



**Veterans Health  
Administration**

# **LONG- RANGE PLAN**

**FY 2022-2025**

**VA**



U.S. Department  
of Veterans Affairs

**Choose VA**

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## MESSAGE FROM THE UNDER SECRETARY FOR HEALTH

At the Veterans Health Administration (VHA), we are committed to our mission of honoring America's Veterans by providing exceptional, accessible health care that improves Veteran health and well-being.

The following Fiscal Year (FY) 2022-2025 VHA Long-Range Plan sets the focus of this work and outlines our goals to better serve Veterans and the Nation. VHA's four goals are:

- Veterans choose VHA as their health care provider and coordinator, built on trusted, long-term relationships;
- VHA delivers high-quality, accessible and integrated health care;
- VHA maximizes performance through shared ownership and is on the forefront of innovation; and
- VHA optimizes assets across the enterprise.

VHA has made great progress toward achieving these goals by continuing to innovate and adapt with our environment and Veterans' needs. Serving more than 9 million Veterans as the largest integrated health care system in the country, VHA is a learning system, remarkable in its ability to address the needs of diverse Veterans and incorporate lessons learned into future practice across the enterprise.

What makes VHA so special is our employees, who are selflessly committed to our mission of helping Veterans and their families. In 2022, despite almost 2 years working tirelessly during the COVID-19 pandemic, employees put the Department of Veterans Affairs (VA) in the Top 5 Best Places to Work among large agencies in the Federal Government. I am incredibly proud of the work we have done as VHA leverages lessons learned from our response to achieve our long-range goals and objectives.

This Plan, in alignment with [VA's FY 2022-2028 Strategic Plan](#), lays out our roadmap to ensure VHA continues to set the benchmark to be the premier health care system in America. The VA Strategic Plan, VHA Long-Range Plan and the VA Health Care Priorities together shape our decision making and form the basis for how we deliver timely, world-class health care to provide Veterans and their families the benefits they deserve.

I hope every employee is inspired to read through the VHA Long-Range Plan and consider how it can be incorporated into your work to provide the best service possible while honoring America's Veterans.

**Shereef Elnahal, M.D., M.B.A.**  
Under Secretary for Health

# INTRODUCTION

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VHA aims to continue our journey to becoming the health care provider and care coordinator of choice for Veterans. A key part of this journey is to adapt to changing market trends, evolving Veteran care preferences, and the general demand for health care, even amidst public health emergencies such as the COVID-19 pandemic. Upholding our Fourth Mission responsibilities, VHA was successful in leading the public health response to the pandemic, serving as the backstop to the Nation's health care infrastructure while continuing to advance the access, quality and safety of the health care provided for America's Veterans. VHA has created this Long-Range Plan to provide guidance and ensure these advancements continue as local facilities, Veterans Integrated Service Networks (VISN) and Program Offices balance Veteran care and humanitarian responsibilities.

This Long-Range Plan is derived from the quadrennial VA Strategic Plan. The VA Strategic Plan provides enterprise-level guidance supporting mission execution while stipulating the alignment of efforts and budgets accordingly. The Long-Range Plan uses elements from the VA Strategic Plan to define VHA-specific goals, objectives and strategies designed to drive VHA enterprise-wide policy and actions. This plan provides a summary of these goals, objectives and strategies to help guide the planning efforts of VA Medical Centers (VAMC), VISNs and Program Offices, as well as align resources and performance planning to support the VA Health Care Priorities and the VA Principles.

# VHA LONG-RANGE PLAN FRAMEWORK

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In 2019, the VHA Chief Strategy Office spearheaded the creation of the Long-Range Plan, a strategic document designed to guide the development and implementation of Program Office, VISN and VAMC Operating Plans. The Long-Range Plan Framework (**Figure 1**) was created through a series of small focus groups and workshops consisting of visionary thinkers and subject matter experts from VHA's Strategic Directions Committee, VISN Planners and VHA Program Offices. Additional collaborative sessions were conducted with key stakeholders in 2020-2022 to assess current resources and progress made by Program Offices and VISNs, as well as discussions to develop an enterprise-wide communications strategy and next steps.

The overarching FY 2022-2025 goals, objectives and related strategies are rooted in [VA's FY 2022-2028 Strategic Plan](#), while also drawing from other strategic initiatives within VHA. This Framework is positioned to shape the aspirations and operational efforts of the Program Offices, VISNs and markets as they execute strategic alignment to the VA health care enterprise.

# VA PRINCIPLES

ADVOCACY ACCESS OUTCOMES EXCELLENCE

## VA HEALTH CARE PRIORITIES

- Hire faster and more competitively
- Connect Veterans to the soonest and best care
- Serve Veterans with military environmental exposures
- Accelerate VA's journey to a High Reliability Organization
- Support Veterans' whole health, their caregivers, and survivors
- Prevent Veteran suicide

## VHA STRATEGIC ENABLERS

- Retain, invest in, and support our people
- Scale best practices and drive innovation
- Improve our technology systems and workflows
- Drive equity for women, minority and LGBTQ+ Veterans
- Modernize our facilities into the future
- Partner with Veterans Service Organizations (VSO), tribes, states, advocates, and agencies

## VHA MISSION STATEMENT

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

## VHA VISION STATEMENT

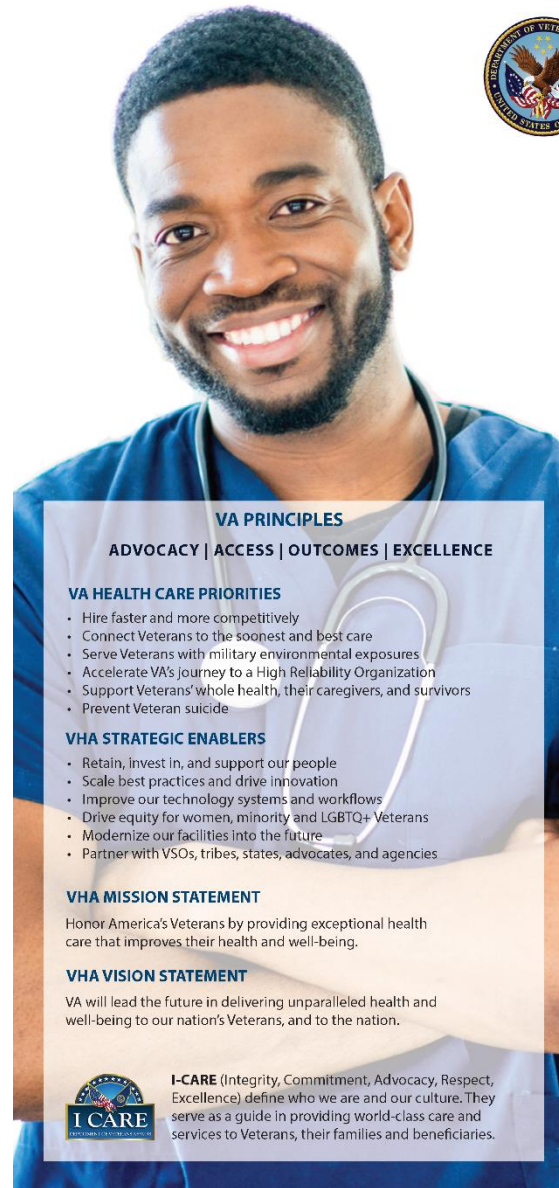
VA will lead the future in delivering unparalleled health and well-being to our nation's Veterans, and to the nation.

## VA CORE VALUES



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

Figure 1: VHA Long-Range Plan Framework



# Fiscal Year 2022-2025 Veterans Health Administration Long-Range Plan Framework

This Framework outlines goals, objectives and strategies to establish and align VHA's efforts and resources over the next several years.

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MAINTAIN TRUST	<h2>GOAL 1</h2> <p><i>What We Are Aiming For</i></p> <h3>Veterans choose VHA as their health care provider and coordinator, built on trusted, long-term relationships</h3>																						
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The [full-size version](#) of this document and a [printable version](#) can be accessed on the Chief Strategy Office SharePoint.

# VA HEALTH CARE PRIORITIES & VHA STRATEGIC ENABLERS

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In September 2022, the Under Secretary for Health (USH), Dr. Shereef Elnahal, introduced the **VA Health Care Priorities and VHA Strategic Enablers**, which he declared **foundational to every decision made in supporting VHA’s long-range goals**. They stand on the mission, vision and values of VA, from the new mission statement “To fulfill President Lincoln’s promise to care for those who have served in our Nation’s military and for their families, caregivers, and survivors,” to Omar Bradley’s “We’re dealing with Veterans, not procedures, with their problems, not ours,” to VA’s I-CARE values, and the VHA Long-Range Plan that is detailed in this document.

The VA Health Care Priorities and VHA Strategic Enablers are informed by comprehensive public and private reports, VSOs, Congress, unions and other partners, plus VA leadership and employees, as well as direct discussions with Veterans.

In October 2022, the USH called for the formation of **six VHA Priority to Action (P2A) Action Teams to make meaningful progress** toward each of the Priorities. Co-led by Program Office and VISN executives, each team developed “VHA P2A Action Plans” identifying VHA P2A Key Actions and associated milestones, outcome measures and targets, representing enterprise-wide contributions needed to accomplish the six VA Health Care Priorities. The actions developed by each VHA P2A Action Team are **highlighted throughout** this document using the **unique color-coded icons** below.

The following six **Priorities** are VHA’s focus for the next 1-2 years:



## Hire Faster and More Competitively

The *Hire Faster and More Competitively* Priority fulfills VA’s mission to provide the top-notch care Veterans deserve and is only possible with an enterprise-wide team of the best and brightest in their respective fields. This Priority will reduce longstanding challenges in recruiting and retention of top health care talent. This is one of VHA’s top priorities because of increasing Veteran demand and access to care brought forth by the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022, which will expand eligibility for VA health care for many years to come. *Hiring Faster and More Competitively* is not a new initiative; it is simply a commitment to prioritizing its importance across VHA.





### Connect Veterans to the Soonest and Best Care

To fulfill the *Connect Veterans to Soonest and Best Care Priority*, VHA is incorporating technology and process improvements into all aspects of the health care experience. The *Soonest and Best Care Priority* will focus on ensuring Veterans have access to timely health care while looking for opportunities to reduce wait times, create efficiency in care delivery, and improve the Veteran experience regardless of where they live. The goal is to provide trusted, timely, equitable and high-quality care with exceptional outcomes and experiences for our Veterans. VA is working to maximize the ability of Veterans to access the care they need, whether in-person, virtually, or at a VA or community facility.



### Serve Veterans with Military Environmental Exposures

The *Serve Veterans with Military Environmental Exposures Priority* is responsible for implementing and delivering the promises of the PACT Act. This once-in-a-generation law ensures Veterans qualify for benefits and health care to treat illnesses resulting from exposure to toxins or other hazards during their service. VA is committed to providing health care and benefits for eligible Veterans, their families, caregivers and survivors. The PACT Act, signed into law on August 10, 2022, is one of the largest health and benefit expansions in the history of the VA. This law treats toxic exposure as a cost of war by addressing the full range of issues impacting toxic-exposed Veterans and their survivors, including access to benefits provided by the VA. This law expands and extends health care eligibility for toxic-exposed Veterans and Veterans of certain eras and creates new presumptions of service connection for disabilities based on toxic exposures. Veterans currently using VHA health care services will be screened for potential toxic exposures. Implementation of the PACT Act ensures access to health care and benefits for eligible Veterans who may have been exposed to military environmental toxins or other hazards during their service. The bill expands and extends eligibility for VA health care for toxic-exposed Veterans and Vietnam era, Gulf War era, and post-9/11 combat Veterans. This Priority's goals will prepare VA health care personnel through specialty training, increased screening for Toxic Exposures for VHA enrollees, conduct additional research on health outcomes of military environmental exposures and track and trend changes in VHA enrollments and associated health care utilization to assure access to health care services.



### Accelerate VA's Journey to a High Reliability Organization (HRO)

The *Accelerate VA's Journey to a HRO Priority* helps ensure that, every day across the VHA, dedicated employees deliver safe, exceptional care to Veterans. This Priority highlights the importance of a reliable and trustworthy health system for Veterans. HROs experience fewer accidents despite operating in complex, high-risk environments. Our staff members weave HRO Principles and Values into the fabric of VHA operations and culture by employing procedures and protocols to maximize safety and embrace Continuous Process Improvement. The "True North" of HRO is Zero Harm.

This Priority moves VHA toward the goal of zero preventable harm to patients by promoting a psychologically and physically safe environment for Veterans, caregivers, beneficiaries and the VHA workforce so that everyone actively speaks up when risks are identified. By putting Veterans first, the *HRO Priority* aims to support a safe, seamless and positive experience for Veterans using VA care facilities.



### Support Veterans' Whole Health, their Caregivers, and Survivors

Through the *Support Veterans' Whole Health, their Caregivers and Survivors Priority*, VHA empowers and equips Veterans to take charge of their health and well-being and live life to the fullest. VHA treats the entire person and not just a particular symptom or disease. There is not only care for a Veteran's most immediate health concerns, but also a consideration for what the Veteran needs and wants. The VA *Whole Health* approach to care supports Veterans' health and well-being and centers around what matters to them by developing a personalized health plan based on their values, needs and goals. VA facilities have been exploring what it takes to shift from a system designed around points of clinical care primarily focused on disease management to one that is based on a partnership across time focused on whole health. VHA has learned that clinical encounters are essential, but not enough, and there is a need for a health system focused not only on treatment, but also on self-empowerment, self-healing and self-care. In addition, VA is committed to promoting the health and well-being of family caregivers who care for the Nation's Veterans through education, resources, support and services. The *Whole Health* approach is a shift from a system designed around episodic points of clinical care primarily focused on disease management to a more holistic and inclusive one that is based on a partnership across time focused on what matters most to each individual.









### Prevent Veteran Suicide

The *Prevent Veteran Suicide Priority* highlights VA's top clinical Priority—the prevention of Veteran suicide. The successful execution of these lanes of effort will require a comprehensive public health approach, combining community and clinical-based interventions across settings to ensure every Veteran receives the support they need, how they need it, when they need it, from wherever they are. Every suicide is a tragedy, and the pain that drives risk for the Veteran continues to echo in the lives of the families, caregivers, peers and the support networks for generations that follow. These initiatives represent strategies for hope and healing, restoration and empowerment. The National Strategy for Preventing Veteran Suicide, clinical practice guidelines for VA and the Department of Defense (DoD) and the White House Strategy on Reducing Military and Veteran Suicide provide the foundation from which VA's suicide prevention initiatives help to rebuild lives, families, communities and futures. We are calling on all partners and communities to help us reach Veterans and reduce Veteran suicide. Suicide is preventable when we all work together.

Detailed information on each VA Health Care Priority can be found on the [VA Health Care Priorities SharePoint site](#).

Collectively, the **Strategic Enablers** below explain how VHA achieves the above Priorities:

-  **Retain, invest in and support** our people.
-  Scale **best practices** and drive **innovation**.
-  **Improve** our technology systems and workflows.
-  **Drive equity** for women, minority and LGBTQ+ Veterans.
-  **Modernize** our facilities into the future.
-  **Partner with** VSOs, tribes, states, advocates and agencies.

VHA recognizes the unified work already done to date throughout the organization in relation to the above Priorities and Strategic Enablers. Various program and field offices, VHA leaders, VAMCs and individual employees have already made meaningful progress on the Priorities by implementing the aforementioned Strategic Enablers. This document **highlights some of these important accomplishments** and the important work ahead.

The **Priorities and Enablers should speak to every VHA team member** and help focus the organization's resources. They are critical components of how we treat the whole Veteran and also detail how VHA can improve its operations and marshal its resources to **advance Veteran health and care**. All six Priorities weave throughout VHA's Long-Range Plan and are critical to VHA's success. They all support VHA's long-range goals by turbocharging these efforts and building upon the exceptional work the organization has already done.

# VHA LONG-RANGE GOALS, OBJECTIVES AND STRATEGIES

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Through the creation of the Long-Range Plan, VHA has defined specific goals, objectives and strategies that are aligned with VA and VHA priorities and that are intended to guide organizational change as VA adapts to meet the evolving needs of Veterans and the health care landscape. The broad, outcome-oriented **goals** define VHA's major steps toward fulfilling the organization's mission. The **objectives** are specific conditions that must be attained to accomplish the goals. The **strategies** are the organization-wide Program Office, VISN and VAMC approaches to accomplishing the identified goals and objectives. This document provides insight into these goals, objectives and strategies to help guide immediate and future strategic planning across VHA.

Program Offices, VISNs and VAMCs will align their actions and resources with these objectives, strategies and focus areas, as appropriate, to support VHA in achieving each of the four goals.



## Goal 1

Veterans choose VHA as their health care provider and coordinator, built on trusted, long-term relationships.

### Objective 1.1

Understand and employ what matters most to the Veteran and their care team.

### Strategy 1.1.1

Enhance customer satisfaction and experience by providing high-quality care, ease of access and coordination.

## Care Coordination

The central theme of this strategy is a focus on care coordination where a primary care interprofessional team coordinates the full spectrum of care, including specialty care. Customer satisfaction will increase when Veterans have an unparalleled patient experience where they receive consistently high-quality care across the range of VHA facilities, partners and Community Care Networks (CCN). **Seamless coordination of care across a wide-reaching accessible network of providers and responsive communication** will play a critical role in growing Veteran satisfaction with VHA care.

VHA is committed to enhancing the Care Coordination and Intensive Case Management initiative by conducting a comprehensive study to identify existing gaps in care coordination. A particular emphasis will be placed on addressing the unique care coordination needs of women (to encompass complex health care needs and gender-specific concerns such as fertility care, maternity care and breast and cervical cancer screening) and transitioning Service members. To effectively gauge progress and obtain valuable insights from the patient's point of view, we will employ surveys to assess the success of achieving **Integrated Care Management**. Additionally, we will prioritize obtaining a quality assessment of the referral coordination experience to ensure optimal patient outcomes. Looking ahead, our goal is to leverage the capabilities of the electronic health record (EHR) system to facilitate seamless care coordination. Furthermore, VHA will diligently work towards improving Veteran and family satisfaction with end-of-life care, aiming to provide compassionate and comprehensive support during this crucial phase.

## Patient-Aligned Care Team Modernization

VHA has created Modernized Patient Aligned Care Team (PACT) options to address projections that primary care providers will become increasingly difficult to hire. These **new models explore alternate staffing possibilities and leverage anticipated resources to address maintenance of access, high-quality care and Veterans' lifelong health and wellness.**

Pilot activities are ongoing and aim to enhance both the Veteran and staff experience. An additional goal is to leverage telework for primary care staff. Telework allows greater scheduling flexibility for Veterans and minimizes the need to expand the facility's physical space for patient care.

Independent of this effort, VHA has implemented Recruitment, Onboarding and Retention for Primary Care (including Women's Health Primary Care Providers) to help optimize staffing across medical facilities. Standardized PACT training, both through computer-based and regularly occurring virtual sessions, has been updated to help optimize these resources, leading to increased Veteran and staff satisfaction through the delivery of integrated, high-quality health care. Other initiatives, as of March 10, 2023, include:

- Expanding the use of Intermediate Care Technicians (ICT) in over 70 new Primary Care locations and Community Based Outpatient Clinics (CBOC), contributing to a 325% increase in the number of posted and open permanent-position vacancy announcements. In mid-FY 2021-2023, the ICT role was approved and requested in over 10% of Primary Care locations across the enterprise.

## Strategic Growth of Clinical Resource Hubs

Clinical Resource Hubs (CRH) are critical strategic resources that connect Veterans to the soonest and best care. VHA will continue to expand and support CRH services in each VISN with strategic and targeted growth based on the unique market needs of each VISN. Further strategic growth of CRH includes the addition of highly specialized and rare services, with CRH providing those services across the enterprise. The highest priority for CRH expansion and support for FY 2024-2029 is mental health and suicide prevention.

## Clinical Contact Center Transformation

VHA will streamline and enhance the use of call centers and helplines by transforming them into Clinical Contact Centers. Call centers and nurse advice lines will pursue the concept of a "no wrong door" point of contact and follow the Veteran Experience initiative to create a "one phone number" concept. Veterans will also have the ability to access Clinical Contact Center staff via VA Health Chat, a live chat modality service. Currently, 14 VISNs have fully or partially implemented VA Health Chat as an alternative to telephone interaction with the Clinical Contact Centers.

### Looking Back – Accomplishments

**VISN 19:** Established a Clinical Contact Center and fielded more than 875,000 phone calls (end of year FY 2022) providing services for pharmacy, scheduling, clinical triage and virtual care visits.

## Empower Veterans to Manage Their Own Health

The Office of Connected Care (OCC), supported by key partners such as the Office of Rural Health (ORH), Patient Care Services and Office of Specialty Care, offers a continuum of self-care services that enable each Veteran to engage with VA when they want, where they want and in accordance with their personal health goals. VA's patient portal, My HealtheVet, also supports Veteran self-management and engagement by facilitating access to comprehensive health information as well as improving Veteran and provider communications. For example, **Veterans can access VA web and mobile applications** that provide health care education and coaching specific to their own health care needs. They also have access to an **automated text messaging program** that can be tailored to interactively offer recommendations for their individual health care needs and goals. Through these options, Veterans can manage their own health records, health data, health recommendations and reminders within the context of their daily lives. That information can also be used in partnership with their VA care teams.



### VHA Strategic Enabler

*Improve our technology systems and workflows.*

VA will also offer a range of **remote patient monitoring services** designed to support Veterans at any stage of their health journey—whether they are working to meet one specific health care need, or their goal is to maintain independence despite multiple diseases. We will enable our health care professionals to refer Veterans to high-intensity monitoring services or lower-intensity programs, depending on the Veteran's needs. Using this data, clinical care teams will be able to track specific metrics between patient visits, ensuring, for example, that medications are having their desired effect. In addition, health care professionals will be able to access patient-generated health data (PGHD) from Veterans' wearables or other devices. OCC will explore the growing volume of PGHD being shared by Veterans to find novel insights that can inform VHA on how best to 1) utilize PGHD to improve patient engagement and 2) enhance the insights available to both providers and Veterans to optimize health and better manage chronic disease.

VHA empowers and equips Veterans to take charge of their health and well-being and live life to the fullest. When we treat the entire person, and not just a particular symptom or disease, we not only care for a Veteran's most immediate health concerns, but also consider what the Veteran needs and wants. Our Whole Health System of Care is already profoundly impacting Veterans' health and well-being. Still, it is time we did more by pushing the boundaries of how we expand Whole Health even further. Veterans deserve more because their sacrifice and our mission demand it of us.



**Objective 1.2**

Increase communications that promote the use of learning tools and the understanding of available resources to Veterans, employees and stakeholders.

**Strategy 1.2.1**

Improve outcomes and knowledge sharing by employing bi-directional communication with Veterans, their families and caregivers.

## Communications

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Emergent technology has allowed the world to be connected by social media and granted the ability for anyone to access news at the hit of a button. VHA realized the importance of harnessing this momentum to uphold the invaluable bi-directional communication it has with its employees, Veterans, their families and caregivers. Examples of this bi-directional communication can be classified as VHA sharing information quickly and transparently about the organization's upcoming priorities each year on public websites, interacting with Veterans on social media platforms, and surveying Veterans about the most pressing issues in their local area. VHA understands that the best way to support Veterans, their families and caregivers is to consistently listen to their needs and act on the information.

### Our Message

VHA will highlight the organization's **excellence in care coordination**, offering continuity of care far above what is offered in the private sector. Our messaging will emphasize VHA's management of the largest, centralized health system in the Nation with **access to unique, high-quality, specialized clinical care** supported by relevant quality and access measures. High-priority themes, such as suicide prevention, equity, and Choose VA, will be included in all types of messaging developed for this strategy. Messaging campaigns will reach out to the Veteran community through **all possible communication channels**—especially targeting the services we provide to women, minority and rural Veterans—to promote the VHA brand and our commitment to the highest coordination of care for America's Veterans.

### Virtual Health Resources Centers (VHRC)

OCC is establishing VHRCs at VA facilities to serve as a one-stop shop offering outreach, education and training to VA staff, Veterans and their family members on all VA virtual care tools and products. Since January 2022, OCC has trained and supported 12 facilities, 1 VISN, and the Greater Los Angeles Homeless Program in opening VHRCs.



## Looking Back – Accomplishments

VHA coordinated with the Office of Public and Intergovernmental Affairs and Veterans Benefits Administration (VBA) on the **PACT Act Outreach Initiative**, the largest of VA's outreach efforts in history.

- A total of 126 PACT Act "Week of Action" events were hosted in all 50 states, the District of Columbia (DC), and Puerto Rico. More than 50,000 attendees participated in person or online, with 5,600 exposure screenings completed, 2,600 VBA claims were submitted, and more than 800 health care enrollments were completed during the week.
- Distributed the #VETResources weekly newsletter to approximately 10 million Veterans and influencers with multiple PACT Act messages.
- TV spots were shown during the Armed Forces and Military Bowls broadcasts, with more than 2 million viewers each.
- A Times Square video billboard ran through the holidays, providing high visibility screentime on-air during the New Year's Eve live TV broadcasts.
- Paid digital advertising generated approximately 253 million impressions, resulting in 1,479,000 clicks to PACT Act information.

**VA Center for Development & Civic Engagement:** Compassionate Contact Corps was part of VHA's Communications Satellite Media Tour and, as a result, facilitated the engagement of the Secretary of Veterans Affairs (SecVA) and 32 other senior officials to conduct personalized calls to various audiences in conjunction with special events.

### VHA Communications

- A 5-week advertising campaign was created to direct Veterans affected by the Afghanistan drawdown to the Veterans Crisis Line (VCL) and other resources.
- The Digital Media Team of VHA Communications assisted in the rebuild of 138 VAMC websites with a more interactive format.
- The Media Relations team responded to 1,578 media queries and generated 81 news releases in 2022.
- Created 660 blogs, published 3,250 social media posts, and provided media training to 2,219 VHA personnel.
- Held monthly interactive SecVA press conferences and six town halls, including two location-based events in Des Moines and DC VAMCs.
- Produced 20 episodes of "the BLUF," a Veteran-facing news-style production, distributed on Veteran News Network and social media.

### Office of the Deputy Under Secretary for Health, Office of Tribal Health

- Established the Office of Tribal Health.
- Began serving on the White House Council of Native American Affairs.
- Began guiding implementation of the copayment exemption for American Indian/Alaska Native Veterans.
- Partnered with the Indian Health Service (IHS) (Homelessness), the National Indian Health Board (including Tribal Consultation sessions), and Urban Indian Organizations.

**Objective 1.3**

Increase national recognition of VHA as a provider of high-quality health care services.

**Strategy 1.3.1**

Leverage media to spread VA's specialized knowledge and leadership in clinical outcomes within the health care landscape.

**Accelerated Research**

The [COnsortia of REsearch](#) (CORE) were established to accelerate research leading to measurable improvements in Veterans' care in designated priority areas. There are currently four established COREs and one in development:

1. Women's Health Research Network – Engages multiple stakeholders to expand research on women Veterans' health and health care, incorporating health equity frameworks and Veteran engagement in addressing gender-specific issues of suicide risk, contraception/pregnancy care, homelessness, intimate partner violence, military sexual trauma, gender-based harassment, cardiovascular disease in women, musculoskeletal health and others.
2. Opioid Reduction and Pain Management – Foster high-quality, high-impact and Veteran-centered research focused on improving care for and reducing opioid harms by building a network of researchers and promoting interdisciplinary, cross-institutional research collaborations.
3. Suicide Prevention – Accelerate suicide prevention research that will lead to improvements in care and ultimately result in reductions in suicide behaviors among Veterans.
4. Virtual Care – Facilitate research that evaluates and improves the use of virtual care to enhance the accessibility, capacity and quality of VA health care and the Veteran experience.
5. Access and Community Care (in development) – Facilitate research to inform how VA can provide the right mix of VA and community care to achieve timely access and high-quality care.



**VHA Strategic Enabler**  
*Scale best practices and drive innovation.*



## Looking Back – Accomplishments

**Evidence Synthesis Program:** In a 2022 comprehensive review of 47 research studies published since 2015 that compared quality, access and patient experience of care in VA vs. non-VA settings, the large majority found quality was as good or better in the VA. Most found the patient experience was as good or better as well.

### Public Health Surveillance and Research

- Public Health National Program Office led VA monkeypox surveillance at the outset of the global epidemic and monitored trends in other important infectious diseases (e.g., COVID-19, influenza, Respiratory Syncytial Virus, fungal and sexually transmitted infections) and non-infectious conditions (e.g., lead poisoning) among Veterans.

### Research and Development

- Funded research to provide the evidence base for suicide prevention efforts in VA, with over \$18 million in research projects.
- Established the VHA Quality Enhancement Research Initiative Rapid Response Teams to address time-sensitive, high-priority requests for scientific input, evaluation, or implementation of programs or practices. As of FY 2022, over 30 Rapid Response Teams have been launched addressing major VA national initiatives including COVID vaccine dissemination, suicide prevention and access to care.
- With more than 900,000 Veterans enrolled, the Million Veteran Program has led to new findings for conditions such as anxiety, posttraumatic stress disorder (PTSD), heart disease, kidney disease, cancer and more.
- Continued to be a significant contributor to the national research response to COVID-19 in 2022. VHA contributed to several treatment studies and vaccine trials that the National Institutes of Health and industry partners sponsored.
- Funded several clinical studies, leveraged its electronic medical records to conduct in-depth analyses on COVID-19 and long-COVID, established partnerships to use machine learning to examine genetic, clinical and demographic risk factors influencing COVID outcomes and established a national biorepository to support COVID-19 research that now can be available for future emerging infectious diseases research. Carried out several transformational efforts to bring state-of-the-art care for Veterans impacted by cancer through the VA Precision Oncology Program initiative. Efforts focused on bringing a more comprehensive approach to cancer care especially focused on lung cancer by combining increasing screening and clinical trial opportunities that could offer more innovative treatments to Veterans.
- Researchers in VA have found increased risks post COVID including neurologic sequela, mental health disorders, cardiovascular disease, dyslipidemia and diabetes. Findings also show that reinfection further increases adverse outcomes.
- The Long COVID Practice Based Research Network will leverage 23 Long COVID clinics to allow real-time learning about the care for Veterans suffering with long COVID. As new treatments are developed for long COVID, this network will facilitate recruitment of Veterans into studies to test the benefits of these treatments.



## Goal 2

VHA delivers high-quality, accessible and integrated health care.

### Objective 2.1

Enhance Veterans' care by building an integrated delivery network with internal and external partners.



#### VA Health Care Priority: Connect Veterans to the Soonest and Best Care

Key Action: Standardize site and VISN reporting to the Third-Party Administrators (TPA) to improve communications on network adequacy and quality.

### Strategy 2.1.1

Foster information exchange and organizational alignment with Government and non-Government partners to establish a high-performing integrated health care delivery network.

## Partnerships

VHA will continue to strengthen the large number of currently existing partnerships we have with academia, foundations, VSOs, DoD, IHS, other agencies and the private sector. We will also develop new partnerships, where possible, by reducing barriers, such as excessive and burdensome rules and regulations. VHA will also **streamline and standardize our partnership approach**, for example, by creating templates for Agency Memorandum of Agreement (MOA)/Understanding (MOU) agreements similar to our existing affiliation agreements.



**VHA Strategic Enabler**  
*Partner with VSO's,  
tribes, states, advocates  
& agencies.*

To improve partnerships with external stakeholders, VHA will:

- 1) Partner with the Office of Academic Affiliations and field VA medical facilities to expand academic affiliations with minority-serving institutions.
- 2) Partner with the Office of Workforce Management and Development to support scholarships that increase the diversity of the health care workforce for VA and the Nation.
- 3) Partner with the VA Office of Construction and Facilities Management to expand options for space-sharing arrangements with VA and academic affiliates.

Strengthening our existing partnership with DoD is important because it builds upon the many joint efforts currently underway to facilitate the joint use of resources. One example is the establishment of a VA/DoD Pharmacy Federal Drug File Program in the

Federal EHR. In addition, VHA looks to maximize its role as a TRICARE network provider.

### Planned Next Steps:

- A) **Promote the working relationships of VA/DoD senior leadership.** In collaboration with the Joint Executive Committee (JEC), the VA/DoD Health Executive Committee will identify and communicate VA/DoD strategic health care goals and newly emerging priorities to improve **joint coordination and resource sharing**.
- B) **Enhance Participation in the Association of Military Surgeons of the United States (AMSUS), The Society of Federal Health Professionals.** Promote VA as a health care leader through participation in the yearly AMSUS meeting.
- C) **Utilize Transition Assistance Advisors (TAA).** Partner with the DoD TAA Program to help National Guard/Reserve Service members and their families find VA services to meet their needs.
- D) **Share VA/DoD Medical Expertise.** In support of the JEC Military Medical Provider Readiness-Veteran Access priority objective, DoD and VA will assess, identify and match VA specialty care access needs with DoD readiness needs that will allow sharing partners to develop or enhance local health care resource sharing opportunities.
- E) **Participate in the VA/DoD Joint Incentive Fund program.** Continue to explore opportunities to provide “seed money” for creative joint projects that align with the VA/DoD Joint Strategic Plan.
- F) Through the Office of Research and Development (ORD) Quality Enhancement Research Initiative (QUERI), **implement Interagency Agreements with VBA** to conduct peer reviews of national evaluations pertaining to requirements from the Foundations for Evidence-based Policymaking Act (e.g., evaluation of health equity in benefits), and to also share data to conduct required evaluations for the Evidence Act, especially focused on at-risk, marginalized Veteran populations through the newly funded QUERI Evidence-based Policy Centers.



## Looking Back – Accomplishments

**Pathology and Laboratory Medicine Science:** America's Blood Centers selected VA as the recipient of the 2022 National Partner of the Year for the agency's commitment to maintain the Nation's blood supply.

### **National Center for Healthcare Advancement & Partnerships (HAP):**

- As of FY 2022, more than 10,000 individuals have completed the VA Benefits for Veterans and Mental Health Resiliency Modules on the Salesforce Trailhead platform. These modules were developed by Salesforce in collaboration with VHA as part of a non-monetary partnership focused on improving social determinants of the health of Veterans, such as health education and employment, and reaching more Veterans who may not already engage with VA.
- For FY 2022, the non-monetary partnership with Pet Partners that promotes Veteran well-being through the human animal bond, yielded 36 unique Pet Partners volunteers completing over 322 volunteer animal visitation hours at more than 23 VA medical facilities, totaling more than 5,400 Veteran interactions.
- As of FY 2022, the non-monetary partnership with OnStar that enhances suicide prevention efforts for all Veterans, yielding 240 new OnStar emergency advisors trained on how to handle crisis calls and transfer callers to the VCL. Among OnStar's current employees, 233 emergency advisers completed a refresher training. OnStar call centers have added trainings about military culture, Veteran-centric education, and suicide prevention through the free, public S.A.V.E. Training. VHA provided information about the partnership to all VA medical facilities nationwide enabling VHA field staff to share with Veterans and their communities.
- For FY 2022, HAP developed and standardized a VHA-specific MOA/MOU template that incorporates patient-centered language and updated the due diligence template to include for-profit organizations.
- The annual VHA National Community Partnership Challenge promotes best practices through nonmonetary nongovernmental partnerships (force multipliers) to provide access to care and services that VA is prohibited by law or statute, but are needed to support whole health, suicide prevention, social determinants of health, etc.

### **VA Center for Development & Civic Engagement**

- In FY 2022, more than 22,300 volunteers served more than 3.3 million volunteer hours. Individuals and partnering organizations gave over \$99.3 million in gifts and donations. Value added to VA – more than \$166 million.
- Last Fiscal Year, VA Center for Development & Civic Engagement's Voluntary Transportation Network, in cooperation with community partners such as the Disabled American Veterans, provided transportation to over 156,000 Veterans.

### **Office of the Deputy Under Secretary for Health, Office of Tribal Health**

- Conducted ongoing engagement with Tribal Veterans and families, Tribal Nations (Nation-to-Nation), the VA Advisory Committee on Tribal and Indian Affairs, and other Tribal partners.
- Participated in Tribal engagements including the White House Council on Native American Affairs Principals Meeting, the IHS All Tribal and Urban Indian Organization Leaders Call, Joint American Indian Veterans Advisory Council with the Jamestown S'Klallam Tribe.
- Partnered with the VHA Tribal Housing and Urban Development VA Supportive Housing Program (Homelessness).
- In partnership with VA/VHA program offices and Tribes, implemented the Copayment Exemption for American Indian/Alaska Native Veterans.

## High-Performing Integrated Delivery Network

The future of Veteran health care delivery is the high-performing integrated delivery network. This network is centered around **integrated internal services and external relationships that will allow VHA to respond with agility and flexibility** to continuous changes in Veteran demand while providing seamless, convenient and improved quality and access to care. This network provides high-quality care and is modeled to empower Veterans to actively collaborate with their providers and caregivers in their care journeys.



To accomplish this, it is crucial that VHA has strong internal building blocks. The **“Connect Veterans to the Soonest and Best Care” P2A Action Team** set forth a plan to establish an Office of Integrated Veteran Care (IVC) Operating Model that consolidates and updates existing guidance and defines clear measures of success for the field. The model merges the existing Clinical Practice Management and OCC Models. With this, the organization will assess the current state and staffing models so that gaps and conflicts are solved, and areas of improvement are identified, with the target to propose a course of action for improved clinic practice management and access by the fourth quarter of FY 2023. Then, an IVC Operating Model pilot will be performed across multiple VISNs in the second quarter of FY 2024, incorporating facilities of varying size, complexity and rurality.

**Objective 2.2**

Provide greater choice for care across the VA system at facilities and through virtual care, community care and collaborative opportunities.

**Strategy 2.2.1**

Expand virtual care, giving Veterans the choice to receive appropriate care at home and in the community.

**VA Health Care Priority: Connect Veterans to the Soonest and Best Care**

Key Action: Establish an optimized and standardized process for offering appropriate telehealth care to Veterans.

Key Action: Review and identify key steps in the consult management process to optimize capturing Veterans' scheduling preferences for community care appointment requests.

Key Action: Optimize the use of tele-mental health clinical resource sharing and bolster tele-mental health access where needed across the organization.

**Expand Home and Community Based Services (HCBS)**

To provide quality care and reach the most Veterans, VHA will create a special-purpose funding incentive to expand HCBS. This will meet the large projected increase in service requests due to demographics and the Caregiver Program expansion requirements, as well as reduce hospitalizations and inpatient length of stay. Various steps to accomplish this include:

- Conduct a quarterly review of Veterans on the Choose Home Registries “High Risk-High Needs” and prioritize their placement into non-institutional care programs to prevent nursing home placement if they are eligible and meet the criteria.
- Conduct a quarterly review of Veterans who are already in Community Living Centers and Contract Nursing Homes to see if they can return to their homes or other less restrictive environments with the help of HCBS.
- Change the Veterans Equitable Resource Allocation to incentivize HCBS to be on par with Contract Nursing Home reimbursement.
- Continue expansion of Hospital in Home and Supporting Community, Outpatient, Urgent Care and Telehealth Services program to expand access to care in the home.



### Looking Back – Accomplishments

**Geriatrics and Extended Care:** Began a 5-year expansion of Veteran Directed Care (VDC), Medical Foster Home (MFH), and Home-Based Primary Care (HBPC). VDC and MFH will be expanded to all VAMCs by FY 2026. HBPC will be expanded by 75 additional teams by FY 2025.

**VISN 5:** VA Health Connect has been expanded and implemented with coverage for all VISN 5 VA Facilities. Core service hours are now available for Virtual Care, Pharmacy and Nurse Triage Scheduling.

## Expand Clinical Capacity

Expanding clinical capacity will be accomplished through collaboration between OCC, IVC, Primary Care and Specialty Care services as follows:

- Hire health care professionals in large urban locations or markets where professional resources are more readily available to **deliver care to rural and underserved areas**. Through these efforts, VA will share clinical services across facilities, seamlessly matching clinical supply with demand.
- **Use virtual care technologies** to expand the types of services and expertise accessible to Veterans in VAMCs and community clinics. Services that were previously impossible to deliver at a local level or at small facilities will become available to all Veterans, ensuring they have access to comprehensive services and specialists no matter where they choose to be.
- Ensure health care professionals working at small clinics or in rural areas have access to the expertise of the national VA enterprise when caring for a Veteran. **Health care professionals will be able to immediately contact an available specialist, located anywhere in the country, for consultation and support.**



### VHA P2A Action Teams

The “Connect Veterans to the Soonest and Best Care” Action Team proposed milestones to optimize the use of tele-mental health clinical resource sharing and bolster tele-mental health access where needed across the organization.



Additionally, the “**Connect Veterans to the Soonest and Best Care**” Action Team proposed a combined effort with Managerial Cost Accounting Office (MCAO) to structure accurate labor mapping standards and an accountability plan to verify accurate bookable hours at a national level to expand VHA’s clinical capacity. Milestones that were immediately operationalized include:

- 1) **Establish** a baseline of bookable hours.
- 2) **Build** a compliance plan, audit model, and bookable hours report required for national-level oversight.
- 3) **Establish** a collaboration method with MCAO, clinical services, operations, VHA Finance and IVC to communicate and reinforce changes.

- 4) **Develop** and **execute** a change management plan to ensure enterprise-wide implementation of bookable hours initiative to include accurate labor mapping.

## Empower VA's Workforce to Deliver Virtual Care

The enterprise will focus on the following four strategies to further empower the workforce to deliver care in a virtual modality:

- Ensure a qualified and empowered workforce can carry out the virtual care functions that increase access to trusted care for all Veterans anytime and anywhere. A **dedicated workforce supporting connected care** will proactively manage equipment, oversee quality operations with data, support Veteran and health care professional education, and continuously innovate to enhance health care technologies and expand access.
- Train health care professionals through a nationally coordinated training program with regional preceptors.
- Support health care professionals with simple, **integrated virtual care management tools**. Through a single user interface, health care professionals will be able to: a) schedule and initiate video appointments with Veterans; b) prescribe health care tools; c) securely communicate with Veterans; and d) subscribe to and monitor patient-generated data.
- Establish VHRC at VA facilities to serve as a one-stop shop offering outreach, education and training to VA staff, Veterans and their family members on all VA virtual care tools and products.



**VHA Strategic Enabler**  
*Improve our technology systems and workflows.*

## Enhance Connected Care Operations and Authorities

VA will continue to integrate virtual care into clinical workflows. OCC, IVC, Office of Health Informatics, VISNs and VAMCs will:

- Collaborate to ensure VA appointment scheduling systems are modernized to fully integrated telehealth appointments.
- Enable appointments to be efficiently converted between care modalities (i.e., in-person, telephone, video).
- Support self-scheduling by Veterans for the visit type of their choice.
- Enable cross-facility provider-based scheduling.
- Implement nationally standardized tools and processes (e.g., Orders, scheduling scripts) for return-to-clinic orders that:
  - Enable health care professionals to designate a future visit as clinically appropriate for telehealth when ordered for in-person or telephone care.
  - Ensure schedulers offer Veterans their telehealth option, and related options (e.g., test calls, digital divide assistance, Caregiver Connect), using a standardized scheduling script when telehealth is determined

- clinically appropriate for the Veteran's care by a health care professional.
- Capture data on key process steps to ensure successful implementation and gain insight for future plans.
- Implement nationally standardized tools and processes (e.g., referral coordination teams, consult toolbox) for consults that:
  - Enable a referral coordination team to designate the care as appropriate for telehealth.
  - Ensure schedulers offer Veterans their telehealth option, and related options (e.g., test calls, digital divide assistance, Caregiver Connect), using a standardized scheduling script when telehealth is determined clinically appropriate for the Veteran's care by the referral coordination team.
  - Enable schedulers to view telehealth appointments at other facilities (e.g., VISN or national hubs) that are available to a specific Veteran and allows them to book those appointments within their workflow.
- Provide digital services through a single integrated and equitable digital platform on VA.gov using My HealthVet and the VA mobile app to unify the Veteran experience across health, benefits and business lines.

VA has successfully integrated virtual care into clinical workflows as follows:

- Modernized VA appointment scheduling to include telehealth appointments and the ability for family members and caregivers to virtually attend visits upon a Veteran's request at the time of scheduling.
- Facilitated seamless scheduling of future telehealth appointments with the addition of electronic record functionality, enabling VA providers to designate video as a modality appropriate for a future visit.
- Completed a national scheduler training initiative to ensure that appointments are easily converted between care modalities (i.e., in-person, telephone, video).

In FY 2022, VA established a cross-functional workgroup focused on continuing the modernization of scheduling functionality to ensure that telehealth appointments can be easily scheduled between facilities and across the VA enterprise.

IVC will provide Veterans access to care from community providers through the CCN. The CCN program is a high-performing network of community providers that serves as a seamless extension of VA's own network of facilities. The CCN provides an important supplement to VHA's care delivery system and delivers a unified access experience for Veterans. This supplemental form of access is integrated within VHA's internal medical services.

- Leverage the CCN to enhance the Veteran experience by ensuring continuity of care, efficient scheduling and improved patient outcomes due to standardized communication and **seamless information exchange between VA facilities and community providers.**

- Assist Veterans in making informed choices on internal and external care options through the Referral Coordination Initiative.



Establishing community care external network enhancements is important to VHA, and the “**Connect Veterans to the Soonest and Best Care**” Action Team developed a key action surrounding this. VHA will standardize site and VISN reporting to the TPAs to improve communications on network adequacy and quality. The overall target is to have standardized report adoption at 100% of sites in 100% of VISNs by the end of FY 2024. The milestones are as follows:

- 1) **Assess** the current state of Community Oversight Committees and TPA Network Adequacy meetings.
- 2) **Develop** site and VISN-level report templates.
- 3) **Data Collection**, including individual VISN input on Network Adequacy.
- 4) **Identify** tools and training needed to maximize network adequacy meetings.
- 5) **Establish** and **communicate** reporting expectations for stakeholder input.
- 6) **Develop** and **execute** a change management plan to assist in the transition to consistently use newly developed tools across the enterprise.
- 7) **Implement** a standard report across all sites and VISNs.
- 8) **Implement** tools and training across all sites and VISNs.



**Objective 2.3**

Tailor care to serve every Veteran, ensuring equity for those who are underserved.

**VA Health Care Priority: Support Veterans' Whole Health, their Caregivers, and Survivors**

Key Action: Data Collection to Support a Public Health Approach to Health Equity.

Key Action: Interventions to Support a Public Health Approach to Health Equity.

**Strategy 2.3.1**

Synergize outcomes for Veterans' mental health, suicide prevention, homeless and aging Veterans.

**VA Health Care Priority: Support Veterans' Whole Health, their Caregivers, and Survivors**

Key Action: Ensure Veterans who are housed in VHA homeless programs do not return to homelessness.

Key Action: Reduce the Number of Unsheltered Veterans.

**VA Health Care Priority: Prevent Veteran Suicide**

Key Action: Leverage Suicide Prevention 2.0 (SP 2.0) Community-Based Intervention Plan (CBI-SP) with White House Strategy at local and national levels to promote help-seeking; lethal means safety awareness and safety planning; and community connectedness.

Key Action: Increase availability of support services, systems and resources in the community that help Veterans solve problems and challenges that decrease their vulnerability to suicide behaviors.

Key Action: Increase availability of evidence-based health care services that have been shown to reduce the risk of suicidal behaviors.

Key Action: Engage continual and systematic efforts to collect, analyze and use data as well as to examine the effectiveness of various strategies to guide decision making and strategic planning.

VA will continue to serve all Veterans, focusing on reaching diverse, underrepresented groups, and will especially focus on synergizing outcomes for the quickly growing number of homeless and aging Veterans. In alignment with this, the Office of Primary Care, Office of Specialty Care, Office of Patient Centered Care and Cultural Transformation, Employee Education System, Office of Mental Health and Suicide Prevention, Homeless Programs Office (HPO) and others will collaborate to:

- Train all staff in Primary Care (PC), Primary Care Mental Health Integration (PCMHI) and Mental Health in basic Whole Health principles.

- Establish provider champions for Whole Health in all PC, PCMHI and Mental Health clinics/teams.
- Integrate the Whole Health approach in PC, PCMHI and Mental Health.
- Offer all Veterans the option to complete a Personal Health Inventory.

## Reducing Disparities and Improving Access to Care

Genetic factors and health care access are not the only determinants of an individual's health outcomes. Marginalized populations often face barriers to health in their everyday lives, such as food insecurity, housing instability, transportation challenges and a lack of employment opportunities. **These factors are often referred to as social risk factors, or social needs, and manifest as the downstream impacts of social determinants of health: the social, economic and physical conditions in the environments where people live, work and play.**



### VHA P2A Action Teams

The “Support Veterans’ Whole Health, their Caregivers, and Survivors” Action Team is identifying two quality health outcomes for two underserved Veteran groups (defined by sex, sexual orientation, gender identity, race/ethnicity, urban/rural residence, and social risk) for intervention.

Social and economic disadvantages such as poverty, lack of educational opportunity, food insecurity or neighborhood crime can result in poor health outcomes and health disparities. The Office of Health Equity



### VHA Strategic Enabler

*Drive equity for women, minority & LGBTQ+ Veterans.*

(OHE) and the Health Services Research and Development (HSR&D) Center for Health Equity Research and Promotion are helping VISNs and VAMCs identify the best opportunities for improving outcomes with an Equity Guided Improvement Strategy as well as identify evidence-based treatments for identified opportunities. The Primary Care Equity Dashboard has been deployed at over 119 VAMCs in all 18 VISNs as part of that effort.



## Ending Homelessness

VHA is intent on preventing homelessness by intervening as soon as possible and tackling contributing factors. HPO assists eligible Veterans and their families in obtaining permanent and sustainable housing with access to high-quality health care and supportive services by:

- Leading with an evidence-based, Housing First approach
- Reaching underserved Veterans
- Ensuring the delivery of quality supportive services
- Increasing the supply of and access to affordable housing

Also, the “**Support Veterans’ Whole Health, their Caregivers, and Survivors**” **Action Team** identified two key actions that ensure Veterans who are housed in VHA homeless programs do not return to homelessness and that reduces the number of unsheltered Veterans.

**Key Action: Ensure Veterans who are housed in VHA homeless programs do not return to homelessness.**

To ensure Veterans who are housed in VHA homeless programs do not return to homelessness, HPO will identify key risk factors impacting returns to homelessness, will develop a case management model that incorporates strategies for identifying and mitigating identified risk factors, and will roll out the model in two VISNs to gather feedback and identity training strategies. By September FY 2023, HPO will begin a rollout across all VISNs. The goal for this key action is that negative exit rates (primarily return to homelessness) for Veterans housed in HUD-VASH will not exceed 14% in FY 2023.

**Key Action: Reduce the number of unsheltered Veterans.**

To reduce the number of unsheltered Veterans, HPO will identify existing available resources for unsheltered Veteran placements through Grant and Per Diem (GPD) and Health Care for Homeless Veterans (HCHV) contract beds. HPO will implement a six-part training curriculum to improve outreach skills among staff working in HCHV programs. Then, HPO will identify access barriers to existing GPD and HCHV contract sites and develop a targeted strategy to decrease these barriers in six communities with the highest numbers of unsheltered Veterans. Finally, HPO will conduct five surge events to move unsheltered Veterans into GPD or HCHV sites and toward a path to permanent housing. By September 2024, the number of unsheltered homeless Veterans will decrease by 15% (from the 2020 point-in-time count).

### Looking Back – Accomplishments

#### Homelessness

- In November, the Point-in-Time Count numbers were released, revealing an 11% decline in Veteran homelessness since 2020 and a 55.3% decline since 2010.
- 40,401 homeless Veterans were placed into permanent housing, exceeding the Secretary’s goal of housing 38,000 homeless Veterans that year by 6.3%.
- More than 72,000 smartphones and other internet-connected devices were distributed to Veterans through the VA Homeless Telehealth Initiative.
- More than 314,000 rides were provided to Veterans through the national ride share program.
- 49 additional social workers were deployed to care for homeless Veterans in Greater Los Angeles through the Disaster Emergency Medical Personnel System program.
- ORD, in partnership with the Office of Enterprise Integration, launched an Integrated Process Team focused on supporting additional research related to Veterans experiencing homelessness or housing insecurity through Veteran life journey mapping.



## Driving Implementation of Suicide Prevention

While current suicide prevention training is well-defined and mandated, there is room for broader implementation of all existing suicide prevention programs and training efforts for Veterans and transitioning Service members. Suicide prevention is “everyone’s business” and is not limited to any single office or provider. All offices within VA require training and implementation plans for the prevention of suicide. Partnerships with other agencies at all levels of government, as well as community-based organizations, will require training and implementation.

### Looking Back – Accomplishments

VHA held the **Mission Daybreak** challenge in FY 2022 where innovators developed suicide prevention solutions to meet the diverse needs of Veterans.

QUERI, in partnership with the Office of Mental Health and Suicide Prevention, evaluated the impacts of the Caring Letters and Caring Contacts Suicide Prevention Programs as well as the VA Suicide Risk Identification Strategy (RISK ID):

- 1.4 million Caring Letters have been mailed to more than 200,000 Veterans.
- Scalable and inexpensive cost at less than 10 dollars per Veteran.
- Caring Contacts in Non-Mental Health Settings: 22 sites across 10 VISNs and over 2,800 Veterans reached.
- VA Suicide RISK ID: 138 facilities across all VISNs are implementing annual suicide risk screening and evaluation. A total of over 5.3 million Veterans have screened for suicide risk in ambulatory care settings since January 7, 2021.
- Emerging evaluation topics sponsored by QUERI and in response to the Foundations for Evidence-based Policymaking Act evaluation requirements include:
  - Understanding the Impact of Mental Health Clinic Capacity and Efficiency Fluctuations on Suicide-related Events
  - Evaluating Suicide Prevention Efforts and the Role of Veterans’ Disability Benefits

To move the needle even further, the “**Prevent Veteran Suicide**” Action Team collaborated to develop four key actions that address various upstream and downstream risk factors of Veteran suicide.

**Key Action: Leverage SP 2.0 CBI-SP with White House Strategy at local and national levels to promote help-seeking; lethal means safety awareness and safety planning; and community connectedness.**

Access to mental health care in emergency situations is incredibly important to preventing Veteran suicide. To do this, VHA aims to standardize open access and same-day access to improve Substance Use Disorder (SUD) Program Wait Times and SUD Residential Care Utilization.

Milestones to improve this same-day access begin with opening access in SUD clinics through the implementation of a Universal Access Deployment memo on the total SUD



clinic encounters that are completed the same day. Second, VHA will distribute Lethal Means Safety Resources, such as gun locks, Naloxone Kits, and lethal means safety materials in Specialty and SUD clinics. The last milestone is to increase same-day access into the SUD Residential Rehabilitation Treatment Program.

**Key Action: Increase availability of support services, systems and resources in the community that help Veterans solve problems and challenges that decrease their vulnerability to suicide behaviors.**

The organization will increase access to VA evidence-based psychotherapies, including Cognitive Behavioral Therapy for Suicide Prevention, Safety Planning, Problem Solving Therapy and Dialectical Behavioral Therapy. To do so, two milestones must be accomplished: 1) Increase access to VA evidence-based psychotherapies, such that patients with mental health conditions have the option to access an adequate dose of non-pharmacological treatment, and 2) Each facility will ensure utilization of evidence-based psychotherapies for suicide prevention (SP 2.0 Clinical Telehealth). The psychotherapies and interventions available through SP 2.0 Clinical Telehealth are from the Clinical Practice Guidelines, which include Safety Planning Intervention, Cognitive Behavioral Therapy for Suicide Prevention, Problem Solving Therapy for Suicide Prevention, and Dialectical Behavior Therapy.

**Key Action: Increase availability of evidence-based health care services that have been shown to reduce the risk of suicidal behaviors.**

The target for this key action is to increase access to pharmacotherapies that have been shown to reduce suicide and overdose rates in high-risk Veteran populations, such as mediations for opioid-use disorder. Second, access will be increased to treatments for mental health disorders where the medication has been shown to provide protection from suicide, such as Ketamine. VHA will measure SUD16, with the goal of increasing SUD16 to 47.5% at a national level.

**Key Action: Engage continual and systematic efforts to collect, analyze and use data as well as to examine the effectiveness of various strategies to guide decision making and strategic planning.**

It is important to note that risk factors for some Veteran populations are higher than others. This is why VHA will increase active outreach efforts with key leader engagement (e.g., speaker, presentations), increase the enrollee population and Mental Health treated population, and identify the impact the Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020 has on mental health treatment capacity requirements.

The first milestone to accomplish this is to increase outreach to Priority Group 5 Veterans, including the high-risk specialty population within this eligibility group. The second milestone to accomplish this is to develop and implement short and long-term strategic plans to increase needed capacity and evidence-based utilization of mental health services to address the mental health needs of eligible Veterans.

## Rural Health Access

VHA ORH offers policies, best practices, lessons learned and innovative and successful programs to break down the barriers separating rural Veterans from quality care.

- Participate in ORH's biennial, national and rural needs assessments to better understand and plan for gaps in our rural reach and the needs of our local providers.
- Adopt [Rural Promising Practices](#) and continue to develop new approaches to the delivery of rural care that reaches outside our organization and into the community.
- Expand novel and innovative [Enterprise-Wide Initiatives](#) that include health care partners inside and outside our CCNs.
- Champion Public-Private Partnerships to facilitate the delivery of behavioral health care services to Veterans living in rural communities.
- Accessing Telehealth Through Local Area Stations (ATLAS) program offers a solution for Veterans in rural and broadband-poor areas, where private spaces are equipped with internet access and technology for Veterans to meet with their VA care teams by telehealth. Near-term expansion of ATLAS is anticipated through a Telehealth Grant program per the [John Scott Hannon Mental Health Improvement Act](#) (Section 701).
- Take advantage of the [extensive outreach and cross-agency networks](#) in use by our partners in the U.S. Departments of Agriculture, Transportation and Health and Human Services to reach rural Veterans.



### Looking Back – Accomplishments

#### Rural Health

- VHA increased rural Veteran access to ambulatory services through partnerships with VSOs to transport 156,083 by 2,957 volunteer drivers, totaling 7,089,805 miles and 374,869 hours that year.
- Expanded ORH's focus on rural Native American/Alaska Natives through pilot projects, support of the new Office of Tribal Health, and initiation of the first VHA-Indian Health Service MOU Operational Plan.

### Strategy 2.3.2

Offer comprehensive women's health services.

Serving the ever-growing population of women Veterans is incredibly important to VHA as the organization strives to embed diversity, equity and inclusion into everything that it does.

## Women's Health Needs-Assessment

- VHA will continue to **assess women's health needs** and our capacities to **identify gaps** in access and availability of services. This effort will focus on all staff women's health training and strategic planning to prepare for the increasing population of women Veterans using VA care.
- **Enhance clinical staff recruitment announcements to be inclusive** of gender-specific care requirements to ensure adequate recruitment of women's health providers across all sites of care who have knowledge and experience in gender-specific care.
- Ensure women Veterans have access to women's health **providers who are trained in women's health** through continued Women's Health Mini-Residency Training.
- Emphasize women's health **expertise** in referral management and care navigation.
- Ensure **PACT teams are appropriately staffed** for women's health-specific care coordination, including gender-specific cancer screening and community referrals.
- Fully implement *Stand Up to Stop Harassment Now!* to **improve the culture** within the walls of VA health care facilities for women Veterans. This program was built on findings from the Women's Health Research Network and their Practice Based Research Network.

### Looking Back – Accomplishments

#### Women's Health

- Office of Women's Health launched an effort to expand the maternity care coordination program to support Veterans for 12 months post-pregnancy.
- Office of Women's Health worked with VHA leadership to implement an Interim Final Rule that allows VA to provide abortion counseling to Veterans and Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) beneficiaries and abortion services to Veterans and CHAMPVA beneficiaries when: 1) the life or health, including mental health, of the pregnant Veteran would be endangered if the pregnancy were carried to term; or 2) the pregnancy is the result of rape or incest.
- Based on findings from VA researchers, programs to allow pharmacy-prescribing of 12-months of hormonal contraception are being piloted across multiple VAMCs.
- Office of Women's Health reached a milestone of training over 10,000 VA Clinicians in the Women's Health Mini-Residency.

**Looking Back – Accomplishments (*continued*)**

**VISN 7:** In FY 22, the VA Southeast Network served the greatest number of women Veterans in VA.

**VISN 9:** Tennessee Valley Healthcare System has increased the number of designated women's health providers from 109 of 129 PACT teams.



Additionally, the **“Support Veterans’ Whole Health, their Caregivers, and Survivors” Action Team** developed a key action related to women’s health to improve data collection and support a public health approach to health equity. The target of this key action is for at least 50% of unique users of VHA of childbearing potential with a primary care visit within FY 2023 to have completed screening for homelessness and/or food insecurity in the EHR during FY 2023. A second target of this key action is to screen a minimum of 1,000 Veterans in total across VHA for social determinants of health in FY 2023 using the Assessing Circumstances and Offering Resources for Needs (ACORN) screener to identify unmet social needs (food insecurity, housing instability, utilities, legal, transportation, social isolation/loneliness, employment, education and technology/digital needs). Veterans endorsing unmet needs on ACORN are then offered a number of VA and non-VA resources and referrals, including Social Work and Mental Health, to address these needs.

**Objective 2.4**

Increase access to and use of a broad spectrum of services that encourage and support lifelong whole health and wellness.

**Strategy 2.4.1**

Empower and equip Veterans and employees to take charge of their health and well-being by utilizing VHA to live life to the fullest.

**VA Health Care Priority: Support Veterans' whole health, their caregivers, and survivors**

Key Action: Expand Veteran access to Whole Health.

Key Action: Advance employee well-being.

**Whole Health**

VHA's [Whole Health](#) approach expands on the traditional medical model to include a comprehensive continuum of primary and mental health care, suicide prevention services and other resources to empower and equip Veterans to take charge of their own health and well-being in support of their personal goals. Veterans are provided support to move toward what matters most to them in life.

**Whole Health includes peer support, access to complementary and integrative health approaches, health coaching and a Whole Health approach to clinical care.** Whole Health is a partnership with Veterans across time and includes both VA and community resources to meet health and life goals.

Examples of enterprise-wide actions that drive this strategy include:

- Integrate Whole Health into PC, PCMH and Mental Health across VHA.
- Establish an enterprise-wide metric of how Veterans perceive patient-driven communication with the health care team and whether the care team identifies what matters most to the Veteran.
- Create easy identification within the EHR of what matters most to each Veteran.
- Coordinate with VA Office of EHR Modernization and Oracle Cerner to ensure that Whole Health activities can be scheduled, referred to, documented, collected and analyzed.
- Collaborate across program offices to integrate Whole Health into specialized programs that support targeted populations such as Caregiver Support, Geriatrics, Women's Health and others.
- Collaborate with DoD, VSOs and community organizations to create awareness for "Engaging Veterans in lifelong health, well-being and resilience."

- Affirm employee Whole Health is a critical element of the Whole Health approach that is available throughout VHA to support staff resilience, engagement and well-being. Employee Whole Health also supports VHA's journey toward becoming a HRO.



To continue advancing Whole Health for every Veteran, the **“Support Veterans’ Whole Health, their Caregivers, and Survivors” Action Team** is expanding Veteran access to Whole Health. The following milestones are to be achieved:

- 1) **Finalize and publish a Whole Health Directive.**
- 2) **Expand infrastructure to implement Whole Health at every facility** to include: core Whole Health Leadership positions (1.0 Program Coordinator/Manager\* >0.5 Clinical Director) and core governance (i.e., Whole Health Steering Committee or other entity with direct line of authority to VISN/VAMC Governance Board) Target 50% VAMCs in each VISN by FY 2024 Quarter 2/100% VAMCs in each VISN by FY 2025 Quarter 2.  
  
\*Whole Health Coordinator can be more than 0.5 FTE for VA medical facilities classified as Level 3-lower complexity.
- 3) **Provide consistent core Whole Health services at every facility** to include: ‘Introduction to Whole Health,’ ‘Taking Charge of My Life and Health’ sessions, Well-being Programs and Health and Wellness Coaches. Access to Whole Health services includes virtual and collaborative TeleWholeHealth options.
- 4) Execute a **significant paid media campaign** to increase Veteran, family members, and caregiver awareness of VA Whole Health.
- 5) **Complete proposed regulation WP16-21** (Complementary and Integrative Health Treatment Services and Self Care Well-Being Services) to ensure ongoing access to Whole Health for Veterans.

### Looking Back – Accomplishments

**Patient Centered Care and Cultural Transformation:** 16% of all Veterans receiving care through VA also received Whole Health services, including 3,998,602 Whole Health encounters that year.

#### Veterans Canteen Services (VCS)

- Completed 24,800 hours of Whole Health training for 3,100 VCS staff.
- Deployed Whole Health marketing materials, including social media posts and in-house marketing, to include behavioral language nudging Veterans to make healthier choices.
- Removed all sugary, carbonated soda beverages from 170+ locations.

**Strategy 2.4.2**

Continue to improve the support, transparency and investment of caregivers and survivors of Veterans.


**VA Health Care Priority: Support Veterans' whole health, their caregivers, and survivors**

Key Action: Provide specialized tele-mental health care designed specifically for caregivers; Refine current eligibility to be more expansive for family caregivers and Veterans.

Key Action: Establish a Decedent Affairs Program Office that will provide personalized, supportive experiences to Veterans and families through end of life and to survivors after the Veteran's death.

## Caregiver Support

VA is moving toward a relational approach for Veteran health care delivery, particularly with primary and mental health care. Facilitating this shift will start with the following: a) supporting caregivers by standardizing the Program of General Caregiver Support Services (PGCSS); b) establishing Centralized Eligibility and Appeals Teams (CEAT) as interprofessional teams and c) providing additional field staff for the Caregiver Support Program. There will also be continued efforts and initiatives for collaboration, alignment and integration of caregiver support within mental health, virtual care and in VHA home and community-based care programs.

### Program of General Caregiver Support Services

- PGCSS has established minimum standards that must be implemented at each facility. These were initially established in FY 2020 and are updated annually. The minimum standards for this FY have been released to the field and will be monitored by the program office. These minimum standards fall under each of the four core elements: 1) Education and Support, 2) Collaboration and Partnerships, 3) Outreach and 4) Resources and Referrals. This helps support the **standardization of PGCSS across VA and assists in the delivery of quality care** to General Caregivers.
- PGCSS will also assist in the national expansion of the **Campaign for Inclusive Care**, a joint initiative with the Elizabeth Dole Foundation. The initiative seeks to establish a system-wide approach to **integrating the caregiver as a partner in the Veteran's health care team**. As an education and awareness campaign, VA providers learn to systematically include the caregiver using the acronym CARE (Consider, Acknowledge, Review Role, Encourage) in their practice.



### VHA P2A Action Teams

The "Support Veterans' Whole Health, Caregivers, and Survivors" Action Team put forth an action plan to 1) provide specialized telemental health care designed specifically for caregivers, and 2) refine current eligibility to be more expansive of family caregivers and Veterans.

- In FY 2021, the PGCSS began piloting **Whole Health Coaching** with caregivers in partnership with the Office of Patient Centered Care and Cultural Transformation. Beginning in Spring 2021, a minimum of two staff at one site in each VISN were targeted to be trained and certified in whole health coaching to provide to caregivers.

### Looking Back – Accomplishments

#### Caregiver Support Services

- Held listening sessions with multiple external stakeholders, including VSOs, Military Service Organizations, and other caregiver and Veteran advocacy groups and staff, meeting with over 70 unique caregivers and Veterans.
- The HSR&D Elizabeth Dole Center of Excellence for Veteran and Caregiver Research serves as a model for excellence in peer-reviewed research on innovation, training, implementation, evaluation, adoption, and dissemination of best practices in supporting the caregivers of Veterans across VA and private and non-profit sectors.

**VISN 12:** Madison VAMC, Jesse Brown VAMC, and Hines VAMC began providing whole health and well-being coaching to caregivers.

### Centralized Eligibility and Appeals Teams

The Caregiver Support Program is utilizing inter-professional CEATs to make clinical eligibility determinations for the Program of Comprehensive Assistance for Family Caregivers, assisting with consistency in determining eligibility across VA.

### Integrating Virtual Care

**VHA will leverage its connected care technologies to make it easy for family members and caregivers to participate in health care visits** in support of Veterans' health care goals. Using the VA Video Connect app, Veterans

can quickly and easily meet with their VA care team over a secure and private video connection. The Caregiver Connect scheduling option allows up to five guests, such as caregivers and family members, to attend Veterans' video telehealth visits. To enhance the accessibility, quality and experience of VA health care, ambulatory clinics will routinely offer the opportunity for Veterans to invite family, caregivers (or other members of their support system) to attend their telehealth appointments.

MEM

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*Scale best practices and drive innovation.*

### Looking Back – Accomplishments

#### Connected Care

- The Office of Connected Care completed the required technical modifications to the scheduling system enabling the inclusion of caregivers and family in the scheduling step of a video visit to home.
- In FY 2022, Connected Care and IVC developed training and scripting for schedulers, to ensure that Veterans are offered the option of virtual care when clinically appropriate.
- A communications campaign was completed informing Veterans, their caregivers and their family members about this inclusive option.





## Supporting the Survivors of Veterans

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Our Whole Health System of Care is already profoundly impacting Veterans' health and well-being. VHA is intent on pushing the boundaries of expanding Whole Health to serve their survivors as well.

The “**Support Veterans’ Whole Health, their Caregivers, and Survivors**” Action Team developed a key action to move the needle on this strategy. **VHA will establish a Decedent Affairs Program Office** that will provide personalized, supportive experiences to Veterans and families through end-of-life and to survivors after the Veteran’s death. VHA intends to establish a Decedent Affairs Program Office and initiate recruitment actions to stand up the new office as quickly as possible.



## Goal 3

VHA maximizes performance through shared ownership and is on the forefront of innovation.

### Objective 3.1

Fully transform VHA into a High Reliability Organization by deepening a culture of shared ownership, accountability, stewardship and collaboration.

### Strategy 3.1.1

Cultivate a positive climate to foster a safety and improvement culture with movement toward zero harm.



#### VA Health Care Priority: Accelerate Our Journey to High Reliability

Key Action: Implement HRO Enterprise Operating Plan Guidance-aligned Actions.

Key Action: Assess Adoption of High Reliability Behaviors/Practices.

Key Action: Expand Journey to High Reliability Implementation Activities across VHA Central Office (VHACO) organizations.

Key Action: Reinforce Leader Engagement in Fostering a Just Culture and Using the Just Culture Decision Support Tool.

## Adoption of Just Culture

VHA has embarked on our journey to become an enterprise-wide HRO by adopting principles and practices that **maximize safety and minimize harm** within the system while also honoring the dedication and professionalism of our employees.

Critical to becoming a HRO is the commitment to enact a Just Culture. In a Just Culture, human actions are judged fairly and engender trust, so **all staff and patients feel comfortable and empowered to speak up** about patient safety issues and lead improvement efforts. Our employees understand the boundary between acceptable and unacceptable behavior; to be effective, however, they also must trust that they will not be held accountable for systemic failures outside of their control that lead to an unintentional harm event. By adopting a Just Culture approach, VHA can learn from close calls and adverse events to improve processes and prevent future harm without implicating or stigmatizing our team members.

VHA leaders at VAMCs, VISNs and program offices are working to adopt and reinforce a Just Culture. This starts with a forthright and honest assessment of organizational culture and processes. From this assessment, a HRO Roadmap of specific actions to advance HRO Principles and practices can be



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*Retain, invest in, and support our people.*



developed, including adopting specific leadership practices to build a strong Just Culture foundation. Organizations can utilize Foundational HRO Practices (Safety/Tiered Huddles, Safety Forums, Visual Management Systems and Leader Rounding) and Lean process improvement tools to facilitate organizational learning and growth. This, in turn, empowers frontline teams to develop and implement solutions to issues in their units, in their departments or across their organization to reduce future harm and improve patient outcomes.



## Accelerating our Journey to High Reliability

To continue the momentum of this strategy, the **“Accelerate VA’s Journey to a High Reliability Organization” Action Team**, including members of the VHA HRO Steering Committee, collaborated to develop four key actions for VHA to implement in FY 2023-2024, in alignment with FY 2023-2025 HRO Enterprise Operating Plan Guidance, existing HRO Enterprise Activities, and HRO Enablers:

### **Key Action: Implement HRO Enterprise Operating Plan Guidance-aligned Actions.**

The HRO Support Team will assist in a system-wide approach for each VISN to set an improvement target against one nationally identified Zero Harm metric for pressure ulcers. VAMCs, within each VISN, will collaborate to identify targets for VISN confirmation and validation. Improvement targets are estimated to be analyzed and updated each fiscal quarter starting the fourth quarter of FY 2023.

First, the VHA HRO Enterprise Dashboard was successfully updated in the interactive business intelligence platform, and the National Zero Harm improvement measure was identified. The measure was approved by the **“Accelerate VA’s Journey to a High Reliability Organization” Action Team**. The improvement actions against the Zero Harm Improvement measure will be set by the VISNs and VAMCs. The next milestone reached the 70% target at 71.4% for VAMCs having their Quality Improvement projects in the Quality Improvement Tracking Tool, aligning with their organizations’ corresponding strategic objectives by the end of the third quarter of FY 2023. The last milestone is conducting an analysis of actions from VISN and VAMC operating plans to develop prioritized action pathways for sharing through the HRO Learning Ecosystem.

### **Key Action: Assess Adoption of High Reliability Behaviors/Practices**

The target of this key action is the adoption of the four Foundational HRO Practices at VAMCs, which include 1) Leader Rounding, 2) Safety Huddles, 3) Patient Safety Forums and 4) Visual Management Systems. By the end of FY 2023:

- More than 90% of VAMCs and VISNs will have implemented and adopted at least one Foundational HRO Practice.
- More than 60% of VAMCs and VISNs will have implemented and adopted all four Foundational HRO Practices.
- Identify and implement actions taken by VAMCs and VISNs to further the adoption and maturation of the four Foundational HRO Practices.

Methods to support the achievement of this through organizational learning and improvement include updating and publishing the VHA HRO Maturity Matrix and associated HRO Assessment Toolkit supporting self- or peer-led HRO assessments.

**Key Action: Expand Journey to High Reliability Implementation Activities Across VHACO Organizations.**

The milestones of this key action are to launch in May 2023 and have approximately 30% of VHACO-aligned employees complete the VHA HRO Pulse Check survey to determine a baseline measurement of Awareness, Desire, Knowledge, Ability and Reinforcement (ADKAR) measures, have more than 90% of VHACO employees complete HRO "What's Your Why" training and submit Talent Management System (TMS) Kirkpatrick Level 3 evaluation, and have over 60% of employees complete the annual All Employee Survey (AES), including the new Culture of Safety module included for VHACO.

The success of this key action will be measured by HRO Pulse Check ADKAR measured changes over baseline and AES Culture of Safety module measured changes over baseline in FY 2024 and FY 2025.

**Key Action: Reinforce Leader Engagement in Fostering a “Just Culture” and using the “Just Culture Decision Support Tool.”**

The target of this key action is to have positive trends in the AES Culture of Safety module questions (FY 2019-2024). First, the Just Culture Campaign plan will be developed and approved by the national HRO Steering Committee. Following this approval, a Just Culture Decision Support Tool (JCDST) study will be initiated to seek feedback intended to further strengthen the JCDST in use across VHA. A toolkit of recognition pathways intended to celebrate and reinforce frontline behaviors that foster Just Culture will then be developed and released, and a multi-modal Just Culture Education Plan will be initiated to support enterprise-wide use of the JCDST.

**Strategy 3.1.2**

Provide tools, resources and experiences in support of employees in collaboration with the Reduce Employee Burnout and Optimize Organizational Thriving (REBOOT) Task Force.

## Reducing Employee Burnout

The REBOOT Task Force is a long-term national VHA initiative to address burnout and promote well-being among employees. REBOOT is addressing key contributors to burnout as identified by employees through direct messages, individual conversations, and focus group sessions. Key contributors have been identified as workload, fairness, harmony, job control, values, and recognition.

To address these areas, REBOOT has identified priority focus areas for action:

1) **Implement Chief Clinician Well-Being Officer (CWO) Role** –

Establish the CWO role enterprise-wide to create and sustain an engaged and resilient VHA workforce and foster a culture of well-being. Evaluate the effectiveness of the Listen-Sort-Empower model, an intervention leveraged by CWOs to empower clinical teams to improve processes and team dynamics and address the root causes of professional burnout.



### VHA P2A Action Teams

The “Support Veterans’ Whole Health, Caregivers, and Survivors” Action Team put forth an action plan to advance employee well-being by hiring CWOs at 18+ facilities in FY 2023, offering two CWO Fundamentals Conferences per fiscal year, hiring Employee Whole Health Coordinators at 60% of medical facilities by September 2023.

2) **Optimize Meeting Practices** – Optimize VHA’s approach to conducting meetings, both in time and frequency, and deploy ways to incentivize such practices, whether in-person or virtual.

3) **Optimize TMS Education and Training** – Innovate modalities for providing vital education to employees, streamline educational requirements, and deploy test-out options for mandatory TMS training and other flexibilities.

4) **Strengthen Mental Health Support for Employees** – Make investments in mental health resources to create a culture where employees know what is available, have immediate access, and are comfortable asking for support.



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5) **Address Inefficiencies** – Empower and reward leaders at all levels and teams to identify and eliminate inefficiencies.

- 6) **Maximize use of Human Resource Policies/Flexibilities** – Communicate and encourage the use of available human resource (HR) policies and flexibilities to boost employee well-being, retention and recruitment efforts.
- 7) **Strengthen Culture of Servant Leadership** – Increase the practice of servant leadership principles at all levels of the VHA organization by enhancing reward and recognition for use, raising awareness of learning and mentorship opportunities, and increasing targeted communications.

VHA's intention with this strategy is to build a workplace where every employee can thrive and find purpose, fulfillment, and joy in their work serving Veterans, their families, caregivers, and survivors. VA researchers will be working with the REBOOT team to conduct evaluations of the impact of individual components of this initiative on staff engagement, turnover and quality of care.

#### Looking Back – Accomplishments

**Human Capital Management:** Collaborated with VHA stakeholders on the REBOOT Task Force to address burnout among clinical and administrative staff members, which has resulted in hundreds of responses from employees who have raised issues, shared ideas, and volunteered to help.

## Objective 3.2

Integrate and leverage best practices and technological advances in health care into clinical practice and health professions education.

### Strategy 3.2.1

Drive ongoing improvement to innovation in health care quality, education, training, and advancements in scientific research.

## Central Inventory of Research Work

A key focus for this strategy has been the creation of a central inventory for research work under the ORD Strategy Partnerships Outreach and Communications Program, which, in partnership with VHA clinical operations program leaders and other interested parties, can determine applicability to clinical practice.

### QUERI Centers

Leverage the work performed by QUERI centers to aid in the development of a knowledge translation program.

Program Offices and VISNs should leverage the Foundations for Evidence-based Policymaking Act Capacity Assessment. Managed by ORD, ORD's HSR&D Center for Information Dissemination and Education Resources (CIDER), and QUERI, this includes an inventory of Program Office and VISN ORD-funded research products that are translated into routine practice. Program Offices and VISNs can access the inventory to identify areas that need further research and **effective clinical practices that are ready to implement**, consistent with the [ORD Research Lifecycle and Implementation Readiness Guide](#) published by QUERI and available in the VA 2022-2028 Strategic Plan Learning Agenda.

### Looking Back – Accomplishments

**Public Health Surveillance and Research:** Supported VHA clinical care through complex infectious disease diagnostic testing, co-directed the VA Sequencing for Research Clinical and Epidemiology (SeqFORCE) program that sequenced SARS-CoV-2 variants from over 35,000 specimens among patients and employees, and was the only VA clinical laboratory performing orthopox/monkeypox molecular testing in support of VA clinical care.

#### Research and Development

- With more than 900,000 Veterans enrolled, the Million Veteran Program has led to new findings for conditions such as anxiety, PTSD, heart disease, kidney disease, cancer, and more.
- VHA contributed to several national COVID-19 treatment studies and vaccine trials that the National Institutes of Health and industry partners sponsored, as well as self-funding several clinical studies to conduct in-depth analyses on COVID-19 and long-COVID and establishing a national biorepository to support COVID-19 research that now can be available for future emerging infectious diseases research.

## Looking Back – Accomplishments (*continued*)

### Research and Development

- VHA carried out several transformational efforts to bring state-of-the-art care for Veterans impacted by cancer through the VA Precision Oncology Program initiative. Efforts focused on bringing a more comprehensive approach to cancer care especially focused on lung cancer by combining increasing screening and clinical trial opportunities that could offer more innovative treatments to Veterans.

**Research Oversight:** VHA facilitated the execution of 29 agreements enabling VA facilities to rely on external (non-VA) research review committees, thereby expanding the range of studies that VA facilities can conduct and facilitated greater than 70 VA medical facilities getting expanded access through the Centers for Disease Control and Prevention to an investigational treatment for monkeypox.

**Simulation Learning, Evaluation, Assessment, and Research Network:** The organization held its first VA Summer Immersive Summit in June 2022, in Orlando, FL, where 1,000 network members and representatives from nearly 200 VA facilities in 48 states and Puerto Rico experienced immersive demonstrations and virtual and face-to-face simulations of extended and augmented reality for health care.

### Knowledge Translation and Management

- Established the Centralized Interactive Phenomics Resource, a catalog and knowledge sharing platform of VA EHR-based phenotype algorithms, definitions, and metadata that aims to optimize Veterans' health data, drive collaborative research, and improve clinical operations.
- CIDER, a major conduit for knowledge translation for VHA, disseminated 174 cyberseminars on major research findings, 17 management briefs on evidence syntheses of best practices, 66 journal article publication briefs on time-sensitive research impacts, and 19 website briefings on major areas of VA scientific achievement to the public.
- Established nine QUERI Implementation (Change Strategy) Learning Hubs designed to enable practitioners and researchers to gain knowledge in real-world implementation and translation strategies that can be directly applied to accelerate adoption of scientifically supported practices into routine care.
- QUERI, with the establishment of over 40 centers across the U.S., has worked with over 70 national and regional clinical operations leaders to translate over 200 scientific products and evidence-based practices into routine care, training over 26,000 frontline providers and serving over 4 million Veterans.
- QUERI published the VA national Evaluation Guide and Implementation Roadmap to enable frontline practitioners, clinical managers, and national health care leaders support strong implementation and evaluation efforts in accordance with the Evidence Act goals and policies.
- QUERI's Partnered Evidence-based Policy Resource Center completed over 300 reviews for level of evidence for VHA legislative and budgetary proposals.

## Clinical Practice Guidelines

VHA will promote a program to synthesize evidence into clinical practice by developing and leveraging evidence-based Clinical Practice Guidelines. We will continue to create **Clinical Innovation Partnerships**, such as the efforts currently underway with DoD. The Evidence Synthesis Program (ESP) with the HSR&D service produces a variety of evidence products to inform VA clinicians and policy leaders. Based on nominations by VA stakeholders, ESP produced over 30 reports in 2022.



## Health Disparities, Diversity and Inclusion Educational Needs Assessment

To improve organizational performance and knowledge sharing, **VHA will create and implement tools and systems to continually identify staff educational needs.** Needs assessment is critical for developing training strategies that reduce existing health disparities and promote diversity and inclusion. To assess organizational performance, we will rely heavily on the collection and interpretation of customer experience data. This will help us define, develop and implement a Strategic Organization Learning function in the context of a HRO.

VHA's Diversity, Equity and Inclusion (DEI) effort fosters a culture that is: a) inclusive and free of discrimination and harassment; b) equips and empowers employees to talk about diversity and harassment; c) values diversity when selecting leaders and staff; d) welcomes every employee and Veteran and e) promotes equitable health care outcomes for every Veteran served.



**VHA Strategic Enabler**  
*Drive equity for women, minority & LGBTQ+ Veterans.*

In developing educational strategies, one main area of focus is to resolve health disparities within diverse Veteran populations, including racial and ethnic minorities, women and LGBTQ+ through standardized and consistent health data collection.



Program Offices and VISNs should make use of the [National Center for Organization Development \(NCOD\) DEI Resources and Services](#). NCOD has created a DEI Needs Assessment that sites can use for a deeper dive into how their employees are experiencing their workplace from a diversity, equity and inclusion perspective. Notably, this assessment provides **actionable data that is locally relevant**.

## Looking Back – Accomplishments

### Health Equity

- Launched a health equity community of practice (CoP) to support the exchange of knowledge, information, resources, and quality improvement (QI) strategies via monthly, virtual meetings. VA clinician and staff participation in the CoP meetings has doubled since the sessions first began. OHE reached out for proposals across VA and awarded over \$750,000 in funding for 24 field projects that focus on equity-related QI interventions to improve health outcomes for Veterans.
- QUERI established the Advancing Diversity in Implementation Leadership initiative to support leadership opportunities in evaluation, quality improvement, and/or implementation science for VA employees including investigators and staff.

**LGBTQ+ Health Program:** Gender identity and sexual orientation identity became active and visible in VHA's legacy electronic Computerized Patient Record System (CPRS) to assist clinicians in personalized assessment and treatment. Over 2 million Veterans have added their gender identity, and 1.2 million Veterans have added their sexual orientation to their health record. In addition, Veterans can now enter and edit their Preferred Name and Gender Identity on their profile on VA.gov.

**VISN 7:** Seven of the eight facilities completed the Health Care Equity Index and received Top Performer Status.

**VISN 9:** Mountain Home VAMC formed a book club focused on diversity, and held informational sessions where presenters talked about equality and diversity.

### VISN 12:

- Jesse Brown VAMC created full-time positions for LGBTQ+ Program Coordinator and Minority Veterans Program Coordinator.
- Tomah VAMC was recognized for its TelePride LGBTQ+ Health Education Group. Tomah also leads the VISN 12 TelePride training pilot, training facilitators to implement the group at their sites.

**VISN 19:** Awarded \$1.9 million (training and equipment) to increase access to services and programs for Women Veterans.

**Strategy 3.2.2**

Innovate through shared ownership, improved outcomes and cultural transformation.

## VHA Data

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VHA has extensive data resources available for analytics because it represents the largest health care population of any system in the United States. As an integrated organization, we have an **unmatched capacity for robust analytics** compared to the private sector. VHA is equipped to create an in-depth study of the efficient use of resources, and we also plan to leverage new media for health informatics.

## Analyze Digital Health Data and Connected Care Program for New Insights

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The OCC, VHA Support Service Center and the ORD Virtual Care CORE will collaborate to:

- Leverage data from Veterans, health care professionals and the medical record to understand the **impact of our virtual care services on Veterans and their health**. As part of our data collection, VA will maintain surveys on the experiences of both Veterans and health care professionals, integrating their results in a continuous improvement process.
- Develop and maintain reports to provide information for daily program management, oversight, reporting, strategic planning, performance tracking and the assessment of improvement opportunities.
- OCC will develop a framework for understanding, demonstrating and measuring the impacts of virtual care technologies among different VHA stakeholder groups and on the VHA health care system. This framework will support the development of a cumulative evidence base, including a more consistent definition of outcomes and their measurement, that can be used to continuously monitor VHA's journey to virtual care over time.
- OCC will explore the growing volume of PGHD being shared by Veterans with VHA to find novel insights that can inform VHA on how best to 1) utilize PGHD to improve patient engagement and 2) enhance the insights available to both providers and Veterans to optimize health and better manage chronic disease.
- OCC will foster the continued strength of a national network of ORD investigators who are committed to studying the implementation of virtual care technologies and their impacts on outcomes. This network currently has over 200 investigator members from nearly 40 VAMCs. OCC will continue to cultivate and engage network members through various outreach and information dissemination efforts.
- OCC will coordinate application requests and fund a portfolio of rapid evaluation projects reflecting the Office's most pressing needs for evidence. Members of the

Virtual Care CORE's national network of over 200 ORD investigators will be eligible for these awards and will work with OCC leadership to ensure access to necessary digital health data and the rapid and iterative feedback of findings into connected care programs. These projects will increase the synergy between VHA research and operations and, by extension, the potential for measurable impacts on VHA's use of virtual care technologies and their impacts on outcomes.

- Support and conduct research and evaluation projects that **expand the knowledge base around virtual care**, ensuring benefits within VA and beyond. In the last 3 years, the Virtual Care CORE has conducted over 20 pilot projects and evaluations of critical aspects of virtual care, including the impact of distributing iPads and the safety of virtual pre-op assessments.

## Joint Training Programs

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VHA will continue to **strengthen and expand academic affiliate relationships** for patient care, research and health professions education.

### Looking Back – Accomplishments

**Innovation Ecosystem:** Introduced an innovative program to enhance quality and safety in elderly patients by decreasing prescribing low-value medications that has been adopted by 120 VA facility programs.

**Mental Health and Suicide Prevention:** VA's Opioid Overdose Education and Naloxone Distribution program reported over 3,400 overdose reversals with naloxone. The program received the 2020 Eisenberg National Level Innovation in Patient Safety and Quality Award from The Joint Commission and National Quality Forum.

### Objective 3.3

Promote VHA as an authoritative thought leader in health care delivery and training by conducting clinical research and providing health care-related data that benefits Veterans and the general public.

#### Strategy 3.3.1

Set the industry benchmark in health care for Veterans', their families' and caregivers' resiliency, outcomes and quality of life.



#### VA Health Care Priority: Serve Veterans with Military Environmental Exposures

Key Action: Assure VHA clinicians have the necessary basic information to assess deployment related environmental exposures and determine whether an exposure could be associated with a Veteran's specific health concern.

Key Action: VHA will routinely screen enrolled Veterans for military-related toxic exposures.

Key Action: Develop and implement an improved Airborne Hazards and Open Burn Pit (AHOBP) registry.

Key Action: Analysis of health care and epidemiologic data to improve identification and treatment of medical conditions potentially associated with toxic exposures to include analyses of mortality data among Veterans who served in southwest Asia, health trends of post 9/11 Veterans, cancer rates among Veterans, health effects of waste related to Manhattan project on certain Veterans, toxic exposure and mental health outcomes, health effects of jet fuels, and epidemiologic study of Ft. McClellan. These analyses will be reported to Congress and the VA will establish a public website for toxic exposure research.

Key Action: Identify PACT Act-eligible cohort of Veterans and track and report on their health care utilization through VHA.

VHA is the Nation's largest integrated provider of health care education and training for physician residents and other health care trainees. VA also advances medical research and development in areas that most directly address the diseases and conditions that affect Veterans and eligible beneficiaries. To deliver on our priorities, VA will seize opportunities driven by rapid advancements in technology and ground-breaking research to **provide Veterans with cutting-edge treatment** and means to access **care, benefits, and services**. These advances will be critical as VA serves an evolving Veteran population shaped by shifting battlefields and tactics that generate ever-changing injuries and illnesses—all while developing new treatments for these illnesses and injuries and advancing the fields of genomic and personalized medicine to prevent future illnesses and improve the effectiveness of treatments.

The Office of Discovery, Education, and Affiliate Networks (DEAN) ensures that Veterans have access to the most innovative health care solutions by promoting medical research initiatives, training health care professionals, and developing community partnerships. DEAN's goal is to promote collaboration and develop partnerships with facility-based educators, researchers, and clinicians to drive ongoing improvement and innovation in education, training and advancements in scientific research. DEAN is responsible for leading the effort to advance medical research and advance health care education for current and future health professions.

## Military Environmental Exposures

On August 10, 2022, the President signed into law the PACT Act. The PACT Act expands and extends VA health care eligibility for Veterans of the Vietnam War, Gulf War, and post-9/11 eras with military environmental exposures. VHA's next step is to prepare the delivery system to treat more Veterans affected by military environmental exposure, conduct additional research on military environmental exposures, and implement the authorities included in the Act to ensure the organization hires and retains the best staff possible to treat affected Veterans.



### VHA P2A Action Teams

The "Hire Faster and More Competitively" Action Team plans to implement at least 50% of PACT Act Pay authorities in all 18 VISNs by October 1, 2023, and 100% of select pay authorities by October 2, 2024.

The "**Serve Veterans with Military Environmental Exposures**" Action Team developed five key actions to push the needle on this initiative:

- 1) Assure VHA clinicians have the necessary basic information to **assess deployment-related environmental exposures** and determine whether an exposure could be associated with a Veteran's specific health concern (Section 604 PACT Act).
- 2) **Routinely screen** enrolled Veterans for military-related toxic exposures (Section 603 PACT Act).
- 3) Develop and implement an **improved AHOBP registry**.
- 4) Analysis of health care and epidemiologic data to **improve identification and treatment of medical conditions** potentially associated with toxic exposures to include analyses of mortality data among Veterans who served in southwest Asia, health trends of post 9/11 Veterans, cancer rates among Veterans, health effects of waste related to Manhattan project on certain Veterans, toxic exposure and mental health outcomes, health effects of jet fuels, and epidemiologic study of Ft. McClellan. These analyses will be reported to Congress, and VA will establish a public website for toxic exposure research.
- 5) **Identify** PACT Act-eligible cohort of Veterans and **track and report** on their health care utilization through VHA.

These key actions will be implemented and monitored through FY 2025 in collaboration with the Healthcare Operations Council, Health Outcomes Military Exposures Office, PACT Act Project Management Team, and other relevant stakeholders.

### **Research and Development**

ORD established a Military Exposures Research Program and an initial infrastructure for enhancing a broader portfolio of research focused on military exposure assessment and determining their relationship to health outcomes. This effort involves three cores with expertise in exposure assessments, establishing central data and biorepository capabilities and research coordination and administration. Furthermore, it will help develop a research enterprise capability that includes standard operating procedures to help facilitate the coordination of work in this field. These cores are also working in partnership with the Health Outcomes Military Exposures Office within Patient Care Services, which provides expertise in broader surveillance of diseases and conditions related to military exposures.



## Goal 4

VHA optimizes assets across the enterprise.

### Objective 4.1

Modernize and enhance business and health information systems and enterprise data.



#### VA Health Care Priority: Connect Veterans to the Soonest and Best Care

Key Action: Establish combined effort with MCAO to structure accurate labor mapping standards and an accountability plan to verify accurate bookable hours at a national level.

Key Action: Establish an IVC Operating Model that consolidates and updates existing guidance and defines clear measures of success for the field.

### Strategy 4.1.1

Modernize electronic health records.

## Electronic Health Record Modernization

VHA has accountability for the successful transition to a modernized Commercial Off-the-Shelf (COTS) EHR across the enterprise. In addition to activities throughout and beyond the transition, there are three primary phases that will need to be accounted for pre-go-live, post-go-live and post-full operational capability (FOC).



**VHA Strategic Enabler**  
*Improve our technology systems and workflows.*

For the VHA, EHR Modernization (EHRM) is fundamentally a business transformation, supporting and, in some ways, a forcing function to enable a full transformation to a HRO. A successful strategy for EHRM change management includes attention to Infrastructure and Devices, Support Structure, User Readiness, and System Usability – in that order. VHA expects to maintain and optimize a common standard of care delivery across the enterprise, no matter which EHR is being used at a facility during the EHRM process. Driving the transition and business transformation are **EHRM Guiding Principles**:

- Standardize clinical and business processes across VA.
- Design a Veteran-centric system focusing on quality, safety and patient outcomes.
- Create a flexible and open single enterprise solution.
- Configure, not customize.
- Decisions shall be based on doing what is best for VA health care system as a whole.
- Decision-making will be driven by front-line and clinical staff.





- Provide timely and complete communication, training and tools.
- Build collaborative partnerships outside VA to advance national interoperability.
- Enable full Veteran access and engagement in their health care.

### Activities throughout and beyond the transition

- Maintain/Optimize Veterans Health Information Systems and Technology Architecture / CPRS to ensure a common standard of care delivery. Manage and optimize a responsive EHRM tiered decision-making model and process that engages the EHRM councils and facilitates decisions, escalating to the Interdisciplinary Group as necessary.
- Manage and optimize the EHRM councils, ensuring integrated problem-solving across councils and enabling entities to include attention to EHRM functional requirements, enterprise clinical and business processes and workflows, issue management, EHRM-centric change management, and accountability to respective Assistant Under Secretary for Health/VHACO/Program Offices.
- Manage the VHA Council Support Unit, which provides coordinated oversight, reporting, and administrative functions for the Councils.
- Define and manage a fully integrated end-to-end issue resolution process supporting problem-solving at the lowest possible level with attention to people, processes and technology as solutions.
- Foster a collaborative clinical and business relationship with peers in the Federal space, including DoD, the U.S. Coast Guard, and other Federal entities over time.

### Pre-Go-Live

VHA accountability for go-live readiness can be divided among User Readiness and Adoption and Organizational Readiness, which includes facility operational readiness. Readiness for go-live implies readiness for post-go-live stabilization and optimization. VHA is also accountable for defining and ensuring standards of expected use of the modernized EHR in the context of all other technology necessary to fully support an integrated health care system.

#### 1) User Readiness and Adoption:

- User readiness and adoption are foundationally based on Prosci principles.
- Define and implement the necessary requirements, organizational-level support structures, processes, and activities to achieve user readiness and adoption using a competency framework.
- Define and implement approaches to measure end-user readiness before go-live and adoption post-go-live.
- Align people readiness and adoption definitions to organizational outcomes.
- Establish means to demonstrate the direct relationship between readiness and adoption and organizational outcomes.
- Implement the Prosci Score Card methodology.
- Determine the level of knowledge needed for organization-level support structures in managing organizational outcomes through user readiness and adoption.

- Develop and deliver a consistent, scalable, and measurable framework to achieve organizational outcomes through individual readiness and adoption.

## 2) Organizational Readiness:

- Define and implement an industry best practice-based operational readiness assessment framework that includes:
  - Specific criteria for activities for which VHA is accountable to address leading up to and post-go-live.
  - Metrics specific to risk and impact and thresholds (the values that reflect the minimum acceptable standard based on VHA risk tolerance) for what should be in place at various points pre-and post-go-live.
- Define and implement a strategy for the use of the assessment framework to include ensuring the most successful go-live possible given the enterprise risk/impact tolerance.

## 3) Standardization:

- Define and implement standardized clinical and business processes and supporting policies and standard operating procedures, inclusive of all technology to include legacy and modernized EHR and related systems.
- Specific to EHRM, ensure issue resolution addresses the people, process, and technology solutions that are necessary for successful go-lives and full adoption at live facilities.

## Post-Go-Live

### 1) Stabilization:

- VHA has accountability to define expected user adoption and operational metrics and to ensure users are optimally using the modernized EHR (i.e., user adoption) and that facility operations have returned to the pre-go-live baseline.

### 2) Optimization:

- Once a facility has reached a defined measure of stabilization, VHA has accountability to optimize people and processes and define any new functional requirements necessary to optimize the modernized EHR, in that order.

### 3) Sustainment:

- VHA is accountable for the sustainment of operations at each facility on a rolling basis leading up to full sustainment with FOC.

## Post-FOC

VHA is accountable for maintaining a standard of care by optimizing people and processes, optimizing the EHR through configuration, and defining any new functional requirements to close identified capability gaps with the expectation that VA will favor configuration over customization to ensure the COTS EHR does not deviate from the industry standard product.

**Objective 4.2**

Evolve from a holding company to an operating company model.

**Strategy 4.2.1**

Transform the supply chain and management of capital asset investments.

**Regional Readiness Centers**

VHA is establishing Regional Readiness Centers (RRC) that are geographically distributed to support the four VISN Consortia and are in various stages of achieving FOC. The RRCs **build resiliency into the supply chain** to enable VHA to sustain continuous services to Veterans, respond to public health emergencies and expand to encompass VHA all-hazards response support. The Procurement and Logistics Office is collaborating with VISN Logistics, Supply Chain Officers and other VHA program offices in this effort. This ensures efficient and synchronized support to the VA Health Care System and the Veteran under disaster and emergency conditions.

RRCs started Initial Operating Capability in FY 2020 and are expected to be at FOC by the second quarter of FY 2024.

**Optimize Supply Chain Efficiency**

The RRC Program seeks to optimize supply chain efficiency and minimize inventory sabotage. The operational policies and processes of the RRCs will be designed to deliver resiliency and responsible support.

**Expand Sources of Supply**

COVID-19 exposed shortcomings in the domestic and foreign supply chain, and it revealed national manufacturing limitations necessary to mount a Federal and state-level emergency response. These shortcomings have long been known within the U.S. health care industry, as some suppliers and manufacturers rely on offshore raw materials and production for more than 90% of their products. The lack of a modern supply chain IT solution had a major impact on how VA approached and managed the pandemic. VHA will identify alternative options for our supply chain and will consider **interagency coordination and public/private partnerships** to identify opportunities for greater value.

A long-term contract, expected to be awarded by FY 2024, will continue to provide VHA facilities with just-in-time delivery of authorized, clinically driven and strategically sourced medical/surgical supplies. VHA will continue exploring partnership opportunities with DoD and other Federal partners to enhance emergency response plans and establish contingency orders tailored to specific scenarios.

**VHA Strategic Enabler**

*Partner with VSOs, tribes, states, advocates & agencies.*

### Objective 4.3

Optimize the use of physical resources and infrastructure modernization efforts.

#### Strategy 4.3.1

Advance the alignment of health care infrastructure needs through the appropriate implementation of market assessment recommendations.

### National Standardization of Commodities

VHA will develop a strategic and integrated approach to acquisition, create economies of scale, exploit efficiencies and coordinate initiatives across acquisition activities. An enabling factor will be a drive to achieve **national standardization for commodities**.

VISNs and Program Offices should **proactively support the transition teams** with the design activities, the assignment of roles to systems with overlapping capabilities and with data cleansing projects to prepare for the smooth conversion to these integrated, modernized systems.



### Market Area Health System Optimization

The Market Area Health System Optimization (MAHSO) effort is designed to create high-performing integrated networks to best serve Veterans through a process that allows VHA to **make well-informed strategic decisions and optimally leverage care** delivered by VA and purchased in the community.



**VHA Strategic Enabler**  
*Modernize our facilities  
into the future.*

As part of this effort, VHA Leadership will assess each of the 95 planning markets through a systematic and data-driven approach. The assessments will be used to inform the development of market recommendations to address the gaps in **meeting overall health care strategy, project execution capabilities and available financial resources**.

These market assessments are required as part of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 to be conducted every 4 years. The first assessments were completed in March 2022. VHA

will conduct these assessments on a quadrennial basis, with the second quadrennial assessments projected to be completed in January 2026.

Lessons learned from the previous assessments will be utilized in the development of an overarching VA Second Quadrennial Market Area Assessment Plan as well as the formation of an integrated planning team (IPT), which will be integrated into VHA's existing governance structure. This IPT will be the governing body for the development of the Second Quadrennial Market Area Assessment Plan as well as the implementation of the MAHSO efforts.

As part of the first assessments, VHA formed National Strategy Workgroups to find **enterprise-level integration on common health services that require a uniform approach**. Program Office leaders developed long-term National Planning Strategies (NPS) for how services will be structured to best serve future Veteran needs.

The first 12 NPS Workgroups include: 1) Surgery; 2) Mental Health Residential Rehabilitation Treatment Program; 3) Inpatient Mental Health; 4) Spinal Cord Injuries and Diseases; 5) Blind Rehabilitation; 6) Rural Health; 7) Long-Term Care/Community Living Center; 8) Geriatrics; 9) Inpatient Medicine; 10) Specialty Care Services in Multi-Specialty CBOCs and Health Care Centers; 11) Telehealth and 12) Women's Health.

### Looking Back – Accomplishments

**Geospatial:** To enhance VHA's geospatial capabilities, Geospatial Service Support Center collaborated with Esri and VISN 8 to pilot an implementation of ArcGIS Indoors that will allow the North Florida/South Georgia Health Care System to improve space allocation, identify services and offices that should be co-located, provide a web app for hoteling, and plan for expansion in care to meet the growing Veteran population.

#### Health Care Environment and Facilities Program

- Obligated \$3.4 billion in support of infrastructure capital investments and activation of new medical facilities. This exceeded the FY 2021 obligations by \$600 million and the average annual obligation over FY 2014-2020 by \$1.4 billion.
- Provided execution of \$756 million in Non-Recurring Maintenance funds for necessary Facility Infrastructure Readiness improvements to support the EHRM. Provided management and oversight of approximately 1,200 active construction projects across VHA that will enable future EHRM deployment.
- Procured 140 solar-powered electric vehicle charging stations at 34 facilities.

**Strategy:** Prepared first Quadrennial Market Area Assessments, an enterprise-wide, data-driven planning process, culminating in publishing Market Assessment Recommendations in the Federal Register on March 14, 2022, meeting the requirements of the VA MISSION Act of 2018. This published document outlined over 1,500 specific recommendations to modernize and realign facilities within VA's 96 health care markets around the country to serve the health care needs of Veterans in modern, easier-to-access VA and community sites of care.

**VISN 7:** Completed the \$160 million Energy Savings Performance Contract (ESPC) implementation phase. As one of the largest ESPCs in VHA history this project implemented critical Energy Conservative Measures at all VA Southeast Network sites and will significantly facilitate overall compliance with E.O. 14057 and Energy Act 2020.

**VISN 9:** Five new outpatient clinics (Clarksville, Nashville, Cookeville, Bowling Green and Columbia) are being built that will embrace new technologies and modern VA care models of care.

Additional workgroups will be formed as needs are identified through the second quadrennial assessments.

### Objective 4.4

Provide comprehensive and robust HR investments to acquire and develop diverse talent and engage employees from onboarding to retirement.

#### Strategy 4.4.1

Streamline and standardize HR processes for recruitment, increased retention and competitive employee incentives, development and recognition.



#### VA Health Care Priority: Hire Faster and More Competitively

Key Action: Improve VA's Staffing Effectiveness.

Key Action: Commit to hiring proactively.

Key Action: Attract, Recruit and Retain the Best Employees.

Key Action: Onboard Fast and Flexibly.

### Hire Faster and More Competitively

VHA services have made hiring faster and more competitively its top health care Priority. The PACT Act provides unprecedented Veteran access to care expansions, and VHA must recruit and retain top talent to increase our workforce and meet increased Veteran care demand. Economic uncertainty and our aging Veteran population only increase our need to prioritize staffing, and VHA also must expedite its hiring process to compete with the private sector.



#### VHA P2A Action Teams

The "Hire Faster and More Competitively" Action Team put forth action plans to improve staffing effectiveness, hire proactively, and onboard faster and more flexibly with milestones beginning in FY 2023 through FY 2025.

We are taking a team-based, systemwide approach to strengthening VA's workforce by:

- *Improving staffing effectiveness* to increase VHA total employees onboard and result in a record number of new hires;
- *Committing to hiring proactively* to increase the percentage of positions that VHA proactively recruits;
- *Attracting, recruiting and retaining the best candidates* to maximize implementation of PACT Act pay authorities; and
- *Onboarding fast and flexibly* to reduce the time it takes to fill a position from the day it is vacant to the day an employee is onboarded.

## Looking Back – Accomplishments

### Human Capital Management

- Operationalized the SecVA's 10-step plan to invest in human infrastructure.
- Hired a record number of VHA employees (48,500).
- Drove employee engagement, enabling VA to achieve top-five status in "Best Places to Work in the Federal Government."
- Co-led workgroup of VA's Inclusivity, Diversity, Equity, and Access Task Force.
- Provided Equal Opportunity / Affirmative Employment training to over 5,600 employees.
- Implemented VHA's human capital sections of the VA Nurse and Physician Assistant Retention and Income Security Enhancement Act, resulting in over 9,000 pay adjustments, increasing the average pay for impacted registered nurses, advanced practice nurses, and physician assistants between 4.9–7.0%.
- Increased VHA's human capital sections of the PACT Act, increasing annual and total student loan repayment amounts and authorizing higher incentives and bonuses.
- Increased childcare income caps from \$89,000 to \$145,000.
- Provided over \$182 million in scholarship and loan repayment programs.
- Processed over 17,000 4-hour time-off awards.
- Completed over 32,000 public service loan forgiveness certifications.
- Hired and onboarded over 1,000 new employees to successfully roll out the VCL 988 Hotline.
- Won two National Training and Simulation Association Awards for the Institute for Learning, Education and Development (I-LEAD) game-based learning.
- Accredited over 4,500 health care programs.
- Administered the AES, driving a VA record number of over 297,000 responses.
- Coached over 1,000 VA leaders.
- Grew VHA TRAIN learning program to over 300,000 employees, a VA record.
- VHA Marketing and Recruitment's VA Careers site received over 5.3 million total site visits from more than 3.6 million visitors.
- Implemented HR Specialist Training and Accelerated Readiness program and onboarded 160 new HR Specialists in first two waves.
- Expanded VA-Trainee Recruitment Events outreach to achieve 218% increase in accepted offers.
- Launched the Candidate Care Model, a new framework that sets the vision for a more streamlined onboarding process for new hires joining VHA.

**Objective 4.5**

Improve coordination, communication and transparency across VHA.

**Strategy 4.5.1**

Refine the governance structure and cooperative work across Program Offices and VISNs.

## Provide Transparency in Governance Structures

As part of VHA's ongoing efforts to provide transparency in the governance structure and promote governance and organizational alignment, we have established directives and policies to clearly outline the roles and responsibilities and authority of VHACO. VHACO is optimizing the recently modernized organizational structure. As the largest integrated health care system in the United States, VHA requires a capable governance system. VHA is moving forward to implement a VHA Governance Secretariat to address the support structure necessary to enable successful governance, oversight and management.

**Governance**

The method organizations use to create strategies, establish goals and make decisions through consistent and repeatable processes to help achieve their mission.

**Looking Back – Accomplishments**

**Strategy:** Hosted the VHA Senior Leader Summit with approximately 300 VHA and VA thought leaders, along with many key external stakeholders, which included numerous presentations, panel discussions and breakout sessions designed to provide an opportunity to clarify the VHA key actions and set clear process and outcome expectations to ensure alignment of field, VISN, and Program Office actions to accelerate progress on desired outcomes and results on the Secretary's priorities, VA Health Care Priorities, and VHA Long-Range Plan Goals and Objectives.

**Office of the Deputy Under Secretary for Health, Office of Tribal Health:**

Partnered with VA/VHA program offices and the Data and Demographic Workgroup to better understand American Indian/Alaska Native Veteran data and improve VA's understanding of customers and partners, drive evidence-based decision-making and deliver more effective and efficient solutions.



# VA PERFORMANCE MANAGEMENT

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VA Office of Enterprise Integration tracks progress on strategic planning, risk mitigation, the Annual Performance Plan & Report (APP&R) performance goals and the Agency Priority Goals (APG). Working with and through the Administrations, VA develops APGs and outcome-based APP&R measures aligned to the VA Strategic Plan. An overview is provided on the [VHA Planning Community of Practice SharePoint](#).

# IN SUMMARY

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The Long-Range Plan is designed to provide a roadmap for how VHA will accomplish our goals and priorities and how our work and accomplishments contribute to the achievement of VA-level priorities. The goals, objectives and strategies outlined in this document are designed to guide initiatives across all levels of the enterprise to ensure alignment with VHA policy and strategy.

The current VA Strategic Plan will drive the goals of the Agency through 2028. To ensure the Long-Range Plan remains relevant and aligned with the new VA Strategic Plan, VHA will update this document within 6 months of VA publishing an updated plan. The update will confirm that our strategies and actions are aligned with Departmental goals and objectives and will ensure VHA continues to create enduring and notable advancements in Veteran health care.

When VHA is at its peak, Veterans leave our facilities feeling their best. Understanding the big picture of where VHA is going as an organization will help employees make the right decisions every day they come to work, and it will help others who support VHA in delivering exceptional care to Veterans. To all our employees and supporters who are dedicated to improving health outcomes for Veterans, please know that your efforts are valued and have a lifelong impact on Veterans.