



# **Department of Veterans Affairs- Department of Defense Joint Executive Committee**

## **Annual Joint Report Fiscal Year 2019**

A blue ink signature of Robert L. Wilkie, written in a cursive style.

**Robert L. Wilkie**  
Secretary  
Department of Veterans Affairs

A black ink signature of Matthew P. Donovan, written in a cursive style.

**Matthew P. Donovan**  
Performing the Duties of the Under  
Secretary of Defense for Personnel  
and Readiness  
Department of Defense

VA-DoD  
Joint Executive Committee  
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(as of September 30, 2019)

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## SECTION 1 – INTRODUCTION

The Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee (JEC) is pleased to submit the VA-DoD JEC Fiscal Year (FY) 2019 Annual Joint Report (AJR), for the period of October 1, 2018 to September 30, 2019, to Congress as required by 38 United States Code (U.S.C.) § 8111(f). The intent of the AJR is to provide Congress with information about the collective accomplishments of the two Departments and highlight current efforts to improve joint coordination and resource sharing. This report does not contain recommendations for legislation.

The JEC provides senior leadership with a forum for collaboration and resource sharing between VA and DoD. In accordance with 38 U.S.C. § 9320, the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness co-chair the JEC. JEC consists of the leaders of the Health Executive Committee (HEC), the Benefits Executive Committee (BEC), the Federal Electronic Health Record Modernization (FEHRM) Executive Committee (EXCOM)<sup>1</sup>, additional Independent Working Groups (IWGs), and other senior leaders designated by each Department.

The JEC works to remove barriers and challenges that impede collaborative efforts, asserts and supports mutually beneficial opportunities to improve business practices, ensure high quality cost-effective services for VA and DoD beneficiaries, and facilitates opportunities to improve resource utilization. Through a joint strategic planning process, the JEC recommends to the Secretaries the strategic direction for joint coordination and sharing efforts between the two Departments and oversees the implementation of those efforts.

The VA-DoD JEC FY 2019 AJR links accomplishments to the following four strategic goals established in the VA-DoD JEC Joint Strategic Plan (JSP) FY 2019-2021: (1) Benefits and Services; (2) Health Care; (3) Efficiencies of Operation; and (4) Interoperability. This approach clarifies the connection between strategic planning and outcomes achieved through VA and DoD coordination, collaboration, and sharing efforts.

The JEC, HEC, BEC, FEHRM EXCOM, and IWGs are comprised of more than 40 Working Groups (WGs), Centers of Excellence (CoEs), boards, and areas of oversight. See Appendix A for details.

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<sup>1</sup> Formerly the Interagency Program Office Executive Committee (IPO EXCOM).

## SECTION 2 – ACCOMPLISHMENTS

This section highlights the FY 2019 accomplishments of the JEC, HEC, BEC, FEHRM EXCOM, and IWGs. These accomplishments reflect the efforts of VA and DoD to improve resource sharing between the Departments and further the mission to optimize the health and well-being of Service members, Veterans, and their eligible beneficiaries. The report also acknowledges some planned activities for FY 2020.

### GOAL 1 – Health Care

Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value consistently across the two Departments.

#### Objective 1.1. Suicide Prevention

The VA-DoD Suicide Prevention Joint Action Plan Implementation Team (SP-JAPIT) is an inter-departmental working group focused on implementing and tracking the outcomes of the Joint Action Plan for Executive Order (EO) 13822, *Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life*. The Joint Action Plan was written in May 2018 in response to EO 13822 to ensure transitioning Service members and Veterans have seamless access to mental health and suicide prevention resources in the first year following transition from Active Component to Veteran status. Leadership in VA, DoD, and the Department of Homeland Security (DHS) oversee the implementation of the plan and report to the JEC. The SP-JAPIT was chartered in December 2018 to continue to provide oversight for Joint Action Plan tasks after the Suicide Prevention Strategic Decision Support Team was sunset by the JEC.

The period when Service members separate or retire from the military can include multiple adjustments (e.g., location, career, relationships, family roles, support systems, social networks, community, and financial) and can be a period of increased risk of suicide for some Service members and Veterans. As a result of EO 13822, the Departments continue to work together to improve services during transition by doing the following: providing a full continuum of evidence-based mental health care; anticipating and responding to Veteran needs; and supporting all Service members as they reintegrate into their communities as Veterans.

The Joint Action Plan initiatives are organized under the following three overarching goals:

- Ensure all transitioning Service members are aware of and have access to mental health services;
- Ensure the needs of at-risk Veterans are identified and met; and
- Improve mental health and suicide prevention services for individuals who have been identified as being in need of care.

The collaboration between the Departments directly impacts suicide prevention efforts aimed at transitioning Service members, including members of the Reserve and National Guard, the United States Coast Guard, and Veterans. The Joint Action Plan consists of 16 initiatives. At the close of FY 2019, 10 of these initiatives were complete and the JEC leadership is tracking metrics to measure impact. The JEC leadership continues to track progress to completion on the remaining six initiatives.

Activities and milestones accomplished in FY 2019 include significant enhancements to the Transition Assistance Program (TAP), expanded access to Military OneSource, and the continuation of VA Whole Health orientation groups, as outlined below.

#### *Transition Assistance Program Enhancement of Mental Health Resources*

VA, DoD, the Department of Labor (DOL), and other partners responsible for TAP enhanced the curriculum to provide greater awareness of suicide prevention and mental health care resources available for transitioning Service members and recent Veterans. TAP classes now include a new facilitated registration for the VA health care module where instructors demonstrate in-person how to register for VA health care online. First quarter FY 2019 data showed 34.8 percent of the 34,300 transitioning Service members listed in the TAP Data Retrieval Web Service registered/enrolled in Veterans Health Administration (VHA) health care before, during, or within 60 days after their VA TAP Course.

The updated TAP curriculum also seeks to ensure transitioning Service members are aware of mental health resources available during the first-year post-separation or retirement and beyond. Third quarter FY 2019 data showed that of the 11,226 transitioning Service member respondents on the TAP participant assessment, 88 percent of the reported being informed about mental health services and 86 percent reported being informed about accessing mental health services.

Through the expanded TAP curriculum, the Departments have implemented an initiative to ensure transitioning Service members are aware of protective factors such as social connectedness that can be facilitated through access to non-governmental organizations, faith-based organizations, sports leagues, volunteer governmental organizations, and Veterans Service Organizations (VSOs) in the communities where Service members will live. Third quarter FY 2019 data showed that 87 percent of the 11,226 transitioning Service member respondents on the TAP participant assessment reported being informed about social connectedness support systems available in civilian communities.

#### *Military OneSource Extended Access to Support*

Military OneSource is a DoD program providing a full continuum of resources and support to active component and National Guard and Reserve Service members and their families, at no cost to users. Through EO 13822 and the John S. McCain National Defense Authorization Act (NDAA) for FY 2019, separating or retiring Service members and their families now have access to Military OneSource for 1 year, expanded from 180 days, after separation or retirement to provide confidential counseling to Service members and their families, among other available resources.

The Military OneSource call center (available 24 hours a day, 7 days a week) and Web site provide information and support on a range of issues, such as tax services, spouse employment help, Webinars and online training, relocation and deployment tools, and more. Military OneSource also provides free, confidential non-medical counseling on issues such as relationship and transition challenges, job stress, parenting, and other daily life stressors. Consultation and coaching are available on a wide range of issues including elder care, wounded warrior care, adoption, education, etc. Military OneSource has engaged 100 percent of the transitioning Veterans who have opted-in to contact through email outreach efforts.

#### *VA Whole Health Orientation*

VA now offers twice monthly open access Introduction to Whole Health orientation groups at every VA Medical Center (VAMC). Introduction to Whole Health is a 2-hour peer-led session explaining the Whole Health approach to care. These orientations are advertised directly to transitioning Service members and their families through TAP and post-separation phone calls to offer an opportunity to connect with VA and to be enrolled in VA health care, if needed, or referred into VA mental health care if needed or interested. Nationally, the total number of reported participants in Introduction to Whole Health is over 22,285, with 1,990 total transitioning Service member attendees since March 2018, when VA launched Introduction to Whole Health. In the third quarter of FY 2019 alone, there were over 5,385 participants in Introduction to Whole Health and approximately 42 percent of the transitioning Service members participating in Introduction to Whole Health were referred to mental health services.

The Departments continue to work together to increase awareness of mental health and suicide prevention resources for all transitioning Service members; expand access to care; and ensure the seamless transition of mental health care for Service members and Veterans. Efforts in support of the Joint Action Plan provide a proof-of-concept for a joint approach to predictive analytics, to specifically direct suicide prevention resources to at-risk Service members and Veterans.

VA and DoD are committed to addressing the issue of suicide among Service members and Veterans. As further demonstration of this commitment, the Departments are collaborating with multiple interagency partners to establish a national public health roadmap, known as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide, in response to EO 13861, *National Roadmap to Empower Veterans and End Suicide*, signed by President Trump on March 5, 2019.

#### **Objective 1.2. Individual Longitudinal Exposure Record**

The HEC's Deployment Health Working Group continues to jointly develop the VA and DoD electronic individual longitudinal exposure record (ILER) to capture individual exposures to harmful substances for Service members and Veterans. ILER will connect individuals by time, place, event, and all-hazard occupational and environmental monitoring data, with medical encounter information (diagnosis, treatment, and laboratory data), across the Service member's career. ILER will be available to VA and DoD health care providers; epidemiologists and researchers; and VA disability evaluation and benefits determination specialists.



The ILER technology solution will improve the quality and quantity of information available to facilitate exposure-related health care, assessment of exposure histories for individuals and populations, disability evaluations, and benefits determinations. It will relieve Service members and Veterans from the burden of proof; reduce the “presumption of exposure;” and increase accuracy of claims processing and benefits determinations. ILER will increase communication and transparency between VA, DoD, Congress, beneficiaries, and other stakeholders. Finally, the system will provide a foundation for prospectively following exposed cohorts for the long-term or latent health effects that could be attributable to exposure.

In FY 2019, the Departments made significant progress toward delivering these capabilities by achieving the following major milestones and activities: integrated essential VA-DoD data sources; declassified more than 10 million Service member deployments; connected more than 1.1 million Service members and Veterans to documented exposures; facilitated collaborations across disciplines; and developed the information technology (IT) capacity to facilitate information and data sharing. The team completed system verification and validation testing with no significant findings and collected feedback from more than 80 users, including clinicians; epidemiologists; and VA disability evaluation and benefits determination specialists. Initial user acceptance testing yielded an approval rating of 4.43 out of 5.0.

The Departments achieved ILER initial operating capabilities (IOC) on September 30, 2019. VA and DoD will continue to work together to refine and expand the system to achieve full operating capabilities by September 2023.

### **Objective 1.3. Base Access**

The JEC Base Access Working Group was established in 2013 to develop and communicate enterprise-wide guidance to ensure VA patients have access to DoD installations and facilities that provide health care for Veterans through local sharing agreements. While VA and DoD efforts have historically been focused on Veterans seeking base access for health care, new requirements in FY 2019 challenged the Departments to work together to facilitate base access for other purposes as well.

VA and DoD achieved a long-standing and significant goal in FY 2019, by establishing consistent enterprise-wide DoD installation access standards policy and procedures that consider the needs of Veterans and their caregivers. On January 2, 2019, DoD published DoD Manual 5200.08, Volume 3, *Physical Security Program: Access to DoD Installations*. The policy requires individuals to provide acceptable credentials to prove identity; fitness for unescorted access; and purpose for the visit. The policy lists acceptable credentials that will satisfy DoD’s requirements for proving identity and purpose for seeking access and includes the Veteran Health Identification Card (VHIC) which is a VA identification card used for enrolled Veterans accessing health care containing the Veteran’s picture and a scannable bar code. Fitness is determined by a one-time, on-the-spot check to search for criminal records and terrorism concerns. VHICs can be enrolled for recurring installation access.



The impact of this policy for Veterans is significant because it streamlines previously localized access policies to improve standardization, automates as much of the process as possible to reduce variance, and establishes one-time processes for Veterans to improve efficiency. These improvements effectively balance installation security needs with Veterans' needs to access medical facilities on an installation.

The Military Departments worked throughout FY 2019 to fully implement the requirements in DoD Manual 5200.08, Volume 3. As of September 30, 2019, approximately 500 VHIC credentials were enrolled for recurring access. These cardholders can go directly to the gates of the identity matching engine for security and analysis (IMESA)-enabled installations, scan their VHIC, and be granted access without going into an installation's Visitor's Center. As of September 30, 2019, all Air Force, Navy, and Marine Corps installations were IMESA-enabled, along with approximately 36 of the largest Army installations. To address the remaining approximately 80 Army installations, the Under Secretary of Defense for Intelligence directed that a plan be developed to have IMESA at all installations by the first quarter of FY 2020.

Section 621 of the NDAA for FY 2019 authorized the extension of commissary, exchange, and certain morale, welfare, and recreation (MWR) retail facility privileges to Veterans awarded the Purple Heart, Veterans who are Medal of Honor recipients, Veterans who are former prisoners of war, Veterans with service-connected disabilities, and caregivers for Veterans. This provision takes effect on January 1, 2020, adding new requirements for Veteran installation access for purposes beyond seeking health care. It will generate revenue for certain MWR facilities and open facilities to certain Veterans who, in the past, did not have the privilege to use MWR facilities.

DoD, VA, and DHS worked together throughout FY 2019 to find solutions for identifying new eligible patrons, facilitating installation access, and applying point of sale validation. VA and DoD established a joint working group and collaborated regularly to develop an implementation plan for in-person access to military installations that balances the needs of new eligible patrons with installation access security requirements. The working group briefed the BEC and the JEC multiple times throughout the year to inform VA, DoD, and Military Service leadership of progress and receive joint guidance. Under the auspices of the BEC and JEC, the Departments continue to work together closely to refine the implementation plan and to determine long-term credentialing solutions.

## **GOAL 2 – Benefits and Services**

Deliver comprehensive benefits and services through an integrated client-centric approach that anticipates and addresses client needs.

### **Objective 2.1. Military-to-Civilian Transition**

Military-to-civilian transition ensures Service members and Veterans: (1) are informed about VA benefits and services; (2) are equipped with the tools needed to succeed and integrate into their communities; and (3) achieve sustainable economic well-being. This is accomplished through a collaborative partnership between VA, DoD, DOL, DHS, the Department of Education

(ED), the Small Business Administration (SBA), the Office of Personnel Management (OPM), and the military departments. Current relationships with VSOs, state agencies and non-governmental organizations are also vital to the successful transition of Service members. To accomplish the requirements in the FY 2019 NDAA and EO 13822, *Supporting our Veterans During Their Transition from Uniformed Service to Civilian Life*, the JEC approved the military to civilian readiness pathway (M2C Ready). M2C Ready is an overarching transition framework, which begins 365 days prior to separation and extends to a minimum of 365 days post-separation. The goal is to align all the various components of transition and provide Service members leaving the military and newly separated Veterans with an understanding of, and easy access to, all benefits and resources for which they may be eligible. M2C Ready will provide interagency support ensuring a holistic and successful transition.

### *Transition Assistance*

To meet the Congressionally-mandated TAP and other mandatory transition functions, VA, DoD, and DOL, along with other interagency partners provide education; one-on-one interactions; and learning opportunities to transitioning Service members, Veterans, family members, and caregivers. Service members are provided initial one-on-one face-to-face counseling, a self-assessment, and the development of the individual transition plan. The counselor and the Service member meet and agree to the Service member's career pathway for post-transition and establish goals. Service members take advantage of the curriculum from the partners including assistance with resumes, creating a social media presence, and career exploration. The TAP curriculum, to include the VA benefits and services, was briefed to more than 200,000 transitioning Service members worldwide. In FY 2019, 91 percent of the transitioning Service members who participated in TAP reported having gained valuable information which enhanced their confidence in transition planning and their ability to access appropriate resources. The VA portion of TAP garnered a 95.9 percent customer satisfaction rating.

Moreover, to increase an understanding of, and access to, VA benefits and services, VA partnered with DoD to provide nine military life cycle (MLC) training modules to Service members at key touchpoints in their military career. These modules cover the Service members' journeys from initial entry into military service through separation and the Veteran's journey. In the first year of offerings, over 720 MLCs were provided in-person and virtually to more than 12,000 Service members.

VA and DoD also partnered to pilot and expand the VA-DoD Women's Health Transition Training, an educational program for transitioning Service women that outlines available VA health care services. VA and DoD will implement this interagency initiative designed to improve health outcomes among women Veterans and enhance connectivity to the VA health care system. The successful pilot program was approved by the JEC in the fourth quarter of FY 2019 for enterprise-wide expansion. It is projected to be made available to transitioning Service women by FY 2021.

In FY 2019, VA, in coordination with DoD and DHS, established the framework to launch the VA Solid Start Program (VASSP) at the National Call Center in the first quarter of FY 2020.

VASSP seeks to make early, consistent, and caring contact with transitioning Service members in order to establish their relationship with VA and ensure their awareness of services available to them; lower their barrier to entry into VA mental health care; and support their successful transition into civilian life. The Veterans Benefits Administration (VBA) will call every newly transitioned Service member at three key intervals during his or her first year of transition. The program will utilize supporting communications across multiple channels (such as email, text, social media, etc.) to increase awareness of the program, improve call acceptance rate, and provide each Veteran with important information after each interaction tailored to his/her needs. VASSP agents are specially trained to provide information on and assist with all VA benefits and services and can immediately connect Veterans with the Veterans Crisis Line and other support services as necessary.

As part of the M2C Ready framework, transitioning Service members complete a self-assessment. The results of the self-assessment determine the level of assistance required to ensure a successful transition. The self-assessment is reviewed again at capstone, an event that occurs no later than 90 days prior to separation or retirement and those identified across various life-domains are provided a warm handover to agencies that will provide post-transition support. VA, DoD, DOL, ED, DHS, SBA, and OPM partnered to develop and refine pre- and post-separation programs for continued effectiveness.

The Post-Separation TAP Assessment (PSTAP) Outcome Study was executed in FY 2019 to validate services and messages provided during the transition process are accurately aligned with the needs Service members face today and in the future via targeted objectives. The purpose of the study is to analyze the effect of participation in TAP courses on the long-term outcomes of Veterans in the broad life domains of employment; education; health and social relationships; financial; and overall satisfaction and well-being. The PSTAP Outcome Study focuses on TAP and Veterans' long-term outcomes from a holistic perspective. It is the first study of its kind. The report will be published in the second quarter of FY 2020.

In response to the Government Accountability Office Report 18-23, *DOD Needs to Improve Performance Reporting and Monitoring for the Transition Assistance Program*, TAP partners successfully implemented six recommendations vital to the effectiveness and long-term outcomes of participation in the TAP in FY 2019. Participation in the transition process and the identification of those Service members deemed career ready, including National Guard and Reserve, is reported quarterly to the public. Commanders are made aware of where the transitioning Service members are in the process; any barriers to participating in TAP; and those deemed at-risk. VA, DoD, and the partners collaboratively enhanced the DoD electronic system for tracking TAP participation, confirming individualized career pathways, and post-transition contact information for Service members.

### *Economic Initiatives*

To increase transitioning Service members' and Veterans' economic success and total well-being, VA accomplished multiple initiatives in FY 2019. In November 2018, VA held its first economic initiative in Puerto Rico. Outcomes included serving more than 900 Veterans at a VA claims clinic; awarding \$262,000 in retroactive benefits; offering 200 jobs; and repairing five

Veterans' homes damaged by Hurricane Maria.

In 2019, VA piloted a multi-component concept to bring VA – health, benefits, and cemetery – along with services that address economic and total well-being at one time, in one place, for Service members, Veterans, and their families. Puget Sound 2019, a 3-day event in Western Washington, provided Service members who were transitioning out of Joint Base Lewis-McChord, Veterans, and their families with information and direct access to resources as well as on-site services to improve well-being.

All economic initiatives have follow-up visits in 6-month, 18-month, and 3-year intervals to continue discussions with key stakeholders concerning the status and progress of commitments made during the event, as well as, to offer additional direct services to the community.

## **Objective 2.2. Mandatory Separation Health Examinations**

The Separation Health Assessment Working Group (SHAWG) continues to coordinate VA and DoD responsibilities to perform separation and disability exams to meet requirements and enable VA Benefits Delivery at Discharge (BDD) in a way that avoids duplication of effort and minimizes burden on the separating Service member. Effective coordination also ensures completeness and timely transmittal of the Service Treatment Record (STR), so that it will effectively support disability claims by the Veteran.

In FY 2018, the SHAWG began developing an interface capability for VA and DoD electronic systems to share information directly to eliminate manual processes. Without this interface, Service members are required to courier a copy of their own STR to VA and the VA claims processor is required to manually return the separation health assessment (SHA) disability benefit questionnaire (DBQ) to DoD.

In FY 2019, VA and DoD made significant progress by goal by implementing the interface in one direction to allow VA to transmit information electronically to DoD through the Veterans Benefits Management System (VBMS) to the health artifact and image management solution (HAIMS). In March 2019, VA established the capability to electronically return SHA DBQs completed by VBA contract examiners to DoD. In April 2019, VA implemented a system enhancement to electronically return SHA DBQs completed by VHA examiners back to DoD. Completion of this final phase allows VA to electronically return all completed SHA DBQs back to DoD, and to enhance the processing of Veterans' BDD claims.

The SHAWG continues to test and revise a common workflow for DoD to provide VA an electronic copy of the STR through the established systems interface. Once implemented, this interface will eliminate the need for the Service member to be the courier of the STR copy to VA.

In addition to process improvements in FY 2019, VA and DoD continued to collaborate on improvements to the content and functionality of separation exams. In the first quarter of FY 2019, the SHAWG implemented mandatory mental health assessment requirements as directed in section 706 of the NDAA for FY 2018, and approved updates to the mental health screening

measures on the SHA DBQ and DoD separation history and physical examination (SHPE). The SHAWG also helped develop a sub-working group with VA and DoD program personnel and medical experts to coordinate an approach to consolidating the VA SHA and SHPE. This effort will eliminate duplication of efforts, reallocate resources, and improve the Service member's experience.

### **Objective 2.3. Military Personnel Data Transmission**

The BEC information sharing (IS) /IT WG continues to develop IT solutions to ensure appropriate Departments, agencies, Service members, Veterans, and representatives have immediate and secure access to reliable and accurate data used in determining entitlements, verification of benefits, and Veterans' status. The IS/IT WG also facilitates electronic exchange of personnel and benefits data between VA and DoD and leverages VA-DoD enterprise architectures. The WG has enhanced benefits delivery through oversight and management of initiatives in FY 2019 as outlined below.

#### *DoD Self-Service Logon*

As of September 2019, the DoD Self-service Logon (DS Logon) reached 8,255,442 user accounts. The DS Logon provides a single sign on capability to the DoD beneficiary population for self-service applications. When eBenefits was created in 2009, the DoD extended the DS Logon outside of the DoD and partnered with VA to provide a single enterprise logon for both Departments. Each month, over 8 million logons occur across 64 applications. Additionally, the redesign of VA.gov in 2018 incorporated numerous features from eBenefits and MyHealthVet to include expanding digital access, thus allowing for an enhanced user experience.

#### *Servicemembers' Group Life Insurance (SGLI) Online Enrollment System (SOES)*

Department of Defense Instruction (DoDI) 1341.14, *Servicemembers' Group Life Insurance (SGLI) On-Line Enrollment System (SOES)*, requires the Secretaries of the Military Departments and the Commandant of the Coast Guard to implement SOES as the primary means to establish and maintain member SGLI and Family SGLI information; and to ensure all Service members, Active and Reserve, certify their elections in SOES. VA and DoD partnered in 2017 to develop SOES and encourage all Service members to enroll for their SGLI using the online system. The SOES continued towards achieving total force enrollment in FY 2019 to support the needs of Service members and their families. SOES provides 24/7 access to SGLI/Family SGLI elections for the Service member and will provide the same level of accessibility and efficiency for casualty offices working to settle claims for family members. The SOES total force enrollment reached a combined 1,213,833 confirmed and certified accounts for all Services in FY 2019.

#### *Education Benefits Fund (EBF)*

DoD Office of the Actuary uses VA data to perform cost calculations for the EBF. VA bills DoD monthly for the amount of benefits paid under each education program that is DoD's responsibility. VA continued to successfully send DoD usage data, which includes the exact amount of benefits paid to individual Service members and Veterans. In FY 2019, VA

completed software updates and validated test results which greatly improved the accuracy of the EBF data and allowed the DoD Office of the Actuary to make accurate cost projections for this vital program.

### *Dual Compensation*

By law, Service members in the Reserve and National Guard who have a VA disability rating may not receive VA compensation payments at the same time they receive military pay, which includes both drill pay and active duty pay. Most will waive their VA disability compensation pay in lieu of military pay for inactive duty training and Active Duty periods performed as a member of the Reserve or National Guard. VA and DoD continue to pursue regulation changes that would automate the pay adjustment process to minimize the financial risk to Service members by preventing overpayments and recoupment of disability pay.

The Drill Pay Computer Matching Agreement between VA and DoD was published to the Federal Register and finalized November 13, 2018. This regulation allows VA and DoD to effectively monitor overpayments of disability pay. VA processed a total of 121,542 FY 2018 drill pay adjustments on April 1, 2019, with 84,971 (70 percent) cases being automatically adjusted based on enhanced data sharing between the Departments.

VA processed a total of 112,883 FY 2018 drill pay adjustments with due process issued on June 3, 2019, and the final adjustments completed September 5, 2019. VA automatically processed 82,601 (73 percent) of those cases based on enhanced data sharing between the Departments. The Return to Active Duty Computer Matching Agreement between VA and DoD was renewed and published in the Federal Register and finalized June 12, 2019. Additionally, the new Active Service Pay Proposed Rule was published in the Federal Register on April 19, 2019. This regulation allows VA to use Defense Manpower Data Center data to adjust Veterans' benefits after initial due process is issued. This change allows VA to make necessary adjustments to the active service pay as soon as possible and thereby minimize financial impacts to Service members.

## **GOAL 3 – Efficiencies of Operation**

Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution

### **Objective 3.1. Cemetery Transfers**

In 2018, VA and DoD agreed to transfer operation, maintenance, and perpetual care of select military cemeteries currently maintained by the Department of Army in the DoD, to the VA National Cemetery Administration. This transfer was intended to increase operational efficiency, limit mission overlap, and ensure perpetual maintenance to Army and national shrine standards in recognition of the service and sacrifice of those interred therein. Transferring the care of these cemeteries to NCA, whose primary mission is to operate and maintain national Veterans' cemeteries as lasting tributes, enables the Army to focus its operations and

maintenance resources on critical mission needs while reducing duplication of efforts. This initiative will better serve the Veteran and military community by ensuring access to burial benefits and improving the perpetual care and maintenance of these military cemeteries.

In FY 2019, VA and the Army worked together to develop a phased approach to the execution of 11 cemetery transfers. VA and the Army also collaborated with the Department of Interior Bureau of Land Management, and the General Services Administration to obtain the suitability assessment and delegation of authorities necessary to transfer eight of the 11 cemeteries.

Army and NCA are implementing interagency agreements for Army to continue providing cemetery operational support up to 6 months beyond the date of each cemetery transfer, providing NCA with the needed flexibility to execute site-specific contracts to ensure continuity of operations, maintenance, and improvement efforts after time of transfer. The operational support contract for the Fort Lawton Post Cemetery was awarded in the fourth quarter of FY 2019 and goes into effect in FY 2020. Contract requirements are under development for the Fort Missoula Post Cemetery, the Fort Sheridan Post Cemetery, the Vancouver Barracks Post Cemetery, and the Fort Douglas Post Cemetery to allow for solicitation and award following the transfer of each cemetery

### **Objective 3.2. Movement of Medical Personnel**

The Departments are collaborating to promote the non-competitive hiring of Service members currently enrolled in the military transition process who anticipate being released from Active Duty. This initiative will help mitigate the number of vacancies in VA as well as help to increase efficiency and access to care. The ability of the transitioning Service member to bring a unique experience that directly identifies with a Veteran's experience is invaluable to the VA workforce. Ensuring these Service members have adequate employment when leaving Active Duty will help to prevent homelessness, suicide, depression, and other issues associated with unemployment.

VA has developed the following three-pronged approach to encourage transitioning Service members to consider employment at the VHA:

- Military Transition and Training Advancement Course (MTTAC);
- A direct marketing campaign to military medical professionals currently enrolled in the transition process; and
- VHA Intermediate Care Technician (ICT) Program.

VA has partnered with DoD military installations in the National Capital Region on the MTTAC initiative. MTTAC is an entry-level training program for Service members currently enrolled in the transition process, who anticipate being released from active duty within 90 to 180 days. Service members enrolled in MTTAC are trained on a VA occupation with an established training plan, such as medical support assistants. The goal is to hire them into VA immediately upon separation. VA has worked directly with the Walter Reed National Military Medical



Center, Keesler Air Force Base and the Pensacola Naval Air Station to pilot this program and has successfully completed eight classes with 35 transitioning Service members having graduated from the course. To date, the first 7 of these 35 Service members to transition to civilian status have all been offered employment. As other Service members transition, VA will work with them on a case-by-case basis for potential employment in VA. VAMCs are encouraged to work with nearby military installations to launch pilot programs locally.

VA is also using a direct marketing campaign to military medical professionals currently enrolled in the transition process. VA uses data from the VA-DoD Identity Repository to identify transitioning Service members, their anticipated date of discharge, and their military occupation specialty. At the start of FY 2019, VA launched a targeted email campaign aimed at nearly 200,000 transitioning military personnel, and in May 2019 created and implemented a broader marketing campaign with blogs, social media, and other outreach tactics. Highlights of the campaign include: delivery of 34 targeted emails to 122,802 recipients; crafting a series of blogs with more than 35,000 views; and sending transitioning military personnel promotional materials through Veteran resource emails to seven million subscribers.

The established VHA ICT Program recruits former military medics and corpsmen to be ICTs to augment the VHA medical workforce, leveraging the skillset of this population within emergency medicine and specialty care areas. ICTs are aligned organizationally under Licensed Independent Practitioners in the clinical setting to maximize their utility and value to Veteran care. This program has been successfully piloted in VHA and now has the ICT role permanently incorporated into 30 VAMCs. There are 23 additional VAMCs actively working towards onboarding the ICT role and there are 98 other medical facilities engaged in discussions with ICT program leadership for the purpose of implementation. VHA continues to provide guidance, tools, and marketing services to expand this program to all 170 VAMCs. In FY 2019, the number of ICTs hired by VA grew by 15 percent and the number of new VAMCs to onboard the role increased by 25 percent. VA continues to advertise and grow the ICT program to expand opportunities within unique health care roles.

### **Objective 3.3. DoD VA Health Care Staffing Services**

VA and DoD continue pursuing ways to optimize health care staffing in Federal markets. In FY 2019, the Departments continued the effort initiated in FY 2017, to assess the feasibility of creating a joint strategic sourcing health care staffing services (HCSS) contract for VA and DoD medical facility staffing requirements in the United States and territories. The intended outcome of this effort was to integrate best practices, create staffing synergy rather than competition, and afford opportunities to level staffing costs in similar markets.

A market research report was published in November 2018, documenting possible benefits and risks of a HCSS contract. Most notably, early analysis suggested no cost savings should be expected through contract integration due to the tight labor market. However, the analysis did support strategic cost management principles such as sharing best practices, standardizing VA and DoD contract procurement policies/statutes, and maximizing existing sharing agreements. An Integrated Product Team (IPT) was established in February 2019 to validate common requirements, conduct service acquisition and risk management workshops, and amend the

market research report accordingly. The updated report will be provided to the JEC in Q2 FY 2020.

#### **Objective 3.4. Supply Chain Modernization/Defense Medical Logistics Standard Support**

VA and DoD continue to work toward full deployment and user adoption of Defense Medical Logistics Standard Support (DMLSS) at the pilot site, the Captain James A. Lovell Federal Health Care Center (FHCC) to support joint VA-DoD clinical care using a single integrated end-to-end logistics and supply chain management system and set conditions for VA enterprise adoption of DMLSS/LogiCole. (LogiCole is the technical refresh of DMLSS that will be a single, Web-based application.) This will enable FHCC and VA medical logistics modernization efforts with direct positive impacts on quality of care, patient safety, and access to care.

Since FHCC was established as the only fully integrated VA-DoD medical facility in 2010, it has used multiple information systems and processes to provide health care logistics support to its medical operations. The disparate, outdated, and inadequate supply chain management capability creates management challenges that directly impact patient care. To address these challenges, the HEC made the decision in 2012 to adopt DMLSS as the logistics and supply chain management system for the FHCC.

VA has worked for years to identify a solution to modernize its enterprise supply chain to improve efficiency and cost effectiveness for all VA medical facilities. As a result of VA-DoD collaboration at FHCC, VHA began analyzing DMLSS for potential application across the VA enterprise. In March 2019, VHA released a decision document approved by the Secretary stating that VHA will adopt DMLSS as its health care logistics and supply chain enterprise solution. A VA-DoD IPT was established to synchronize the implementation efforts necessary for the DMLSS/LogiCole program to integrate with the Electronic Health Record Modernization Program and the Financial Management Business Transformation Program.

FHCC began using the Defense Logistics Agency's (DLA) prime vendor contracts for medical/surgical commodities in March 2019 utilizing eCAT, online ordering, distribution, and payment system. On August 29, 2019, the Departments signed an interagency agreement defining the terms and conditions for the Veterans Integrated Service Network 20 (VISN 20) and FHCC to leverage DLA's medical logistics capabilities, as a pilot, with the purpose of ensuring interoperability of VA and DoD software. The functional go-live for the FHCC DMLSS implementation was delayed from September 2019 based on newly identified VA financial data and interface requirements, as well as testing challenges. A technical readiness review in early FY 2020 will determine the new functional go-live date.

Planning is underway for DMLSS/LogiCole implementation at facilities in VISN 20 in late 2020, beginning with Spokane and Puget Sound VAMCs. The platform will streamline and standardize business processes across VA. This will help ensure that equipment and supplies are available when and where they are needed for Veterans' health care.

The benefits of DMLSS/LogiCole include the following:

- More time for patient care: DMLSS/LogiCole reduces the time that health care professionals dedicate to logistics planning and management so that they have more time to complete high-priority, patient facing activities;
- Interoperability: Using the DoD Military Health System's Integrated Business Management System enhances the VA's partnership and interoperability with DoD;
- Innovation: Advanced business intelligence delivers real-time analytics capability that supports fast, accurate enterprise decision-making;
- Taxpayer Savings: As one standardized enterprise information system that supports preventive, primary, secondary, and tertiary medical care, DMLSS/LogiCole will reduce application sustainment costs over time; and
- Compliance: DMLSS/LogiCole enables compliance with VA Acquisition Regulations as well as VA, DoD, federal regulations, and Joint Commission standards.

### **Objective 3.5. Joint Sharing of Facilities and Services**

The VA-DoD Construction Planning Committee (CPC) was established in 2005 to provide a formalized structure to facilitate cooperation and collaboration in achieving an integrated approach to planning, designing, constructing (major and minor), leasing and other real property related initiatives for medical facilities that are mutually beneficial to both Departments. The group provides the oversight necessary to ensure collaborative opportunities for joint VA-DoD capital asset planning are explored, evaluated, and optimized to enhance service delivery.

In April 2019, the JEC co-chairs approved a revision to the CPC charter to change the group's name to Capital Asset Planning Committee (CAPC) to more accurately reflect the group's strategic scope that includes leasing in addition to construction. The on-going strategic goals of the CAPC are as follows:

- Achieve an integrated market approach to medical facilities planning that considers strategic capital issues that are mutually beneficial to both Departments;
- Provide stewardship in the capital and project arenas to the JEC structure to ensure collaborative opportunities for joint capital asset initiatives are optimized; and
- Provide joint capital and strategic program guidance.

The CAPC staff has been supportive of efforts for collaborative DoD Visioning and VA Market Assessments to assist in identifying areas suitable for joint capital and project coordination that are not currently being systematically addressed. This is being accomplished through the following:

- Collaboration on approximately 95 markets/location where VA and DoD have facilities that are in close proximity to identify opportunities for shared facilities and services;
- Evaluating DoD Strategic Market Visioning and VA Market Assessment initiatives to determine combined health care requirements in those markets; and
- Coordination of VHA/VA and the Defense Health Agency Facilities Enterprise data analytics and health care operations resources to conduct studies and determine strategic fact-based ways forward.

### **Objective 3.6. Integrated Purchased Care Network**

In FY 2018, the HEC was charged with determining the feasibility of integrating the VA Choice and DoD TRICARE purchased care networks to maximize economies of scale, create a seamless patient experience, improve readiness, increase access, and decrease variability in care for Service members and Veterans. The Departments conducted a feasibility study that determined a VA-DoD integrated purchased care network was feasible but may not be practical.

VA and DoD codified this effort as a priority in the VA-DoD JSP for FY 2019-2021 Objective 3.6 – *Develop requirements for an Integrated Purchased Care Network between VA and DoD*. In FY 2019, the Departments conducted further analysis which determined the cost of a demonstration project to test the process was too high and there was no evidence the effort would result in a material benefit to either Department. As a result of these findings, the JEC co-chairs, on May 10, 2019, closed out Objective 3.6 of the JSP for FY 2019-2021 and ended efforts in this area.

## **GOAL 4 – Interoperability**

Create seamless integration of VA and DoD data that improves quality of outcomes, maximizes value, and increases speed of decision-making across both Departments

### **Objective 4.1. Electronic Health Record Modernization Interoperability**

In the beginning of FY 2019, the interagency program office (IPO) supported the Joint Electronic Health Record Modernization WG's efforts to develop recommendations for an optimal organizational construct that enables an agile, single-decision making authority to efficiently adjudicate functional, technical, and programmatic interoperability issues while advancing unity, synergy, and efficiencies.

The result was the establishment of the FEHRM Implementation Team at the end of the second quarter of FY 2019 to assist with the re-chartering the IPO to the FEHRM program office. The

FEHRM program office will provide a comprehensive, agile, and coordinated management authority to execute the requirements necessary for a single, seamless integrated electronic health record (EHR) system and serve as a single point of authority for each Department's EHR modernization strategies. As such, the FEHRM program office will direct each Department to execute joint EHR decisions for technical, programmatic, and functional operations under its purview and will provide oversight regarding required funding and policy as necessary.

This management model increases transparency in the joint decision space by becoming a centralized structure for interagency decisions and will be accountable to both the VA and the DoD Deputy Secretaries with guidance from the JEC. In the fourth quarter of FY 2019, the Deputy Secretaries for DoD and VA signed a joint appointment letter, identifying the Interim FEHRM Director and Interim Deputy Director until the permanent FEHRM leadership are hired. Also, in the fourth quarter, the interim FEHRM Director and Deputy Director began efforts on key objectives for the establishment of the FEHRM as the single point of accountability to:

- Actively manage risks and the operation of the joint EHR Federal Enclave;
- Minimize risk to the Departments' deployment/implementation;
- Identify opportunities for efficiency, standardization and system/process optimization; and
- Advance interoperability across the Federal and private sectors.

During FY 2019, VA continued to expand efforts associated with the adoption of a common EHR framework and platform with DoD. VA conducted workshop sessions with clinicians, commercial off-the-shelf (COTS) product representatives, and subject matter experts. Departmental meetings were continued to develop and refine an implementation plan for a single instance of the EHR system serving both Departments and to coordinate deployment planning and activities in preparation for full integration of the new EHR system.

The primary purpose of the transition from a customized legacy platform to a commercial system is to create a seamlessly interoperable health record platform between VA, DoD, and community partners. VA's adoption of the same EHR system as DoD will ultimately result in a single integrated instance within a COTS product, enabling seamless care between the Departments without the electronic exchange and reconciliation of data between various disparate systems. This solution will also enable standardization of clinical and business processes across VA. As part of this strategic shift, VA will leverage and refine existing workflows and configurations as VA continues to modernize its health information systems. VA aims to accomplish the following goals as part of the transition strategy:

- Configure COTS products in alignment with VA's strategic goals;
- Integrate governance between VA and DoD;
- Focus VA innovation on functionality not addressed by acquired COTS products;

- Ensure shared implementation with DoD for seamless care; and
- Track status of the implementation for traceability purposes.

Providing quality health care for Veterans, supported by state-of-the-art technology, is one of the JEC's highest priorities. The EHR solution will enable greater interoperability and provide better functionality to VA community provider partners. Additionally, this platform will improve the experience of Service members as they transition, provide clinicians with a full picture of patient medical history, and drive better clinical outcomes. It will also better enable both Departments to continually modernize their health IT systems and protect patient information through advanced cybersecurity capabilities.

During the fourth quarter of FY 2019, DoD successfully deployed the EHR to four medical sites simultaneously, including the following: Mountain Home Air Force Base, Travis Air Force Base, Naval Air Station Lemoore, and Monterey Army Base. DoD also initiated training for the next wave of nine facilities. Also during the fourth quarter of FY 2019, the FEHRM program office initiated a comprehensive process to manage, prioritize, and execute joint decisions.

### *Health Data Sharing*

In addition to serving as a single point of authority for the Departments' EHR modernization efforts, the purpose of the FEHRM program office is also to jointly oversee and monitor the efforts of the DoD and VA in implementing national health data standards for interoperability and act as the single point of accountability for identifying, monitoring, and approving the clinical and technical data standards and profiles to ensure seamless integration of health data between the two Departments and private health care providers.

The FEHRM program office supports national interoperability efforts by closely collaborating with the Office of the National Coordinator for Health Information Technology (ONC). It also reports to the DoD/VA FEHRM EXCOM on the synchronization and implementation of international and national data standards; the progress of interoperability enhancements; and the identification of methods and opportunities to leverage health IT data sharing.

DoD and VA continued to provide the joint legacy viewer (JLV) capability to new users. The JLV is a clinical application that maintains both legacy and modernized interoperability and health information exchange capabilities for the DoD, VA, and private sector partners as the Departments modernize their EHRs. By the end of September 2019, there were 438,866 total JLV users (104,631 DoD users and 334,235 VA users, consisting of 317,222 users in VHA and 17,013 users in VBA). Throughout FY 2019, DoD and VA continued deployment and infrastructure improvements of JLV.

In order to measure the impact of interoperability, the FEHRM program office continued its work with the Departments, academia, and other subject matter experts to develop and monitor transactional metrics such as the amount of health data exchanged between the Departments. With this information, the FEHRM program office analyzes the data being exchanged to

determine interoperability's effect on the care provided to wounded warriors, separating Service members and the general beneficiary population.

The FEHRM program office uses outcome-oriented metrics to assess the progression of interoperability among the DoD, VA, and external health IT systems to health care received by Service members, Veterans, and their families. The FEHRM program office completed pilot activities for use cases and scenarios in several categories.

Throughout FY 2019, the FEHRM program office continued to maintain and build strategic relationships with public and private partners to position the FEHRM and Departments at the forefront of health IT innovations, trends, and emerging standards. The FEHRM hosted DoD/VA industry interoperability roundtables and FEHRM Town Halls to foster collaboration with the Departments, industry, and academia regarding interoperability challenges, future opportunities, and the ongoing need for collaboration to transform health care delivery. The FEHRM program office closely collaborated with the ONC to facilitate knowledge sharing and to mature data, standards, and interoperability on national and international levels.

The IPO attended and participated in many events such as the American Medical Informatics Association conference, the Armed Forces Communications and Electronics Association's Health IT Summit, the Healthcare Information Management Systems Society's Annual Conference and Exhibition, the Defense Health Information Technology Symposium and ONC's Health IT Advisory Committee meetings. The FEHRM program office participates on the Federal Health IT Coordinating Council and contributed to the Federal Health Information Technology Strategic Plan. The strategic plan focuses on advancing patient centric and self-care health management, transformation of health care delivery, fostering research, scientific knowledge, and innovation, and enhancing the national health IT infrastructure.

In January 2019, the FEHRM program office held its quarterly Joint Program Synchronization Workshop with the HEC's health informatics business line (HI BL), formerly known as the health data sharing business line, to facilitate senior level discussions on the Departments' interoperability challenges. The workshop also featured a discussion on the synchronization of the delivery of integrated capabilities to clinicians, health data sharing activities, and outcomes of the Departments and FEHRM. By the end of FY 2019, the HI BL efforts were transitioned to the Departments in order to continue discussions on the delivery of integrated health IT capabilities for DoD and VA clinicians.

Throughout FY 2019, the FEHRM program office continued to serve as Executive Secretary for the DoD/VA Interagency IT Steering Committee, where status updates are provided on joint DoD and VA efforts relating to identity credentials and access management; joint technical architecture review; joint information protection; VA-DoD military personnel and joint IT operations; joint data migration; interoperability (VA), and ILER sub-working groups.



## **Objective 4.2. Integrated Disability Evaluation Bi-directional Case File Transfer Capability**

The Integrated Disability Evaluation System (IDES) WG continues to implement process improvements to enhance the performance and efficiency of the IDES process. IDES is a jointly operated, integrated VA-DoD disability process that evaluates and returns to duty, separates, or retires Service members due to medical disability. Service members determined unfit for continued military service are advised of their entitlement to DoD and VA disability-related benefits before they are discharged.

DoD has taken steps to significantly improve the IDES timeliness goal to enhance force readiness and lethality by reducing the time permanently medically non-deployable Service members remain in military service. In July 2018, DoD published policy reducing the IDES timeliness goal from 295 days to 230 days, effective March 2019. Then in December 2018, the DoD Deputy Secretary stated "...no later than October 1, 2019, the Secretaries of the Military Departments will, to the maximum extent feasible, complete disability evaluation processing within 180 calendar days from the Service member's date of referral into the disability evaluation system (DES) and ending with the member's date of separation, retirement, or return to duty." On September 19, 2019, DoD published policy requiring 80 percent of all IDES cases be completed in no more than 180 days.

In October 2018, DoD's Medical and Personnel Executive Steering (MEDPERS) Committee established the Disability Evaluation System Optimization Working Group, comprised of DoD, Military Department, and VA DES subject-matter experts. The MEDPERS committee adopted the following initiatives for enterprise-wide implementation to improve the efficiency and/or reduce IDES timeliness:

- Process VA and DoD IDES activities in parallel; specifically, VA's rating stage occurs concurrently with DoD's Medical Evaluation Board and Informal Physical Evaluation Board stages (implement December 2019);
- Eliminate the DoD policy requirement for offering a formal physical evaluation board appeal (implement no later than March 2020). Service members will still retain the ability to appeal through the board of corrections; and
- Require a multi-disciplinary brief by Physical Evaluation Board Liaison Officers, Military Department Attorneys, and VA Military Service Coordinators shortly after referral to DES to set Service members' expectations and provide guidance on the process (implement NLT March 2020).

When implemented in FY 2020, these initiatives will have the potential to reduce IDES timelines by approximately 20 days to further decrease IDES contributions to the non-deployable population.

The Departments continue efforts to implement the JEC IDES WG priority to "achieve full operational capability to electronically transfer service treatment records (STR) and DBQs

Questionnaires within IDES.” In April 2019, VA implemented the capability to electronically return all VA completed SHA DBQs to DoD through VBMS and HAIMS. DoD is completing validation testing to electronically transmit STRs to VA through HAIMS and the Departments anticipate fully implementing this JEC priority in FY 2020. This eliminates manual transmission of these documents between Departments.

In August 2019, VA hosted a collaborative VA-DoD IDES Summit and Lean Six Sigma event in Providence, Rhode Island, with VA and DoD policy, implementation, and operations participants. The objective was to identify opportunities to further gain efficiencies and streamline the IDES process to meet the new 180-day timeliness goal.

In September 2019, DoD awarded a contract to Kreative Technologies for developing an enterprise-wide DoD DES IT solution to provide end-to-end electronic case management system for all four of DoD’s DES business processes Legacy DES (DoD-only disability process), Integrated DES, Non-duty Related DES, and the temporary disability evaluation list. This new IT system, targeted for initial implementation in the third quarter of FY 2020, will improve data accuracy and reporting and provide the capability to electronically transfer data and files electronically within the Services and between VA.

As of September 30, 2019, IDES cases averaged 195 days with 46 percent meeting the 180-day timeliness standard.

### **Objective 4.3. Joint Architecture**

The Engineering and Architecture WG (EAWG), under the Interagency Information Technology Steering Committee (ITSC), was created to provide the engineering and architecture support (transport/network, identity and access, cybersecurity, and data) needed to facilitate a common shared EHR infrastructure environment used by health care providers at DoD military treatment facilities (MTF) and VAMCs, patients, and authorized third parties.

The EAWG was tasked in the VA-DoD JSP for FY 2019-2021 to conduct a review of VA and DoD’s existing systems’ architecture and to perform a gap analysis in order to develop a delivery plan to enable IOC at select VA sites by the second quarter of FY 2020. In May 2019, it was determined that this effort was already underway. As there was no reason to duplicate the effort, the ITSC formally canceled the effort to have the EAWG produce a delivery plan.

Joint architecture work continues through the Joint Technical Architecture Review, Environment Management Operations Center, and other joint technical constructs in which both DoD and VA program offices participate.

### **Objective 4.4. Identity Management**

The Identity, Credentialing, and Access Management (ICAM) WG, under the ITSC, is responsible for providing strategic coordination of DoD and VA ICAM enterprise-level projects, investments, initiatives, and engineering activities in order to ensure alignment and interoperability in the near and long-term. The VA-DoD FY 2019-2021 JEC JSP tasked the

working group to provide joint data identity services to support VA-DoD EHRM and to develop a single VA-DoD Identity Management System Solution.

The working group accomplished many interoperability milestones in support of the VA-DoD Joint EHR. The working group completed the bulk of the VA patient electronic data interchange personal identifier (EDIPI) enumeration; sought and received approval for a waiver to DoDI 1341.02, allowing VA EHR users to be enumerated with EDIPI to access Cerner products until March 2020; and established an IPT to address the use of common identifiers and authenticators within the EHR system. Also, the ITSC approved the IPT's recommendation for DoD and VA to use the 16-digit construct per Federal specification, known as the Federal Unique Identifier, as the future common identifier.

## **GENERAL OBJECTIVES**

When the FY 2019-2021 JSP was published in March 2019, the following JEC priority initiatives were considered general objectives since action plans were yet to be developed in FY 2019.

### **General Objective 1. Joint Plan to Modernize External Digital Authentication**

As noted in Objective 4.4, the ICAM WG, under the ITSC, is responsible for providing strategic coordination of DoD and VA ICAM enterprise-level projects, investments, initiatives, and engineering activities in order to ensure alignment and interoperability in the near and long-term. The FY 2019 JEC guidance memorandum tasked the working group to develop a joint strategy to modernize the way Service members, Veterans, beneficiaries, and other external users log in to VA and DoD services that currently use DS Logon.

In support of the DS Logon initiative, the working group implemented graphical user Interface updates as a result of a collaboration with VA to enhance user experience; reduced password complexity requirements, at the request of VA, which increased duration between password expirations; continued refining the communication plan to ensure that outages affecting DS Logon are reported and triaged efficiently and to ensure that the root cause analysis is made available; and increased compliance with section 508 of the Rehabilitation Act (29 U.S.C. § 794(d)), resulting in enhanced usability for disabled populations using DS Logon. Finally, the WG was able to define the DS Logon/Login.gov pilot scope, integration architecture, and schedule. This pilot has the potential to enhance access for current and future DS Logon users and provide cost savings to the government through consolidation of services.

### **General Objective 2. VA-DoD Reimbursement Process**

VA and DoD are working together to develop and implement a standard process between the Departments for enterprise-wide payment and reconciliation to manage financial and medical care workload. In support of this objective, a decision was made by the HEC in 2017 to develop a prospective advanced payment (AP) process, a simplified central data payment reimbursement model, to replace the existing resource intensive individual claims-billing reimbursement process.

In FY 2019, the Departments continued to evaluate and collect data on the AP Pilot that was established in FY 2018 between the Gulf Coast Veterans Health Care System and the Pensacola Naval Hospital. The pilot objective is to test and validate the prospective AP payment methodology to determine if it will make resources available in a timelier manner to the DoD locations to reimburse them for care provided to VA patients. Preliminary data is encouraging. Accomplishments to date indicate a shortened revenue cycle and increased timeliness of funds, reduced number of billing exceptions, reduced number of denied claims, and improved VA referral matching:

- Using the prospective AP process, VA transfers money quarterly rather than annually, making funds available to the MTF to obligate once the monthly AP Clean Claims report is provided to both Departments. The report provides the matched claim (bill) from DoD with the respective referral from VA.
- The supporting automated consult to claim matching process has shortened the reimbursement cycle to one month and provided an internal control over inaccurate billing while greatly reducing manual review processes. This method maintains consistency with the signed 2016 Supplement to the VA-DoD Health Care Resources Sharing Guidelines Procedural and Financial Appendices.
- The first monthly exception report in FY 2018 showed a total of 381 denied claims. Using the AP process, the first three monthly exception reports in FY 2019 showed the total decreased to 22 denied claims with an average of only seven per month. The dramatic reduction demonstrates significant progress.
- The AP Clean Claims report provides the fiscal backup required to demonstrate appropriate payment for care provided by the DoD and the related reimbursement for that care. This matching is required for both Departments to achieve a successful audit by demonstrating proper funds assignment.

VHA activated its new standardized DoD specific consult form and implemented training on the use of the form across all VHA treatment facilities with current or expected clinical collaboration with DoD in FY 2019. Complete utilization of the system is required to have a successful full deployment of the reimbursement method across the system.

Additional virtual testing of the AP methodology was conducted at a limited number of sites during the last quarter of FY 2019. The testing refers to preliminary matching between DoD care records and the VA referrals to review potential data quality issues. There were no funds transferred, and it did not go through a full set of claims processing rules nor denied claims adjudication. The HEC will consider these results in FY 2020 and determine the way forward.

### **General Objective 3. Credentialing**

The Departments continue to work together to facilitate sharing of health care providers across VA and DoD facilities. Sharing health care providers enables supplemental staff to respond to high demands thereby improving patient access, creates more opportunities for providers to

maintain skills, and increases collaboration among providers. The Credentialing WG, aligned under the HEC, supports these goals by identifying, assessing, and promoting strategic opportunities for the coordination and sharing of credentialing services and resources between Departments.

For several years, VA and DoD have pursued a joint electronic solution for sharing provider credentialing information. The Joint Centralized Credentials Quality Assurance System (JCCQAS) was approved as a VA-DoD Joint Incentive Fund (JIF) project in 2014. JCCQAS consists of a Web-based application and integrated database to capture, store, and share provider credentialing information.

In FY 2019, the Departments completed a business case reassessment of the VA-DoD JCCQAS JIF project. The analysis determined JCCQAS was not a viable, cost-effective, joint electronic solution for sharing health care provider credentials between the VA and the DoD as it does not meet VA or DoD functionality and performance requirements. In May 2019, the HEC co-chairs decided JCCQAS would not be the joint solution for sharing health care provider credentials, and the Departments would not pursue another electronic means of sharing provider credential files. Each Department agreed to continue using its designated credentialing processes.

A memorandum of understanding (MOU) signed by the Departments in 2010 regarding credentialing for shared providers describes the current manual process for sharing primary source verifications for credentialing the small number of shared providers between Departments. It is based on The Joint Commission (TJC) Medical Staff Credentialing Standards and Principals. In FY 2019, the JEC directed the Credentialing WG to complete an update of the MOU in FY 2020 to align with current VA, DoD, and TJC policies and standards, and to allow each Department to accept the other's credentialing processes.

#### **General Objective 4. Telehealth**

The VA-DoD Telehealth/Virtual Health WG (TH/VH WG), aligned under the HEC, develops and promotes strategic opportunities for the coordination and sharing of telehealth-related services and resources between the Departments. Telehealth uses technology to overcome traditional barriers to health care and enhance the accessibility, capacity, and quality of health care for Service members, Veterans, their families, and their caregivers.

In FY 2019, VA and DoD TH/VH WG leaders established a strategic goal to have equivalent TH/VH quality and competency between Departments. To achieve the goal, VA and DoD collaboratively updated TH/VH training modules to ensure educational content is shared between Departments, training modules support equivalent competencies, and TH/VH providers have undergone coordinated training.

VA Tele-Presenter and Tele-Provider training modules went live January 2019 and DoD interim training modules went live August 2019. Since the courses went live at VA in January 2019, more than 2,300 VA Tele-Presenters have completed training; and over 5,000 VA Tele-Providers have completed training for clinic-to-clinic telehealth services. Since mid-August 2019, 39 DoD Tele-Presenters have completed training; and 77 DoD Tele-Providers have completed training

for clinic-to-clinic telehealth services. Previous work (FY 2018) to explore DoD use of VA's TH/VH education platform was determined not to be feasible due to technical limitations and education tracking difficulties.

This effort will have direct benefits for VA and DoD beneficiaries, by ensuring that TH/VH providers in both Departments are highly skilled in the application of TH/VH techniques and procedures relevant to their clinical areas.

### **General Objective 5. Military Medical Provider Readiness**

In March 2019, the Departments established military medical provider readiness as a priority issue in the VA-DoD JSP for FY 2019-2021. The VA and DoD objective is to establish a process to increase VA purchased care patient referrals to MTFs with excess capacity to support Graduate Medical Education and wartime skills maintenance. This effort is led by the HEC Shared Resources Working Group, chartered to explore and identify opportunities for collaboration between VA and DoD that are mutually beneficial at improving access, quality, safety, clinical readiness of providers, and cost effectiveness of care provided to beneficiaries.

VA and DoD are working together to establish and implement a data-driven resource sharing identification methodology process to highlight market areas where opportunities for enhanced sharing of clinical services may support military medical provider readiness. DoD acquired a data analyst service to assist with the development of this methodology. VA and DoD began identifying required data elements and data sets from the VA Corporate Data Warehouse and the Military Health System Data Repository needed to support the market identification and selection process methodology. Subject matter experts on military medical provider readiness skills were identified and are assisting with including specific language in the overall methodology.

The WG developed a timeline with milestones for the establishment and implementation of a data-driven resource sharing identification methodology process in FY 2020.

### **General Objective 6. Sexual Trauma**

The Sexual Trauma Working Group was formally established as a JEC working group by General Objective 6 in the VA-DoD JSP for FY 2019-2021, signed March 18, 2019. The working group provides the structure for VA and DoD to continue strengthening efforts to collaborate and facilitate treatment for transitioning Service members who experienced sexual trauma during military service, assist Veterans in filing related disability claims, and ensure plans are implemented to process sexual trauma claims efficiently and effectively.

Accomplishments for FY 2019 include coordinating and publishing the annual VA-DoD JEC Military Sexual Trauma Report to Congress for FY 2018, appointing new WG members, and establishing a framework for coordinating and drafting a charter. The charter will outline project plans and milestones to support the JSP General Objective 6.

The term “military sexual trauma” (MST) is specific to VA and is described in 38 U.S.C. 1720D(a)(A) as “psychological trauma, which in the judgment of a mental health professional employed by the Department [of Veterans Affairs], resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty, active duty for training, or inactive duty training.” This treatment authority does not authorize care related to sexual assault and harassment that occurred outside of military service, although enrolled Veterans who have such experiences can receive care and treatment for them under separate authority. It is important to note that DoD does not use the term “MST” to refer to sexual assault and harassment during a covered period of military service, but rather uses the terms “sexual assault” or “sexual harassment” separately. The term “MST” is used only in the context of VA-related care under 38 U.S.C. § 1720D.

## **Additional Accomplishments**

### **Opioid Safety and Awareness**

The Departments are partnering to develop an integrated approach to opioid and pain management and opioid use disorder treatment. The integrated approach engages both providers and patients and will focus on optimizing patient safety, health, and function when caring for Service members and Veterans. Multidisciplinary input is required and both Departments have agreed to leverage already successful initiatives (e.g., the VA and DoD dashboards for opioid safety, the Stratification Tool for Opioid Risk Management (STORM) in VA and TRICARE STORM (Tri-STORM) in DoD).

The STORM model and dashboard use demographic, diagnostic, pharmacy, and health care utilization data to predict the risk of overdose or suicide-related health care events or death in the next year and generates patient-specific risk scores. The Departments will continue to explore other approaches to accomplishing this initiative. Key activities, milestones, and metrics will be presented to the HEC in early FY 2020.

## **SECTION 3 – NEXT STEPS**

The accomplishments described in this VA-DoD JEC FY 2019 AJR demonstrate concerted efforts between VA and DoD to improve the multiple areas of joint responsibility that directly affect the care and benefits of Service members and Veterans. This report provides updates in strategic areas that will continue to evolve until these joint initiatives become fully institutionalized into everyday operations. Both Departments are sincerely committed to maintaining and improving the collaborative relationships that make this progress possible.

Moving forward, the JEC will continue to drive joint coordination and sharing efforts between VA and DoD to support the strategic direction established in the FY 2019-2021 JSP. The Departments will continue to demonstrate and track progress toward defined goals, objectives, and end-states, and to provide the continuum of care needed to successfully meet the needs of Service members and Veterans.



## **Appendix A – Cost Estimate to Prepare Congressionally-Mandated Report**

Title of Report: VA-DoD JEC FY 2019 Annual Report

Report Required by: Public Law 108-136, National Defense Authorization Act

In accordance with Title 38, Chapter 1, Section 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

Direct Labor Cost	\$	40,000
Contract(s) Cost	\$	0
Production and Printing Cost	\$	0
Total Estimated Cost to Prepare Report	\$	40,000

Brief explanation of the methodology used to project cost estimate:

The DoD Cost Assessment and Program Evaluation Cost Guidance Portal was used to develop the project cost estimate. The net direct labor cost was calculated by multiplying the estimated labor hours by costs of grade.

## **Appendix B – Organization**

The HEC, BEC, FEHRM EXCOM, and JEC IWGs are comprised of more than 40 Working WGs, CoEs, boards, and areas of oversight.

Health Executive Committee (HEC) Business Lines (BL) and WGs:

- Clinical Care and Operations BL
  - Credentialing WG
  - Pain Management WG
  - Patient Safety WG
  - Pharmacy Ad Hoc WG
  - Psychological Health WG
  - Telehealth WG
  - Vision CoE
  - Hearing CoE
  - Extremities Trauma and Amputation CoE
  - Traumatic Brain Injury CoE / Defense and Veterans Brain Injury Center
  - Women's Health WG
- Financial and Business Operations BL
  - Acquisitions and Medical Materiel Management WG
  - Financial Management WG
  - Shared Resources WG
  - Defense Medical Logistics Standard Support (DMLLS)
- Health Informatics BL
  - Interagency Clinical Informatics Board
- Professional Development BL
  - Continuing Education and Training WG
  - Evidence-Based Clinical Guidelines WG
- Research BL
  - Medical Research WG
  - Deployment Health WG
- Care Coordination BL
- James A. Lovell Federal Health Care Center (JAL FHCC) Advisory Board

Benefits Executive Committee (BEC) WGs:

- Communication of Benefits and Services WG

- Information Sharing/Information Technology WG
- Disability Evaluation System WG
- Service Treatment Records WG
- Transition WG

Federal Electronic Health Record Modernization Executive Committee (FEHRM EXCOM):

- Interagency Information Technology Steering Committee (ITSC)
  - Identity, Credentialing, and Access Management (ICAM) WG
  - Enterprise Architecture WG
  - Information Protection WG
  - Military Personnel Data WG
  - Information Technology Operations WG
- Federal Electronic Health Record Modernization Office (FEHRM)

JEC Independent Working Groups (IWG):

- Capital Asset Planning Committee (CAPC)
- Suicide Prevention Joint Action Plan Implementation Team
- Base Access WG
- Separation Health Assessment WG
- National Cemetery Administration /Department of the Army (area of oversight)
- Sexual Trauma WG
- Strategic Communications WG.

## **Appendix C – Glossary of Abbreviations and Terms**

AJR – Annual Joint Report  
AP – Advanced Payment  
BDD – Benefits Delivery at Discharge  
BEC – Benefits Executive Committee  
BLs – Business Lines  
CAPC – Capital Asset Planning Committee  
CoE – Center of Excellence  
COTS – commercial off-the-shelf  
CPC – Construction Planning Committee  
DBQ – Disability Benefits Questionnaire  
DES – Disability Evaluation System  
DHS – Department of Homeland Security  
DLA – Defense Logistics Agency  
DMLSS – Defense Medical Logistics Standard Support  
DoD – Department of Defense  
DoDI – Department of Defense Instruction  
DOL – Department of Labor  
DS Logon – DoD Self-Service Logon  
EAWG – Engineering and Architecture Working Group  
EBF – Education Benefits Fund  
ED – Department of Education  
EDIPI – electronic data interchange personal identifier  
EHR – Electronic Health Record  
EHRM – Electronic Health Record Modernization  
EO – Executive Order  
FEHRM – Federal Electronic Health Record Modernization  
FEHRM EXCOM – Federal Electronic Health Record Modernization Executive Committee  
FHCC – Federal Health Care Center  
FY – Fiscal Year  
HAIMS – Health Artifact and Image Management Solution  
HCSS – Health Care Staffing Services  
HEC – Health Executive Committee  
HI BL – Health Informatics Business Line  
ICAM – Identity, Credentialing, and Access Management  
ICT – Intermediate Care Technician  
IDES – Integrated Disability Evaluation System  
ILER – Individual Longitudinal Exposure Record  
IMESA – Identity Matching Engine for Security and Analysis  
IOC – Initial Operating Capability  
IPO – Interagency Program Office  
IPT – Integrated Product Team  
IS/IT – Information Sharing/Information Technology  
IT – Information Technology  
ITSC – Interagency Information Technology Steering Committee

IWG – Independent Working Group  
JAL FHCC – James A. Lovell Federal Health Care Center  
JCCQAS – Joint Centralized Credentials Quality Assurance System  
JEC – Joint Executive Committee  
JIF – Joint Incentive Fund  
JLV – Joint Legacy Viewer  
JSP – Joint Strategic Plan  
M2C Ready – Military to Civilian Readiness Pathway  
MEDPERS – Medical and Personnel Executive Steering Committee  
MLC – Military Life Cycle  
MOU – Memorandum of Understanding  
MST – Military Sexual Trauma  
MTF – military treatment facility  
MTTAC – Military Transition and Training Advancement Course  
MWR – morale, welfare, and recreation  
NCA – National Cemetery Administration  
NDAA – National Defense Authorization Act  
ONC – Office of the National Coordinator for Health Information Technology  
OPM – Office of Personnel Management  
PSTAP – Post-Separation TAP Assessment  
SBA – Small Business Administration  
SGLI – Servicemembers' Group Life Insurance  
SHA – Separation Health Assessment  
SHAWG – Separation Health Assessment Working Group  
SHPE – Separation History and Physical Examination  
SOES – SGLI Online Enrollment System  
SP-JAPIT – Suicide Prevention Joint Action Plan Implementation Team  
STORM – Stratification Tool for Opioid Risk Management  
STR – Service Treatment Record  
TAP – Transition Assistance Program  
TH/VH WG – Telehealth/Virtual Health Working Group  
TJC – The Joint Commission  
VA – Department of Veterans Affairs  
VAMC – VA Medical Center  
VASSP – VA Solid Start Program  
VBA – Veterans Benefits Administration  
VBMS – Veterans Benefits Management System  
VHA – Veterans Health Administration  
VHIC – Veteran Health Identification Card  
VISN 20 – Veterans Integrated Service Network 20  
VSO – Veterans Service Organization  
WG – Working Group