

# Department of Veterans Affairs

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# Eliminate Department of Veterans Affairs Offices that Block Integrated Responses to Veterans

## RECOMMENDATION

The Department of Veterans Affairs (VA) has retained many offices that were created to address single issues. These same offices become barriers to timely, effective, and integrated responses to veterans. In name, each office sounds valuable, but in practice they are adding to the bureaucratization of veteran services. The effectiveness of the VA is increased as it relies on the expertise of employees and dynamic teams, rather than the lengthy, unnecessary transactions between organizational units.

## RATIONALE

Many of the VA's expert employees are unable to fully apply their skills because they are trapped in organizational units that require their ongoing attention to justify the budgets of contracts and staff. An effective alternative is to actively register the expertise among employees, and make such staff readily available through work details, consultations, dynamic teaming, and the widespread reuse of their insights and respective artifacts through an enterprise-level Learning Integrated Network, as has been tested by the VA in the past.<sup>1</sup>

At least 42 offices should be eliminated to allow barrier-free access to expert employees, including the

- Offices of Business Compliance;
- Commission on Care;
- Compliance Improvement;
- Connected Health;
- Cooperative Studies;
- Diversity and Inclusion;
- Ethics in Healthcare;
- Faith-Based and Neighborhood Partnerships;
- Geriatric Research Education Clinical Center;
- Health Equity;
- Health for Integrity;
- Health for Organizational Excellence;
- Health Informatics;
- Health Promotion and Disease Prevention;
- Healthcare Transformation;
- Healthcare Value;
- Hepatitis C/HIV;
- High Reliability Systems and Consultation;
- HIV, Hepatitis and Public Health Pathogens;
- Homelessness;

- ISO 9001 Consultation;
- Joint Incentive Fund;
- Lesbian, Gay, Bisexual and Transgender;
- Minority Veterans;
- Mission Ready Consultation Strategy;
- MyVA;
- National Center for Organizational Development;
- Navigation, Advocacy, and Community Engagement;
- OEF/OIF Outreach;
- Overarching Integrated Process Team;
- Population Health Services;
- Post Deployment Health Services;
- Program for Research Integrity Development and Education (PRIDE);
- Program Management Office;
- Public Health;
- Smoking;
- Strategic Integration;
- T- New Models of Care;
- VA Center for Innovation;
- Web Communications; and
- Women Veterans.

In addition, the work of the Office of Construction and Facility Management should be transferred to the General Services Administration, which ultimately manage these. An integrated servicing office should operate under the Deputy Secretary.<sup>2</sup>

## ADDITIONAL READING

- David M. Paschane, "A Theoretical Framework for the Medical Geography of Health Service Politics," dissertation, University of Washington, June 1, 2003.

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# Consolidate VA Employee Investments for Cross-Operational Capability

## RECOMMENDATION

The public investment in keeping 340,000 professionally diverse employees qualified and effective across 2,100 locations is high. The estimated annual cost for the VA is more than \$2 billion. At least nine VA offices should be consolidated to allow the VA to make cost-effective investments in training employees in cross-operational capabilities.

## RATIONALE

VA employees experience inconsistent development for cross-operational capability. The training services that are provided tend to be misaligned to work operations, lack consistent up-skilling for career advancement, and are easily abused as means of avoiding work responsibilities. A single VA office, responsible for measurably increasing the value of employees within their mix of operational requirements, could create an engaged and devoted workforce, uniformly qualified to provide services to veterans.

Among the VA training offices, there are notable strengths that can be combined to prescribe and manage training investments in a consolidated and effective operation. One example is the Employee Management Analytic Platform.<sup>3</sup>

At least nine offices should be consolidated to enable the VA to make cost-effective investments in training employees in cross-operational capabilities:

- Corporate Senior Executive Management Office;
- Corporate Travel and Reporting;
- Credentialing and Privileging;
- Employee Education Service;
- Healthcare Leadership Talent Institute;
- Human Resources Management;
- National Center for Ethics in Health Care;
- VA Learning University; and
- Workforce Management and Consulting.

A consolidation of employee investments would provide an analytic foundation for examining and responding to the emerging cross-operational gaps across the VA. Likewise, measurable capability allows operational offices to more easily acquire staff for projects, as they can identify the experts within the larger pool of employees. An integrated employee investment office should operate under the Deputy Secretary.<sup>4</sup>

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## ADDITIONAL READING

- David M. Paschane, "Performance Leadership," paper presented at the European Institute for Advanced Studies in Management, March 9, 2012.

# Consolidate Analyses of Performance and Accountability Across the VA

## RECOMMENDATION

With more than 400 internal organizations, the VA has significant differences and disconnections among the methods it uses to analyze its operational capability and performance. The analytic differences undermine employees’ leadership in performance improvement, complicate reporting to stakeholders, and weaken operational and outcome accountability. Consolidation of analyses will enable the methodological standards and completeness to support employees and stakeholders, such as veteran service organizations and Members of Congress.

## RATIONALE

Analytic rigor requires accuracy and completeness, and such is not possible if disparate offices develop limited analyses. The VA has demonstrated that Management Analytic Platforms, with unadulterated data, are effective,<sup>5</sup> but require integrated measurement across operations and organizations to result in improved capability, performance, and accountability.

At least 31 additional offices should be consolidated to improve analyses of performance and accountability across the VA. Twenty-one of these offices are in the Veterans Health Administration:

- Office of Academic Affiliations;
- Analytics and Business Intelligence;
- Chief Improvement Officer;
- Compliance and Business Integrity;
- Data Quality and Analysis;
- Enterprise Data Intelligence and Governance;
- External Accreditation Services and Programs;
- Health Information Governance;
- Health Services Research and Development Service;
- Healthcare Value;
- Informatics and Analytics;
- Policy Analysis and Forecasting;

- Quality Standards and Programs;
- Quality, Safety and Value;
- Rural Health Operations;
- Safety and Risk Awareness;
- Standards and Regulatory Governance;
- Strategic Investment Management;
- Systems Redesign and Improvement;
- Utilization and Efficiency Management; and
- Value Measurement and Results.

The other 10 offices are:

- Offices of Business Process Integration;
- Field Operations;
- Interagency Collaboration and Integration;
- Management, Planning and Analysis;
- Performance Analysis and Integrity;
- Performance Management;
- Programming, Analysis and Evaluation;
- Quality, Performance and Oversight;
- Regulation Policy Management; and
- Data Governance and Analysis.

The integrated analytic office should operate under the Deputy Secretary.<sup>6</sup>

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## ADDITIONAL READING

- David M. Paschane, “Performance Leadership,” paper presented at the European Institute for Advanced Studies in Management, March 9, 2012.

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## ENDNOTES

1. VA cases using efficient, integrated Learning Integrated Networks are reported in *ComputerWorld*, June 3, 2013.
2. Under the GPRA Modernization Act of 2010, the Deputy Secretary is the Department's Chief Operating Officer, responsible for performance improvement.
3. VA cases using the Events Management Analytic Platform are reported in *ComputerWorld*, June 3, 2013.
4. Under the GPRA Modernization Act of 2010, the Deputy Secretary is the Department's Chief Operating Officer, responsible for performance improvement.
5. VA cases using efficient, integrated Management Analytic Platforms are reported in *ComputerWorld*, June 3, 2013.
6. Under the GPRA Modernization Act of 2010, the Deputy Secretary is the Department's Chief Operating Officer, responsible for performance improvement.