Evidence in Action: Lessons Learned and Future Directions for the Strength of Evidence Checklist

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Bottom Line Up Front

In response to the Foundations for Evidence-based Policymaking Act of 2018, the Veterans Health Administration (VHA) deployed several innovative solutions to formalize and incorporate evidence into its decision-making processes. One example is the development of the strength of evidence (SOE) checklist used to assess legislative and budgetary proposals. Since implementing the SOE checklist, VHA has refined its content and applications. Still, there are opportunities to innovate further and leverage the SOE review process to better support the administration and its evidence-building activities.

Context

With the passage of the Foundations for Evidence-based Policymaking Act of 2018 (Evidence Act), federal cabinet-level agencies are now charged with incorporating evidence into policymaking and budgetary efforts.[1] The Evidence Act mandates that evidence-building activities be conducted and reported through formal deliverables including evaluation plans, learning agendas, and capacity assessments. Within the Veterans Health Administration (VHA), numerous offices are tasked with compliance with the law, including the Quality Enhancement Research Initiative and its Partnered Evidence-based Policy Resource Center (PEPReC).[2]

Beyond the required deliverables and an example of the Evidence Act "in action," PEPReC developed the strength of evidence (SOE) checklist in 2020 and collaborated with operational partners to integrate its use into VHA's existing processes for reviewing annual legislative and budget proposals.[3] In the years since, PEPReC has refined the SOE checklist's content and applications.

SOE Checklist

Each year, VHA program offices prepare formal legislative and budget proposals with the intent of securing a policy or fiscal change that will improve VHA health care and operations. Proposals are developed two fiscal years (FY) in advance (e.g., FY26 proposals are prepared in FY24). These proposals are submitted to the Office of Congressional and Legislative Affairs (OCLA) and the Office of Finance, respectively. Select proposals are advanced to the Secretary of Veterans Affairs for final approval and implementation.

As one part of VHA's internal review of all proposals, PEPReC uses the SOE checklist to assess the extent to which program offices justify their requests with evidence, towards the administration's goal of evidence-based decision-making.[4] The SOE checklist assesses the strength of a proposal's evidence across five dimensions: need, feasibility, effectiveness, cost, and comparison to alternatives. There are 20 prompts within those dimensions, each scored on a scale of one (low) to five (high), resulting in a total score of up to 100 (see Appendix 1 for full checklist).[5]

Each proposal is reviewed independently by two reviewers (masters-level) who then convene to reconcile their scores. In the event that reviewers are unable to reach consensus, a third reviewer (PhD-level or masters-level) mediates. Completed, reconciled checklists are returned to OCLA or Office of Finance and the submitting program offices with anonymized feedback explaining the reviewers' scores.

Strength of Evidence Dimensions				
Need	**Feasibility**	**Effectiveness**	**Cost**	**Comparison to Alternatives**
Is there a stated **need** for a novel approach and/or additional resources are this time?	Is implementation **feasible** in the identified setting or timeline, including how it aligns with VA priorities?	Is there proof of how **effective** the proposed policy or program will be and how will success be measured?	Is there a breakdown of internal and/or external budget **cost** impacts?	Have **alternative policies or programs** been considered and dismissed?
Does the evidence provided meet the highest standards of quality, relevance, and timeliness?				

In the period following initial implementation, the SOE checklist was revised at the conclusion of each year's grading cycle. However, beginning with the review of FY26 proposals in FY24, PEPReC felt the checklist was stable and decided to forego any significant changes for the foreseeable future. This approach provides consistency for program offices as well as makes it possible to more accurately track and analyze trends in scoring and evidence use.

SOE Grading Rubric

Development of SOE Grading Rubric
At the beginning of the review of FY26 proposals in FY24, PEPReC implemented a new rubric to be used alongside the SOE checklist. The SOE grading rubric provides reviewers with a detailed description of the criteria to be considered during the scoring process (see Appendix 2 for full rubric).

Table 1: *SOE Grading Rubric (excerpt)*

	Score and Evidentiary Standard				
Dimension: Need	**5** *Evidence is high quality, up-to-date, directly related, and clearly supports proposal approval*	**4**	**3** *Evidence is good quality, applicable, and likely supports proposal approval*	**2**	**1** *Evidence is minimal, unrelated, and may not support proposal approval*
*Q1: Explain the need for a new approach or additional resources in this area at this time (i.e., **why now?**).*	• *Need is explained **in detail** from both policy AND operational perspective.* • *No assumptions are made.*	• *Need is explained from both policy AND operational perspective.* • *No assumptions are made.*	• *Need is explained from either policy OR operational perspective.* • *Some assumptions may still be made.*	• *Need is not stated but could be assumed based on the information provided.*	• *Narrative does not address this element at all.*

The goal of the SOE grading rubric is to standardize grading and enhance consistency between reviewers. This tool was developed in accordance with guidance from the Office of Management and Budget on what constitutes evidence and how to use it in decision-making.[6] While the rubric provides

firm guidelines, it is also not so prescriptive that it precludes reviewers from considering external factors or using common sense as they grade.

Initial Impact of SOE Grading Rubric
After the first round of use, reviewers remarked that the scoring rubric provided additional clarity on the SOE checklist's criteria and illuminated the distinction between scores, particularly those between the extremes (e.g., the difference between awarding a one and a five on a particular prompt).

To quantify the impact of the rubric in its first year, we first compared final FY25 legislative proposal scores to final FY26 legislative proposal scores. Overall, final scores for FY26 legislative proposals were lower than final scores for FY25 legislative proposals, but they were also more normally distributed.

To test inter-reviewer consistency, we compared subsets of reviewers' individual scores, pre-reconciliation, for FY25 and FY26 legislative proposals. We observed that reviewers' pre-reconciliation scores were more similar for FY26 legislative proposals than they were for FY25 legislative proposals.

> **Early Impressions of Rubric**
>
> - Scoring trends and distribution suggest **greater consistency and precision** across reviewers.
> - Scores also indicate **less variability** between reviewers.
> - Rubric has been **well received by reviewers**, especially relative to its ease of use and clarification of scoring criteria.

We also looked at the size of the difference between reviewers' pre-reconciliation scores. After using the scoring rubric for FY26 legislative proposals, there were fewer instances where the difference between pre-reconciliation scores was very big and more instances where the difference was very small, compared to FY25 legislative proposals. In other words, reviewers appeared to be more precise in their application of scoring criteria, suggesting greater consistency and less variability between reviewers.

Next Steps
Refinements to the evidence review process, such as the SOE checklist and grading rubric, open the door to new opportunities to strengthen and support VHA's broader evidence building agenda. Improving consistency in reviewer scores, particularly pre-reconciliation, is a key first step towards more sophisticated analyses that require longitudinal data that is reliable and robust. Ultimately, this effort will make it possible to glean insight into larger questions, including how SOE scores may be used by VHA leadership to support decision making.

References

1. Text - H.R.4174 - 115th Congress (2017-2018): An act to amend titles 5 and 44, United States Code, to require Federal evaluation activities, improve Federal data management, and for other purposes. (2019, January 14). https://www.congress.gov/bill/115th-congress/house-bill/4174/text
2. Ndugga NJ., Avila CJ., Sites E., Pizer S., and Garrido M. "Foundations for Evidence-based Policymaking Act." Partnered Evidence-based Policy Resource Center Brief, September 2020.
3. Garrido M. & Sites E. VA Cyberseminar, "Strength of Evidence Checklist – Using Evidence to Justify Policy & Budget Decisions." November 9, 2022. https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=5238
4. Quality Enhancement Research Initiative. "Supporting VA's Compliance with the Evidence Act: QUERI's National Network of Evaluation Centers." October 2022. https://www.queri.research.va.gov/qnews/oct22/default.cfm?QnewsMenu=article2
5. Partnered Evidence-based Policy Resource Center. "Use of the Strength of Evidence Checklist." November 2021.
6. Office of Management and Budget. Executive Office of the President. OMB Memorandum M-19-23, Phase I Implementation of the Foundations for Evidence-Based Policymaking Act of 2018: Learning Agendas, Personnel, and Planning Guidance. 2019. https://www.whitehouse.gov/wp-content/uploads/2019/07/M-19-23.pdf

Appendix 1 – SOE Checklist

STRENGTH OF EVIDENCE REVIEW PROTOCOL	
Please adequately address the following considerations in the proposal. *Please provide any necessary supplemental material (e.g., cost breakdowns).*	Score (x/100)
NEED	
Explain the need for a new approach or additional resources in this area *at this time* (i.e., **why now?**).	
Explain the need for *this specific* proposed approach or *these* additional resources (i.e., **why this?**).	
Ensure that the evidence included to demonstrate need meets the highest standards of quality, relevance, and timeliness.	
FEASIBILITY	
Explain the current context or logistical environment in which the proposal will be implemented (e.g., VA strategic plan, political environment, external markets, clinical and administrative priorities).	
Explain the *political and policy* feasibility of this proposal, **including anticipated opposition**.	
Explain the *operational* feasibility and implementation of this proposal, **including anticipated barriers**.	
Explain the proposed method for quantifying *implementation* success, **including specific metrics**.	
Ensure that the evidence included to demonstrate feasibility meets the highest standards of quality, relevance, and timeliness.	
EFFECTIVENESS	
Explain if elements of this proposal have already been implemented (inside or outside VHA).	
Explain the **direct, indirect, and/or unintended impacts** of this proposal on the Veteran population, including specific subpopulations.	
Include a **clear statement of intended outcome** for the proposed program or policy.	
Explain the proposed method for quantifying *outcome* success, **including specific metrics.**	
Ensure the evidence included to demonstrate effectiveness meets the highest standards of quality, relevance, and timeliness.	
COST	
Clearly define and estimate **internal** (i.e., VHA) budget impacts.	
Explain and estimate any potential budget impacts **external entities** (i.e., non-VHA parties) may incur.	
Ensure that the evidence included to estimate and justify costs meets the highest standards of quality, relevance, and timeliness.	
COMPARISON TO ALTERNATIVES	
Define and explain **alternative approaches** and why they are not viable.	
Define and explain **the status quo** and why it's inadequate.	
Ensure that the evidence included to compare this policy/program to alternatives and the status quo meets the highest standards of quality, relevance, and timeliness.	
OVERALL ASSESSMENT	
This section provides an overall assessment of the proposal and its evidence base, accounting for strengths and weaknesses.	
Score Scale (1-5) 5 = evidence is high quality, up-to-date, directly related, and clearly supports proposal approval 3 = evidence is good quality, applicable, and likely supports proposal approval 1 = evidence is minimal, unrelated, and may not support proposal approval	
Reviewer:	**Date:**

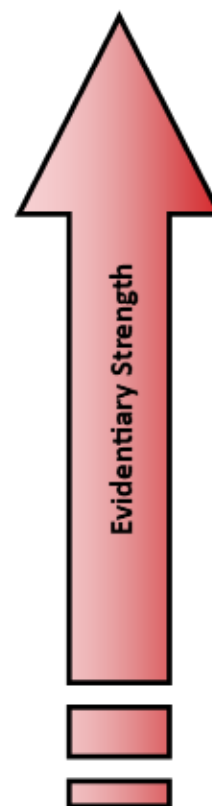For questions or clarification, please contact peprec@va.gov.

Appendix 2 – SOE Scoring Rubric and Guidance

Interpreting Evidence – Components of Evidence

In OMB Memorandum M-19-23,[1] the Office of Management and Budget (OMB) provides guidance as to how *Evidence* is defined within the Evidence Act. Further, OMB M-19-23 directs federal department and agencies to build and cultivate many sources and types of evidence. In this guidance, OMB identifies four components of evidence: foundational fact finding, policy analysis, performance management, and program evaluation.

OMB describes these components as being "interdependent" and directs agencies to build and utilize these various types of evidence as they work to comply with the Evidence Act.

In OMB Memorandum M-20-12, OMB states and defines the following Federal Program Evaluation Standards: Relevance and Utility, Rigor, Independence and Objectivity, Transparency, and Ethics. OMB views these standards as necessary for

Evidentiary Strength

Program Evaluation
Systematic analysis of a program, policy, organization, or component of these to assess effectiveness and efficiency.

Performance Management
Ongoing, systematic tracking of information relevant to policies, strategies, programs, projects, goals and/or objectives.

Policy Analysis
Analysis of data, such as general purpose survey or program-specific data, to generate and inform policy, e.g., estimating regulatory impacts and other relevant effects.

Foundational Fact Finding
Foundational research and analysis such as aggregate indicators, exploratory studies, descriptive statistics, and basic research.

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[1] OMB. M-19-23 Phase 1 Implementation of the Foundations for Evidence-Based Policymaking Act of 2018: Learning Agendas, Personnel, and Planning Guidance (2019)

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"evaluations to have the credibility needed for full acceptance and use."[2] While not completely analogous to evidence grading activities, these standards complement and can be considered when assessing the quality of evidence provided by budget and legislative proposals. The descriptions that follow are adapted from OMB M-20-12.

Relevance and Utility – To be relevant and useful, evidence should address questions of importance and present information that is timely and actionable towards informing agency activities and actions.

Rigor – Evidence that is rigorous presents information that can be confidently relied upon. Strict standards have been adhered to throughout a robust evidence-building process, executed and managed by qualified parties. Evidence that is rigorous also acknowledges and presents its limitations.

Independence and Objectivity – The highest quality of evidence is independent and objective. Evidence has been produced under conditions where political and other undue influences are neutralized thereby promoting objectivity and impartiality (e.g., avoiding conflicts of interest, bias, etc.).

Transparency – High-quality evidence has been produced through transparent evidence-building activities, promoting accountability, and helping to assure stakeholder of its integrity.

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[2] OMB. M-20-12 Phase 4 Implementation of the Foundations for Evidence-Based Policymaking Act of 2018: Program Evaluation Standards and Practices (2020)

Dimension: Need	Score and Evidentiary Standard				
	5 *Evidence is high quality, up-to-date, directly related, and clearly supports proposal approval*	**4**	**3** *Evidence is good quality, applicable, and likely supports proposal approval*	**2**	**1** *Evidence is minimal, unrelated, and may not support proposal approval*
Q1: Explain the need for a new approach or additional resources in this area *at this time* (i.e., **why now?**).	• Need is explained **in detail** from both policy AND operational perspective. • No assumptions are made.	• Need is explained from both policy AND operational perspective. • No assumptions are made.	• Need is explained from either policy OR operational perspective. • Some assumptions may still be made.	• Need is not stated but could be assumed based on the information provided.	• Narrative does not address this element at all.
Q2: Explain the need for *this specific* proposed approach or *these* additional resources (i.e., **why this?**).	• Need is explained **in detail** from both policy AND operational perspective. • No assumptions are made.	• Need is explained from both policy AND operational perspective. • No assumptions are made.	• Need is explained from either policy OR operational perspective. • Some assumptions may still be made.	• Need is not stated but could be assumed based on the information provided.	• Narrative does not address this element at all.
Q3: Ensure that the evidence included to demonstrate need meets the highest standards of quality, relevance, and timeliness.	• Proposal provides evidence from both internal and external sources. • Evidence provided is high quality and directly related.	• Proposal relies on evidence from **internal sources.** • External evidence is not presented. • Evidence provided is good quality and directly related.	• Evidence is good quality and broadly applicable.	• Evidence is either low quality or not applicable.	• Evidence is not provided.

Dimension: Feasibility	Score and Evidentiary Standard				
	5 *Evidence is high quality, robust, directly related and clearly supports proposal approval*	**4**	**3** *Evidence is adequate, applicable, and likely supports proposal approval*	**2**	**1** *Evidence is minimal, unrelated, and may not support proposal approval*
Q1: Explain the current context or logistical environment in which the proposal will be implemented (e.g., VA strategic plan, political environment, external markets, clinical and administrative priorities).	• Narrative directly addresses the question. • Current context/logistical environment is described in detail. • Narrative discusses several of the following: VA strategic plan, political environment, relevant statutes or legislation, external markets, and clinical/administrative priorities. • No assumptions are made.	• Current context/logistical environment is described in detail. • Narrative discusses **at least one** of the following: VA strategic plan, political environment, relevant statutes or legislation, external markets, and clinical/administrative priorities. • No assumptions are made.	• Current context/logistical environment is explained. • Some assumptions may still be made.	• Current context or logistical environment is not stated but could be assumed based on the information provided.	• Narrative does not address this element at all.
Q2: Explain the *political and policy* feasibility of this proposal, **including anticipated opposition**.	• Narrative directly addresses the question. • Narrative provides a thorough discussion of feasibility from a	• Narrative directly addresses the question. • Narrative a thorough discussion of feasibility from a	• Political/policy feasibility is explicitly stated or implied, but the narrative does not	• Political/policy feasibility is not stated but could be assumed based on the information provided.	• Narrative does not address this element at all.

	political/policy standpoint. • Narrative acknowledges and explains potential or anticipated opposition. • No assumptions are made.	political/policy standpoint. • No assumptions are made.	provide a detailed explanation. • Some assumptions may still be made.		
Q3: Explain the *operational* feasibility and implementation of this proposal, **including anticipated barriers**.	• Narrative directly addresses the question. • Narrative provides a thorough discussion of operational feasibility. • Narrative acknowledges or explains potential or anticipated barriers. • No assumptions are made.	• Narrative directly addresses the question. • Narrative provides a thorough discussion of operational feasibility. • No assumptions are made.	• Operational feasibility is explicitly stated or implied, but the narrative does not provide a detailed explanation. • Some assumptions may still be made.	• Operational feasibility is not stated but could be assumed based on the information provided.	• Narrative does not address this element at all.
Q4: Explain the proposed method for quantifying *implementation* success, **including specific metrics**.	• Narrative directly addresses the question. • Narrative describes either a proposed method or a method already in use for quantifying implementation success.	• Narrative directly addresses the question. • Narrative describes either a proposed method or a method already in use for quantifying implementation success.	• Narrative discusses potential methods for quantifying implementation success but does not include specific metrics. • Some assumptions may still be made.	• Proposed method for quantifying implementation success is not stated but could be assumed based on the information provided.	• Narrative does not address this element at all.

Dimension	5	4	3	2	1
	• Narrative provides 2 or more specific metrics. • No assumptions are made.	• Narrative provides only 1 specific metric. • No assumptions are made.			
Q5: Ensure that the evidence included to demonstrate feasibility meets the highest standards of quality, relevance, and timeliness.	• Proposal provides evidence from both internal and external sources. • Evidence provided is high quality and directly related.	• Proposal relies on evidence from **internal sources.** • External evidence is not presented. • Evidence provided is good quality and directly related.	• Evidence is good quality and broadly applicable.	• Evidence is either low quality or not applicable.	• Evidence is not provided.

Dimension: Effectiveness	Score and Evidentiary Standard				
	5 *Evidence is high quality, robust, directly related and clearly supports proposal approval*	4	3 *Evidence is adequate, applicable, and likely supports proposal approval*	2	1 *Evidence is minimal, unrelated, and may not support proposal approval*
Q1: Explain if elements of this proposal have already been implemented (inside or outside VHA).	• Narrative directly addresses the question. • Narrative provides an in-depth discussion of the precedent for the proposed policy/program, citing more than one example. • No assumptions are made.	• Narrative provides some discussion of the precedent for the proposed policy/program, citing one specific example. • No assumptions are made.	• Narrative discusses whether there is any precedent for the proposed policy/program but lacks specificity. • Some assumptions may still be made.	• Narrative does not discuss precedent but could be assumed based on information provided.	• Narrative does not address the element at all.

Q2: Explain the **direct, indirect, and/or unintended impacts** of this proposal on the Veteran population, including specific subpopulations.	• Narrative directly addresses the question. • Narrative provides a substantial discussion of impact on the Veteran population, including 2 or more specific subpopulations. • No assumptions are made.	• Narrative provides some discussion of the impact on the Veteran population, including 1 specific subpopulation. • No assumptions are made.	• Narrative provides some discussion of the impact on the Veteran population, with no mention of subpopulations. • Some assumptions may still be made.	• Narrative does not provide a discussion of the impact on Veterans but could be assumed based on information provided.	• Narrative does not address the element at all.
Q3: Include a **clear statement of intended outcome** for the proposed program or policy.	• Narrative directly addresses the question. • Narrative includes clear and detailed statement of the intended outcome. • No assumptions are made.	• Narrative includes clear and detailed statement of the intended outcome, but explanation lacks specificity. • No assumptions are made.	• Narrative provides a statement of intent but lacks clarity and/or specificity. • Some assumptions may still be made.	• Narrative identifies or implies an intended outcome but does not include an explicit statement.	• Narrative does not address the element at all.
Q4: Explain the proposed method for quantifying *outcome* success, **including specific metrics.**	• Narrative directly addresses the question. • Narrative explains either a proposed method or a method already in use for quantifying outcome success. • Narrative provides 2 or more specific metrics.	• Narrative explains either a proposed method or a method already in use for quantifying outcome success. • Narrative provides only 1 specific metrics. • No assumptions are made.	• Narrative discusses potential methods for quantifying outcome success but does not include specific metrics. • Some assumptions may still be made.	• Proposed method for quantifying outcome success is not stated but could be assumed based on the information provided.	• Narrative does not address the element at all.

	• No assumptions are made.				
Q5: Ensure the evidence included to demonstrate effectiveness meets the highest standards of quality, relevance, and timeliness.	• Proposal provides evidence from both internal and external sources. • Evidence provided is high quality and directly related.	• Proposal relies on evidence from **internal sources.** • External evidence is not presented. • Evidence provided is good quality and directly related.	• Evidence is good quality and broadly applicable.	• Evidence is either low quality or not applicable.	• Evidence is not provided.

Dimension: Cost	Score and Evidentiary Standard				
	5 *Evidence is high quality, robust, directly related and clearly supports proposal approval*	4	3 *Evidence is adequate, applicable, and likely supports proposal approval*	2	1 *Evidence is minimal, unrelated, and may not support proposal approval*
Q1: Clearly define and estimate **internal** (i.e., VHA) budget impacts.	• Narrative directly addresses the question. • Narrative provides a thorough explanation of how funds will be used. • Narrative provides a thorough discussion of potential or anticipated costs. • In addition to narrative, proposal provides an	• Narrative provides a thorough discussion of potential or anticipated costs. • Narrative provides a basic explanation of how funds will be used. • No assumptions are made.	• Narrative states proposed or requested funding level. • Narrative provides a basic explanation of how funds will be used. • Some assumptions may still be made.	• Narrative does not state or explain internal budget impacts but could be assumed based on the information provided.	• Narrative does not address the element at all.

	itemized accounting (separate Excel file or an embedded table). • If an established program, narrative should include funding level for prior fiscal year(s) • No assumptions are made.				
Q2: Explain and estimate any potential budget impacts **external entities** (i.e., non-VHA parties) may incur.	• Narrative directly addresses the question. • Narrative explains and provides detailed estimates of potential costs that may be incurred by non-VHA entities. • No assumptions are made. **OR** • **If narrative states no budget impacts on non-VHA entities, proposal must include rationale and supporting**	• Narrative describes potential costs that may be incurred by non-VHA entities in details but does not provide detailed estimates. • No assumptions are made.	• Narrative acknowledges that external entities may incur costs related to the proposal but lacks detail explanation and cost estimates. • Some assumptions may still be made.	• Narrative does not state external budget impacts but could be assumed based on the information provided.	• Narrative does not address the element at all.

	evidence if available.				
Q3: Ensure that the evidence included to estimate and justify costs meets the highest standards of quality, relevance, and timeliness.	• Proposal provides evidence from both internal and external sources. • Evidence provided is high quality and directly related.	• Proposal relies on evidence from **internal sources.** • External evidence is not presented. • Evidence provided is good quality and directly related.	• Evidence is good quality and broadly applicable.	• Evidence is either low quality or not applicable.	• Evidence is not provided.

Dimension: **Comparison to Alternatives**	Score and Evidentiary Standard				
	5 *Evidence is high quality, robust, directly related and clearly supports proposal approval*	**4**	**3** *Evidence is adequate, applicable, and likely supports proposal approval*	**2**	**1** *Evidence is minimal, unrelated, and may not support proposal approval*
Q1: Define and explain **alternative approaches** and why they are not viable.	• Narrative directly addresses the question. • Narrative describes a systematic approach as to how alternative approaches were considered. • Narrative provides a thorough discussion of why and how alternative	• Narrative describes alternative approaches that were considered and found not to be viable but lacks specificity. • No assumptions are made.	• Narrative acknowledges that alternative approaches may be available but does not explain in depth. • Some assumptions may still be made.	• Narrative does not explicit acknowledge alternative approaches but could be assumed based on the information provided.	• Narrative does not address the element at all.

	approaches were determined to be not viable. • No assumptions are made. **OR** • **If the narrative explicitly states that the proposed policy/program is mandated (either by act of Congress or judicial action), authorizing language and/or statutory or legal citation(s) should be provided.**				
Q2: Define and explain **the status quo** and why it's inadequate.	• Narrative directly addresses the question. • Narrative provides a detailed discussion of the status quo and provides a persuasive case as to why it is inadequate or why change is needed. • No assumptions are made.	• Narrative provides some discussion of the status quo and why it is inadequate or why change is needed. • No assumptions are made.	• Status quo is discussed indirectly, but narrative does not provide details. • Some assumptions may still be made.	• Narrative does not discuss status quo, directly or indirectly, but it could be assumed based on the information provided.	• Narrative does not address the element at all.

	OR • **If the narrative explicitly states that the proposed policy/program is mandated (either by act of Congress or judicial action), authorizing language and/or statutory or legal citation(s) should be provided.**				
Q3: Ensure that the evidence included to compare this policy/program to alternatives and the status quo meets the highest standards of quality, relevance, and timeliness.	• Proposal provides evidence from both internal and external sources. • Evidence provided is high quality and directly related.	• Proposal relies on evidence from **internal sources.** • External evidence is not presented. • Evidence provided is good quality and directly related.	• Evidence is good quality and broadly applicable.	• Evidence is either low quality or not applicable.	• Evidence is not provided.

Overall Assessment	Score and Evidentiary Standard				
	5 *Evidence is high quality, up-to-date, directly related, and clearly supports proposal approval*	4	3 *Evidence is good quality, applicable, and likely supports proposal approval*	2	1 *Evidence is minimal, unrelated, and may not support proposal approval*
Q1: This section provides an overall assessment of the proposal and its evidence base, accounting for strengths and weaknesses.	• Provide an overall assessment (summary score) of the proposal.				

ABOUT PEPReC POLICY BRIEFS

This evidence-based policy brief is written by Partnered Evidence-based Policy Resource Center (PEPReC) staff to inform policymakers and Veterans Health Administration (VHA) managers about the evidence regarding important developments in the broader health system and economy. PEPReC is a Quality Enhancement Research Initiative-funded resource center that collaborates with operational partners to design and execute randomized evaluations of VHA initiatives, develops and refines performance metrics, and writes evidence-based policy briefs.

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