

**Department of Veterans Affairs
Plans Associated with M-21-06, Maintaining American Leadership in Artificial
Intelligence – E.O. 13859**

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| 1. Statutory Authorities Directing or Authorizing Agency Regulation of AI Applications. List and describe any statutes that direct or authorize your agency to issue regulations specifically on the development and use of AI applications. | |
| Statute | Brief Description |
| | N/A |
| | N/A |

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| 2. Active Collections of AI-Related Information. List and describe any of your agency's collections of information approved by OMB under the Paperwork Reduction Act that relate directly to the design, development, deployment, and operation of AI applications in the private sector, including if there are any statutory or regulatory restrictions on the use or sharing of this information. | |
| Title/OMB Control Number | Brief Description |
| | N/A |

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| 3. AI Use Case Priorities. Informed by stakeholder engagement, list and describe AI applications that are within your agency's regulatory authorities. | |
| AI use case | Brief Description |
| <p>AI that identifies the risk factors for diseases/events such as cancers or suicide risk.</p> <p>AI that identifies early signs of a disease that would have not been discernable to the human eye. Already, there are some applications of image processing for early cancer detection.</p> <p>AI that makes secondary use of existing images to mark potentially overlooked findings that</p> | <p>With regard to use of “AI-enabled chatbots for customer service. AI powered chatbots could help triage/resolve some of the easier questions quickly.” The OCHCO has activated an AI-enabled chatbot (HRB) in Microsoft Teams to manage its VA Covid-19 FAQs. Critical to this, or any integration of AI onto the VA network/Azure Cloud is “Disclaimer” verbiage warning users to refrain from entering PII data in the form of questions to the chatbot. Data entered into that process is saved, unless identified after-the-fact, and poses a potential personnel security data concern.</p> |

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| <p>were not the primary target of the original study.</p> <p>AI/natural language processing for optimizing form processing to reduce waiting/processing times.</p> <p>AI that receives images or other health data from sources outside the VA and can evaluate whether it meets quality standards set by VA practitioners.</p> <p>AI that triages incoming medical evidence, such as images or lab values, to flag studies requiring additional attention or prioritize studies (particularly in time-critical settings) based on their evaluated severity.</p> <p>AI that offers personalized recommendations to help ensure that treatment plans are tailored to the patient's unique risk factors and medical history.</p> <p>AI that provides user recommendations that encourage preventative behavior.</p> <p>AI that promotes improved coordination, learning, and forecasting of needs/access across local VA medical centers. Because of the complexity of each VAMC, it is easy for clinicians to operate in silos. However, there is great scope for sharing best practices, pooling resources, and identifying</p> | <p>As part of its Mail Automation Program, VBA is using Natural Language Processing to interpret Veteran-submitted free text on existing VA forms and classifying that free text into different categories of Veteran inquiries. Some of these categories drive additional automation, while other categories allow the forms to be flagged for expedited manual review. This AI process reduces processing time by 3-5 days per form that contains free text.</p> <p>As part of its Mail Automation Program, VBA uses Vision AI and Natural Language Processing to classify different Veteran submissions on form fields to align to a pre-set list of options and it also uses existing data to address gaps in forms submission. This allows VBA to expedite the electronic creation of a claim or the handling of certain self-service transactions. No transactions or claims creation results in irreversible, financial or non-reviewable actions taken on a Veteran, while the AI processing can reduce processing time by 3-5 days. When combined with electronic receipt of mail, this allows same-day or near-same day completion of multiple types of self-service Veteran transactions, improving VA's customer service.</p> |
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| <p>potential shortages before they take place.</p> <p>AI that provides improved job and upskilling recommendations for service members who are transitioning to the civilian sector. Unfortunately, many service members match into jobs that are not well-aligned with their preferences, abilities, and skills.</p> <p>AI that improves and expedites the benefits application process. Since the application is fairly involved, it behaves as a barrier and source of frustration for Veterans. AI can expedite the process by taking consolidating information, saving past content to provide recommendations over what could be filled in, and learning from others with similar backgrounds who have already filled in information.</p> <p>AI-enabled chatbots for customer service. AI powered chatbots could help triage/resolve some of the easier questions quickly.</p> <p>AI that improves the delivery of care. Given a certain population, what is the level of quality and pace that a VAMC should be able to deliver? To improve outcomes and help pull the lower performing VAMCs up, AI could identify the source</p> | <p>In summer 2020, VBA delivered a new artificial intelligence platform for Veteran Readiness and Employment (VR&E) Service designed to enhance customer service and provide timely responses to Veterans.</p> <p>The electronic Virtual Assistant (e-VA) allows Veterans to receive a timely response to basic questions, automated alerts, follow-up messages, appointment reminders and the ability to schedule and reschedule appointments. The platform provides modern, streamlined and responsive customer service support to VR&E Veterans, as well as automates routine administrative activities for VR&E Vocational Rehabilitation Counselors and staff.</p> |
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| <p>of the discrepancies and provide recommendations on how to improve outcomes. Similar applications can be developed to identify fraud with potentially risky transactions that exhibit certain characteristics.</p> <p>AI that facilitates learning and career advancement. By looking at the investments that people make over their career and mapping them to outcomes, AI can identify the successful pathways and the investments that are typically undertaken to improve employees' career prospects.</p> | |
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| <p>4. AI Regulatory Barriers. Informed by stakeholder engagement, list and describe existing processes, policies, or regulations that inhibit development or commercialization of AI applications within your agency's authority.</p> | |
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| <p>Process, policy, or regulation</p> | <p>Brief description</p> |
| <p>Health Information Portability and Accountability Act (HIPAA)</p> <p>Electronic Communications Privacy Act</p> <p>Privacy Act of 1974 amended as 5 USC 552a</p> | <p>Data sharing enables us to work with outside agencies to develop or commercialize AI for VA uses. A method for sharing data safely is through establishing a data use agreement (DUA) or cooperative R&D agreement (CRADA), and then sharing de-identified data. However, there are barriers to implement the formal arrangements due to different standards and guidance from personnel.</p> <p>To put data sharing in perspective, HHS defines two approaches for data de-identification. One of the commonly accepted options is the safe-harbor method, which removes any information in 18 fields of data HHS has designated as identifiers. Safe harbor has been determined insufficient for VA patient data, where it is supposed that knowing the patient data comes from a veteran reduces the individuals it could be traced back to, in a hypothetical attempt to re-identify patients. There are few tools recognized for de-identification in this manner by the VA, such as narrow-use tools such as</p> |

RSNA DICAT for image anonymization. Many vendors produce potentially suitable tools for data de-identification, it may be worth exploring commercial offerings that could be tailored for VA requirements.

When safe-harbor de-identification is pursued in the absence of standard tools, data in fields beyond the identifiers is modified to remove the potential for re-identification through residual information. This involves for instance adding numerical noise to ‘jitter’ recorded values, or quantizing values by converting the precise value into a categorical descriptor (i.e. “A1c” is “high >12%” rather than a precise value). Further steps beyond standard safe harbor diminish the usefulness of the dataset. The sufficiency of either the proposed steps, or the use of previously recognized tools, is determined on a case-by-case basis and leads to inconsistency and delays. Decisions on individual measurements should be documented to improve consistency or set a default requirement.

The de-identification alternative to safe harbor is expert determination, which typically requires a statistician to apply statistical or scientific principles to prove the risk of re-identification is acceptably small. While this may fall under privacy office purview, there is an unavailability of experts to make this determination in many cases. Groups within the VA looking for expert determination have abandoned projects due to prohibitive cost of outsourcing this determination and unavailability of experts to field all requests. An expert determination office for data that works in conjunction with standard tools may improve our ability to de-identify data when working with outside partners.

Finally, an alternative to de-identified data is synthetic data. Various projects within the VA, namely the partnership with MDClone and the data synthesis tool Synthea, seek to statistically model relations within our medical data and through simulation generate an artificial population’s medical records that maintains the statistical relations of medical conditions in the real population. Synthetic data may not have fully accurate relations but has the advantage of not coming from any real individual. While it’s been previously determined in various cases that synthetic data does not constitute a privacy concern, each synthetic dataset must be approved for release. Each release approval adds another request the privacy office must re-evaluate and invariably they are approved, however the de-novo

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| | <p>evaluations of synthetic data release add significant delay and confusion.</p> <p>In combination, these limitations add many redundant requests to the privacy office that could be simplified by approval of standard tools or targeted policies for cases such as synthetic data. A well codified policy and/or SOP could shift much of the burden of certifying de-identification in many cases from the privacy office to individual researchers. Only complicated cases may need to apply expert determination to certify unusual data releases that are not suitably addressed by existing solutions. The current system overtly relies on expert determination or case-by-case review, leading to added expense and delays of several months to years that effectively prohibit many potential collaborations across the VA.</p> |
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| <p>5. Planned Regulatory Actions Concerning AI Applications. List and describe any planned or considered regulatory actions and provide, to the extent possible, information about the agency's consideration of the principles and approaches described in OMB Memorandum M-21-06.</p> | |
| <p>Regulatory Action</p> | <p>Brief description</p> |
| | <p>We are not planning any upcoming regulatory action.</p> |