Memorandum

From: Executive in Charge, Office of the Under Secretary for Health (10)

Subj: Veterans Health Administration (VHA) Fiscal Year (FY) 2018-2019 Operational Plan (VIEWS 00047597)

To: VHA Employees

1. The Department of Veterans Affairs (VA) will continue its transformation into an organization that delivers an excellent customer experience. The vision for becoming truly Veteran-centric will occur by “building trust with Veterans and the American people by modernizing VA.” Our focus for the foreseeable future is to articulate the VA Strategic Plan, which includes the five priorities for the Department.

2. In response, VHA, led by the Office of Policy and Planning (OPP), has implemented a process that operationalizes the five VA and VHA priorities for Program Offices and Veterans Integrated Service Networks (VISN). Beginning with the 2017 National Leadership Council (NLC) Strategic Planning Summit and through subsequent NLC meetings and the Senior Leader Annual Business Meeting, VHA has identified a series of strategies and tactics to operationalize the five priorities. Operational Planning Guidance assisted Program Office and VISN officials in finalizing operational plans that cascade from VA’s strategic goals, objectives, and priorities.

3. The Program Office and VISN operational plans have been consolidated to create the attached integrated VHA FY 2018-2019 Operational Plan. The VHA FY 2018-2019 Operational Plan aligns and focuses the organization on achieving a high-performing integrated health network for Veterans. The planning approach improves VHA’s ability to operationalize VA’s strategic goals, objectives, and priorities.

4. If you have further questions regarding the VHA Operational Plan, please contact OPP, Strategic Planning Service’s Dr. Chandra Coughley at (202) 461-7122 or Chandra.Coughley@va.gov and Mr. Gregg Buckley at (202) 461-7124 or Gregg.Buckley@va.gov.

Carolyn M. Clancy, M.D.

Attachment
Table of Contents

INTRODUCTION BY EXECUTIVE IN CHARGE ................................................................. 3

BACKGROUND ........................................................................................................... 3

LEADERSHIP, CHANGE MANAGEMENT, PROJECT MANAGEMENT .................. 4

OPERATIONAL PLANNING METHODOLOGY .......................................................... 5

VHA PRIORITIES, STRATEGIES, AND MILESTONES .......................................... 6

PRIORITY 1: GREATER CHOICE FOR VETERANS ..................................................... 7
PRIORITY 2: MODERNIZE OUR SYSTEMS ............................................................... 9
PRIORITY 3: FOCUS RESOURCES MORE EFFICIENTLY ...................................... 12
PRIORITY 4: IMPROVE TIMELINESS OF SERVICES ............................................. 14
PRIORITY 5: SUICIDE PREVENTION ..................................................................... 15

MONITORING AND REPORTING ........................................................................... 18

CONCLUSION .......................................................................................................... 18

APPENDIX A: DEPARTMENT OF VETERANS AFFAIRS FY 2018-2024 STRATEGIC PLAN ......................................................................................................................... 19

APPENDIX B: REFERENCES ................................................................................... 21
Introduction by Executive in Charge

The Department of Veterans Affairs (VA) will continue to transform into an organization that delivers an excellent customer experience. Our vision for VA is to become truly Veteran-centric through “building trust with Veterans and the American people by modernizing VA.” Our focus for the foreseeable future is articulated in the Department of Veterans Affairs Fiscal Year (FY) 2018-2024 Strategic Plan, which includes five priorities for the Department.

In response, the Veterans Health Administration (VHA), led by the Office of Policy and Planning (OPP), has implemented a process to operationalize the five VA priorities for Program Offices and Veterans Integrated Service Networks (VISNs). Beginning with the 2017 National Leadership Council (NLC) Strategic Planning Summit and through subsequent NLC meetings and the 2017 Senior Leader Annual Business Meeting, VHA has identified a series of purposeful strategies and tactics to operationalize the VA’s five priorities.

This approach is consistent with U.S. Government Accountability Office (GAO) Report 17-50, dated October 2016, which provided recommendations to VHA to improve operationalizing its strategic goals and objectives and provide a clear linkage between VA’s strategic goals and objectives (Appendix A) and VHA strategies. VISNs and Program Offices submitted tactics, leads, dependencies, and requirements for each of VA’s priorities, which have been synthesized into the FY 2018-2019 VHA Operational Plan. This plan aligns with and focuses the organization’s efforts to achieve a high-performing integrated health network for Veterans.

Together, each of us must do our part to support the organization’s efforts to transform VA, rebuild Veterans’ trust, and modernize our systems. Collectively, we will create a Veteran-driven system of care that shifts decision-making, innovation, and solution-setting from Central Office to the bedside and empowers our front-line providers with both authority and accountability to deliver results for the Veterans we are privileged to serve every day.

Background

VHA must deliver bold transformation to restore Veterans’ trust and position VA to be competitive within a dynamic, evolving health care market. As leadership has noted on repeated occasions, to rebuild trust within VA, we must strengthen our ability to provide timely and high-quality medical care while improving experiences and outcomes for Veterans seeking health care and benefits.

During the last several years, VA has had multiple assessments and commissions highlighting the numerous systemic challenges that undermined its ability to provide timely care to Veterans. Many of these challenges have been decades in the making, spanning multiple administrations. Each of these reviews provided VHA with critical analysis of challenges affecting the VA health care system, including the inconsistent alignment of resources with priority initiatives, a suboptimal system design, and ever-
changing sets of strategic targets. Collectively, these system flaws contribute to mixed results for improvement.

VA has spent considerable time and energy addressing these reports’ findings to regain the trust of Veterans, survivors, families, and other stakeholders. Although VA continues to be confronted by many longstanding challenges, the Department has made notable progress over the last couple of years and continues to outperform the private sector on numerous health care quality and effectiveness measures. Nevertheless, more work remains to strengthen VA’s ability to provide timely, high quality medical care while also improving Veterans’ experiences and health outcomes. Simply put, incremental progress is not sufficient. By building on the existing strengths and tackling the systemic issues head on, VA will transform into a Veteran-driven system of care that will serve as a model to the rest of the health care system.

VA will provide Veterans with greater choice through an integrated High Performing Network – including best-in-class public and private sector providers, standardized processes, and innovative approaches to care. To better meet the needs and preferences of Veterans, VA’s strategic efforts for the next several years will be focused around modernization, consolidating and streamlining multiple community care programs, implementing a new Electronic Health Record (EHR), and operationalizing the five VA priorities.

The FY 2018-2019 VHA Operational Plan identifies the vision, strategies, resource requirements, roles and responsibilities, and milestones that will guide how VHA will operationalize: 1) VA’s four enterprise goals; 2) the five priorities of the Secretary; and 3) the overall modernization strategy. To support the implementation of the five priorities this document maps to the Department of Veterans Affairs Fiscal Year (FY) 2018-2024 Strategic Plan. Operational plans are intended to be “living documents” and updated periodically to reflect progress, shifting strategies, and changes in policy or resources. Understanding the importance of these bold transformations, VHA developed a change management and strategic communications strategy to support the successful implementation and sustainment of the elements included in this operational plan.

Leadership, Change Management, Project Management

Understanding VA’s long-standing systemic challenges is critical in designing a VHA health care system that will meet the needs of Veterans and their families. In the next decade, the Veteran population is expected to decline by 19 percent; however, the demand for health care services is expected to rise before it levels off in five years. The VA health care system will need to be nimble to adjust to the demand and health care needs of Veterans and will need to make critical decisions related to potential impacts of this paradigm shift. VHA must take into consideration its place in the dynamic and rapidly changing American health care sector.

The sheer magnitude of the change required to address the many recommendations made to VA in recent years and recognition of the elements required for successful organizational changes, senior leaders are adopting the Prosci Change Management Framework (see Figure 1) to organize a more

---

comprehensive and effective approach to organizational change. The Change Management Framework emphasizes the three interrelated aspects of change required to realize results: 1) Leadership/Sponsorship; 2) Change Management; and 3) Project Management.

The framework for change identifies a structure through which the change will be implemented. It must begin with a **Leadership/Sponsorship** component that identifies a vision for change, which enables and supports both the technical side of change (project management) and the “people” side (change management). **Project Management** teams develop work streams (tactics), milestones, and resource requirements. **Change Management** drives the organizational activities that facilitate change adoption at the individual level – helping employees understand and willingly apply change within their daily jobs. Each component plays an essential role in the process of transformative change.

In order for VHA to achieve the bold transformation set before us, this intentional focus on leadership/sponsorship is an approach that balances the people- and project-dimensions of organizational change. The VA 2018-2024 Strategic Plan and the VHA Operational Plan serve as the “guardrails” for VA’s journey. The Change Management Framework (Figure 1) reminds us to champion change, to structure change, and to attend to the individuals who bring these changes to life. The VA 2018-2024 Strategic Plan and the VHA Operational Plan provide both the vision of our destination and the plans for how we will get there.

**Operational Planning Methodology**

In the spring of 2017, VA set forth the top five priorities for the Department. These priorities, which are listed below, were developed to focus the Department’s attention and resources on activities that fundamentally change the way VA thinks and operates to competitively serve America’s Veterans. In response, the Office of Policy and Planning (OPP) implemented a process to operationalize the five VA priorities for VHA Program Offices and Veterans Integrated Service Networks (VISNs).

<table>
<thead>
<tr>
<th>Key Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong>: An agreed upon approach to support achievement of the respective VA/VHA Priority</td>
</tr>
<tr>
<td><strong>Milestone</strong>: A targeted indicator to demonstrate progress in executing each priority or strategy</td>
</tr>
<tr>
<td><strong>Tactic</strong>: A clear, concise action statement (starting with a verb) describing what will be done to directly execute the strategy and achieve the priority vision</td>
</tr>
<tr>
<td><strong>Requirements</strong>: Resources and supports (e.g., realigned dollars, training, policy change) that are necessary for success on the tactic</td>
</tr>
<tr>
<td><strong>Dependencies</strong>: Reliance upon a related or mutually supporting result, tactic or strategy that is necessary for success on specific milestones, priorities or objectives</td>
</tr>
</tbody>
</table>
VHA has identified a series of strategies and tactics to operationalize the five priorities. To collect the tactics, OPP asked Program Offices and all VISNs to submit individual operational plans to address the VA’s five priorities. The Integrated Operations Platform (IOP) will be used to support the individual operational plans and will be the central location for all data collection and reporting. The VA Enterprise Hub\(^3\) is the dedicated space and central resource for the operational plan. Each Program Office and VISN utilized the VA Enterprise Hub to submit their individualized plans. Once the plans were submitted, OPP and Office of Strategic Integration | Veterans Engineering Resource Center (OSI|VERC) aggregated the individual tactics to identify common themes for each strategy. To develop this integrated Operational Plan, the identified common themes were used to demonstrate cross-cutting tactics. The individual VISN and Program Office operational plans and the reports of aggregated tactics by priority are available on the VA Enterprise Hub\(^3\).

**VHA Priorities, Strategies, and Milestones**

**Five Priorities**

1. **Providing Greater Choice for Veterans:** Veterans and their families deserve greater access, choice, and control over their health care. VA is committed to ensuring Veterans can make decisions that work best for them and their families.

2. **Modernize Our Systems:** Veterans and VA employees need systems and technology that enable them to deliver high quality care and services Veterans deserve. Investing in 21st century technology is critical.

3. **Focus Resources More Efficiently:** Veterans and taxpayers deserve to know VA resources are spent on the care and services Veterans need most. If VA continues to try and be all things to all people, quality, timeliness of care, and services will decline. Incremental change won’t work.

4. **Improve Timeliness of Services:** Some Veterans are still waiting too long for care or services.

5. **Preventing Veteran Suicide:** On average, 20 Veterans die by suicide every day – this is unacceptable. Suicide prevention is VA’s highest clinical priority. Suicide is a national health crisis; it requires all of government along with public-private partnerships to address.

**Priority 1: Greater Choice for Veterans**

For Veterans eligible for VA health care, VA’s goal is to provide Veterans with the care they need at the right time, at the right place, from the right provider. In some cases, Veterans may need to receive care from a local community care provider, paid for by VA. Recent experience demonstrates demand for community care is high, but that the numerous programs currently in existence create unnecessary complexity for Veterans, VA employees, and community providers. As VA moves forward in consolidating and streamlining existing VA Community Care programs into an integrated care delivery system, it will be increasingly critical for VA to enhance the way it partners with other federal health care providers, academic affiliates, and community providers through a high performing network that keeps Veterans at the center of care. In doing so, VA will make it easier for Veterans to compare access and quality measures across VA facilities and to private-sector facilities, thereby allowing Veterans to make more informed choices about where, when, and how they receive their health care.

1.1: Strategy: Generate informed care decisions, through effective implementation of CCN processes to support VHA Staff and provide CCN options to Veterans

**STRATEGY DESCRIPTION:** VA plans to establish a consolidated community care program that is focused on clinical needs and quality of care. As VA Establishes a new Community Care Network, we need to promote informed care decisions through clear and effective communication strategies not only for VHA staff, but also for Veterans and community partners.

**TACTIC THEMES:**

- Award all four Community Care Network contracts by end of CY 2018
- Implement the new Community Care Network contracts by the end of CY 2019
- Implement Communication and Change Management strategies to support the implementation of the Community Care Network contracts by end of FY 2019

**REQUIREMENTS / DEPENDENCIES:**

- Community Care Network acquisitions timelines
1.2 Strategy: Create clear responsibilities, guidelines, processes and delegated authorities for market area health systems and intermediate level (VISNs)

**STRATEGY DESCRIPTION:** VHA will develop a strong governance structure to support the High-Performing Integrated Network that puts the needs of Veterans at its core. This network will need to be nimble to meet the evolving needs of Veterans in their local communities, while also reducing variation to the maximum extent practicable. Therefore, VA will develop and implement a standardized governance structure that clearly defines roles, responsibilities, guidelines, and delegated authorities for each level of the organization.

**TACTIC THEMES:**
- Implement Community Care Network contracts and Governance structure by the end of FY 2019
- Implement Communication Plan and Training to support the implementation of the new Community Care Network contracts and Governance structure by the end of FY 2018

**REQUIREMENTS / DEPENDENCIES:**
- Award of the Community Care Network contracts
- Development and delivery of the training

1.3 Strategy: Create a readily accessible, data-rich environment to support efficient and effective health care decision making

**STRATEGY DESCRIPTION:** VHA is in a unique position with the establishment of the Community Care Network to collect critical data with other federal partners and community partners in order to integrate data regarding the care Veterans receive from partners with the care Veterans receive directly from VHA. This will significantly increase VHA’s ability to use data analytics to improve Veteran outcomes, implement utilization management, and solidify a medical cost management approach.

As the high performing integrated VA and community care network matures, the use of data and analytics will become critical to allowing VHA to identify gaps in services, quality issues, and changes in demand. This will allow VHA to more easily and timely address needed changes in how VA delivers health care at the local level. In addition, VHA will be able to use data to develop population health management tools to improve Veteran’s population health.
TACTIC THEMES:
• Develop an Advanced Medical Cost Management System (AMCMS) that applies sound financial management, medical management and actuarial strategies to accurately forecast, monitor and control Community Care’s medical services costs by end of FY 2018
• Increase collaboration among offices to improve the use of data analytics by the end of FY 2018
• Identify relevant data to improve the reliability of data by the end of FY 2018
• Improve and implement new data analytic tools to support the data-rich environment by the end of FY 2018

1.4 Honor Veterans’ preferences by offering home and community based care to prevent unwanted nursing home care

STRATEGY DESCRIPTION: The Choose Home Moonshot initiative will ensure that those Veterans at imminent risk for nursing home placement are provided the resources and programming needed to be able to safely and securely stay in their homes and receive care, if they so choose. This initiative is still in its early planning and development stages and will ultimately build upon current and emerging capacity in programs sponsored by Geriatrics and Extended Care, Caregiver Support, Connected Care, Mental Health (MH), Rehabilitation, Prosthetics, and others. A predictive analytic/registry tool is well underway and should be developed by this summer. The initiative will use findings from the survey administered jointly by the Healthcare Analysis and Information Group and Geriatrics and Extended Care to inform the assessment for non-institutional care capacity.

TACTIC THEMES:
• Establish telehealth policies and procedures to support the Choose Home Moonshot by the end of FY 2018
• Increase the use of telehealth and other alternatives for remote monitoring to support Veterans and their families’ preferences to remain in their home by the end of FY 2019
• Implement and improve the use of data analytics and tools to determine Veterans care needs that would allow them to remain in their home by the end of FY 2018

Priority 2: Modernize our Systems

One of the largest challenges facing the VA health care system is its outdated infrastructure, including capital assets, information technology, and organizational structure. On average, VA buildings are more than 60 years old with roughly 400 vacant buildings, and 735 underutilized facilities. According to a recent facility condition assessment of its own assets, VA will need $18 billion to fix or upgrade old buildings to bring them to minimal standards.

Strategy 1.4 Milestones

| All medical centers will be able to identify those Veterans at highest risk for a nursing home placement using standardized registry data by the end of FY 2018 |
| All medical centers will have completed a “practice biopsy” to assess their current care systems and processes for managing the care and services provided to Veterans at high-risk for nursing home placement who choose home care by the end of FY 2018. |

Another significant challenge facing the VA health care system is the aging infrastructure for, and limited updates associated with, its electronic health record (EHR). In June 2017, the Secretary announced VA’s plans to acquire the same commercial off-the-shelf electronic medical record the Department of Defense (DoD) is currently deploying\(^5\). Adoption of this new EHR aims to improve interoperability with DoD and community providers, and improve the ability of VA clinicians to care for Veterans by providing them with the same types of features, modern clinical capabilities, integration, and mobility they see emerging in the commercial marketplace.

Finally, in recent years, VHA Central Office has grown more complex due to the excessive number of program offices, leading to priority overload and inconsistent implementation. The growth in VHA Central Office has also created an environment where, paradoxically, the common perception is that the field serves VHA Central Office, rather than VHA Central Office supporting and providing technical assistance for the field, and spreading best practices\(^6\).

2.1 Strategy: Modernize our Health System, including capital infrastructure

**STRATEGY DESCRIPTION:** The VA health care delivery system is currently organized and funded based on the needs of individual facilities and their catchment areas. This construct does not sufficiently prioritize the clinical needs and personal preferences of Veterans, who access care through multiple modalities, including VA care, community care, and virtual care. Recognizing that VA alone cannot meet all of the health care needs of Veterans, VHA must modernize operations to more effectively deliver care where and when Veterans want it.

Understanding the services available both from VA and community providers, whether delivered in person or virtually, is critical to providing Veterans with the best care anywhere. As more Veterans access services from multiple VA medical facilities, across VISN boundaries, from the Department of Defense (DoD), in the community, and through virtual modalities, we must create a high-performing network that empowers Veterans to “Choose VA.” A market-based system approach will further support a Veteran-driven system of care, allowing for increased opportunities to better integrate with DoD and community providers, and improve the coordination of care for Veterans.

VHA is committed to moving from a facility to a market-based system using a data-driven population-based assessment that matches system capacity to Veteran demand. As part of the system modernization, VHA will be conducting local market assessments to understand the availability of services, referral patterns, and Veterans’ needs. Through this work, VA will optimize the alignment of services within markets to improve Veterans’ access to critical services, the quality of care and Veterans’ satisfaction with their experience.


**TACTIC THEMES:**  
- Conduct market assessment to determine the availability of services at local medical facilities and within the local market to better meet Veterans needs  
- Utilize market assessment to improve the services and infrastructure of each market within VA by the end of FY 2019  
- Implement communication and change management strategies to support the completion of market assessment and identified strategic initiatives by the end of 2019

**REQUIREMENTS / DEPENDENCIES:**  
- Implementation of National Contract  
- Development of Communication and Change Management Strategies

2.2 Strategy: Modernize IT and plan for local implementation of new Electronic Health Record

**STRATEGY DESCRIPTION:** VA is moving forward with the adoption of an EHR that is interoperable with DoD’s. This will result in all patient data residing in one common system and enable seamless care between the Departments and community providers. This transformation will improve VA services and significantly enhance the coordination of care for Veterans who receive medical care not only from VA, but DoD and community partners. The adoption of the new EHR system will build transparency with Veterans and their care providers, expand the use of data, and increase our ability to communicate and collaborate with DoD and community care providers.

**TACTIC THEMES:**  
- Implement a new EHR to support the modernization of VHA health care system  
- Improve IT processes and governance structure to support the implementation of the new EHR by the end of FY 2019  
- Improve IT infrastructure to support the implementation of the new EHR and new IT processes

**REQUIREMENTS / DEPENDENCIES:**  
- Award and execution of EHR contract  
- Availability of funding for the EHR

2.3 Strategy: Boldly modernize the VHA organizational structure, and governance at all levels

**STRATEGY DESCRIPTION:** To better meet the needs and preferences of Veterans, VA will move to a population-based system in which community care, virtual care, and care coordination will be integral components. VHA will entrust more decision-making authority to local and regional levels and empower front-line providers to deliver Veteran-centric care, while a streamlined VHA Central Office will focus on strategy, resource allocation, oversight, policy, innovation, and quality. By fundamentally changing the organizational structure of VHA, as well as redefining the roles, responsibilities, and decision rights for each level of the organization, VHA will deliver a bold transformation that restores Veterans’ trust and positions VA to be competitive within a dynamic and evolving health care market.
**TACTIC THEMES:**
- Design and implement a new governance structure for VHA Central Office by the end of FY 2018
- Evaluate new governance structure for VHA Central Office to support continuous improvements across the enterprise
- Identify and implement resourcing needs and training to support the new governance structure

**REQUIREMENTS / DEPENDENCIES:**
- Decision on a new governance structure

**Priority 3: Focus Resources More Efficiently**

VA is committed to providing the highest value of care for Veterans. To deliver the full spectrum of care, as defined in VA’s medical benefits package, VA will focus on its foundational services—those areas in which it can excel—and build community partnerships for complementary services. VA will do so by balancing services provided by VA and the community given changing demands for care and resource limitations; promoting operational efficiency and simplicity, while supporting VA’s clinical care, education, and research missions; and allowing facilities to meet the changing needs of Veterans in a flexible way.

The March 2017 Executive Order (EO) on a Comprehensive Plan for Reorganizing the Executive Branch provides the framework for all federal agencies to improve their efficiency, effectiveness, and accountability. Understanding the challenges facing VHA because of its scope and scale, VHA is committed to refocusing on foundational services and reducing waste and abuse within its organization.

3.1 Strategy: Align or reallocate resources to the five priorities and foundational services

**STRATEGY DESCRIPTION:** High-performing organizations cannot excel to meet every customer’s needs and thus must make decisions about how best to invest its resources. VA is committed to ensuring Veterans receive high quality, timely and convenient access to care that is affordable for future generations. As a result, VA will further define, and grow its foundational services, to excel in the provision of clinical care to Veterans. These foundational services are those that are most related to service-connected disabilities and unique to the skills and missions of VHA. VHA has defined the foundational services as these mission driven services including 1) primary care, including outpatient women’s health; 2) urgent care; 3) mental health care; 4) geriatrics and extended care; 5) rehabilitation (e.g., spinal cord, brain injury/polytrauma; 6) post deployment health care; and 7) war-related illness and injury study centers functions.
TACTIC THEMES:
• Conduct analysis to identify appropriate staffing needs to support realignment to foundational services
• Conduct analysis to identify and realign resources to foundational services to meet the needs of Veterans by FY 2019
• Conduct strategic planning process to identify and implement foundational services including the development of project management tools by the end of FY 2018
• Develop and implement training to support foundational services by FY 2018
• Use data analytics and evaluation tools to support the realignment of foundational services by the end of FY 2018

REQUIREMENTS / DEPENDENCIES:
• Necessary legislative and VA national policy changes

3.2 Strategy: Diligently find areas of waste, and correct to generate savings

STRATEGY DESCRIPTION: As VA continues to use limited resources more efficiently, VA will seek additional opportunities to identify areas of waste, fraud, and abuse. VA has established a Fraud, Waste, and Abuse Taskforce that will reduce duplication within the Department while also increasing accountability and efficiencies within the Department.

TACTIC THEMES:
• Increase the use of data analytics and tools to find areas of waste and generate cost savings by the end of FY 2018
• Use operational process and audit tools to find areas of waste and generate cost savings by the end of FY 2018

3.3 Strategy: Improve delivery of health care service by ensuring effective care coordination across all care settings

STRATEGY DESCRIPTION: As VHA continues to move toward a Veteran-driven system of care and reasserts itself as a leader in the health care market, VHA will develop appropriate guidance to coordinate care. This will allow VHA to develop standardized processes to ensure appropriate utilization and improve continuity across the system. VHA will implement more effective care coordination strategies to reduce duplicative and unnecessary testing between VA, DoD and community providers to improve continuity of care and Veteran satisfaction.

TACTIC THEMES:
• Improve care coordination and implement utilization management tools and processes to improve the delivery of health care services to Veterans by the end of FY 2018
• Increase partnerships to support the delivery of health care services to Veterans by the end of FY 2018
• Develop robust Care and Case Management programs placing an emphasis on communicating with community providers.
Priority 4: Improve Timeliness of Services

VA is committed to delivering timely and high-quality health care to our Nation’s Veterans. Veterans now have same-day services for primary care and mental health care at all VA medical centers (VAMCs) across our system, and any Veteran who requires urgent care will now receive timely care.

Since 2014, VA has refocused on providing Veterans with timely, high quality care with the utmost dignity and respect. In 2017, 81.5 percent of nearly 6 million outpatient appointments for new patients were completed within 30 days of when the Veteran first requested the appointment. In addition, 97.3 percent of nearly 50.2 million appointments for established patients were completed within 30 days of the date requested by the patient and the Electronic Waitlist included 20,829 entries, a roughly 63 percent reduction between June 2014 and December 2017. As health care continues to evolve, VA will continue to harvest and disseminate innovative ways to provide services to meet Veterans needs where they are.

4.1 Strategy: Use all possible solutions to optimize access (e.g. Process Improvement, Increase Virtual Care, Productivity Enhancement, System Efficiencies, Additional Care Locations, etc.)

**STRATEGY DESCRIPTION:** Veterans with a need for care right away will have their care addressed the same day or schedule appropriate follow up care, depending on the urgency.

**TACTIC THEMES:**
- Implement new scheduling programs to improve access to critical services by the end of FY 2018
- Develop and implement training to increase the participation in telehealth initiatives by the end of FY 2018
- Implement evaluation and reporting tools to support ongoing improvements in access to critical services
- Expand and enhance access to services to improve timeliness of services

4.2 Strategy: Expand all aspects of virtual care, to reach Veterans in the most convenient and expeditious way possible

**STRATEGY DESCRIPTION:** VA already has the largest telehealth program in the country, with more than 700,000 Veterans receiving telehealth services through VA last year alone. In order to connect with more Veterans to provide them services where they live, VA will further leverage telehealth technologies and strive to eliminate regulatory and statutory barriers to provide more Veterans with access to services in their local communities. One example is a regulation

---

7 Secretary Testimony at House Committee on Veterans Affairs hearing on February 15, 2018:  
http://docs.house.gov/meetings/VR/VR00/20180215/106849/HHRG-115-VR00-Wstate-ShulkinMDD-20180215.pdf
that will explicitly authorize VA providers, using telehealth technologies, to serve Veterans no matter where the provider or the Veteran is located in the country. The “Anywhere to Anywhere VA Health Care” initiative will empower VA to hire providers in major metropolitan areas, where there is an abundance of clinical services and connect them to better serve Veterans in rural communities that lack sufficient medical services.

**TACTIC THEMES:**
- Increase staffing levels to support the expansion of telehealth programs by the end of 2018
- Expand telehealth initiatives and the increase in use of mobile technology to increase Veterans access to services by the end of 2018
- Develop and implement training to support the expansion and increased use of telehealth services to meet the needs of Veterans by the end of 2018
- Conduct analysis to better understand Veterans needs and how telehealth services could improve access to care by the end of 2018

**4.3 Strategy: Expand and assure access to same-day services**

**STRATEGY DESCRIPTION:** Timely care for Veterans with urgent needs remains a top priority for VHA, including sustaining and expanding same day services in Primary Care, Mental Health and Prosthetics, optimizing timeliness of stat consults and time-sensitive appointments.

**TACTIC THEMES:**
- Conduct staffing analysis to determine the optimal staff levels to implement and sustain same day services by the end of FY 2018
- Determine local resource needs to implement and sustain same day services by the end of FY 2018

**Priority 5: Suicide Prevention**

Veteran suicide is the number one clinical priority inside VA. According to the most recent estimates, roughly 20 Veterans commit suicide each day in the United States. However, of these 20 Veterans, only six are enrolled in the VA health care system and only three were seen by a mental health provider. The Veteran suicide rate is a national public health crisis, and it requires collective action. This includes VA-specific solutions, “all of government” solutions, as well as private sector, nonprofit organizations, and community-based partners across this country.

<table>
<thead>
<tr>
<th>Strategy 4.3 Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure sustainment of same day services in primary care and mental health implemented at 100% of the more than 1000 VA sites of care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority 5 Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rate of Veterans with fatal or nonfatal attempts reported in the Suicide Prevention and Application Network (SPAN) or the Computerized Patient Record System (CPRS) in Veterans utilizing VHA health care services who had no documentation of a previous attempt within the past three years will decrease by 10% (baseline September 2017 rate) by September 30, 2020</td>
</tr>
</tbody>
</table>
5.1 Strategy: Improve transition from active duty to Veteran status

**STRATEGY DESCRIPTION:** Recognizing that changes associated with life events increase risk for suicidal behavior, VA will work with DoD to improve engagement strategies and decrease negative outcomes during Service members’ transition from Active Duty to Veteran Status.

**TACTIC THEMES:**
- Identify and work with stakeholders to improve the transition process by the end of FY 2018
- Improve care coordination and implement strategic initiative to increase access to services as service members transition to Veteran status by the end of FY 2018
- Develop and implement data analytics to enhance research on the needs of service members and implement strategic initiatives based on these findings by the end of FY 2019
- Develop and implement training to improve military cultural competencies and Veterans experience during the transition process by the end of FY 2018

5.2 Strategy: Know all Veterans

**STRATEGY DESCRIPTION:** VA is committed to identifying and reaching all Veterans who may be at risk for suicide and continues to enhance programs designed to reduce risk among those who receive services from VHA. However, 14 of the 20 Veterans who commit suicide every day do not use VHA services. In order to eliminate Veteran suicide, VHA and its partners will continue to develop innovative strategies to find and help Veterans at risk for suicide through community-based collaborations, expanded supportive services, and other means.

**TACTIC THEMES:**
- Establish new partnerships with community organizations and academic affiliates to identify and reach all Veterans by the end of FY 2018
- Expand and enhance strategic suicide prevention programs (i.e. REACH initiative)
- Use innovative approaches to identify and better understand Veterans needs
- Establish training programs and campaigns to increase awareness of VA services

5.3 Strategy: Partner across communities (Internal and external)

**STRATEGY DESCRIPTION:** VA is working with public and private partners across the country, as well as supporting community provider organizations through innovative partnerships, with the goal of ensuring that wherever a Veteran lives, he/she can access quality, timely mental health care.

**Strategy 5.1 Milestone**

<table>
<thead>
<tr>
<th>Strategy 5.1 Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls to 95% of separating service members will be placed, as part of the Concierge for Care program, within 27 days of military separation by end of FY 2018</td>
</tr>
</tbody>
</table>

**Strategy 5.2 Milestone**

<table>
<thead>
<tr>
<th>Strategy 5.2 Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rate at which Veterans utilizing VHA services targeted through predictive modeling algorithms receive core recommended interventions will increase towards a goal of 90% by end of FY 2018</td>
</tr>
</tbody>
</table>

**Strategy 5.3 Milestone**

<table>
<thead>
<tr>
<th>Strategy 5.3 Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>95% of facilities will complete at least 7 outreach events per month by end of FY 2018</td>
</tr>
</tbody>
</table>
**TACTIC THEMES:**
- Expand and enhance specific clinical programs related to suicide prevention and substance abuse programs
- Establish partnerships with community organization, academic affiliates, community providers to increase Veterans suicide prevention initiatives
- Develop and implement training and educational tools to increase awareness of Veterans suicide prevention initiatives
- Implement new outreach and educational strategies including campaigns to increase awareness of VA services

**5.4 Strategy: Increase safety with lethal means**

**STRATEGY DESCRIPTION:** The most common means for suicide among Veterans is firearms, with approximately 41 percent of female and 68 percent of male Veteran suicide deaths resulting from a firearm injury in 2014. Another common means of suicide is overdose. In order to eliminate Veteran Suicide, VA will ensure firearms and medication safety initiatives are an important component of an effective suicide prevention strategy for all Veterans.

**TACTIC THEMES:**
- Develop and implement training to increase awareness of safety programs including safe dispose of medication and gun locks
- Enhance and expand strategic initiatives to reduce Veteran suicide
- Collect data and utilize evaluation methods to improve suicide prevention programs and initiatives

**5.5 Strategy: Improve access to all services that can reduce suicide**

**STRATEGY DESCRIPTION:** In order to eliminate Veteran suicide, VA will increase access to Mental Health (MH) services for Veterans and also increase resources for suicide prevention programs. In support of this important objective, VA will ensure same-day access to care for Veterans with urgent mental health needs, continue to grow and improve the Veterans Crisis Line, expand tele-Mental Health capacity and utilization, partner with those working in community settings, create stronger interagency partnerships, and much more.

<table>
<thead>
<tr>
<th>Strategy 5.4 Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of all unique VHA patients with a clinical indication*, 18% will receive a naloxone kit by end of FY 2018</td>
</tr>
<tr>
<td>Out of all unique VHA patients with a clinical indication*, 25% will receive a naloxone kit by the end of FY 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy 5.5 Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of facilities with outpatient clinical MH staff, 55% of these will achieve the recommended staffing ratios above minimum level by end of FY 2018</td>
</tr>
<tr>
<td>Of facilities with outpatient clinical MH staff, 75% of these will achieve the recommended staffing ratios above minimum level by end of FY 2019</td>
</tr>
</tbody>
</table>

* “Clinical Indication”: The indication of prescribing a Naloxone kit considers a range of criteria, including an opioid use disorder diagnosis and prescribing of an opioid and benzodiazepine among other indications.
* The recommended facility staffing ratio of 7.72 outpatient MH providers per 1,000 MH patients.
**TACTIC THEMES:**

- Conduct research to improve access to services that can reduce Veteran suicide
- Develop and implement training and outreach campaigns to increase awareness of services available for Veterans
- Evaluate access and suicide prevention programs to identify opportunities for improvement

**Monitoring and Reporting**

To demonstrate success implementing the FY 2018-2019 VHA Operational Plan, VHA will track the achievement of Strategy Milestones and will monitor our progress in implementing VISN and Program Office plans. The Office of Policy and Planning (OPP) and Office of Strategic Integration | Veterans Engineering Resource Center (OSI|VERC), will coordinate monitoring and reporting. The monitoring and reporting process will involve activities related to Data and Analytics, Communication and Coordination, and Reporting. This process is intended to increase collaboration and ensure success of the overall FY 2018-2019 VHA Operational Plan. Data collection processes will be aligned with concurrent VA initiatives and existing reporting requirements. Priority and Strategy leads will report on the accomplishments and barriers of Program Offices and VISNs to champion their success and facilitate the elimination of barriers.

The ultimate goal of the monitoring and reporting process is to demonstrate progress on the implementation of VA’s five priorities and their supporting strategies, as a path to mission success on our vision. Through this process, Strategy and Priority leads will be able to identify and eliminate barriers, and share strong practices to elevate efforts across the organization as we transform VA into a Veteran-driven system of care. These findings will provide valuable insights that will better support all VHA employees to better understand how to improve the execution of their individual performance plans and organization operational plans. Formal monitoring and reporting activities are to commence by April 2018, and will continue on a quarterly basis.

**Conclusion**

To develop a Veteran-driven system of care, VHA must focus on delivering exceptional customer service while providing Veterans and their families with the best whole-health care available in real time. Successful and sustained implementation of VHA’s FY 2018-2019 Operational Plan is a key step in modernizing the VA health care system into a highly efficient, integrated health care network that exceeds Veterans expectations. The FY 2018-2019 Operational Plan takes the VA’s five priorities and describes how Program Offices and VISNs will work together seamlessly to transform the VHA into a health care system Veterans and employees choose.

VHA has provided every VHA leader and employee the opportunity to affect real and lasting change. Through the operational planning process, VHA leaders and employees have been empowered to identify and provide input into the integrated VHA Operational Plan which supports the implementation of VA’s priorities.
Appendix A: Department of Veterans Affairs FY 2018-2024 Strategic Plan

2018 – 2024 VETERANS AFFAIRS STRATEGIC PLAN

WHERE WE ARE NOW...
The President, Vice President, Congress, & veteran services organizations all share this goal to help modernize the VA. And that’s why I’m confident that we can turn VA into the type of organization that Veterans and families deserve, and all of us want to see. - Secretary Shulkin

MISSION STATEMENT
To fulfill President Lincoln’s promise, “To care for him who shall have borne the battle and for his widow, and his orphan.”

VALUES
VA core values (I-CARE) define who we are and our culture. They serve as a guide in providing care and services to Veterans, their families, and beneficiaries. Integrity, Commitment, Advocacy, Respect, Excellence

SECVA PRIORITIES
Greater Choice
Improve Timeliness
Suicide Prevention
Focus Resources
Modernize Systems

WHERE WE ARE GOING: OUR GOALS & OBJECTIVES

GOAL 1
Veterans choose VA for easy access, greater choices, and clear information to make informed decisions
1.1: VA anticipates Veterans’ changing needs throughout their lives to enhance their choices.
1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose.

GOAL 2
Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey
2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence.
2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty.

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

GOAL 4
VA will modernize systems and focus resources more efficiently to be competitive and to provide world-class capabilities to Veterans and its employees
4.1. (Agility) VA’s infrastructure improvements, improved decision-making protocols, and streamlined services enable VA to agilely adapt to changing business environments and Veteran needs.
4.2. (Human Capital Management Modernization & Transformation) VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, and highly skilled workforce that consistently delivers world-class services to Veterans and their families.
4.3. (VA IT/Cybersecurity) VA IT modernization will quickly deliver effective solutions that will enable VA to provide improved customer service and provide a secure and seamless experience while decreasing its rate of spend.
4.4. (Data driven decision making) VA will institutionalize data supported and performance-focused decision making that will improve the quality of outcomes.

WHAT THIS GOAL MEANS: FOCUS THEMES

• Enhanced access for Veterans will be based on building lifelong relationships with them that results in better understanding of their needs.
• High delivery and collaborative networks proactively provide benefits, care, and services that result in improved well-being and independence for Veterans.
• Transparency and accountability at the organizational and personnel level will support greater Veteran trust of VA.

• VA anticipates and rapidly adapts to meet Veterans’ needs throughout their life journey.
• The Veteran’s perspective shapes business operations and the delivery of benefits, services, and care.
• Modernized systems and focused resources improve VA’s ability to serve Veteran and ensures VA is there for generations to come.
### HOW WE WILL GET THERE: OUR STRATEGIES

<table>
<thead>
<tr>
<th>2.1.1: VA builds high-performing and integrated delivery networks that leverage both virtual and physical delivery of benefits, care, and services</th>
<th>3.1.1: VA builds high-performing and integrated delivery networks that leverage both virtual and physical delivery of benefits, care, and services</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.2: Improved separation preparations and compensation supports Veteran independence</td>
<td>3.1.2: Veterans have a voice in VA care management</td>
</tr>
<tr>
<td>2.1.3: VA will excel at foundational services to include care management</td>
<td>3.2.1: All employees provide excellent customer service</td>
</tr>
<tr>
<td>2.1.4: Emphasizing Veteran and their families’ whole health and wellness</td>
<td>3.2.2: Good performers are rewarded</td>
</tr>
<tr>
<td>2.1.5: Contribute to Veteran well-being by providing internment and memorialization services</td>
<td>3.2.3: All employees are held accountable</td>
</tr>
<tr>
<td>2.2.1: Comprehensive care for combat and/or catastrophically ill, injured, wounded</td>
<td>3.2.4: Fraud, waste, and abuse is proactively identified, deterred, or eliminated</td>
</tr>
<tr>
<td>2.2.2: Early intervention and full access to mental health and suicide prevention</td>
<td>3.2.5: External benefits, care, and service providers are held accountable</td>
</tr>
<tr>
<td>2.2.3: Support to caregivers and seamless care of aging Veterans</td>
<td></td>
</tr>
<tr>
<td>2.2.4: Increased access for rural Veterans</td>
<td></td>
</tr>
<tr>
<td>2.2.5: Implement housing first and provide integrated support to impaired/homless Veterans</td>
<td></td>
</tr>
<tr>
<td>2.2.6: VA is there for families</td>
<td></td>
</tr>
<tr>
<td>4.1.1: Agile strategic footprint</td>
<td></td>
</tr>
<tr>
<td>4.1.2: VA drives change in external business environment</td>
<td></td>
</tr>
<tr>
<td>4.1.3: Rapid integration of proven innovation</td>
<td></td>
</tr>
<tr>
<td>4.1.4: Delaying and organizational design</td>
<td></td>
</tr>
<tr>
<td>4.1.5: Strategic sourcing</td>
<td></td>
</tr>
<tr>
<td>4.1.6: Force protection, mission assurance, and Federal disaster response</td>
<td></td>
</tr>
<tr>
<td>4.2.1: Standardize human capital policies enterprise-wide</td>
<td></td>
</tr>
<tr>
<td>4.2.2: Improve staffing to ensure a qualified workforce is in place</td>
<td></td>
</tr>
<tr>
<td>4.2.3: Improve workforce and leadership competency</td>
<td></td>
</tr>
<tr>
<td>4.2.4: Institute manpower management to optimize VA human capital resources</td>
<td></td>
</tr>
<tr>
<td>4.3.1: Buy first</td>
<td></td>
</tr>
<tr>
<td>4.3.2: Modernize legacy systems and processes</td>
<td></td>
</tr>
<tr>
<td>4.3.3: Launch Digital Veterans Platform</td>
<td></td>
</tr>
<tr>
<td>4.3.4: Enhance the Nation’s medical research and graduate medical education capability</td>
<td></td>
</tr>
<tr>
<td>4.3.5: Enhance service to VA businesses</td>
<td></td>
</tr>
<tr>
<td>4.3.6: Modernize and unify VA’s digital services</td>
<td></td>
</tr>
<tr>
<td>4.3.7: Enhance cybersecurity</td>
<td></td>
</tr>
<tr>
<td>4.4.1: Institutionalize value management and analytics</td>
<td></td>
</tr>
<tr>
<td>4.4.2: Standardize accessible data</td>
<td></td>
</tr>
<tr>
<td>4.4.3: Institutionalize consistent modeling/predictive analyses</td>
<td></td>
</tr>
<tr>
<td>4.4.4: Institutionalize governance</td>
<td></td>
</tr>
</tbody>
</table>

### HOW WE WILL KNOW WE ARRIVED: OUR PERFORMANCE MEASURES

- Veterans surveyed are satisfied (or better) with the available choices for Veteran care, benefits, and services.
- Eligible Veterans choose VA as their provider of Choice for their care.
- Veterans agree that they received timely, relevant, and easy to understand information from VA that empowered them to make informed choices about their benefits, services, and care.
- Veterans agree that the statement “I feel like a valued customer” is true.

- Veterans are satisfied with the results of the Veteran benefits, care, and services they received.
- VA’s organizational performance matches or exceeds industry standards for excellence in all of its lines of business.
- Veterans have a good quality of life (presence of positive emotions in daily activities, participation in society, satisfying relationships, and overall life satisfaction).
- Zero Veteran suicides.
- Zero Veterans are homeless.
- Veterans achieve independence and economic security.

- Veterans say, “I trust VA to fulfill our country’s commitment to Veterans.”
- VA publishes healthcare benchmarks aligned with the private sector.
- VA publishes benefits and service delivery performance data.
- VA eliminates fraud, waste, and abuse.
- Performance-based action will be initiated against all proven poor performers within 30 days of substantiation of poor performance.
- Appropriate disciplinary or adverse action will be initiated against all employees within 90 days of substantiation of misconduct.

- VA has aligned its strategic footprint and services to ensure it can adapt quickly to changing Veteran needs.
- VA attracts a quality workforce as a result of being identified as one of the Best Places to Work in the Federal Government.
- VA retains a quality workforce.
- Users are satisfied (or better) with VA’s ability to provide secure and transparent interoperability of information and data.
- Employees report easy access to the information/data needed for effective decision-making.
- Increase the number of VA initiatives and programs that deliver better outcomes/value for Veterans.

VA operates in a high-performing and integrated Veteran network; provides a tailored Veteran experience; and is anticipatory, flexible, and scalable.
Appendix B: References


7. Secretary Testimony at House Committee on Veterans Affairs hearing on February 15, 2018: http://docs.house.gov/meetings/VR/VR00/20180215/106849/HHRG-115-VR00-Wstate-ShulkinMDD-20180215.pdf