

## DEPARTMENT OF VETERANS AFFAIRS FY 2026 ANNUAL EVALUATION PLAN

The Department of Veterans Affairs (VA) serves Veterans across their life journey by providing them world-class benefits, care, and memorialization. This FY 2026 Annual Evaluation Plan highlights that VA ensures Veterans receive the best possible services in priority areas by conducting rigorous, independently reviewed studies, making their findings transparent to the American people, and rapidly acting on the findings. The studies here are representative of the many significant, formal efforts VA investigators carry out each year to address priorities like improving Veteran well-being, eliminating Veteran suicide, ending Veteran homelessness, providing timely access to services by Veteran in their preferred setting, delivering those services responsibly, and ensuring that innovative solutions to meet Veterans' needs are available.

The featured studies adhere to guidance and policy established implementing the Foundations for Evidence-based Policymaking Act of 2018 (P.L. 115-435, "Evidence Act") in that they focus on at-risk, underserved or marginalized Veterans' needs, align with VA's and the Administration's strategic priorities, and will provide actionable findings within FY 2026. The selection of these studies, their conduct, and intent, are fully consistent with stated and implied Administration and Secretarial priorities. They address the benefits of virtual care for improved access and quality for our nation's Veterans, improved mental health outcomes (like reduced homelessness and self-harm, or other adverse mental health impacts) for servicemembers transitioning to civilian life, and assessing the "make/buy" decision for direct versus community care regarding methadone treatment for Veterans facing addiction.

VA's rigorous analyses provide policymakers and managers with actionable insights that are implemented right away to improve care and services for Veterans most in need of meaningful and quality solutions for their challenges. Veterans expect and deserve clear evidence about tough issues, and VA continues to be committed to acting on their behalf to get answers using the best science by the best investigators.

## 1. Evaluating the Effectiveness of Virtual and Digital Health Care

*Questions to be Answered:* What has been the adoption rate of virtual care and digital health technologies (including AI) within VA and how has it affected Veteran access to and satisfaction with care and care efficiency? Are there unintended consequences of virtual and digital health care utilization?

Approximately 16% of Veterans live within primary care shortage areas and 70.2% live in mental health care shortage areas, highlighting the need to improve access to care through virtual and digital technologies.<sup>1</sup> This study builds on VA's foundational initiatives to expand access to care for all Veterans through virtual and digital technologies and aligns with the Secretary's "Veterans First" approach, guiding VA leadership and stakeholders in supporting Veterans' well-being and improving outcomes such as ending Veteran homelessness and eliminating Veteran suicide.

*How will the evaluation's findings be used to inform decisions, when, and by whom?* The Chief Strategy Office (CSO), the Office of Connected Care (OCC), and the Digital Health Office will use the findings from this evaluation to inform decisions about investments in virtual and digital health, and about when virtual care is a safe and effective substitute for in-person care, with the goal of improving Veterans' timely access to care and well-being.

*What knowledge gaps will this evaluation fill?* VA was an early adopter of telehealth, pioneering implementation on a national scale in 2003. Any Veteran who qualifies to receive VA care and lives within the United States is eligible to utilize VA telehealth services. By 2018, VA had provided over a million virtual care services. More than half of these visits were for Veterans located in rural areas. In 2018, VA established the "Anywhere to Anywhere" virtual care initiative to ensure that all providers in outpatient mental health and primary care service lines were able to provide telehealth services by 2021.<sup>2</sup>

While it is clear that virtual and digital health care are mission critical to VA, and popular among Veterans, what is less clear is how virtual and digital health care effectively complement in-person care to achieve the best and most efficient outcomes for our nation's Veterans. VA also lacks information on how these forms of care impact Veteran health outcomes and satisfaction and provider productivity and satisfaction.

*How will it be learned?* This is a retrospective observational study using data from multiple sources, including the Corporate Data Warehouse, Survey of Healthcare Experience of Patients, All-Employee Survey, and several other national datasets (e.g., the Area Health Resources Files, American Community Survey, Bureau of Labor Statistics, Census Bureau, and the Centers of Medicare and Medicaid Services). The study will also use data from stakeholder and expert interviews.

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<sup>1</sup> Ohl, M, Carrell, M, Thurman, A. Availability of healthcare providers for rural Veterans eligible for purchased care under the Veterans choice act. BMC Health Services research. (2018).

<sup>2</sup> Veteran Affairs (VA) News. VA Expands Telehealth by Allowing Health Care Providers to Treat Patients Across State LinesSpotlight on Telehealth [Internet]. Washington DC; VA HSRDNews; [201820 MayJul; cited 2021 Apr 05]. Available from: <https://news.va.gov/press-room/va-expands-telehealth-by-allowing-health-care-providers-to-treat-patients-across-state-lines/>

VA is investigating whether virtual care has the potential to improve access to care, especially in certain geographical areas and in particular specialties, and whether it contributes to the retention of the provider workforce or clinic efficiency. VA will investigate whether there are administrative processes that may make virtual care more efficient, such as scheduling protocols that group appointments on specific days or intermix them with in-person visits and virtual care appointments or consolidate virtual care to certain days of the week. Evaluators also will examine whether virtual care has had an impact on provider turnover.

*What are potential obstacles and how will they be overcome?* VA anticipates challenges with comparability and alignment of data sets and small sample sizes for specialty care services. Evaluators will use various analytic strategies to address data alignment and will focus on larger networks (primary care services) and larger specialty care areas (e.g., orthopedics, cardiology) to address sample size issues. VA also anticipates logistical challenges in implementing virtual care (e.g., patient and provider learning curves, operational feasibility across specialties and procedures, digital technology availability for Veterans, privacy concerns). To address these, the evaluation will consider Veteran preferences and the ability to substitute virtual care for certain services without compromising care quality and assess broadband internet availability.

*How will findings be acted on?* The findings will directly impact the well-being of Veterans in priority areas such as improving Veteran well-being, ending Veteran homelessness and eliminating Veteran suicide. VA will implement key findings immediately by adjusting processes and making technological solutions available where they will have the most benefit. Specifically, subpopulation impacts will enable program offices to better target specific groups of Veterans who will benefit most from improvements in access. Investigators will share actionable findings with leadership, including CSO, OCC, the Digital Health Office, and the VC Consortium of Research. Investigators will also provide semiannual updates on the evaluation's progress to the Office of Management and Budget.

*Point of Contact:* The Partnered Evidence-based Policy Resource Center (PEPReC) can be reached at [peprec@va.gov](mailto:peprec@va.gov).

## 2. Veteran Sponsorship Initiative

*Questions to be Answered:* Is the Veteran Sponsorship Initiative (VSI), a community-based reintegration program for Transitioning Service Members/Veterans (TSMVs), an effective and sustainable intervention to reduce suicidal behaviors and improve Veteran housing and economic security? How does VSI impact Veteran receipt of community resources such as employment opportunities, education benefits, or housing assistance?

The first year after military service is a particularly high-risk period for Veterans, with recent estimates showing that TSMVs in this period die by suicide at twice the rate of other Veterans. Rates remain elevated nine years post-discharge.<sup>3</sup> This study aligns with the Secretary's "Veterans First" approach, guiding VA leadership and stakeholders in improving outreach to our most vulnerable Veterans and understanding the best ways to prevent Veteran suicide and homelessness, supporting Veterans' well-being.

*How will the evaluation's findings be used to inform decisions, when, and by whom?* The Offices of Mental Health, Suicide Prevention, and Care Management and Social Work will use the results from this study to inform decisions about whether to expand VSI to additional military bases.

*What knowledge gaps will this evaluation fill?* The United States is currently experiencing an epidemic of suicide for its youngest Veterans, with suicide rates for those aged 18-34 years more than doubling from 2006 to 2021.<sup>4</sup> The risk of suicide is double for TSMVs in their first year post-discharge compared to other Veterans. TSMVs are also at increased risk for homelessness within one year of discharge compared to the general population.<sup>5</sup>

VA has recently implemented a public health approach to reduce Veteran suicide that incorporates proactive, community-focused interventions as well as seamless access to clinical care, influenced by the passage of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019.<sup>6,7</sup> The goal is to move interventions upstream and better engage all Veterans, especially those not currently receiving VA care, and to better address suicide risk factors, including homelessness, financial concerns, and unemployment.<sup>8</sup>

VSI is a public-private partnership that seamlessly connects TSMVs to VA health care and to VA-certified one-on-one sponsors/mentors in their post-military hometowns who help them accomplish reintegration tasks as they transition out of military service. VSI synchronizes the

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<sup>3</sup> Shen, Y. C., Cunha, J. M., & Williams, T. V. (2016). Time-varying associations of suicide with deployments, mental health conditions, and stressful life events among current and former US military personnel: a retrospective multivariate analysis. *The Lancet Psychiatry*, 3(11), 1039-1048.

<sup>4</sup> VA (2023). National Suicide Data. Office of Mental Health Suicide Prevention. Washington, DC.

<sup>5</sup> Tsai J, Szymkowiak D, Hooshyar D, Gildea SM, Hwang I, Kennedy CJ, King AJ, Koh KA, Luedtke A, Marx BP, Montgomery AE, O'Brien RW, Petukhova MV, Sampson NA, Stein MB, Ursano RJ, Kessler RC. Predicting Homelessness Among Transitioning U.S. Army Soldiers. *Am J Prev Med*. 2024 Jun;66(6):999-1007. doi: 10.1016/j.amepre.2024.01.018. Epub 2024 Feb 3. PMID: 38311192; PMCID: PMC11359661.

<sup>6</sup> VA (2018). National Strategy for Preventing Veteran Suicide, 2018–2028. Office of Mental Health and Suicide Prevention. Washington, DC.

<sup>7</sup> S.785 - 116th Congress (2019-2020): Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019. (2020, October 17). <https://www.congress.gov/bill/116th-congress/senate-bill/785>

<sup>8</sup> Carroll, D., Kearney, L., & Miller, M. (2020). Addressing Suicide in the Veteran Population: Engaging a Public Health Approach, *Frontiers in Psychiatry*.

efforts of VA, Department of Defense (DoD), local governments, nonprofits, and corporations, with all partners dedicated to the goal of successfully reintegrating TSMVs and mitigating suicide risk.

Results are likely to be robust because the Initiative has enrolled over 8,000 active-duty TSMVs, including over 80 TSMVs identified as acutely high-risk for suicide. Preliminary studies have already shown VSI to be effective at reducing reintegration challenges, improved connectedness/social support and increasing VA enrollment.<sup>9,10</sup>

In FY 2023, a precision medicine capability was added to VSI, known as VSI+, through the use of machine learning. VSI+ consists of two critical components: (1) screening TSMVs for suicide risk pre-discharge with a DoD Study to Assess Risk and Resilience in Servicemembers (STARRS) practical risk calculator for suicidal behavior among TSMVs, and (2) assigning identified high-risk TSMVs to preventive, pre-discharge, stepped-care interventions consisting of a VSI sponsor, VA health care, VA care coordination provided by VA social workers and other specialty care. Since April 2023, over 8,000 TSMVs have completed the DoD STARRS practical risk calculator on military bases.

This evaluation focuses on whether the additional aspects of VSI+ are effective and will be used to inform VHA's efforts to effectively and efficiently roll out VSI/VSI+ more broadly across the nation.

*How will it be learned?* The goal of this study is determining VSI+ effectiveness for improving Veteran well-being by implementing VSI+ on several military bases with 2,700 TSMVs identified as high-risk by the DoD STARRS practical risk calculator. VA will assess if additional community support has a strong effect. Investigators will conduct a budget impact analysis to estimate the efficiency of adopting VSI+.

Data sources include self-reported measures provided by TSMVs, interviews conducted by VA staff with select TSMVs, and data from the Corporate Data Warehouse. This evaluation relies on both quantitative and qualitative analysis and is designed to look at the impacts of the program within military bases as well as the costs and affordability associated with adopting the intervention.

*What are potential obstacles and how will they be overcome?* VA anticipates challenges integrating this new program element with local VA stakeholders and community partners, including lack of awareness and hesitancy, and will address this through implementation facilitators to support partners and audits to demonstrate how the metrics for the program are mutually beneficial.

*How will findings be acted on?* Study findings will be shared with the VA Office of Mental Health, VA Office of Suicide Prevention, and the VA Office of Care Management and Social Work regularly to inform decisions about military base implementation of the intervention and

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<sup>9</sup> Geraci, J., Dichiaro, A., Greene, A., Gromatsky, M., Finley, E., Kilby, D., Frankfurt, S., Edwards, E., Kurz, A., Sokol, Y., Sullivan, S., Mobbs, M., Seim, R., Goodman, M. (2023). Supporting Transitioning Service Members and Veterans Using Certified Sponsors: A 3-Arm Randomized Controlled Trial. *Psychological Services*. 20(Suppl 2), 248–259. <https://doi.org/10.1037/ser0000764>

<sup>10</sup> Geraci J., Finley, EP., Edwards, ER., Kurz AS, Yoon, J.,... Seim RW, Goodman M. (2024). Increasing Connection to VA Healthcare for High-Risk Transitioning Servicemembers/Veterans: The Veteran Sponsorship Initiative. *Psychological Services*.

the best ways to support Veteran well-being, reduce Veteran homelessness and suicide, and improve timely access to care. Evaluators will also provide semiannual updates on the evaluation's progress to the Office of Management and Budget. Findings may trigger the immediate expansion of VSI+ to additional military bases benefiting potentially thousands of servicemembers right away.

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### 3. Expanding Access to Value-based Care Through VA Direct Care or VA Purchased Community Care for Methadone Treatment

*Questions to be Answered:* How do access, quality, and cost compare between VA direct and community care for methadone treatment, and under what scenarios is it cost-effective for VA to deliver care directly versus purchase community care?

Veterans are at higher risk for opioid use disorder (OUD) than the general population given their higher prevalence of pain and mental health conditions and stress.<sup>11</sup> OUD is associated with an increased risk of death by suicide, as well as physical side effects including cardiovascular and digestive problems, oral diseases, and respiratory problems.<sup>12</sup> This study supports VA's efforts to expand access to care for all Veterans through cost-effective and clinically effective methadone treatment for Veterans with OUD and aligns with the Secretary's "Veterans First" approach to prevent suicide, end homelessness, support Veterans' well-being, and ensure timely access to care.

*How will the evaluation's findings be used to inform decisions, when, and by whom?* Pharmacy Benefits Management (PBM), the Office of Mental Health (OMP), the Office of Suicide Prevention (OSP), and the Office of Integrated Veteran Care (IVC) will use these evaluation results to guide decisions about whether to deliver methadone to Veterans in the direct care setting, through VA mobile vans, or through community partnerships to ensure the most effective and efficient delivery of this critical intervention for at-risk Veterans.

*What knowledge gaps will this evaluation fill?* Following implementation of the Choice Act of 2014 and MISSION Act of 2018, about one-third of VA's nine million Veteran enrollees utilize care in the private sector purchased by VA ("community care").<sup>13</sup> To make informed decisions about VA direct or community care, also called the "make vs. buy" decision, VA will compare access, quality, cost, and cost-effectiveness between direct and purchased options.

Methadone is an effective medication used to help people who are dependent on opioids manage their addiction and reduce their risk of overdose.<sup>14,15</sup> But with only 33 VA opioid treatment programs (OTPs) nationwide, the second most common behavioral health service purchased by VA recently is methadone treatment.<sup>16</sup> OTPs are brick-and-mortar facilities and may not be accessible to individuals who live in rural areas or who have difficulty accessing

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<sup>11</sup> Shiner B, Leonard Westgate C, Bernardy NC, et al. Trends in opioid use disorder diagnoses and medication treatment among Veterans with posttraumatic stress disorder. *J Dual Diagnosis*. 2017;13(3):201–12.

<sup>12</sup> Department of Veterans Affairs. (2024 August 19). *Substance Use*. <https://www.mentalhealth.va.gov/substance-use/opioid-use-disorder.asp#:~:text=Harmful%20physical%20effects%20of%20opioid,as%20asthma%20and%20chronic%20cough>

<sup>13</sup> Mattocks KM, Cunningham KJ, Greenstone C, Atkins D, Rosen AK, Upton M. Innovations in Community Care Programs, Policies, and Research. *Med Care*. 2021;59(Suppl 3): S229-S231.

<sup>14</sup> Bell J, Strang J. Medication Treatment of Opioid Use Disorder. *Biol Psychiatry*. 2020;87(1):82-88.

<sup>15</sup> Department of Veterans Affairs. Substance use treatment for Veterans (2022). <https://www.va.gov/health-care/health-needs-conditions/substance-use-problems/>

<sup>16</sup> Vanneman ME, Rosen AK, Wagner TH, et al. Differences Between VHA-Delivered and VHA-Purchased Behavioral Health Care in Service and Patient Characteristics. *Psychiatr Serv*. 2023;74(2): 148-157.

transportation.<sup>17</sup> However, methadone maintenance treatment (MMT) can be delivered through mobile methadone vans or through a community partnership model. This model is beneficial for individuals who may not have access to VA OTPs that are typically limited to large, urban VA medical centers. These approaches require a higher level of coordination and collaboration between VA and non-VA providers, so VA will determine what mix is best for helping Veterans in an effective and efficient way.

*How will it be learned?* The evaluation will compare “make vs. buy” for methadone treatment and will include a cost-effectiveness analysis and budget impact analysis comparing options for expanding methadone treatment availability for Veterans.

The evaluation will include qualitative and quantitative aspects, including an economic analysis. The cost-effectiveness analysis will consider the fixed costs of starting a VA mobile methadone van program (van and provider staffing), as well as health care utilization costs associated with being on or off methadone; all costs are from the VA perspective. Effectiveness is measured as quality-adjusted life-years (QALYs), and the analysis will estimate the average discounted cost and QALYs per patient for each treatment strategy.

*What are potential obstacles and how will they be overcome?* It may take time for VA to purchase and equip mobile vans for the study, and so it may not be possible to examine actual VA mobile van access, quality or cost for treatment. If that is the case, then the analyses will focus on VA OTP versus contracted service for access, quality, and cost comparisons. For community care data, IVC’s Consolidated Data Set is newly available to operations projects. If the team encounters difficulties with this dataset, they will leverage other datasets previously used.

*How will findings be acted on?* Study findings will be shared with the Mobile Methadone Van Workgroup (including PBM, OMH, OSP, and IVC), to guide decisions about the most effective and cost-effective delivery of methadone treatment to Veterans, ensuring timely access to Veteran-centric care. Evaluators will also provide semiannual updates to the Office of Management and Budget. Findings will be acted on immediately through VA adjusting its mix of provided versus purchased care so that Veterans receive the best care through the best option.

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<sup>17</sup> El-Sabawi T, Baney M, Canzater SL, Weizman SR. The New Mobile Methadone Rules and What They Mean For Treatment Access. In: Health Affairs Forefront; 2021.  
<https://www.healthaffairs.org/doi/10.1377/forefront.20210727.942168/>