieve interoperability of electronic records, VA and Kaiser Permanente launched a pilot medical data exchange program in San Diego, CA in January 2010, using the Nationwide Health Information Network (NHIN). This innovative pilot enables clinicians from VA and Kaiser Permanente to obtain a more comprehensive view of a patient's health using electronic health record information, including information about health issues, medications, and allergies. Led by the U.S. Department of Health and Human Services, NHIN provides a technology "gateway" to support interoperability standards and a legal framework for the secure exchange of health information between treating physicians, when authorized by a patient. Clinicians from the participating organizations can electronically, securely, and privately share authorized patient data, ensuring around-the-clock access to critical health information. This immediate electronic access supports increased accuracy, efficiency, and safety.

VA beneficiaries and Kaiser Permanente members in the San Diego area were the first to be provided the opportunity to sign up for the pilot. The program expanded to include medical data exchange between VA Hampton/Tidewater, Department of Defense (DoD) Portsmouth Naval Hospital, and Med Virginia Bon Secours Hospital in Richmond, VA. New pilots are ramping up and medical data exchange is moving forward between the Richard L. Roudebush VA Medical Center in Indianapolis and the Indiana Health Information Exchange (IHIE), the largest health information exchange organization in the U.S. Also, the medical data exchange will take place between VAMCs Spokane, WA; Washington, DC; DoD; and Inland Northwest Health Services.

5. Automate GI Bill Benefits

The Post-9/11 GI Bill creates a robust enhancement of VA's education benefits, evoking the World War II Era GI Bill of Rights. The Act went into effect in August 2009, and provides education benefits for service members and current and previously activated National Guard and Reserve members who have served on active duty for 90 days or more since September 11, 2001. Because of the significant opportunities the Act provides to Veterans and their families in

recognition of their service, and their particular value in the current economic environment, the benefits in this Act must be delivered effectively and efficiently, and with a client-centered approach. Because of its complexity, the Bill requires new processing procedures and IT systems. Additionally, with the extension of additional benefits to Veterans' families and new categories of service member, volume of claims applications is expected to be significantly higher than for existing programs.

In response, VA plans to create a fully-automated claims processing IT system for Post 9/11 GI Bill benefit claims. This will improve timeliness of claims processing and payments to beneficiaries and schools. It will also maximize client service resources by reducing the manual processing burden. The flexibility of an automated system will prepare VA for future benefit changes or new initiatives.

This major initiative will include:

• *New technology systems:* VA will develop a completely automated IT platform as a long-term solution for efficiently and accurately processing Post 9/11 GI Bill benefit claims. Development of this system will be phased to ensure robustness and stability.

• Creation of a model for future programs: The Post 9/11 GI Bill will provide a framework for how VA can enhance other education programs by moving away from legacy IT systems. VA will build on this foundation and institutionalize lessons learned during implementation to drive improvements across all education programs.

Section 2: Compliance with Goals and Provisions of the Act

VA has the solemn duty to serve those who have served our Nation. America's Veterans have served in many conflicts, most recently in Iraq and Afghanistan, with a mission to keep our country and the American people safe. VA's mission is to fulfill President Lincoln's promise "to care for him who shall have borne the battle, and for his widow, and his orphan." VA fulfills this mission by providing competent, compassionate, and consistent high-quality health care, benefits, and memorial affairs to our Veterans and their families.

VA's 300,000 employees work hard to accomplish the mission and keep our country's commitment to America's Veterans and their families. Today, because of the wars in Iraq and Afghanistan, VA provides services to an influx of beneficiaries with complex needs. Our challenges are exacerbated for our Veterans and for VA by the current economic difficulties. From health care to prevention of homelessness, America's heroes need VA now more than ever before.

In a world where technology evolves at exponential rates, VA is working hard to replace legacy systems that meet the 21st century needs of our Veterans, update

old business processes, and implement efficient system interoperability. As a result of these efforts, low performing projects are being stopped, processes are being reengineered, backlogs are being reduced, and customer service is improving. This is just the beginning of a long journey toward achieving the Secretary's vision and reaching VA's full potential.

Please provide the URL(s) to your agency's Web site where the following information is located:

A. Your agency's Information Resource Management (IRM) Strategic Plan and Enterprise Architecture (EA) Plan.

- The draft IT Strategic Plan FY 2011-2015 is under development and will be published and posted online once approved. http://www.itstrategy.oit.va.gov/
- The VA Enterprise Architecture (EA) Transaction Plan and supporting documentation are located at: http://www.ea.oit.va.gov/index.asp

B. For each E-Gov initiative, provide final determinations, priorities, and schedules. Also include your agency's information dissemination product catalogs, directories, inventories, and any other management tools used to improve the dissemination of and access to your agency's information by the public.

- The electronic version of VA's final determinations, priorities, and schedules, including information dissemination product catalogs, directories and inventories are available at:

 <u>http://www1.va.gov/webinventory</u>. Public comments can be made via VA's on-line Inquiry Routing and Information System (IRIS) at:

 <u>https://iris.va.gov/</u>. IRIS provides a link by which the public can communicate electronically with VA. Incoming inquiries are routed to the appropriate VA office and that office is responsible for providing accurate and timely information. The Veterans Benefits Administration (VBA) provides a direct link to a query system that allows the public to access resource materials relative to benefits. This site is available at:

 <u>http://www.warms.vba.va.gov/vbahome3bk.htm</u>.
- VHA is fully participating in the implementation of Data.Gov as one component of the open government initiative. Although VHA is still developing a framework for data stewards to actively participate by directly posting data to Data.Gov, VHA designated three points of contact who post content through the Data.Gov Data Management System. VHA has provided information about its polytrauma centers, quality of health care at VA facilities, grants for State Homes, and other content. VHA Office of Health Information staff also participated in the overall development of Module 3, Application Program Interface/Metadata Catalog/Integration/Information Architecture.

C. Identify improved performance (e.g., outcome measures) by tracking performance measures supporting agency objectives and strategic goals.

Performance measures and associated outcomes are tracked using several methods to review, assess, and adjudicate existing agency objectives and strategic goals, including the Monthly Performance Review (MPR) and the Performance Assessment Review (PAR). The MPR is the short term review of existing agency objectives and strategic goals. Items specifically covered in the department wide MPR include review of resources (performance to plan), delivery of products (project milestones and budget to outcome), review of performance metrics, review of upcoming requirements, and a review of past achievements. The PAR is a holistic review of performance metrics, integrated objectives, and outcome measures associated with agency objectives and strategic goals. The FY2009 PAR is currently posted to the VA internet site, and the FY2010 PAR is scheduled to be posted on 15 November 2010. http://www4.va.gov/budget/report/

D. Your agency's FOIA handbook, the URL of your agency's primary FOIA Web site, and the URL where frequent requests for records are made available to the public.

 The FOIA Handbook, Frequently Asked Questions, FOIA Annual Reports, Chief FOIA Officer Report, Frequently Requested Documents, FOIA/Privacy Offices, and the Electronic Reading Room are available at: <u>http://www.foia.va.gov/</u>.

E. A list of your agency's public Web sites disseminating research and development (R&D) information to the public, describing for each whether the Web site provides the public information about federally funded R&D activities and/or provides the results of Federal research.

The VHA Office of Research and Development (ORD) aspires to discover knowledge, develop VA researchers and health care leaders, and create innovations that advance health care for Veterans and the Nation. The electronic version of VA's ORD information for public access is located at: http://www.research.va.gov/. The Center for Information Dissemination and Education Resources (CIDER) is a VA Health Services Research and Development Service (HSR&D) national resource center. Established in 2004, CIDER's mission is to improve the health and care of Veterans by disseminating important HSR&D findings and information to policy makers, managers, clinicians, and researchers throughout VA, the broader health care community, and the general public. The CIDER Web site is available at: http://www.cider.research.va.gov/.

F. An inventory describing formal agency agreements (e.g., contracts, memorandum of understanding) with external entities (e.g., partnerships with State and local governments, public libraries, industry and commercial search engines) complementing your agency's information dissemination program, briefly explaining how each agreement improves the access to and dissemination of government information to the public.

- Advisory committees are used extensively by VA to provide advice and guidance on a wide variety of programs that deliver benefits and services to our Nation's Veterans. Advisory committees operate as another component of the "people's voice" in our democratic form of government. Some of VA's advisory committees have been mandated by Congress to ensure that federal laws, as carried out by the executive branch, are meeting their intended goals. Other VA committees have been created by the Secretary of Veterans Affairs to assess specific VA policies or programs.
- Advisory committee members are generally acknowledged by VA's leadership and members of the Veterans Affairs committees in Congress as "consumer representatives" of those millions of beneficiaries whose lives are affected each year by VA programs. Advisory committees must operate in compliance with the Federal Advisory Committee Act (FACA). Advisory committee meetings at VA are generally open to the public, and notices of those meetings are published in the <u>Federal Register</u>.
- One of VA's principal objectives in managing its advisory committees is to ensure that committee members appropriately reflect the diversity of American society and the Veterans' population. Committee members are expected to have the technical, scientific and programmatic expertise demanded by the committees' areas of interest and emphasis. Committee members are also expected to offer unbiased advice and to comply with all federal ethics standards.
- 1 Advisory Committee on Cemeteries and Memorials--provides advice to the Secretary of Veterans Affairs on the administration of national cemeteries, the selection of cemetery sites, the erection of appropriate memorials and the adequacy of federal burial benefits.
- 2 Clinical Science Research and Development Service Cooperative Studies Scientific Evaluation Committee-- provides advice on VA cooperative studies, multi-site clinical research activities, and policies related to conducting and managing these efforts while ensuring that new and ongoing projects maintain high quality, are based upon scientific merit, and are efficiently and economically conducted.
- 3 Advisory Committee on Disability Compensation-- provides advice to the Secretary of Veterans Affairs on establishing and supervising a schedule to conduct periodic reviews of the VA Schedule for Rating Disabilities (VASRD).
- 4 Veterans' Advisory Committee on Education-- provides advice to the

Secretary of Veterans Affairs on the administration of education and training programs for Veterans and servicepersons, reservists and dependents of Veterans under Chapters 30, 32, 35, and 36, title 38, and Chapter 1606 of title 10, United States Code.

- 5 Veterans' Advisory Committee on Environmental Hazards-- provides advice to the Secretary of Veterans Affairs on adverse health effects that may be associated with exposure to ionizing radiation and to make recommendations on proposed standards and guidelines regarding VA benefit claims based upon exposure to ionizing radiation.
- 6 Advisory Committee on Former Prisoners of War--provides advice to the Secretary of Veterans Affairs on the administration of benefits for Veterans who are former prisoners of war and to assess the needs of such Veterans in the areas of service-connected compensation, health care and rehabilitation.
- 7 Genomic Medicine Program Advisory Committee--provides advice on the scientific and ethical issues related to the establishment, development, and operation of a genomic medicine program within the Department of Veterans Affairs.
- 8 Geriatrics and Gerontology Advisory Committee--provides advice to the Secretary of Veterans Affairs and the Under Secretary for Health on all matters pertaining to geriatrics and gerontology by assessing the capability of VA health care facilities to meet the medical, psychological and social needs of older Veterans and by evaluating VA facilities designated as Geriatric Research, Education and Clinical Centers.
- 9 Research Advisory Committee on Gulf War Veterans' Illnesses--provides advice to the Secretary of Veterans Affairs on proposed research studies, research plans, or research strategies relating to the health effects of military service in Southwest Asia during the Gulf War.
- 10 Health Services Research and Development Service Merit Review Board—provides advice on the fair and equitable selection of the most meritorious research projects for support by VA research funds. The ultimate objective of the Board is to ensure the high quality and mission relevance of VA's legislatively mandated research and development program. Board members advise on the scientific and technical merit, originality, feasibility, and mission relevance of individual research proposals. They also advise on the adequacy of protection of human and animal subjects.
- 11 Advisory Committee on Homeless Veterans--provides advice to the Secretary of Veterans Affairs on benefits and services provided to homeless Veterans by the Department of Veterans Affairs.
- 12 Joint Biomedical Laboratory Research and Development and Clinical Science Research and Development Services Scientific Merit Review Board--provides advice on the scientific quality, budget, safety, and mission relevance of investigator-initiated research proposals submitted for VA merit review consideration. The proposals to be reviewed may address research questions within the general area of biomedical and

behavioral research or clinical science research. The Board also advises VA research officials on program priorities and policies, as well as administration of VA's intramural program.

- 13 Advisory Committee on Minority Veterans--provides advice to the Secretary of Veterans Affairs on the administration of VA benefits for Veterans who are minority group members in the areas of compensation, health care, rehabilitation, outreach and other services.
- 14 National Research Advisory Council--provides advice to the Under Secretary for Health and the Secretary of Veterans Affairs on research and development sponsored and/or conducted by the Veterans Health Administration, to include policies and programs of the Research and Development Office.
- 15 Advisory Committee on Prosthetics and Special Disabilities Programsprovides advice to the Secretary of Veterans Affairs on VA prosthetics programs and the rehabilitation research, development and evaluation of prosthetics technology. The committee also assesses VA programs that serve Veterans with spinal cord injury, blindness or vision impairment, loss of or loss of use of extremities, deafness or hearing impairment, or other serious incapacities.
- 16 Advisory Committee on the Readjustment of Veterans--provides advice to the Secretary of Veterans Affairs on policies, organizational structures, and the provision and coordination of services to address Veterans' postwar readjustment to civilian life, with particular emphasis on posttraumatic stress disorder, alcoholism, other substance abuse, post-war employment and family adjustment.
- 17 Veterans' Advisory Committee on Rehabilitation--provides advice to the Secretary of Veterans Affairs on the rehabilitation needs of disabled Veterans and the administration of VA's rehabilitation programs.
- 18 Rehabilitation Research and Development Service Scientific Merit Review Board--provides advice on the fair and equitable selection of the most meritorious research projects for support by VA research funds, and provides advice for research program officials on program priorities and policies. The ultimate objectives of the Board are to ensure that the VA Rehabilitation Research and Development program promotes functional independence and improves the quality of life for impaired and disabled Veterans.
- 19 Veterans' Rural Health Advisory Committee--provides advice to the Secretary of Veterans Affairs on health care issues affecting enrolled Veterans residing in rural areas.
- 20 Special Medical Advisory Group--provides advice to the Secretary of Veterans Affairs and the Under Secretary for Health on matters relating to the care and treatment of Veterans and other matters pertinent to the operations of the Veterans Health Administration (i.e., research, education and training of health manpower, and VA/DOD contingency planning).
- 21 Advisory Committee on Structural Safety of Department of Veterans Affairs Facilities--provides advice to the Secretary of Veterans Affairs on

structural safety in the construction and remodeling of VA facilities and recommends standards for use by VA in the construction and alteration of facilities.

- 22 Department of Veterans Affairs Voluntary Service National Advisory Committee--provides advice to the Secretary of Veterans Affairs and the Under Secretary for Health on how to coordinate and promote volunteer activities within VA health care facilities.
- 23 Advisory Committee on Women Veterans--provides advice to the Secretary of Veterans Affairs on the needs of women Veterans regarding health care, rehabilitation benefits, compensation, outreach and other programs administered by VA.

G. An inventory that describes your agency's NARA-approved records schedules(s) or the link to the publicly-posted records schedules(s), and a brief explanation of your agency's progress to implement NARA Bulletin 2006-02. For the brief explanation please report the number of systems for which a record schedule was submitted to NARA in FY 2010 and the number of systems still requiring records schedules.

- VA's Enterprise Records Service within the Office of Information and Technology has oversight responsibilities for a decentralized records management program in which each Administration and staff office maintains its respective Records Control Schedule (RCS). The following VA Record Control Schedules have been approved by NARA:
- 1) Office of Information and Technology, RCS OI&T 005-1
- 2) Veterans Health Administration, RCS 10-1
- 3) Veterans Benefits Administration, RCS VB-1
- 4) National Cemetery Administration, RCS NCA
- 5) Office of Budget and Finance RCS is contained in MP-4, part X
- NARA Bulletin 2006-02 was disseminated to all applicable VA organizations for their respective implementation actions. To date, no additional systems requiring a NARA-approved RCS have been identified. Any additional systems will be scheduled and incorporated in one of the existing NARA-approved schedules.

Please provide a narrative for the following informative:

H. Describe how your agency has implemented use of electronic signatures for appropriately secure electronic transactions with Government and established a framework to allow efficient interoperability.

• VA implemented use of electronic signatures for appropriately secure electronic transactions through prescription services, disability claims processes, education entitlements, and additional benefits as identified on

the Veterans' online application website: https://vabenefits.vba.va.gov/vonapp/main.asp

 VA established a framework to allow efficient interoperability through VHA Directive 6210, Automated Information Systems (AIS) Security (3/7/00), VA policy-VA Information System Account and Password Management Policy and VA policy-Windows NT Enterprise Security Policy (1/21/00), and Policy Memorandum 00-179 Information System Access VistA/CPRS.

I. Describe how your agency has enhanced public participation in Government by electronic means for development and issuance of regulations. (Ex: regulations.gov)

 VA is an active and successful participant in the Federal Government's Inter-Agency eRulemaking initiative. This E-Gov initiative provides the public an opportunity to view and comment on all proposed VA regulations by visiting a single government Web site that displays VA regulations that have been published in the Federal Register and are open for public comment. VA uses the Federal Docket Management System to review and post public comments on the Web site, including those received by mail or other means. As a result, the public can actively participate in VA's rulemaking process while regulations are being developed. VA's Office of Regulation Policy and Management in the Office of the General Counsel, has a Web site located at: http://www1.va.gov/orpm/, which links readers to the Electronic Code of Federal Regulations (eCFR) where all current VA regulations can be found. The site also lists all VA rulemaking documents published in the Federal Register since its establishment in 2004. It also provides convenient links to copies of those publications and other materials that may be of interest to the public.

J. Describe how your agency has linked performance goals to key stakeholders, private sector, other agencies, and internal operations in delivering information and services through use of IT.

 The Office of Information and Technology (OI&T) uses an eclectic approach to link performance goals to key stakeholders in delivering information and services. The first approach is the Program Management Accountability System, which requires all projects to deliver customerfacing functionality every six months. This function coupled with an existing management methodology enforces strict adherence to project milestones. In addition, OI&T uses the Monthly Performance Review forum to track internal performance goals and encourage collaboration amongst lateral departments to achieve goals within the stated parameters. K. Describe how your agency has reduced errors through use of electronic submissions.

- Electronic forms and applications have been embedded with edits and numerous error checks to ensure the information being submitted meets minimal criteria to be processed. This helps to ensure that information submitted is not rejected because of keystroke or data type errors such as entering non-numeric data in a field requiring numeric data.
- L. Briefly describe your agency's efforts to comply with Section 508.
 - In FY10, the Section 508 Program Office within the Compliance Division doubled its testing and outreach capability when it signed a contract with a Service-Disabled Veteran-owned business to provide 508 validation services for the Department. The increased staff will enable us to participate more fully in the 16 Secretary Initiatives to ensure the programs and services developed by VA will allow the Veteran population, including disabled Veterans, the ability to participate in these programs. The increased staffing will also allow us to participate in integrated project teams (IPTs) that have a 6-month development cycle and ensure 508 conformance in these projects.
 - The Section 508 Program Office also initiated two additional pilot projects • to ensure 508 conformance on the Web. The first of these projects involves VA's SharePoint sites. In August 2010, a contract was awarded to initiate a project to achieve compliance of 56 SharePoint sites that are currently active in our Web environment. Working with VA personnel, the contractors will measure the compliance of these sites, remediate any 508 defects and validate the accessibility of the site content. Once this pilot is complete, VA expects to have a roadmap for SharePoint compliance in VA that can be extended to the other 600 SharePoint sites currently active within VA. The second pilot project involves conformance on the Internet/Intranet for VA Hypertext Markup Language (HTML) sites. Using FY10 funds, the 508 Program Office will execute a contract in early FY11 to study the compliance of VA Web HTML enterprise and the content on these sites. Similar to the SharePoint pilot, the Section 508 Program Office will receive metrics on the compliance of the web and will initiate the necessary training and support to move the VA Web environment and its content to a more conformant environment.
 - Lastly, the Section 508 Program Office is engaged in procuring tools that developers can use to ensure better conformance of their products prior to deployment within VA's IT infra-structure. This includes specific Access Technology Tools which are currently being used by disabled employees and remediation software designed to test conformance of Web content

and applications. To summarize VA's program goals, the 508 Program Office is procuring tools, services, and training support to improve the accessibility of its IT environment to 18,000 disabled individuals and the Veteran population.

- M. Quantify the cost savings and cost avoidance achieved through implementation of IT programs.
- In June 2009, VA implemented the Program Management Accountability System (PMAS). Under PMAS, all projects must deliver customer-facing functionality every 6 months (or less) without exception. This rapid delivery approach, with names such as Incremental or Agile development, is already used extensively in the private sector, where they cannot afford to waste millions on IT projects that never deliver. For VA, we combined rapid delivery with a management methodology that enforces strict adherence to project milestones.
- In 2009 before PMAS, development projects at VA met their milestone dates an estimated 30% of the time. Today, they are meeting their project milestones over 80% of the time.
- In 2010, VA had a cost avoidance of nearly \$200 million by eliminating poorly performing projects and restructuring many others to lower risk, reduced spend rates, and incremental development plan.