

Strategic Goal Three

Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.

Objective 3.1 -- Provide high-quality, reliable, accessible, timely, and efficient health care that maximizes the health and functional status for all enrolled veterans, with special focus on veterans with service-connected conditions, those unable to defray the cost, and those statutorily eligible for care.



Objective 3.2 -- Process pension claims in a timely and accurate manner to provide eligible veterans and their survivors a level of income that raises their standards of living and sense of dignity.



Objective 3.3 -- Maintain a high level of service to insurance policy holders and their beneficiaries to enhance the financial security for veterans' families.

Objective 3.4 -- Ensure that the burial needs of veterans and eligible family members are met.



Objective 3.5 -- Provide veterans and their families with timely and accurate symbolic expressions of remembrance.

Veterans will have dignity in their lives, especially in time of need, through the provision of health care, pension programs and life insurance and the Nation will will memorialize them in death for the sacrifices they have made for their country. VA will achieve this goal by improving the overall health and providing a continuum of health care for all enrolled veterans and eligible family members. VA will ensure that the burial needs of veterans and eligible family members are met, and provide veterans and their families with timely and accurate symbolic expressions of remembrance.

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Objective 3.1

Provide high-quality, reliable, accessible, timely, and efficient health care that maximizes the health and functional status for all enrolled veterans, with special focus on veterans with service-connected conditions, those unable to defray the cost, and those statutorily eligible for care.

Purpose and Outcomes:

The purpose of this objective is to provide health care for all veterans enrolled in the VA health care system with priority access to veterans with service-connected disabilities rated 50 percent or more. VA's health care system, through the auspices of the Veterans Health Administration (VHA) and its network of 21 Veterans Integrated Service Networks (VISNs), is organized to deliver a comprehensive spectrum of health care serving the needs of America's veterans by providing a full continuum of patient-centered medical, surgical, psychological and social services. The VA health care system is designed to treat the "whole veteran." These services are provided through preventive and outpatient care, inpatient care, specialized care, and related medical and social support services. Examples of these services include programs such as primary care, the full range of acute inpatient services, long-term care, hospital-



based home care, specialized care, adult day care, and respite and hospice services.

VA will work to guarantee that the needs of special populations of veterans are met, such as women, minority, and Gulf War veterans. VA will assess the needs of special populations of veterans and promote the use of programs and services to which they are entitled.

The quality of these services is paramount to VA. VA will continue to drive toward the highest quality health outcomes by using the best scientific evidence available in clinical practice. VA will also use a comprehensive performance management system that aligns with the Department's overall vision, mission, and strategic goals and objectives. This management system will also measure progress in meeting those quantifiable objectives. VA has set national benchmarks for the quality of preventive and therapeutic health care services that exceed U.S. Government Healthy People 2010 goals and private sector performance.

It is projected that the number of veterans desiring enrollment in the VA health care system will increase from 4.7 million veterans in FY 2000 to 8.3 million in FY 2008.

To ensure VA has the capacity to care for veterans for whom our Nation has the greatest obligation – those with military-related disabilities, lower-income veterans or those needing specialized care such as blind or spinal cord injury rehabilitation – additional enrollments for veterans with the lowest

statutory priority, Priority 8, have been suspended. This suspension is subject to annual review. Priority 8 veterans already enrolled may continue use of the VA health care system. At the same time, VA will continue to diversify its funding base. Through the VA + Choice initiative, VA health care will be made available to Medicare eligible veterans with cost reimbursement provided by the Department of Health and Human Services. As VA's more diversified funding base matures and stabilizes, VA will be able to expand capacity to best serve all veterans.

VA expects to continue to develop its national, integrated health care delivery system. The future system will provide opportunities for VA to function together and, in concert, with public and private health care facilities to meet the health care needs of the enrolled population and to minimize duplication of services. This health care system will continue to promote satisfaction, efficiency, assure high quality care, and provide optimal access for the veteran population. VA will strive to achieve a level of quality and access that sets a national standard of excellence for the health care industry.

Strategies and Processes:

VA will pursue a number of strategies to achieve this objective:

VA will continuously improve the quality and safety of health care for veterans to be the benchmark for health care outcomes. VA will lead the advancement of knowledge and the practice of quality and patient initiatives to include: (a) using preventive medicine practices and guidelines for chronic disease management; (b) increasing the use of automated systems to reduce the likelihood of errors; and (c) developing a culture of error reporting, analysis, and learning. We will identify high-quality evidence-based medical care and continue to measure clinical processes and outcomes to assure and improve the delivery of high quality care. The image of VA as our Nation's premier health care system will continue to be enhanced.



VA will improve patients' satisfaction with their VA health care by implementing "service-recovery" with standardized patient satisfaction surveys that provide real-time results and data aggregation and reporting. Information and other technologies such as telehealth used in the HealthVet initiative will be applied to streamline administrative, business, and care delivery processes to improve care provider and patient interface, minimize wait times, and reduce the incidence of errors. HealthVet allows veterans to be partners and take a more active role in their own health care. VA providers will be able to track patient-centered metrics such as blood pressure, blood glucose, weight, and pulse without having to wait and see the patient in person. This will enable providers to avert problems more quickly.

VA is working to improve access to clinic appointments and timeliness of service. We continue efforts to develop ways to reduce waiting times for appointments in primary care and key specialty clinics nationwide. Past experience in measuring access has led to the development of a number of new access measures that will provide even more detail into waiting times for both specialty clinic appointments and new enrollees.

VA will improve access, convenience, and timeliness of VA health care services. VA will provide incentives for ongoing, continuous health care system redesigns to streamline work, and to analyze, identify, and promulgate

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improved health care practices. VA will work with state agencies, especially in long-term care services, to reduce the redundancies and gaps in veterans' services.

Timely, accurate, and affordable access to prescription drugs is a critical element of patient safety, well-being, and satisfaction. Access to prescription drug benefits is a rapidly growing area of demand for our enrolled veteran population. Through VA's Consolidated Mail Out Pharmacy (CMOP) program, veterans are able to conveniently refill prescriptions by mail. Availability of this benefit has helped drive veteran enrollment in the VA health care system in the last 3 years.

VA will create a health care environment characterized by patient-centered services where individual health care decisions are made on the basis of current medical knowledge, consistent with patients' informed preferences and needs. We will implement initiatives to support shared decision-making and patient empowerment. Interactive technology strategies will be implemented to provide care in the least restrictive environments to allow patients and families maximum participation in disease management and health maintenance.

A large percentage of veterans enrolled in the VA health care system have one or more chronic diseases. As a means to improve our management of chronic diseases, VA will follow nationally recognized clinical guidelines for treatment and care of patients with one or more high-volume diagnoses. This will result in improved health outcomes for veterans. To assess our progress and results associated with our treatment of patients with chronic diseases, VA will use the Clinical Practice Guidelines Index. This is a composite measure comprised of seven evidence and outcomes-based indicators for high-prevalence and high-risk diseases that have significant impact on overall health status. The indicators within the Index include ischemic heart disease, hypertension, chronic obstructive pulmonary disease, diabetes mellitus, major

depressive disorder, schizophrenia, and tobacco use cessation.

VA will continue to implement a comprehensive program of education and outreach in the area of preventative medicine. We will proactively reach out to veterans to ensure that they are informed about the importance of receiving screening for illnesses such as influenza, Pneumococcal pneumonia, and various forms of cancer. We will also provide information and counseling services regarding tobacco consumption, alcohol, and substance abuse. VA is also the leader in hepatitis C screening, testing, treatment, research, and prevention. The VA National Hepatitis C Program works to ensure that patients with or at risk for hepatitis C virus infection receive the highest quality health care services. VA will ensure the consistent delivery of health care by implementing standard measures for the provision of preventive care. The prevention measure includes several indicators that allow comparison of VA and private health care outcomes. VA will use the Prevention Index II described in objective 1.1 to assess the results of our initiatives in the area of preventive medicine under this objective for all veterans that participate in our health care system.

Over the past 5 years, there has been greater focus on VA's ability to meet the increasing need for long-term care for aging veterans. Eligibility for extended, institutional benefits is prescribed by statute and is increasingly reserved for the highest priority veterans. VA has responded to the need for long-term care through new initiatives to invest in home and community-based care, State Veterans Homes, and assisted living situations, as well as attempts to revitalize the community nursing home program. VA will increasingly emphasize rehabilitation efforts after hospitalization, where appropriate, as an alternative to institutionalization, in order to better facilitate patients returning to their community and, if possible, to their own home environment.



VA is currently enhancing the actuarial long-term care model to better capture the latest trends of utilization and reliance for the full spectrum of services to meet the long-term care needs of the aging veteran. The enhancement will reflect latest survey results, trended disability and use rates, an adjustment for marital status and an analysis of the relationship between nursing home care and home and community-based care. The work is guided by a steering committee and includes a workgroup (with representatives from the CARES Planning Office, VA Office of Actuary and long-term care experts from the field). Deliverables are in two phases, preliminary estimates in July 2003 and final estimates by March 2004.

Crosscutting Efforts in Health Care

VA will continue its partnership with DoD to develop an interoperable VA/DoD medical information system and ensure the availability of veterans' active duty health records to VA care providers. VA will continue working with DoD to implement clinical practice guidelines to assure continuity of health care and seamless transition for a patient moving from active military duty to veteran status. Collaboration will continue on the development of joint guidelines and policies for the delivery of high-quality care and

assurance of patient safety; joint training in multiple disciplines including ancillary services; and exploration of opportunities to enhance collaborative activities in Graduate Medical Education. In addition, VA and DoD will identify and foster opportunities for sharing information and resources in the areas of deployment health surveillance, assessment, follow-up care, and health risk communications.

VA is working to improve medical linkages through participation in the Joint Working Group on Telemedicine. VA collaborates with HHS to develop non-VA benchmarks for bed-days of care that are obtained from the Centers for Medicare and Medicaid Services (CMS) database. VA is able to obtain data on ambulatory procedures from the National Center for Health Statistics.

To maximize resources available for direct patient care, VA collaborates with many agencies (DoD, Department of Agriculture, GSA, Indian Health Service, National Park Service, the Merchant Marine Academy, and others) to determine its facility infrastructure and real property utilization, allocation of excess property, and acquisition of energy and utility services.

External Factors:

The strategy to ensure the consistent delivery of health care by implementing standardized health practices depends upon both electronic and external reviews of care by the External Peer Review Program (EPRP). The EPRP is a contracted, on-site review of clinical records and serves as a functional component of VA's quality management program. VA will continue to participate with DoD in the joint development and implementation of clinical practice guidelines. These guidelines must have a long-range view toward assuring continuity of care and seamless transition for a patient moving from one system to the other. Enactment of legislation authorizing VA to bill Medicare for health care provided to certain veterans is considered essential.

Performance Measures

Objective 3.1		Performance Targets	
		FY 2004	FY 2008
Outcome Measures			
Clinical Practice Guidelines Index	<i>Improve Performance on Clinical Practice Guidelines Index</i>	78%	82%
Prevention Index II	<i>Increase the scores on Prevention Index II</i>	80%	85%
Quality of Health Care Service	<i>Increase the percent of inpatients and outpatients rating VA health care service as very good or excellent</i>	<i>Inpatient</i> 68%	<i>Inpatient</i> 72%
		<i>Outpatient</i> 70%	<i>Outpatient</i> 72%
	<i>Total number of diabetics who receive the HbA/c blood test in the past year of all VA diabetes patients</i>	93%	*
Service Delivery Measures			
Long-Term Care	<i>Increase non-institutional long-term care as expressed by average daily census</i>	32,694	42,600
Access and Service Delivery	<i>Percent of patients who report being seen within 20 minutes of a scheduled appointment at VA health care facilities</i>	63%	90%
	<i>Average waiting time for new patients seeking primary care clinic appointments</i>	30 days	30 days
	<i>Average waiting time for next available appointment in primary care clinics</i>	34 days	30 days
	<i>Average waiting time for next available appointment in specialty clinics</i>	30 days	30 days
	<i>Average number of appointments per year per FTE</i>	2,824	*
<p><i>* Denotes that the baseline is currently being developed, and the FY 2008 performance target may be modified based on the determination of the baseline data.</i></p>			

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Objective 3.2

Process pension claims in a timely and accurate manner to provide eligible veterans and their survivors a level of income that raises their standards of living and sense of dignity.

Purpose and Outcomes:

The Nation recognizes its obligation to veterans who defended the country during wartime. VA's Pension Program ensures basic dignity for needy wartime veterans. The purpose of the Pension Program is to provide monthly payments to needy wartime veterans who are permanently disabled as a result of disabilities not related to military service. The pension program also provides monthly payments, as specified by law, to needy surviving spouses and dependent children of deceased wartime veterans. The outcomes identified for the monetary payment of pension benefits are to:

- Ensure veterans and their families get the information and help they need to access, understand, and participate in the Pension Program and related health care options;
- Provide entitled wartime veterans and survivors the income they need to afford the basic necessities of life;
- Ensure pensioners and their families can rely on the financial continuity and stability of VA pension in time of need; and

- Ensure VA pensioners are accorded the dignity and respect earned through a veteran's service to our Nation during wartime.

The number of veterans and survivors in receipt of pension benefits will decline slightly from FY 2002 to FY 2008. At the end of FY 2002, there were approximately 346,000 veterans and 228,000 survivors receiving pension benefits. By the end of FY 2008, VA expects that 335,000 veterans and 184,000 survivors will be receiving pension benefits.

Strategies and Processes:

VA will implement the following strategies to ensure veterans and their survivors have a standard of living that provides for basic dignity in their lives and the delivery of world-class service to wartime veterans:

- VA will provide veterans and survivors with easy access to information and the opportunity to interact with the VA for benefits and services, at a convenient time and place.
- VA has centralized the pension claims process at three regional sites located in Milwaukee, St. Paul, and Philadelphia. By centralizing the process and using the Virtual VA system, VA is enhancing workforce skills. We expect to continue an improvement in quality and timeliness of pension claims processing, and ultimately improved veterans' satisfaction.
- Stakeholder involvement is critical in the determination and development of outcomes for all VA benefit programs. To date, VA has developed interim outcomes

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for the Pension Program and will finalize these program outcomes and develop performance measures and targets through program evaluations, program reviews, and further consultations with our stakeholders.

External Factors:

- Legislation — Legislation may be required to achieve anticipated program outcomes.

Performance Measures

Objective 3.2		Performance Targets	
		FY 2004	FY 2008
Outcome Measures			
Pension	<i>Percent of pension recipients who were informed of the full range of available benefits</i>	*	60%
	<i>Percent of pension recipients who rely on SSI in addition to VA pension</i>	25%	15%
	<i>Percent who said their claim determination was very or somewhat fair</i>	53%	75%
	<i>Percent of pension recipients who are satisfied that the VA recognized their service to the Nation</i>	40%	70%
Service Delivery Measures			
Speed	<i>Average number of days to process rating-related actions</i>	91	78
Accuracy	<i>National accuracy rate (core rating work)</i>	93%	98%
Customer Satisfaction	<i>Overall Satisfaction</i>	70%	90%
C&P	<i>Percent of blocked calls</i>	3%	2%
	<i>Percent of abandoned calls</i>	3%	3%
<p><i>* Denotes that the baseline is currently being developed, and the FY 2008 performance target may be modified based on the determination of the baseline data.</i></p>			

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Objective 3.3

Maintain a high level of service to insurance policy holders and their beneficiaries to enhance the financial security for veterans' families.

Purpose and Outcomes:

Servicemembers placed in harm's way do not have the same access to life insurance benefits as those citizens who do not serve their Nation. Also, veterans with disabilities cannot obtain comparable insurance coverage as compared to healthy individuals. The purpose of VA's insurance programs is to provide those benefits that servicemembers and veterans cannot obtain. The outcome of the VA insurance programs is the additional financial security provided to active duty personnel and their families through life insurance coverage and options to veterans and servicemembers that are competitive and comparable to healthy individuals and those who do not have military service. The four insurance programs currently available are:

- Service-Disabled Veterans Insurance (S-DVI) – Providing insurance coverage and services to disabled veterans and their families;
- Servicemembers Group Life Insurance (SGLI) – Providing insurance coverage and services to active duty and reserve members of the uniformed services and their families;
- Veterans Group Life Insurance (VGLI) – Providing term insurance options to veterans transitioning from active duty; and

- Veterans Mortgage Life Insurance (VMLI) – Providing mortgage life insurance to severely disabled veterans.

VA has developed outcomes for the insurance programs, utilizing program evaluations and program reviews. The outcomes for the VA Insurance Programs are:

- S-DVI - Insurance coverage available at standard premium rates for a reasonable time period following release from service and establishment of a service-connected disability;
- SGLI – Insurance coverage and conversion privileges unaffected by military service, are available to servicemembers and are comparable to group life insurance offered by large-scale employers to their employees and their families;
- VGLI – Term insurance is available to separating servicemembers that is comparable to what a healthy individual could obtain in the commercial insurance market; and
- VMLI – Veterans with severe service-connected disabilities can purchase mortgage life insurance comparable to that offered by commercial companies to healthy individuals.

The number of veterans, servicemembers, spouses and children VA serves will decline steadily as World War II, Korean Conflict, and Vietnam Era veterans age and die. At the end of FY 2002, VA served approximately 4.5 million servicemembers and veterans and 3.1 million

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spouses and children. By 2008, that number is expected to decline to approximately 3.8 million servicemembers and veterans and 3.1 million spouses and children.

Strategies and Processes:

VA will implement the following strategies to assist active duty members, reservists, and veterans to obtain life insurance coverage and benefits and receive world-class service:

- VA will provide life insurance benefits and services in an accurate, timely and courteous manner and at the lowest achievable cost;
- VA will provide veterans with easy access to information and the opportunity to interact with VA for benefits and services at a convenient time and place. Through the Internet and through enhanced telephone service, veterans and beneficiaries can access information and provide information to the VA about their insurance policies; and



- Through enhanced partnerships with DoD and other organizations, VA will inform servicemembers of insurance benefits and services as they enter duty and as they transition to civilian life, and use improved interactions through outreach to thereafter service their policies.

External Factors:

- Legislation – Continuing to keep pace with insurance coverage amounts and competitive rates will require legislation.

Performance Measures

Objective 3.3		Performance Targets	
		FY 2004	FY 2008
Outcome Measures			
S-DVI	Percent of veterans that report they are ensured that service connected disabilities will not prevent them from obtaining a reasonable amount of life insurance at standard premium rates for a reasonable time period following release from service and establishment of service-connected disability	*	100%
SGLI	Percent who report that insurance coverage and conversion privileges unaffected by military service, are available to servicemembers and are comparable to group life insurance offered by large-scale employers to their employess and their families	*	100%
VGLI	Percent who reported that term insurance is available to separating servicemembers that is comparable to what a healthy individual could obtain in the commercial insurance market	*	100%
VMLI	Percent of veterans with severe service-connected disabilities who state they can purchase mortgage life insurance comparable to that offered by commercial companies to healthy individuals	*	100%
Service Delivery Measures			
Customer Satisfaction	Percent of high veteran satisfaction ratings	95%	95%
	Percent of low veteran satisfaction ratings	2%	2%
Speed	Average number of days to process disbursements	2.7	2.7
Telephone	Blocked call rate	2%	1%
	Average hold time	20 seconds	20 seconds
<p>* Denotes that the baseline is currently being developed, and the FY 2008 performance target may be modified based on the determination of the baseline data.</p>			

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Objective 3.4

Ensure that the burial needs of veterans and eligible family members are met.

Purpose and Outcomes:

The purpose of this program is to ensure that the burial needs of our Nation's veterans and eligible family members are met.

Annual interments in the VA national cemeteries are projected to increase from 91,000 in FY 2003 to 110,000 in FY 2008, an increase of 21 percent. VA projects a steady increase in cremation interments from 36.8 percent in September 2002 to 38 percent in 2008.

The outcomes identified to achieve this objective are to:

- Increase access by establishing additional national cemeteries in areas not served;
- Expand existing national cemeteries to continue to provide service to meet projected demand, including the development of columbaria and the acquisition of additional land; and
- Develop alternative burial options consistent with veterans' expectations.

Strategies and Processes:

VA will pursue the following strategies to achieve this objective:

- VA will be developing new national cemeteries to serve veterans in the areas of Atlanta, Georgia; Detroit, Michigan; South Florida; Pittsburgh, Pennsylvania; and Sacramento, California.
- VA will expand existing national cemeteries by completing phased development projects in order to make additional gravesites and/or columbaria available for interments.
- National cemeteries that will close due to depletion of burial space will be identified to determine the feasibility of extending the service period of a cemetery by the acquisition of adjacent or contiguous land, or by the construction of columbaria.



- State veterans cemeteries will be established or expanded to complement VA's system of national cemeteries. VA administers the State Cemetery Grants Program (SCGP) which provides grants to states for establishing, expanding, or improving state veterans cemeteries, including the acquisition of initial operating equipment.
- The Veterans Millennium Health Care and Benefits Act, Public Law 106-117, directed VA to contract for an independent demographic study to identify those areas of the country where veterans will not have reasonable access to a burial option in a national or state veterans cemetery and the number of additional cemeteries required to meet veteran burial needs through 2020. Volume 1 of the study, *Future Burial Needs*, published in May 2002, identifies those areas having the greatest need for burial space for veterans. This report will serve as a valuable planning tool for new national cemeteries.
- VA will also continue to provide high-quality, responsive service in all contacts with veterans, their families and friends, and other visitors. These contacts include scheduling the interments, greeting the corteges and bereaved families for the committal services, and providing information about the cemetery and the location of specific graves.
- While VA does not provide military funeral honors, national cemeteries facilitate the provision of military funeral honors and provide logistical support to military funeral honors teams. VA also works closely with the different military services of DoD and veterans service organizations to provide military funeral honors at national cemeteries.
- VA will continue to elicit feedback from veterans, their families, and other customers to ascertain how they perceive the quality of service provided by the national cemeteries. Since 2001, an annual nationwide mail survey, *Survey of Satisfaction with National Cemeteries*, has been VA's primary source of customer satisfaction data regarding national cemeteries. The survey collects data from family members and funeral directors who have recently received services from a national cemetery. The information is used in the strategic planning process to develop additional strategies for improving service delivery.
- To accommodate and better serve its customers, VA has designated Jefferson Barracks National Cemetery as the primary cemetery to provide weekend scheduling of interments in national cemeteries for specific times in the ensuing week.
- To further enhance access to information and improve service to veterans and their families, VA will continue to install kiosk information centers at national and state veterans cemeteries to assist visitors in finding the exact gravesite locations of individuals buried there. To date, VA has installed 45 kiosks at national and state veterans cemeteries. In addition to providing visitors with a cemetery map for use in locating the gravesite, a kiosk information center provides general information such as the cemetery's burial schedule, cemetery history, burial eligibility, and facts about VA's National Cemetery Administration.

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External Factors:

- VA has established partnerships with states to provide veterans and their eligible family members with burial options. It is difficult to project future activity for this program because requests for grants are generated from individual states. A state must enact legislation to commit funding to a project that will serve a clearly defined population and require state funds for maintenance in perpetuity.
- Veterans and their families may experience feelings of dissatisfaction when their expectations concerning the committal service (including military funeral honors) are not met. Dissatisfaction with services provided by the DoD (military funeral honors) or the funeral home can adversely affect the public's perceptions regarding the quality of VA service.

Performance Measures

Objective 3.4		Performance Targets	
		FY 2004	FY 2008
Outcome Measures			
Percentage of Veterans Served	<i>Percent of veterans served by a burial option in a national or state veterans cemetery within a reasonable distance (75 miles) of their residence</i>	81.6%	85.2%
	<i>Percent of veterans served by a burial option in a national cemetery</i>	74.1%	72.6%
	<i>Percent of veterans served only by a state veterans cemetery burial option</i>	7.5%	12.6%
Service Delivery Measures			
Quality of Service	<i>Percent of respondents who rate service provided by the national cemeteries as excellent</i>	97%	100%

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Objective 3.5

Provide veterans and their families with timely and accurate symbolic expressions of remembrance.

Purpose and Outcomes:

The purpose of this objective is to recognize the sacrifices of our Nation's veterans and their families by providing timely and accurate symbolic expressions of remembrance. The amount of time it takes to mark the grave after an interment is extremely important to veterans and their family members. The headstone or marker is a lasting memorial that serves as a focal point not only for present-day survivors but also for future generations. In addition, it may bring a sense of closure to the grieving process to see the grave marked. Delivery of this benefit is not dependent on interment in a national cemetery.

Strategies and Processes:

VA will continue to provide headstones and markers for the graves of eligible persons in national, state, and other public and private cemeteries. In addition, VA will continue to ensure Presidential Memorial Certificate delivery is accurate and timely. A Presidential Memorial Certificate conveys to the family of the veteran the gratitude of the Nation for the veteran's service. VA also provides American flags to drape the caskets of eligible veterans. Delivery of these benefits is not dependent on interment in a national cemetery.

VA strives to mark graves in its national cemeteries within 60 days of interment. We have also begun to develop the mechanisms necessary to measure the timeliness of providing headstones or markers for the graves of veterans who are not buried in VA national cemeteries. VA plans to assess data collection procedures to ensure that data collected to measure timeliness of delivery of headstones and markers are accurate, valid, and verifiable.

VA will improve accuracy and operational processes, reducing the number of inaccurate or damaged headstones and markers delivered to cemeteries. VA will use, to the maximum extent possible, state-of-the-art technology to automate its operational processes. Online ordering using VA's Automated Monument Application System – Redesign (AMAS-R) and electronic transmission of headstone and marker orders to contractors are improvements that will increase the efficiency of the headstone and marker ordering process.

VA's chaplain service will also be available to conduct regular memorial services for families in health care facilities and at national cemeteries.

External Factors:

Headstones and markers are supplied by outside contractors throughout the United States whose performance greatly affects the quality of service provided to veterans and their families. The timeliness of delivery of headstones and markers is dependent not only on the performance of the manufacturer, but also on the performance of the contracted shipping agent. Extremes in weather, such as periods of excessive rain or snow, or extended periods of freezing temperatures that impact ground conditions, can also cause delays in the delivery and installation of headstones and markers.

Performance Measures

Objective 3.5	Service Delivery Measure	Performance Targets	
		FY 2004	FY 2008
Headstones and Markers	<i>Percent of graves in national cemeteries marked within 60 days of interment</i>	70%	90%