



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

**Annual Joint Report
Fiscal Year 2021**

The estimated cost of this report is approximately \$42,000 for Fiscal Year 2021. This includes \$0 in expenses and \$42,000 in VA-DoD labor.

**Donald M. Remy
Deputy Secretary
Department of Veterans Affairs**

**Gilbert R. Cisneros, Jr.
Under Secretary of Defense
for Personnel and Readiness
Department of Defense**

VA-DoD
Joint Executive Committee
Membership List
(As of September 30, 2021)

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Under Secretary for Benefits

Assistant Secretary for Information and
Technology

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and Readiness

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Assistant Secretary of Defense, Public
Affairs

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SECTION 1 – INTRODUCTION

The Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee is pleased to submit the VA-DoD Joint Executive Committee Fiscal Year (FY) 2021 Annual Joint Report, from October 1, 2020, to September 30, 2021, to Congress as required by Title 38, United States Code § 8111(f). The Annual Joint Report provides Congress with information about the collective accomplishments of the two Departments and highlights current efforts to improve joint coordination and resource sharing. This report does not contain recommendations for legislation.

The Joint Executive Committee provides senior leadership with a forum for collaboration and resource sharing between VA and DoD. In accordance with Title 38, United States Code § 320, the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness co-chair the Joint Executive Committee. The Joint Executive Committee consists of the leaders of the Health Executive Committee, Benefits Executive Committee, Transition Assistance Program Executive Council, Information and Technology Executive Committee, Federal Electronic Health Record Modernization Executive Committee, additional Independent Working Groups, and other senior leaders designated by each Department, in addition to invited participants from other Departments or agencies necessary to maximize joint coordination and resource sharing. See [Appendix A](#) for details on the Working Groups, boards, and areas of oversight that provide support to the Joint Executive Committee governance structure.

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

The VA-DoD Joint Executive Committee FY 2021 Annual Joint Report links accomplishments to the following four strategic goals established in the FY 2019-2021 VA-DoD Joint Executive Committee Joint Strategic Plan: (1) Health Care; (2) Benefits and Services; (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.

In FY 2021, VA and DoD developed an entirely new VA-DoD strategic planning cycle model for FY 2022-2027, to enable better long-term planning, alignment to department-level strategy, and more flexible execution of this approach. The new VA-DoD Joint Strategic Plan for FY 2022-2027 establishes five strategic goals: (1) Health Care Collaboration; (2) Integrate Benefits and Services Delivery; (3) Enhance the Transition and Post-Separation Experience; (4) Modernize Shared Business Operations; and (5) Strengthen Interoperability and Partnership. This strategy will be supported by a new, annual Joint Operating Plan, which identifies current Joint Executive Committee priorities, objectives, and action plans that support the five strategic goals in the VA-DoD Joint Strategic Plan for FY 2022-2027.

SECTION 2 – ACCOMPLISHMENTS

This section highlights the FY 2021 accomplishments of the Joint Executive Committee, Health Executive Committee, Benefits Executive Committee, Transition Assistance Program Executive Council, Information and Technology Executive Committee, Federal Electronic Health Record Modernization Executive Committee, and Independent Working Groups. The report also acknowledges some planned activities for FY 2022.

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 is an inter-departmental Working Group aligned under the Joint Executive Committee focused on implementing and tracking the outcomes of the Joint Action Plan for Executive Order 13822, *Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life*. In response to Executive Order 13822, VA, DoD, and the Department of Homeland Security published a plan in May 2018 to ensure that transitioning Service members and Veterans have seamless access to mental health and suicide prevention resources. Leadership in VA, DoD, and the Department of Homeland Security oversee the plan's implementation and report to the Joint Executive Committee. The VA-DoD Suicide Joint Action Plan Implementation Team was chartered in December 2018 to continue to provide oversight for Joint Action Plan tasks.

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 Executive Order 13822, the Departments continued to work together to improve services during the transition by: 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:

1. Ensure all transitioning Service members are aware of and have access to mental health services;
2. Ensure the needs of at-risk Veterans are identified and met; and
3. Improve mental health and suicide prevention services for individuals that have been identified 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 2021, 15 of these initiatives were implemented and the Joint Executive Committee leadership is tracking metrics to measure impact. The Joint Executive Committee leadership continues to track progress on the remaining initiative of Task 2.3, Readiness Standards. The

intent of Task 2.3 is to standardize and implement self-assessments to be used across the Services to facilitate a more structured and streamlined screening process for potential risks in transitioning Service members. Oversight of Task 2.3 has been transitioned to the Transition Assistance Program Executive Council.

Example activities and milestones accomplished in FY 2021 include the following:

Early and Consistent Contact

Through the VA Solid Start program, outbound calls were conducted to all Service members at key intervals after separation (e.g., 90-, 180-, 365-days post-separation). Specially trained VA representatives utilized active scripting to provide information on access to peer support, availability of mental health care after separation, eligibility for health care and eligibility for VA benefits; a list of available local and national resources; and a name and a point of contact for any immediate needs. In addition to calls, Veterans received information on benefits and eligibility in written format (e.g., email or regular mail). In FY 2021, VA contacted 149,498 Veterans,¹ which represents an overall contact success rate of 58 percent and a 75 percent successful contact rate for Priority Veterans.² VA hired approximately 100 specially trained VA representatives to support this effort.

Peer Support

Implemented peer support outreach to transitioning Service members during the first-year post-separation from the military and a warm hand-off for transitioning Service members in need of (or requesting) additional psychosocial support to follow-on peer support services. The goal of the warm hand-off effort is follow-on peer engagement, within 180 days' post-transition, for 90 percent of transitioning Service members who received a warm hand-off to peer support services. As of June 2021, 100 percent of transitioning Service members who received a warm hand-off to peer support services were connected to peer support. This percentage does not include transitioning Service members who received referrals to other psychosocial support services, such as non-medical counseling, prior to the warm hand-off process.

Readiness Standards

Implemented a warm hand-off process for follow-on peer support and community-based services (as determined by the transitioning Service member) in response to positive screenings across the domains of social, mental health, hope, financial, employment, and/or housing risk factors. Through March 31, 2021, 2,388 transitioning Service members received a warm hand-off based upon their responses during the Transition Assistance Program to the Baseline Well-Being Assessment.

Once the Baseline Well-Being Assessment is fully implemented by the end of the third quarter of FY 2022 as part of the Military to Civilian Readiness Framework (commonly referred to as M2C

¹ Represents unique/initial contacts across all three stages.

² For this effort, "Priority Veterans" refers to Veterans who had a mental health care appointment during the last year of Active Duty.

Ready), the standardized, streamlined self-assessment tool will capture potential risks for transitioning Service members across multiple life domains (e.g., social, relational, employment, housing, mental health, hope, sense of belonging), and will enable improved metrics reporting of warm hand-offs that are already occurring. VA and DoD are committed to addressing the issue of suicide among Service members and Veterans. The Departments continue to collaborate 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. In 2021, the *President's Roadmap to Empower Veterans and End a National Tragedy of Suicide* Initiative was realigned to VA Suicide Prevention within the Office of Mental Health and Suicide Prevention and the Veterans Health Administration. As further demonstration of this commitment, this initiative is continuing interagency collaboration to implement a national public health roadmap that contains ongoing actions to address suicide among Service members and Veterans. Moreover, the Departments continue to collaborate with multiple interagency partners as members of the Suicide Prevention Interagency Policy Committee, hosted by the Domestic Policy Council and the United States Interagency Council on Homelessness.

Objective 1.2. Individual Longitudinal Exposure Record

The Health Executive Committee's Deployment Health Working Group continues to jointly develop and deploy the VA and DoD electronic Individual Longitudinal Exposure Record to capture occupational and environmental exposures for Service members and Veterans. VA and DoD achieved Individual Longitudinal Exposure Record basic capabilities, with the initial release in FY 2019, and continue to build "new capabilities towards a more functional system" by FY 2023.

The Individual Longitudinal Exposure Record addresses an ongoing gap in linking environmental exposure data, health care and health effects research. The Individual Longitudinal Exposure Record platform connects an individual by time, place, event, and all-hazard exposure monitoring data with medical encounter information (diagnosis, treatment, and laboratory data) across the Service members' career. The Individual Longitudinal Exposure Record improves the quality and quantity of information available to VA and DoD health care providers, epidemiologists, medical researchers, and VA disability evaluation and benefits determination specialists. It can be accessed via a web-based application or the Joint Longitudinal Viewer³ tool within the electronic health record system. The Individual Longitudinal Exposure Record facilitates awareness of exposure-related health care needs, assessment of exposure histories for individuals and populations, and enhances disability evaluations to provide more informed, educated benefits determinations.

The Individual Longitudinal Exposure Record also increases communication and transparency between the Departments, Congress, beneficiaries, and other partners. Additional capabilities are being explored to integrate the Individual Longitudinal Exposure Record Joint Longitudinal Viewer with the new joint VA and DoD electronic health record system (VA: Cerner/DoD: MHS Genesis), allowing providers quicker access to the web-based application and a more

³ Formerly referred to as the Joint Legacy Viewer.

complete picture of the Service members and Veterans' exposure history. A new 'Search by Exposure' function was added to the system in FY 2021, as well as automated data feeds from DoD's Defense Manpower Data Center. The 'Search by Exposures' function allows cohort development to facilitate epidemiology and research studies. It is estimated that in FY 2022, future efforts may include expanding the epidemiology and research functionality and adding new information systems to maximize the amount of data available to validate exposure and health associations. Finally, the system will provide a foundation for prospectively following exposed cohorts for the potential long-term or latent health effects attributable to occupational and environmental exposures.

In FY 2021, VA and DoD continued to build on their achievements by sustaining the Individual Longitudinal Exposure Record application, improving existing functionality, and completing the following major development milestones and activities:

- Correlate exposure summaries from 1.2 million in FY 2020 to more than 4.9 million Service members and Veterans' deployment locations in FY 2021;
- Expand the number of individual deployment locations from 17 million records in FY 2020 to more than 24 million in FY 2021;
- Design an Individual Longitudinal Exposure Record initial interface with the new electronic health record system to present 'read only' Individual Exposure Summaries to VA and DoD health care providers through the Joint Longitudinal Viewer;
- Design and implement automated and persistent deployment and personnel data feeds from DoD's Defense Manpower Data Center to the Individual Longitudinal Exposure Record;
- Develop a function that allows for 'Search by Exposures' to identify specific types of exposures and generate a cohort with the exposure (Exposure-Based Cohorts). This function will allow health effects research and surveillance for specific exposures (e.g., lead or asbestos). This could also potentially facilitate research that may result in easier and more accurate Veteran benefit claims;
- Develop a function that will identify a specific deployment location and generate cohorts of individuals at that location (Location-Based Cohorts);
- Incorporate the Airborne Hazards and Open Burn Pit Registry Questionnaire and its' data into the Individual Exposure Summaries for provider access;
- Include the Chemical Warfare Agent Registry data, which now documents Veteran exposure evaluations; and
- Implement education and outreach using the Individual Longitudinal Exposure Record within VA and DoD health research and Veteran claims/benefits workflow.

As part of the system development process, the team completed multiple Individual Longitudinal Exposure Record version releases, followed by independent system and validation testing. The Individual Longitudinal Exposure Record system had no significant system defects and has maintained a high user approval rating of 4.6 out of 5. The total number of trained Individual Longitudinal Exposure Record users in VA and DoD increased from 144 in FY 2020 to 444 users as of September 30, 2021. The 444 users represent public health, clinical/medical care, and occupational and environmental health communities. Users are validated according to their role and responsibility within the Departments, training certifications, and information technology

systems access. While the user-base continues to grow, 94 percent of all Veterans Health Administration facilities currently have at least one trained Individual Longitudinal Exposure Record user. The continued growth of the Individual Longitudinal Exposure Record user-base and full interoperability with the new electronic health record system is critical to providing up-to-date exposure-related health care and public health services to Service members and Veterans. Currently VA and DoD can provide exposure summaries to Service members and Veterans through their health care providers. The goal of future developments will be to provide Veterans direct access to their respective individual exposure summaries. VA and DoD will continue to work together to refine and expand the system to achieve a VA and DoD-wide functional and accessible system for broader use by the end of 2023.

Objective 1.3. Base Access

The Joint Executive Committee 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. In FY 2021, the Base Access Working Group focused on improving communication with Veterans, caregivers, and other eligible individuals regarding DoD installation access standards.

Published in January 2019, DoD Manual 5200.08, Volume 3, *Physical Security Program: Access to DoD Installations*, 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, 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 background check to search for criminal records and terrorism concerns. The Veteran Health Identification Card can be enrolled for recurring installation access.

The Base Access Working Group began drafting a communications plan in FY 2021 to provide consistent messaging, clarify information about military installation access, and increase awareness and support among key audiences. Audiences include internal VA, DoD, and Military Department stakeholders responsible for implementing standard policy, and external stakeholders who must understand how to access installations. The communications plan is expected to be completed in FY 2022.

The Military Departments worked throughout FY 2021 to fully implement DoD Manual 5200.08, Volume 3. As of September 30, 2021, approximately 120,000 Veteran Health Identification Cards were enrolled for recurring installation access. Once a Veteran Health Identification Card has been enrolled in DoD's electronic physical access control system, the cardholder can go directly to the installation's gate that contains an electronic physical access control system, scan their Veteran Health Identification Card, and be granted access without going into an installation's Visitor Center. Additionally, as of the end of FY 2021, all Navy, Air Force, Marine Corps, and approximately 60 Army installations/bases are electronic physical access control system-equipped, with an identity matching engine for security and analysis-enabled capability.

While VA and DoD efforts have historically been focused on Veterans and caregivers seeking base access for health care, the Departments expanded those efforts in FY 2019 to address Veterans and caregivers seeking other types of benefits. Section 621 of the National Defense Authorization Act for FY 2019 authorized the extension of commissary, exchange, and certain morale, welfare and recreation retail facility privileges to certain Veterans and their caregivers. In addition to the Veteran Health Identification Card, a VA-issued caregiver eligibility letter or Health Eligibility Center Form H623-A are acceptable methods to establish purpose under DoD Manual 5200.08, Volume 3 to obtain Section 621 privileges. The Base Access Working Group continues to work closely with the Patronage Expansion Working Group to address installation access requirements for this population. See the Additional Accomplishments Section of this report for more details on [Patronage Expansion](#) efforts.

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 Readiness Framework

The Joint Executive Committee approved the Military to Civilian Readiness Framework in September 2019. This Framework aligns the myriad of disparate transitional activities under one overarching umbrella during the critical 365 days prior to separation and extends 365 days post-separation. The Military to Civilian Readiness Framework incorporates several components of Executive Order 13822, *Supporting our Veterans During Their Transition from Uniformed Service to Civilian Life*, as well as the National Defense Authorization Act for FY 2019, Sections 522 and 552. The model includes six steps across nine life domains outlined in Executive Order 13861, which have been identified as critical to a successful transition for Service members, Veterans, their families, and caregivers:

1. Baseline Wellbeing Assessment;
2. Transition Assistance Program;
3. Separation Health Exam process and Eligibility for Benefits 30 days prior to separation;
4. Individualized Statement of Benefits at discharge;
5. Post-separation programs, including the VA Solid Start Program; and
6. Additional post-separation touchpoints.

The Military to Civilian Readiness Framework aligns various components of transition, is complementary to current transition support programs, and coalesces more than 24 separate transition activities, owned and executed by various Departments and agencies, under one framework. The all-encompassing framework ensures that transitioning Service members and recently separated Veterans: (1) are informed and educated about all VA benefits and services they are eligible for; (2) are equipped with the tools they need to succeed and reintegrate into their communities; and (3) achieve sustainable economic well-being. The Military to Civilian Readiness Framework model provides interagency support, while ensuring a holistic and integrated transition. As part of the Military to Civilian Readiness Framework, VA and DoD

developed the Baseline Well-Being Assessment. The Transition Assistance Program Executive Council also approved the Enterprise Individualized Self-Assessment tool as the instrument to meet Executive Order 13822 and the National Defense Authorization Act for FY 2019 requirements. The Enterprise Individual Self-Assessment tool serves to ensure Service members are placed in the appropriate transition pathway. DoD is working collaboratively on the online platform to host the Enterprise Individual Self-Assessment tool, using a four-phased implementation plan, with planned development to be completed in December 2021. The pilot and validation are scheduled for FY 2022.

The Departments are committed to improving the separation examination process to meet the requirements of transitioning Service members efficiently, effectively, and with minimum duplication of efforts. In collaboration with subject matter experts from VA, DoD and the Services, the Separation Health Assessment Working Group leads this effort in alignment with the broader objectives of the Military to Civilian Readiness Framework. (See [Objective 2.2](#) for details on Separation Health Assessment Working Group accomplishments.)

In September 2020, the Joint Executive Committee approved the concept for an enhanced individualized statement of benefits at discharge. The Enhanced Statement of Benefits will provide transitioning Service members and/or recently separated Veterans with a modernized tool that will create a personalized VA-DoD-Department of Labor enterprise-wide benefits and services statement, based on their inputs, in one centralized application. The Enhanced Statement of Benefits will be provided post-discharge to complement the Pre-Separation Counseling Resource Guide provided to transitioning Service members pre-discharge, with a goal of listing eligible VA, DoD, and Department of Labor post-separation benefits tailored to the individual. Phase One will include VA-specific post-separation benefits, with additional phases adding DoD and the Department of Labor post-separation benefits. The implementation plan was approved by the Transition Assistance Program Executive Council in March 2021, with discovery and program development phases beginning in July 2022.

The VA Solid Start program launched on December 2, 2019, as part of the Military to Civilian Readiness Framework, to make early, consistent, and caring contact with newly separated Veterans. VA Solid Start proactively calls all eligible Veterans at three key stages (around 90-, 180-, and 365-days post-separation) during their first year after separation from Active Duty. Utilizing data provided by DoD, VA Solid Start provides priority contact to Veterans who had a mental health care appointment during their last year of Active Duty, helping to target and provide access and continuity of care for mental health. VA Solid Start representatives address challenges the Veteran may be facing at the time of the call by connecting the Veteran with the appropriate VA benefit and/or partner resources for assistance. These representatives receive special training to recognize the signs of crisis and when needed, can provide a direct transfer to the Veterans Crisis Line for additional support.

In FY 2021, VA Solid Start successfully connected with 149,498 recently separated Veterans, achieving a successful connection rate of 58 percent. As a subset of this group, VA Solid Start successfully connected with 24,233, or 75 percent, of eligible Priority Veterans, helping to lower the barrier for accessing mental health care.

The Military OneSource program provides support 365-days after separation as part of the Military to Civilian Readiness Framework and Executive Order 13822, and later enacted in the National Defense Authorization Act for FY 2019, Section 557. This expansion allowed Military OneSource to: (1) conduct direct outreach to transitioning Service members; (2) create a new transitioning Service member case type; and (3) receive peer support warm handovers from the Transition Assistance Program. In FY 2021, Military OneSource expanded services to transitioning Service members, to include follow-up at the 90 and 180-day mark post initial outreach. Military OneSource provided over 90,000 connections to Veterans during the 365-day post-separation period. Military OneSource conducted email outreach to 100 percent of transitioning Service members who opted-in for contact to inform them of the availability of Military OneSource's 24/7 call center and website services. Furthermore, in FY 2021, Military OneSource assisted 3,372 cases of all types for transitioning Service members within the one-year eligibility period - a 10 percent increase over FY 2020.

Overall, Military OneSource assisted 4,839 cases for eligible transitioning Service members and their families. The top three case types were: (1) non-medical counseling; (2) information and referral; and (3) tax services. While the most common reason for seeking non-medical counseling was for relationship issues, 28 percent of transitioning Service members and their families sought non-medical counseling for reasons outside the scope of Military OneSource's short-term, solution-focused counseling. In these cases, Military OneSource consultants facilitated connections to other helping agencies, including mental health care providers.

Transition Assistance Program

To meet the congressionally mandated Transition Assistance Program and other ancillary transition functions, VA, DoD, and Department of Labor, along with other interagency partners, provide transitioning Service members, Veterans, family members and caregivers, a variety of interactive courses, one-on-one engagements and learning opportunities. In FY 2021, 172,830 individuals attended Transition Assistance Program courses in-person, which included One on One Assistance, VA Benefits and Services, Installation Engagement, Military Life Cycle, and Capstone events. Classes are currently being offered in an instructor-led, classroom modality, which is preferred, and virtual instructor-led, in accordance with local installation COVID-19 guidance. If needed, all Transition Assistance Program Interagency partners are prepared to shift to 100 percent virtual instructor-led or web-based, should the COVID-19 pandemic precipitate. In addition, DoD supports an online learning system, Transition Online Learning, where Service members, Veterans, family members, and caregivers have unlimited access to the entirety of the Transition Assistance Program curriculum and resource guides.⁴

Military Life Cycle Training Modules

To increase an understanding and focus on certain topics, interagency partners have developed Military Life Cycles modules. These short courses are to provide information that would be beneficial at any time in a Service member's journey, from initial entry into military service through separation, and beyond. Currently there are 13 courses available, with the majority

⁴ <https://www.tapevents.mil/courses> under "Core Requirements", "All Courses" or "Transition Tracks" selections.

focusing on topics specifically pertaining to VA benefits and services, and one for transitioning to Federal employment. The Military Life Cycle modules are available through in-person instruction, as well as through the Transition Assistance Program Transition Online Learning platform. In FY 2021, VA delivered 305 Military Life Cycle modules via an instructor-led classroom. Available Military Life Cycle modules include:

- Reserve Component Dual Payments
- Social and Emotional Health Resources
- Survivor and Casualty Assistance Resources
- VA Benefits 101
- VA Education Benefits
- VA Home Loan Guaranty Program
- VA Life Insurance Benefits
- Vet Centers
- Community Integration Resources
- VA Education and Training Benefits for Spouses and Dependents
- Mental Health for Families
- Disability Compensation
- Transitioning into Federal Employment

Transition Assistance Program Curriculum

Within the Transition Assistance Program, there are five core curriculum and four two-day tracks shared among the Transition Assistance Program interagency partners. It is through the interagency partnerships by which these courses are developed and maintained to ensure continuity, consistency, relevance and to reduce redundancy across the curricula. VA, DoD, Department of Labor, and the Small Business Administration collaborate through an annual evaluation process by which the Transition Assistance Program curricula is reviewed and approved through the Transition Assistance Program governance structure. Each agency is responsible for the delivery or facilitation of their curriculum.

VA Benefits and Services Curriculum

VA provides a full day of content focused solely on the benefits and services earned by the Service member due to military service and provided by VA. During FY 2021, the Transition Assistance Program VA Benefits and Services course was briefed, in-person, to 91,232 transitioning Service members, at over 300 locations worldwide.

DoD Curricula and Tracks

DoD provides three core curricula and one track. The Managing Your Transition, Military Occupational Code Crosswalk, and Financial Planning for Transition curricula are generally provided in one day, creating what is commonly referred to as “DoD Day.” The education track, Managing Your Education, is also developed and maintained by DoD. Delivery of the curricula, however, is the responsibility of the individual Service to implement as best fits their Service culture, while maintaining adherence to the legislative mandates.

Department of Labor Curriculum and Tracks

In response to the National Defense Authorization Act for FY 2019, the Department of Labor altered the delivery of its employment workshops to align with the new legislative requirements. With a focus on improved outcomes, the Veterans' Employment and Training Program revised the employment course curriculum to provide a one-day employment fundamentals workshop that is mandatory for all transitioning Service members. There are also two-day career track workshops; one for career exploration, Career and Credential Exploration, and one for general employment, Employment Workshop. These changes to the Transition Assistance Program were designed to help transitioning Service members and their spouses make the best career choices to meet their individual needs, while considering individual values, aptitudes, and skills, in addition to identifying high-demand career fields.

In FY 2021, the Department of Labor conducted 10,384 instructor-led Transition Assistance Program courses, spread across all three Department of Labor Transition Assistance Program courses, for a total of 189,747 participants. As of the third quarter of FY 2021, the Transition Assistance Program workshops received a 95.5 percent customer satisfaction rating. Additionally, 112,775 Service members accessed Department of Labor courses within DoD's Transition Online Learning Management System.

Small Business Administration Track

The Small Business Administration provides the curriculum, as well as the facilitators, to conduct the track for entrepreneurship. The Boots to Business class provides Service members with an introductory understanding of business ownership.

Additional Programs and Pilots to Support the Transition Assistance Program

In addition to the current Transition Assistance Program, the interagency partners have ongoing efforts, which support the Transition Assistance Program, the process, and/or the content, to ensure a successful transition by the Service member.

During FY 2021, there were 317,638 individual touchpoints to Service members, military spouses, caregivers, and survivors across all of VA's transition assistance offerings available at over 300 military installations worldwide.

Department of Labor Apprenticeship Pilot

During FY 2020 and FY 2021, the Department of Labor's Veterans' Employment and Training Service conducted an Apprenticeship Pilot at eight military installations to provide transitioning Service members and their spouses opportunities to be hired into apprenticeship positions, including Registered Apprenticeships, prior to separation, in industries and locations that match their interests. Apprenticeship Placement Counselors leveraged their networks of prospective employers, industry associations, and stakeholders to connect participants to opportunities across the country. Due to the COVID-19 pandemic, the Pilot shifted to virtual delivery, along with the virtual Transition Assistance Program workshops, to meet the needs of transitioning Service members and their spouses, as well as to strengthen employer connections. At the end of FY 2021, over 150 transitioning Service members and spouses were placed into an apprenticeship.

Department of Labor Employment Navigator and Partnership Pilot Program

On April 1, 2021, the Department of Labor announced the launch of the Employment Navigator and Partnership Pilot at 13 military installations to enhance its' ability to provide transitioning Service members and their spouses with personalized assistance outside of the traditional workshops. Employment Navigators assist transitioning Service members to identify employment opportunities through career exploration and connections to available resources from governmental and non-governmental partners. Following the completion of self-assessments, skills testing, and high-demand occupation exploration, Employment Navigators assist participants in selecting career pathways and connecting them to partners and resources.

VA Women's Health Care Services Transition Training

To encourage transitioning Service women's learning about women's health care services available through VA, DoD piloted the Women's Health Transition Training program. The VA Office of Women's Health, in collaboration with the VA Office of Outreach, Transition and Economic Development and DoD, created this optional course to inform transitioning Service women about women-specific health care services available after their separation from the military. The ultimate intent is to increase their enrollment for, and utilization of, VA health care services. Approval for the pilot was granted by the VA-DoD Joint Executive Committee, with support from the Transition Assistance Program Executive Council. The Women's Health Transition Training Pilot Program launched in September 2017 and ended in December 2019. Based on the success, the Joint Executive Committee approved making the Pilot a permanent, voluntary program, in July 2019.

The Women's Health Transition Training Program, under the auspices of the Transition Assistance Program Executive Council and administered by the VA Office of Outreach, Transition, and Economic Development, was to be fully operational nationwide in 2021. As an intermediate stage between pilot and full operations, the VA Office of Women's Health hosted the Post-Pilot National Rollout from January 27, 2020, to December 21, 2020.

As part of VA's comprehensive service delivery response to COVID-19, VA adapted the Women's Health Transition Training course to be a women Veteran instructor-led, virtual classroom through December 2020. The Women's Health Transition Training Program Pilot was an in-person, women Veteran instructor-led course and the national rollout was an in-person course, until the COVID-19 pandemic restricted in-person contact. Following the national rollout, while still under COVID-19 pandemic restrictions, VA developed and launched the Women's Health Transition Training Program as a permanent web-based training in February 2021. This web-based version of the Women's Health Transition Training course is self-paced and accessible at anytime from anywhere to all Service women and women Veterans.

Inclusive of these deliveries of the Women's Health Transition Training Program, over 1,732 Service women have participated in the training so far, with the data showing high levels of satisfaction with their experience. Of those who enrolled in the web-based training version and responded to questions about the improved awareness of VA services, 72 percent indicated that the Program would influence them to enroll in VA health care. Of the 72 percent, 98 percent believe they have the necessary information to start the enrollment process for VA health care.

Department of Labor Career Curriculum for Transitioning Military Spouses

The Department of Labor Veterans' Employment and Training Service launched a career workshop curriculum for transitioning military spouses, known as the Transition Employment Assistance for Military Spouses. These workshops consist of nine separate modules designed to help military spouses plan and prepare for their job search in pursuit of employment goals. Modules cover topics such as resume development, career exploration, networking, and interview techniques. Piloting of the Transition Employment Assistance for Military Spouses was completed in May 2021. The Department of Labor Veterans' Employment and Training Service began offering the full suite of these instructor-led virtual workshops in September 2021, with the option for installations to host in-person workshops.

Post-Separation Transition Assistance Program Study

The Post Separation Transition Assistance Program Assessment Outcome Study was first executed in 2019. The purpose of the multi-year study is to analyze the effect of participation in the Transition Assistance Program on the long-term outcomes of Veterans in the broad life domains of employment, education, health and social relationships, financial, overall satisfaction, and well-being. The Post-Separation Transition Assistance Program focuses on the Transition Assistance Program and Veterans' long-term outcomes from a holistic perspective. The 2019 report was published in June 2020, the 2020 report was published in June 2021 and the 2021 report is scheduled for release in the third quarter of FY 2022.

Objective 2.2. Mandatory Separation Health Examinations

As an Independent Working Group under the Joint Executive Committee, the VA-DoD Separation Health Assessment Working Group collaborates on a common form to document separation health assessments for Service members separating from Active Duty, and Reserve Component members demobilizing from Active Duty orders. This includes Service members who make a concurrent request or may make a future request for VA disability compensation or services. The Separation Health Assessment Working Group coordinates closely with the Benefits Executive Committee and the Health Executive Committee on matters within their respective portfolios and engages subject matter experts across agencies and disciplines to address issues of benefits adjudication, clinical quality, military readiness, patient safety, patient experience, and effective use of the Federal electronic health record.

Service members are required to meet statutory and policy requirements for a Separation Health Assessment before they transition from Active Duty service. To ensure the Service member's health care needs are addressed before separating, DoD screens for medical retainability, and provides final documentation in the service treatment record that VA can use to help determine service connections in evaluating future disability claims. If a Service member applies for VA disability compensation benefits under the Benefits Delivery at Discharge program, then VA will perform the Separation Health Assessment. In this case, VA must receive a copy of the service treatment record before performing the Separation Health Assessment, and DoD must receive a copy of the Separation Health Assessment completed by VA to include in the official service treatment record, before the Service member separates.

Since 2018, the Separation Health Assessment Working Group has worked to implement an electronic interface between VA and DoD systems to replace manual Separation Health Assessment information sharing processes. Without the ability to share information electronically, Service members must courier a copy of their service treatment record to VA. Once full interoperability is achieved, the process will alleviate the burdensome requirements for Service members to obtain and transmit records to the Veterans Benefits Administration and will subsequently speed-up the application process.

The electronic capability to transfer Separation Health Assessments from VA to DoD was established in FY 2019; however, system timeouts and parameter limits occasionally prevented successful transfer and required repeated efforts. In FY 2021, the Separation Health Assessment Working Group made advances toward full implementation of the electronic availability of the service treatment record for the Benefits Delivery at Discharge population, with interagency support to meet technical challenges. Updates to VA and DoD information technology systems improved the electronic delivery of service treatment records claims notifications between VA and DoD. The Separation Health Assessment Working Group facilitated permanent system improvements at VA and DoD, resulting in regular transmissions of these Assessments.

The Separation Health Assessment Working Group has made substantial progress toward efficiencies in clinical aspects of the Separation Health Assessment, moving closer to a single, joint separation physical and mental health assessment. Clinical subject matter experts identified baseline elements for inclusion, comprising both subjective patient histories and objective clinical evaluations. Interagency subgroups of clinicians, with specialty groups covering the areas of audiology, mental health, women's health, environmental and occupational exposure, traumatic brain injury, vision, and dental health, then analyzed a proposed draft Separation Health Assessment to ensure clinically sufficient criteria were included. The Separation Health Assessment Working Group is finalizing the common form and implementing its use by both Departments, targeted for October 2022.

As a model of interagency cooperation and with continuing input and support from the Office of the Secretary of Defense, Military Services, and subject matter experts from the Veterans Benefits Administration and the Veterans Health Administration, the Separation Health Assessment Working Group is committed to solutions that will meet the requirements of transitioning Service members efficiently, effectively, and with minimum duplication of effort. Within DoD, the Separation Health Assessment Working Group requirements and workflows are coordinated by the Assistant Secretary of Defense for Health Affairs, through experts with the Army, Navy, Air Force, Marines, Coast Guard, and Defense Health Agency.

Objective 2.3. Military Personnel Data Transmission

The Information and Technology Executive Committee chartered the Military Personnel Data Working Group in 2018 to govern the framework for bi-directional personnel data exchange between VA and DoD. The sharing of personnel, eligibility, usage, and payment data between VA and DoD is understood to be critical for the administration of benefits and services on behalf of current and former Service members, as well as their families. The Working Group helps to ensure access to authoritative data calibrated to the moments that matter in the Service members'

and Veterans' journeys. It will also promote and ensure the use of data in evidence-based policy making within and between VA and DoD.

The Military Personnel Data Working Group supports all Joint Executive Committee/Benefits Executive Committee working groups, including the Benefits Executive Committee Information Sharing/Information Technology Working Group, and is responsible for the technical aspects of the current and future framework for bi-directional sharing of non-clinical personnel data including contact, demographics, eligibility, benefit usage, and military payments, as is necessary, to enable the following joint mission capabilities: Applicant Eligibility and Entitlement for Benefits; VA Benefit Usage; Dual Compensation; Military-to-Civilian Transition; Proactive Outreach and Communications; and Joint Data Analytics.

Guard Reserve Active Service Data Quality

In 2020, multiple VA lines of business, especially the Education and Compensation Services, reported experiencing issues with missing or inaccurate Reserve Component periods of active service from the VA-DoD Identity Repository database. The VA-DoD Identity Repository database is an electronic repository of military personnel's service history, payroll information and dependents' data, provided to VA by DoD's Defense Manpower Data Center. The data quality issues affect Veterans' access to care, benefits eligibility, and compensation. A joint VA and DoD team determined seven specific data quality issues that needed to be addressed. The Uniformed Services Human Resources Data Governance Council directed the formation of the DoD Data Quality, Fidelity, and Compliance Working Group to address these issues, holding their initial meeting in December 2020. Consisting of representatives from all the Military Services, DoD's Defense Manpower Data Center, and Military Personnel Policy, the Working Group reviewed six of the seven issues during FY 2021; resolved and closed two of the issues, reviewed/monitored four issues; and will address the remaining issue in FY 2022. The Military Personnel Data Working Group coordinated the establishment of metrics for each issue, with monthly monitoring set-up for three of the issues to ensure they remain within established metrics. The Military Personnel Data Working Group and Benefits Executive Committee Information Sharing/Information Technology Working Group will continue to monitor Guard Reserve Active Service data quality to ensure VA business lines have the data needed to ensure timely and accurate determination of Veteran benefits.

Common Population

Veterans who began receiving benefits prior to the establishment of the Defense Enrollment Eligibility Reporting System have military periods of service present in authoritative VA systems, but these records are not located in one centralized database. This project aimed to establish identities in the Defense Enrollment Eligibility Reporting System for all Veterans not previously known to DoD and to ensure that all known periods of military service are available in the VA-DoD Identity Repository database, as this impacted the ability of VA to decommission legacy systems, reduced system interface complexity, and continued the use of redundant processes when serving Veterans.

In 2006, VA and DoD began working on the issue and consolidating VA customer records with VA systems and the Defense Enrollment Eligibility Reporting System/Personnel Data Records,

including identity and military service. As of December 31, 2020, a total of 27 million VA-sourced military records were processed and added to the Defense Enrollment Eligibility Reporting System/Personnel Data Records, and the military service periods were made available to the VA-DoD Identity Repository database. In April 2020, an additional 7.5 million Veteran identity issues were resolved and updated in the Defense Enrollment Eligibility Reporting System. VA and DoD are on track to complete the final effort to make the military service periods available in the VA-DoD Identity Repository database during the first quarter of FY 2022. Once completed, this 15-year effort will provide a single source of military service data to all VA business lines and positively affect downstream processes within VA.

Servicemembers'⁵ Group Life Insurance Online Enrollment System

VA and DoD held the first Servicemembers' Group Life Insurance Online Enrollment System Configuration Control Board in December 2020. The Board consists of representatives from VA Insurance Services, Office of the Secretary of Defense, Defense Manpower Data Center, and each of the eight Uniformed Services. The Board will continue to meet quarterly to review Servicemembers' Group Life Insurance Online Enrollment System proposals for process improvements.

Dual Compensation

By law, Service members who have a VA disability rating may not receive VA compensation payments at the same time they receive military pay, which includes both drill and Active Duty pay. As such, most Service members waive their VA disability compensation pay in lieu of military pay for inactive duty training and Active Duty periods. Through the auspices of the Benefits Executive Committee, VA and DoD continue to pursue improvements to the adjustment process for Veterans in receipt of dual compensation and to reduce improper payments.

In November 2018, VA added efficiency to the existing process by automatically batch processing dual compensation adjustments based on data from DoD's Defense Manpower Data Center. VA receives personnel data from the Defense Manpower Data Center within 24 hours of entry into DoD's personnel system. VA then follows due process steps by notifying the Veteran of the proposed adjustment. Depending on the response received from the Veteran, the Veteran's VA disability compensation award may be automatically adjusted after 65 days to match the personnel data received from DoD.

The first time VA conducted an automated batch process for Reserve Component drill pay adjustments occurred in FY 2019. In FY 2020, VA conducted an automated batch process for those Veterans who returned to Active Duty. In FY 2021, VA completed the FY 2020 Active Duty and Inactive Duty (Drill Pay) adjustments, processing 100,879 cases and completing 83,657 via automation, while the remainder required manual processing. Compensation Services also processed return to Active Duty batch jobs on a quarterly basis to initiate adjustments for Veterans who are receiving dual compensation. From October 1, 2020, through June 30, 2021, VA processed the awards for 19,285 cases. Additionally, the Benefits Executive Committee

⁵ Servicemembers' is written as one word, as it references the proper name of the Servicemembers' Group Life Insurance.

directed VA's Compensation Services and the Defense Manpower Data Center to begin processing the return to Active Duty batch job monthly versus on a quarterly basis. This effort will reduce improper payments and overpayments from the increased frequency of batch jobs.

eBenefits

In 2007, the President's Commission on Care for America's Returning Wounded Warriors, established by Executive Order 13426, called for the creation of a web portal to provide a single, transparent access point to online benefits, as well as related content and services. VA and DoD collaborated to create the eBenefits portal, with VA designated as the lead agency, and launched the joint eBenefits portal in April 2010. After over 10 years as a functioning web portal, eBenefits is migrating to a new and improved VA.gov.

Beginning in 2017, VA started planning and migrating the Veterans Benefits Administration features in eBenefits to VA.gov; the goal was to have users visit one site instead of the multiple sites VA had at the time. In 2018, VA launched the new VA.gov website and is transitioning all VA websites and portals to one location. Many of the Veterans Benefits Administration features in eBenefits have been moved to VA.gov, with the final five features transitioning by December 2021. Users can still access the DoD Self-Service Logon they have for the eBenefits portal to logon and access VA.gov. If a feature is still in eBenefits, the VA.gov portal will direct them to the correct site. Sunset of the eBenefits portal is scheduled for September 2022.

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 3.5. Joint Sharing of Facilities and Services

The VA and DoD Capital Asset Planning Committee was established in 2005 to develop and formalize a structure that facilitates an integrated approach to planning, designing, constructing, and leasing real property-related initiatives for medical facilities mutually beneficial to both Departments.

The ongoing strategic goals of the Capital Asset Planning Committee are to:

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

For several years, VA and DoD have pursued legislative changes to provide the needed authority to expand their existing collaborative relationship to permit proactive, more detailed, joint capital investment planning, construction, and leasing of co-located and shared medical facilities. In FY 2021, VA and DoD again submitted joint legislation to provide this authority and eliminate a major obstacle to collaboration on joint capital projects, allowing projects to be identified based

on market conditions and departmental capabilities to utilize more resources effectively and efficiently.

On December 27, 2021, the National Defense Authorization Act for FY 2022 was signed by the President of the United States. The Act includes Section 714, authorizing the Secretary of Defense and Secretary of Veterans Affairs to enter into agreements for planning, design, and construction of facilities to be operated as shared medical facilities. No language regarding joint leasing is included.

In FY 2021, the VA and DoD Capital Asset Planning Committee staff created a standard operating procedure that defines cross-functions and responsibilities developed through the collaborative VA Market Assessments and DoD Visioning Studies (Strategic Market Assessments). Committee staff continued to develop collaborative evaluation criteria, processes, and timelines for potential shared joint VA-DoD opportunities. This collaborative process includes identifying markets and locations where VA and DoD have similar medical service requirements where a shared facility is the most effective option for both Departments. The Capital Asset Planning Committee actively participated in the Departments' capital investment review process to identify areas suitable for joint capital and project coordination.

Notably, the VA MISSION Act of 2018 established an Asset and Infrastructure Review Commission to review the results of required market assessments. The assessments study the current and future health care needs of Veterans across America, evaluates VA's health care infrastructure to ensure VA provides needed services to meet Veteran demand and continue to provide and improve access and outcomes. The Asset and Infrastructure Review Commission is a congressionally mandated process designed to modernize and realign VA's aging health care infrastructure, including leveraging and expanding partnerships with DoD. Any potential changes to VA's health care infrastructure will undergo extensive review by an independent Presidentially and Congressionally appointed Commission, the President, and Congress, followed by extensive analysis and planning prior to implementation.

GOAL 4 – Interoperability

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

Objective 4.1. Federal Electronic Health Record System Modernization Interoperability

Throughout FY 2021, the Federal Electronic Health Record Modernization Program Office continued to prioritize operationalization and convergence in its mission to implement a single, common Federal electronic health record system to enhance patient care and provider effectiveness, wherever that care is provided. This operationalization and convergence strategy unified efforts across the Federal electronic health record ecosystem and delivered common capabilities that add value to electronic health record deployments, such as: the electronic health record baseline; configuration and content management; software releases and upgrades; the Federal Enclave; cybersecurity; and virtual health.

Operationalization activities include evolving the Federal Electronic Health Record Modernization Program Office to become the single operator of the Federal electronic health

record system and efforts to provide a common set of capabilities across the health care industry. The Federal Electronic Health Record Modernization Program Office, along with the Departments, focused on convergence by determining ways to unify electronic health record workflows and configurations to streamline the patient and provider experience. While VA, DoD and the Department of Homeland Security's Coast Guard have unique needs, the Federal Electronic Health Record Modernization Program Office converges their clinical and business capabilities, where appropriate. The goal is to ensure providers have a common user experience defined by evidence-based best practices, and patients have a consistent care experience, regardless of where they receive treatment.

The Federal Electronic Health Record Modernization Program Office partnered with VA, DoD, and the United States Coast Guard, making significant progress in electronic health record modernization, including the enhancement of interoperability between VA, DoD, the United States Coast Guard, and the private sector.

Electronic Health Record Capability Delivery

In FY 2021, the Federal Electronic Health Record Modernization Program Office continued to work within the joint space to deliver common capabilities, enabling the Departments to deploy the federal electronic health record system to 30 DoD Commands and 31 United States Coast Guard sites. In addition, the Federal Electronic Health Record Modernization Program Office also supported VA's initial go-live at the Mann-Grand staff VA Medical Center in Spokane, Washington. The common capabilities the Federal Electronic Health Record Modernization Program Office delivers include:

- Managing the Federal Enclave, which is a shared environment to contain the Federal electronic health record system and supporting systems;
- Managing the joint health information exchange, a data-sharing capability;
- Overseeing configuration and content changes to the electronic health record system that the Departments agree on through a joint decision-making process facilitated by the Federal Electronic Health Record Modernization Program Office;
- Providing software upgrades and solutions to optimize electronic health record performance—in FY 2021 this included releasing Capability Block 4.0, which provided a range of technical updates to the Federal electronic health record system, and Capability Block 5.0, which provided over 600 enhancements for referral management, pharmacy, registration, and documentation;
- Tracking joint risks, issues, and opportunities, as well as lessons learned, regarding electronic health record implementation to inform continuous improvement;
- Maintaining an integrated master schedule to help coordinate electronic health record activities;
- Developing and updating deployment maps to show real-time status of deployments;
- Advancing interoperability, which is the meaningful use and exchange of data, to improve the continuity of care among and between public- and private-sector providers; and
- Leading analysis and integration of deployment activities at joint sharing sites, where resources are shared between VA and DoD.

Enterprise Operations Center

The Enterprise Operations Center enables the Federal Electronic Health Record Modernization Program Office to monitor and integrate independent incident management and resolution processes continually, essentially functioning as the electronic health record system's air traffic controller. The Enterprise Operations Center supports electronic health record deployments by providing insight into information technology production events. It allows the Federal Electronic Health Record Modernization Program Office to reduce risks to the rapid succession of go-live activity. Throughout the reporting period, the Enterprise Operations Center prepared Federal electronic health record system owners and partners in the ecosystem for go-live activities and continued to support cross-organizational collaboration and executive-level reporting on the Federal Enclave and ecosystem during Federal go-live events.

The Enterprise Operations Center also focused on proactive maintenance of the Federal electronic health record system, including upgrades that improved database performance, scalability, and reliability. Ultimately, these improvements will lead to better business outcomes and operational efficiencies.

Joint Health Information Exchange

During FY 2021, the Federal Electronic Health Record Modernization Program Office expanded and enhanced the joint Health Information Exchange. The joint Health Information Exchange is a modernized health data sharing capability that enhances the ability of VA, DoD, and the United States Coast Guard to share data bi-directionally, quickly, and securely, with participating community health care providers. This capability provides more informed care for patients who navigate among health care providers.

The joint Health Information Exchange connects VA, DoD, and the United States Coast Guard providers with a large number of private sector partners, representing more than 2,000 hospitals, 8,800 pharmacies, 33,000 clinics, 1,100 labs, 800 federally qualified health centers and 300 nursing homes, to help health care providers in the Departments and the private sector make more informed care decisions as they care for Service members, Veterans and DoD beneficiaries.

During the first quarter of FY 2021, the Federal Electronic Health Record Modernization Program Office expanded the number of private sector providers participating in the joint Health Information Exchange by connecting with the CommonWell Health Alliance, a nationwide network of more than 15,000 provider sites.

The Federal Electronic Health Record Modernization Program Office aims to connect with Carequality, a framework to enable health data sharing across networks, in the near future. Once connected to Carequality, the joint Health Information Exchange will be connected to the three major exchange networks, exchanging data with more than 95 percent of private-sector hospitals. VA and DoD are currently reviewing Carequality legal agreements. This review must be completed before initiating a connection to Carequality.

Additionally, the Federal Electronic Health Record Modernization Program office explored integrating the joint Health Information Exchange Partner Map into the Joint Longitudinal Viewer Information Portal as an initial pilot to make this information available to clinicians. The

map displays geographic locations of private and Federal partners connected through the joint Health Information Exchange. Future pilots will explore directly integrating the map into the Federal electronic health record system. The Federal Electronic Health Record Modernization Program Office also went live with a new interface between the Joint Longitudinal Viewer and the Individual Longitudinal Exposure Record in March 2021, enabling the exchange of exposure data as part of the Federal electronic health record system.

The Federal Electronic Health Record Modernization Program Office also drove data-sharing standards and implemented Fast Healthcare Interoperability Resources interfaces during the reporting period to improve the quality, visibility, and relevance of the data in the joint Health Information Exchange.

Joint Sharing Sites

The Federal Electronic Health Record Modernization Program Office spearheaded efforts to establish a common approach to deploy electronic health record capabilities to joint sites. Deploying the electronic health record system to shared-resource, integrated VA and DoD facilities requires careful collaboration, joint decision-making, and a thorough understanding of the possible effects of the electronic health record system deployment. The Federal Electronic Health Record Modernization Program Office leads the analysis and integration of deployment activities at these joint sites, with a specific focus on technical, functional, and programmatic issues, including implementation schedules, joint access, and network security.

In FY 2021, the Federal Electronic Health Record Modernization Program Office engaged in numerous planning, execution, and analysis activities to support the unique health informatics needs at joint VA and DoD sharing sites. The Federal Electronic Health Record Modernization Program Office, alongside its Defense Health Agency Health Informatics and Veterans Health Administration Office of Health Informatics partners, completed discovery assessments for a set of prioritized integrated sharing sites. Furthermore, the Federal Electronic Health Record Modernization Program Office worked with its interagency partners to mitigate risks associated with the asynchronous VA and DoD electronic health record deployments affecting joint sharing sites in Alaska and Hawaii.

In the third quarter of FY 2021, the Federal Electronic Health Record Modernization Program Office announced an agreement between VA and DoD to jointly deploy the federal electronic health record system at the Captain James A. Lovell Federal Health Care Center, the only integrated VA-DoD joint facility. The Federal Health Care Center deployment involves a multi-agency team coordinated by the Federal Electronic Health Record Modernization Program Office, collaborating with VA and DoD Electronic Health Record program offices. The Federal Electronic Health Record Modernization Program Office conducted a variety of activities in support of this significant deployment, including, but not limited to; managing project planning and execution activities for the team; guiding weekly leadership and working-level meetings; establishing cross-department working groups; outlining roles and responsibilities; and coordinating timelines and activities.

In September 2021, several VA and DoD offices, in partnership with the Federal Electronic Modernization Program Office and vendors, began conducting an end-to-end assessment at the

Federal Health Care Center focused on gathering current state clinical and business processes workflows. The Federal Health Care Center effort will enhance understanding and better deployments of the electronic health record system to shared-resource, integrated VA and DoD facilities, and has the potential to enable the VA and DoD health care systems to work together in new ways to deliver health care to Service members, Veterans, and their families.

Interoperability Modernization Strategy

The Federal Electronic Health Record Modernization Program Office led the development of the VA and DoD Interoperability Modernization Strategy. This strategy provides a comprehensive framework to deliver interoperable solutions to promote health and wellness; enhance the delivery and experience of care; build a secure, data-driven ecosystem to accelerate research and innovation; and connect health care and health data. Ultimately, this strategy provides a feasible, achievable path towards a fully interoperable system that benefits beneficiaries and their caregivers.

The VA and DoD Deputy Secretaries signed and delivered the VA and DoD Interoperability Modernization Strategy⁶ to Congress in the first quarter of FY 2021. The Federal Electronic Health Record Modernization Program Office coordinated this strategy throughout VA and DoD, as well as with Federal partners, such as the Office of the National Coordinator of Health Information Technology. The strategy also received coverage in health information technology online publications. Further, the Federal Electronic Health Record Modernization Program Office developed and distributed the Interoperability Modernization Strategy Supporting Plan to VA and DoD in the third quarter of FY 2021. The plan aggregated VA and DoD initiatives that support the strategic objectives. Moving forward, the Interoperability Modernization Strategy Supporting Plan will be aligned against the Joint Data and Analytics Strategy discussed elsewhere in this report, and the Federal Electronic Health Record Modernization Program Office will leverage the expected Joint Data and Analytics Executive Advisory Council capstone data and analytics governance, as needed, to coordinate implementation.

Interoperability Standards

Throughout FY 2021, the Federal Electronic Health Record Modernization Program Office collaborated with the Institute of Electrical and Electronic Engineers, the Office of the National Coordinator of Health Information Technology, international standards organizations, and other stakeholders to advance several interoperability standard efforts. The Federal Electronic Health Record Modernization Program Office successfully hosted the Health Level Seven Government Birds of a Feather meeting at the Health Level Seven May 2021 Working Group Meeting. Representatives from eight Federal departments and agencies, in addition to international consulting, insurance, association and industry groups participated in the event.

To support the future of the Consolidated Clinical Document Architecture, the Federal Electronic Health Record Modernization Program Office developed a three-year product road map for fixing errata, supporting the Office of the National Coordinator of Health Information Technology's United States Core Data for Interoperability, and migrating to a modern publication

⁶ https://www.fehrm.gov/images/tab-a2-dod_va_interoperability_modernization_strategy_20200924.pdf

framework. The Federal Electronic Health Record Modernization Program Office's efforts with the Consolidated Clinical Document Architecture proved impactful, as the Office of the National Coordinator of Health Information Technology recognized the Program Office's contributions to resolving issues within it.

Furthermore, the Federal Electronic Health Record Modernization Program Office collaborated with representatives from VA, DoD, the American Dental Association, and the Health Level Seven community, to develop standards for Dental Data Exchange based on the Health Level Seven's Clinical Document Architecture and Fast Healthcare Interoperability Resources. This new standard is a giant step toward improving care coordination. The standard will help enhance patient safety, reduce the burden on Federal electronic health record dental providers and accelerate DoD dental readiness assessments.

Lastly, during the reporting period, the Office of the National Coordinator of Health Information Technology requested that the Federal Electronic Health Record Modernization Program Office establish a new Federal Health Information and Technology Systems Working Group to advance collaboration among Federal agencies. The mission of the Federal Health Information and Technology Systems Working Group will be to coordinate and increase the alignment of health information and technology functionalities, technical requirements, including health information and technology standards, and organizational policies and practices across participating Federal organizations.

Joint Configuration Management

The Federal Electronic Health Record Modernization Program Office continued its joint configuration management activities throughout FY 2021 to advance the Federal electronic health record system through multiple lines of effort, such as the Joint Sustainment and Adoption Board and the Functional Decision Group. The Joint Sustainment and Adoption Board is a leading example of the Federal Electronic Health Record Modernization Program Office's configuration management activities. The Board is a joint governance body responsible for the approval of all joint electronic health record system content and configuration changes and initiated activities. The Joint Sustainment and Adoption Board is essential to operating the electronic health record system, providing VA, DoD and the United States Coast Guard insight into all configuration decisions impacting the production baseline. The Joint Sustainment and Adoption Board approved more than 1,000 items and enhanced the Federal electronic health record system during the reporting period. The Federal Electronic Health Record Modernization Program Office also established, finalized, and rehearsed an electronic Joint Sustainment and Adoption Board process for urgent and emergent issue resolution during off-hours.

The Federal Electronic Health Record Modernization Program Office's joint Functional Decision Group is a body of senior clinical, business and health informatics leaders from the Office of Electronic Health Record Modernization, the Veterans Health Administration, and the Defense Health Agency, that reviews, analyzes and decides on critical joint issues that apply to the Federal electronic health record system.

In FY 2021, the Functional Decision Group successfully engaged the joint decision-making process in several joint domains. While the Departments have unique clinical and business

issues that differ based on mission, this effort in the Functional Decision Group is squarely focused on converging VA and DoD clinical and business capabilities, where appropriate. This effort has revealed several joint opportunities for convergence.

Joint Enclave Management

The Environment Management Operations Center continued to identify and resolve issues resulting from the use of shared resources in the common electronic health record system hosting environment. This enabled VA, DoD, and the United States Coast Guard to address joint risks, issues and opportunities and pursue initiatives that would benefit from a joint technical approach. The Federal Electronic Health Record Modernization Program Office hosted several Environment Management Operations Center activities throughout the reporting period, in partnership with VA and DoD program offices, their prime vendors and key stakeholders responsible for segments of the Federal electronic health record ecosystem. The Environment Management Operations Center effort remains a driving force for the Departments and the Federal Electronic Health Record Modernization Program Office to achieve an integrated plan for the Federal electronic health record system and work through technical issues while continuing capability delivery.

Joint Enclave Data Management

During the FY 2021 reporting period, several ongoing projects addressed joint data management. The Federal Electronic Health Record Modernization Program Office formed several joint VA-DoD groups with different focus areas, including electronic health record code sets, terminology, and data governance. The Program Office also launched a project to apply the emerging Joint Executive Committee data management strategy to a practical operational plan for the Joint Enclave and continued its work standing up an executive body to function as the formal Data Management and Governance of the Federal Electronic Health Record Modernization Program Office Data Assets.

In FY 2021, the Federated Interagency Terminology Service engaged with vendors and Departments to review and manage critical terminology projects jointly. The Federal Electronic Health Record Modernization Program Office also monitors and normalizes legacy and modern electronic health record clinical domains, such as allergens, medications, labs, and document types.

Annual Summit

The National Defense Authorization Act for FY 2020 requires the Federal Electronic Health Record Modernization Program Office, on an annual basis, to convene a meeting of clinical staff from VA, DoD, the United States Coast Guard, community providers, and other leading clinical experts to assess the state of clinical use of the Federal electronic health record system and whether it is meeting clinical and patient needs.

These annual meetings occurred from August 16 to August 18, 2021. More than 500 individuals registered for the virtual meeting and provided end-user feedback on enhancing the Federal electronic health record system to serve patients and providers better. Personnel from program offices and users of the Federal electronic health record system, such as physicians, nurses,

pharmacists and administrators from VA, DoD and the United States Coast Guard sites that utilized the electronic health record system for six months or more were in attendance.

Patient and Clinician Satisfaction Survey

The National Defense Authorization Act for FY 2020 directed the Federal Electronic Health Record Modernization Program Office to survey regarding patient and clinician satisfaction and experience with the Federal electronic health record system beginning in FY 2022. During the reporting period, the Federal Electronic Health Record Modernization Program Office collaborated with VA and DoD patient and clinician satisfaction subject-matter experts to establish common instruments and methodologies to survey and measure patients' satisfaction with the federal electronic health record system.

The Joint Electronic Health Record Patient Satisfaction item sets were successfully included in the third quarter FY 2021 surveys for VA and DoD. Results for these initial surveys are expected during FY 2022. Further, through collaboration with VA and DoD stakeholders, the clinician survey questions will be implemented in current VA and DoD survey modules during FY 2022, with results to be made available by the fourth quarter of FY 2022.

Independent Evaluation of the Federal Electronic Health Record System

The National Defense Authorization Act for FY 2020 tasked the Federal Electronic Health Record Modernization Program Office to enter into an agreement with an independent entity to evaluate the Federal electronic health record system and assess interoperability. During the fourth quarter of FY 2021, a contract was awarded to pursue the fulfillment of this requirement. The Federal Electronic Health Record Modernization Program Office intends to build upon this requirement, complementing VA and DoD testing and evaluation efforts and creating continuous assessment framework.

This framework of continuous assessment will address the National Defense Authorization Act for FY 2020 functional test requirement, and assess cybersecurity, data interoperability and the relationship of previous and ongoing testing activities to set the context for future tests. Additionally, the Federal Electronic Health Record Modernization Program Office testing activities will include organizations that offer a different perspective, building on and connecting the work done in previous assessments.

Federal Electronic Health Record Modernization Program Office Website

In August 2021, the Federal Electronic Health Record Modernization Program Office launched its new website at www.FEHRM.gov. The website provides a public forum for the Federal Electronic Health Record Modernization Program Office to share the story behind its work with VA, DoD, the United States Coast Guard, and other partners to implement the single, common Federal electronic health record system. The website explains how patients, providers and Federal agencies benefit from the Federal electronic health record system. From the Federal Electronic Health Record Modernization Program Office's mission and most recent accomplishments to its success stories and testimonials, the site provides a comprehensive view of the work that is being performed and its positive impact on beneficiaries and the health care industry.

Productive Partnering Efforts

The Federal Electronic Health Record Modernization Program Office's collaboration and continuous dialogue with VA, DoD and the United States Coast Guard drives Federal electronic health record solutions, and addresses technical, functional, and programmatic issues. In FY 2021, this close partnership improved the visibility and prioritization of joint risks, issues, and opportunities. Under the Federal Electronic Health Record Modernization Program Office's leadership and guidance, VA, DoD, and the United States Coast Guard are more closely aligned than ever before in implementing the Federal electronic health record system.

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

VA and DoD operate the Integrated Disability Evaluation System to evaluate Service members' eligibility for continued service and provide VA and DoD disability-related benefits for those unable to serve due to service-connected disabilities. The Disability Evaluation System Improvement Working Group, in collaboration with the Military Departments' Integrated Disability Evaluation System representatives, has implemented several enhancements to improve the Integrated Disability Evaluation System performance and efficiency.

The Departments continued efforts to implement the Joint Executive Committee Disability Evaluation System Improvement Working Group priority to "achieve full operational capability to electronically transfer service treatment records and disability benefits questionnaires within the Integrated Disability Evaluation System." In March 2018, VA implemented the capability to electronically return VA completed Separation Health Assessment disability benefits questionnaires to DoD via the Veterans Benefits Management System and the Health Artifact and Image Management Solution, which eliminated manual transmission of disability benefits questionnaires between the Departments.

On February 1, 2021, VA's Compensation Service-Integrated Disability Evaluation System Program Office, in coordination with the Defense Health Agency, implemented automation procedures to transfer service treatment records and disability benefits questionnaires. At the time of implementation, business rules did not allow for the transfer of disability benefits questionnaires for Service members who had a previous release from Active Duty date. VA's Compensation Service and the Defense Health Agency worked with the Data Access Service⁷, VA's Veterans Benefits Management System, and other stakeholders to adjust the business rules. On July 27, 2021, the new business rule was released into production to allow these disability benefits questionnaires to transfer. The automation of service treatment records and disability benefits questionnaires eliminates the need for manual transmissions of service treatment records to VA and disability benefits questionnaires to DoD. The two Departments continue to aggressively track any reported instances where automation fails due to technical issues.

⁷ Data Access Service is a VA system of middleware applications responsible for the transport of the Veterans health, benefits, or administrative data between consumers and producers. Data Access Service sets the foundation for interoperability and sharing information throughout VA, and between VA and its external partners.

To ensure the health and safety of both Service members and medical providers during the COVID-19 pandemic, in-person medical examinations were temporarily halted in March 2020. The impact of COVID-19 and the inability to conduct required in-person examinations significantly impacted the Integrated Disability Evaluation System, resulting in over 10,000 Integrated Disability Evaluation System claims pending a medical evaluation at the end of FY 2020. As safety conditions changed, in-person exams resumed but telehealth appointments remained prevalent. By August 2021, the medical examination pending inventory was reduced to pre-COVID levels. As a result, the 10,000 Integrated Disability Exams pending medical evaluation were successfully moved through to the next stage in the system.

Objective 4.4. Identity Management

The VA-DoD Identity, Credentialing, and Access Management Working Group, under the Information and Technology Executive Committee, was established by the Joint Executive Committee to ensure VA and DoD alignment and interoperability of enterprise-level efforts involving identity, credentialing, and access management. The Working Group is responsible for providing strategic coordination of VA and DoD identity, credentialing, and access management enterprise-level projects, investments, initiatives, and engineering activities to ensure alignment and interoperability.

The VA-DoD FY 2019-2021 Joint Executive Committee Joint Strategic Plan tasked the Working Group to provide joint data identity services to support VA-DoD Federal electronic health record system modernization and develop a single VA-DoD identity management system solution. Their FY 2021 achievements supporting the interoperability of the VA-DoD Joint Federal Electronic Health Record System include: the successful go-live of VA's Joint Electronic Health Record Initial Operating Capability in October 2020; supporting the continued successful go-lives of nine additional VA- and DoD-owned medical center sites into the joint electronic health record system; and the initiation of an Identity, Credentialing, and Access Management Working Group Technical Integrated Project Team to examine the path forward for enterprise interoperability between VA and DoD. The enterprise interoperability topics examined by the Working Group in FY 2021 include a plan for long-term VA access to DoD-owned systems and applications, and a plan for the long-term common unique identifier for the authentication of all users to the joint electronic health record system, including users from VA, DoD, and other Federal partners.

GENERAL OBJECTIVES

General Objective 1. Joint Plan to Modernize External Digital Authentication

As outlined in Objective 4.4, the Identity, Credentialing, and Access Management Working Group, under the Information and Technology Executive Committee, is responsible for strategic coordination of VA and DoD identity, credentialing, and access management enterprise-level projects, investments, initiatives, and engineering activities to ensure alignment and interoperability. The FY 2021 Joint Executive Committee Priority Guidance Memorandum tasked the Working Group to develop a joint strategy to modernize how Service members, Veterans, beneficiaries, and other external users' logon to VA and DoD services that currently use DoD Self-Service Logon.

In June 2021, in support of the DoD Self-Service Logon initiative to improve access capabilities, the Logon team successfully migrated this system to the high availability infrastructure environment in Columbus, Ohio. This migration allows DoD Self-Service Logon to provide better customer availability, improved downtime communications, and application performance monitoring services. The outages were reduced by over 50 percent per month, and the length of DoD Self-Service Logon-related outages was reduced by over 65 percent. Fraud prevention, investigation and analysis were a Working Group FY 2021 priority, and as of September 2021, over 220 accounts were locked due to excessive authentications and/or violation of business rules regarding multiple accounts used from a single internet protocol address. Additionally, 410,433 accounts were also deactivated due to prolonged periods of inactivity, as of September 2021.

Today, there are approximately 100,000 multi-factor authentication transactions monthly on DoD Self-Service Logon, as multi-factor authentication is currently used in conjunction with remote proofing on DoD Self-Service Logon. The Logon team is currently developing the capability to deploy multi-factor authentication for every DoD Self-Service Logon account. Once implemented at every authentication for all accounts, the DoD Self-Service Logon team anticipates approximately 8.5 million multi-factor authentication transactions a month.

General Objective 2. VA-DoD Reimbursement Process

VA and DoD continue to work together to implement a standardized reimbursement process between the Departments for enterprise-wide payment and reconciliation to manage financial and medical care workload. In support of this objective, the Departments continue to monitor the prospective Advance Payment process, a simplified central data payment reimbursement model, which replaced the existing resource-intensive individual claims-billing reimbursement process.

An initial pilot was established in FY 2018 between the Biloxi Veterans Health Care System and Naval Hospital Pensacola for outpatient services. The pilot was expanded in FY 2020 to the military medical treatment facilities in the National Capital Region and Veterans Integrated Service Network Five, to include outpatient, inpatient, and emergency care. These initial pilot sites established testing and validation of the prospective Advance Payment methodology. The pilot also identified many needed process improvements, established standardized practices and lines of communication between the Departments. In FY 2021, the Advance Payment pilot incorporated 19 sites, comprised of VA Medical Centers (Fayetteville, Biloxi, Martinsburg, Maryland, Washington D.C., Chillicothe, Cincinnati, Dayton, and Columbus) and military medical treatment facilities (Pensacola Naval Hospital, Eglin Air Force Base, Tyndall Air Force Base, Keesler Air Force Base, Womack Army Medical Center, Walter Reed Army Medical Center, Andrews Air Force Base, Kimbrough-Meade Army Medical Center, Fort Belvoir Community Hospital and Wright Patterson Air Force Base) utilizing legacy data systems. The Advance Payment pilot has successfully developed an enterprise-wide payment and reconciliation process to manage financial and medical care workload.

Accomplishments, to date, include a shortened revenue cycle, increased timeliness of funds, reduced number of billing exceptions, reduced number of denied claims, and significantly improved VA referral matching. These accomplishments are exemplified by the following:

- Reimbursement between Advance Payment pilot sites consistently met or exceeded the 30-day window for closed health care records, a decrease from 174 days.
- Standard Operating Procedures related to referral management, care coordination, and financial policy coordination were developed and implemented for pilot sites and all VA-DoD Sharing sites.
- VA provided the funds in advance for DoD military medical treatment facilities to use once clean claims were processed each month.
- Matched VA authorizations to the care provided by DoD which generated the necessary documentation for reconciliation/audit requirements.
- Improved Revenue Cycle & Funds Availability - Upfront, quarterly VA fund transfers are performed (based on the historic workload), with funds made available monthly based on the claim's validation cycle.
- Reduction of Denied Claims - Improvements each month at the National Capital Region pilot location include a reduction from 167 denied claims in September 2020 to 89 denied claims in September 2021. At the end of FY 2021, there were 24,186 claims approved through the process, with a 71 percent initial acceptance rate via an automated validation process against VA consults. Continued collaboration by the Departments has sustained the reduction of denials, payment errors, and improved the efficiency of the adjudication process.
- Improved VA Referral Matching - The Advance Payment Clean Claims report provided the fiscal backup required to demonstrate appropriate payment and reimbursement for authorized health care. These clean claims provided the necessary documentation that proves the DoD care was referred by VA and provided according to the consult to achieve a successful audit.

Based on these successful practices, the Advance Payment pilot final deployment will be at five remaining sites that use legacy data systems in the second quarter of FY 2022. The Advance Payment pilot was always intended to be an interim solution, pending the implementation of Revenue Cycle Expansion. As part of the new electronic health record deployment for DoD, the Revenue Cycle Expansion application will replace the current individual and Advance Payment claims processing activities and standardize processing activities across VA and DoD facilities. Lessons learned and best practices from the Advance Payment pilot will be used by the Federal Electronic Health Record Modernization Program Office to standardize billing processes for both Departments going forward.

Initial implementation of Revenue Cycle Expansion will begin during FY 2022. During this transition, the Health Executive Committee's Healthcare Operations Business Line will monitor the Advance Payment pilot locations to ensure the Advance Payment reimbursement process continues between sites. The Program Executive Office, Defense Healthcare Management System Modernization, is overseeing the technical implementation of the Revenue Cycle Expansion as the full implementation of the DoD's standardized billing solution.

General Objective 3. Credentialing

The Departments continue to work together to facilitate the sharing of health care providers across VA and DoD facilities. Sharing health care providers enables both Departments to respond to higher clinical demands, improve patient access to care, create opportunities for

providers to maintain and expand skills, and increase collaboration among providers. The Credentialing Working Group, aligned under the Health Executive Committee, supported these goals by identifying, assessing, and promoting strategic opportunities to coordinate credentialing services and resources between Departments. In January 2021, the Memorandum of Understanding for Sharing Provider Credentialing Data was updated to align current VA, DoD, and The Joint Commission policies and standards. It also updated the interagency process for sharing primary source verification of credentials to expedite privileging of shared providers within each Department. This effort closed out the Joint Executive Committee FY 2019-2021 Joint Strategic Plan credentialing general objective, established to standardize the VA and DoD credentialing processes that makes the sharing of staff and health care providers between VA and DoD facilities both timely and cost-efficient. Subsequently, the Credentialing Working Group was closed, as all tasks were completed. Subject matter experts remain available for future consultation as needed.

General Objective 4. Telehealth

The Health Executive Committee's Telehealth/Virtual Health Working Group develops and promotes strategic opportunities to coordinate and share telehealth-related services and resources between the Departments. Telehealth uses technology to overcome traditional health care and enhances the accessibility, capacity, and quality of health care for Service members, Veterans, their families, and their caregivers.

In FY 2019, the VA and DoD Telehealth/Virtual Health Working Group established a strategic goal to share equivalent Telehealth/Virtual Health quality and competency requirements between Departments. Since 2019, VA and DoD have collaboratively updated four Telehealth/Virtual Health training modules to share educational content between Departments. During FY 2021, the last two of the modules were published within the DoD's Joint Knowledge Online system:

- Based on VA's Remote Patient Monitoring-Home Telehealth, Virtual Care Manager and VA Video Connect to Home series of learning units, DoD's Virtual Health Care Manager Introduction module provides DoD personnel an overview of the Care Management Team and functions to include key players, ethics, staging of a virtual meeting, and safety concerns.
- Based on VA's tele-critical care series of learning units, DoD's Virtual Health Tele-Critical Care Training for Patient "Spoke" Sites module provides personnel at a tele-critical care patient-end site with an introduction to tele-critical care monitoring. Tele-critical care within VA and DoD operates on "Hub & Spoke" models, with hub locations being where the tele-critical care physician and other critical care specialists work and the spoke location being the critical care setting where the patient is located.

The latter module provides key functionality to support a Joint Incentive Fund award in January 2021 for a "DoD and Veterans Health Administration Enterprise Level Collaborative Tele-Intensive Care Unit Patient Management Initiative." The project will develop a joint tele-critical care collaborative for VA and DoD providers to manage the bi-directional health care of critically ill VA and DoD patients. It will create an integrated tele-critical care network that provides high-quality, standardized tele-critical care support to both VA and DoD facilities. It can also shift

virtual critical care management between tele-critical care provider hubs and across organizations dynamically, seamlessly, and reliably.

General Objective 5. Military Medical Provider Readiness

The Departments continue to implement the Military Medical Provider Readiness initiative to establish a data-driven alignment tool, matching VA patient clinical specialty access to care demand with available DoD facility clinical specialty capacity. This effort is led by the Health Executive Committee Shared Resources Working Group, chartered to explore, and identify opportunities for increased 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.

In FY 2021, despite the ongoing COVID-19 pandemic, the Military Medical Provider Readiness core team members, comprised of data technicians and analysts from VA's Veterans Support Service Center and DoD's Military Health System, continued to assess, identify, and match relevant data elements from the VA Corporate Data Warehouse and the Military Health System Data Repository. The effort aimed to develop the data tables to support the proposed data-driven alignment tool. VA and DoD identified, compared, and aligned hundreds of data elements compiled from over 437 VA medical facilities and 130 DoD military medical treatment facilities. A total of 36 jointly established VA and DoD data tables supporting the initiative were developed with the associated data to be bi-directionally transferred through a secure file transfer gateway into VA and DoD respective host domains.

Before the bi-directional transfer of the data tables can occur, a Military Health System Information Platform and VA Allocation Resource Center Secure File Transfer Portal Gateway Interconnection Security Agreement must be approved and implemented. The draft Interconnection Security Agreement was completed and submitted in mid-June 2021. VA has approved the Interconnection Security Agreement, however final coordination and approval from the Defense Healthcare Management System Modernization and the Defense Health Agency Information Operations are still pending and expected by the second quarter of FY 2022. Once the Interconnection Security Agreement is approved, VA and DoD will validate the data transfer capability and test the alignment tool at several VA and DoD sharing sites.

General Objective 6. Sexual Trauma

The Sexual Trauma Working Group was formally established as a Joint Executive Committee Independent Working Group by General Objective 6 in the VA-DoD Joint Strategic Plan for FY 2019-2021. The Working Group provides the structure for VA and DoD to continue strengthening efforts to collaborate and facilitate treatment for transitioning Service members who report experiencing 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 2021 include:

- Coordinating and publishing the annual VA-DoD Joint Executive Committee Military Sexual Trauma Report to Congress for FY 2020.
- Drafting, coordinating, and publishing the VA-DoD Joint Executive Committee Sexual Trauma Working Group Joint Report on Residential Treatment for Survivors of Sexual Trauma in Fulfillment of National Defense Authorization Act for FY 2021 Section 583(c)(1).
- Ensuring that the Veterans Benefit Administration accepts the following three DoD forms as documentation for a report of sexual trauma:
 - DoD Form 2910, “Victim Reporting Preference Statement”: Used to elect a reporting option (Restricted or Unrestricted) by the adult sexual assault victim in the Sexual Assault Prevention and Response Program;
 - DoD Form 2910-1, "Replacement of Lost DoD Form 2910, Victim Reporting Preference Statement;" and
 - DoD Form 2910-2, "Retaliation Reporting Statement for Unrestricted Sexual Assault Cases.”
- Establishing sub-working groups to address two of the Working Group’s milestones:
 - Sexual Trauma-related Benefits Sub-Working Group: In FY 2021, the sub-working group completed the first stage of identifying and documenting current baseline timelines, gaps/challenges, best practices, and VA-DoD stakeholders involved in processes for sexual trauma survivors to apply for and obtain VA disability compensation benefits.
 - Sexual Trauma-related Health Care Sub-Working Group: In FY 2021, the sub-working group completed a review of existing VA and DoD policies and processes related to current and former Service Members’ access to sexual trauma-related health care and identified gaps and areas of opportunities where the Departments can build on these processes to further ensure timely access to care.
- The review and mapping processes generated by these groups will allow for the identification of best practices and gaps as the larger Sexual Trauma Working Group provides recommendations to decision-makers on how to improve and better standardize these processes.

In FY 2021, the Joint Executive Committee Sexual Trauma Working Group also tracked closely the efforts of DoD’s Independent Review Commission on Sexual Assault in the Military, whose mission was to provide a report and recommendations to the Secretary of Defense and the President of the United States on how to advance efforts to counter military sexual assault and harassment in four areas of focus: accountability; prevention; climate and culture; and victim care and support. The Independent Review Commission’s final report containing recommendations was released in July 2021, and DoD developed an implementation roadmap to address the recommendations approved by the Department using a 4-tier approach. Subsequently, the Department issued implementing guidance for each of the 4 tiers, including to

the Military Departments and National Guard Bureau and the Military Departments and the National Guard submitted plans of action to Office of the Under Secretary of Defense (Personnel and Readiness) outlining milestones and resource requirements. The Joint Executive Committee Sexual Trauma Working Group is poised to support joint VA-DoD requirements, as necessary.

It should be noted that VA and DoD use different language for sexual trauma during military service. DoD uses the terms "sexual assault, intimate partner sexual abuse, and sexual harassment" while VA uses "military sexual trauma." As a result, the Working Group established the umbrella term "sexual trauma" to capture the terms used by the VA and DoD to promote clarity of the Working Group's intent without seeking to change the language used by each Department. The term "sexual trauma" includes unwanted sexual contact and/or sexual harassment experienced by a Service member during military service.

The term "military sexual trauma" is specific to VA and is described in 38 United States Code § 1720D(a)(A) as "a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the former member of the Armed Forces was serving on duty, regardless of duty status or line of duty determination." This treatment authority does not authorize care related to sexual assault and harassment outside of military service, although enrolled Veterans who have such experiences can receive care and treatment for them under a separate authority.

Additional Accomplishments

Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019

The Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Hannon Act) is a comprehensive legislative requirement for VA, with several requirements directed to DoD, aimed at improving the provision of mental health care. The legislation focuses on efforts to reduce Veteran suicide and improve mental health outcomes through improved access to care, better diagnostic tools, and increased oversight of VA programs. In particular, the Hannon Act broadens mental health care and suicide prevention programs that will effectively evaluate and treat mental health conditions for Veterans. Since its' enactment on October 17, 2020, VA, with support from DoD, has continued to make progress with implementation. VA has submitted 12 congressionally mandated reports, some of which were jointly submitted with DoD, and, in consultation with DoD, completed 17 actions required by statute.

Section 101

Hannon Act Section 101 requires a Strategic Plan for FY 2023–2025, outlining strategies to increase the number of enrolled and eligible Veterans in the Veterans Health Administration health care services in the first year of separation. The strategies outlined in this plan are projected (as of fall 2021) to increase enrollment by 2.5 percent among newly separated Veterans based on outreach initiatives previously implemented by VA.

Section 102

Hannon Act Section 102 requires a five-year (FY 2015-2020) retrospective, joint review of records of former Service members who committed suicide within one year of their release from Active Duty. The records were to be grouped by year, and reviewed for specific items, including

a demographic review and review of specific training, fitness, and evaluation records for the presence of risk factors. The Joint Executive Committee co-chairs chose to establish a working group to manage and track this effort as the requirements crossed various lanes within VA and DoD. The co-chairs of the working group created and finalized a charter, began study design development, and allocated resources to begin the work.

Section 302

Hannon Act Section 302 directs VA to collaborate with DoD to develop a clinical provider treatment toolkit and training materials for the management of co-occurring mental health and traumatic brain injury conditions. A request for publications, online courses, and recorded lectures were sent to VA and DoD program offices in early spring 2021, and the toolkit content has been organized into a preliminary draft for coordination. In addition, VA commissioned an Evidence Synthesis Review to identify high-quality evidence related to the treatment of co-morbid conditions, and four trainings were conducted over the summer and fall of 2021 on the management of co-occurring disorders with Post-Traumatic Stress Disorder, traumatic brain injury, and chronic pain. The toolkit and Evidence Synthesis Review will be available by October 2022.

Section 303

Hannon Act Section 303 requires an update of the joint clinical practice guidelines for assessing and managing patients at risk for suicide. Work will begin on this section in 2022, with completion scheduled for 2024.

Section 304

Hannon Act Section 304 requires VA to complete the development of clinical practice guidelines to treat serious mental illness. Such guidelines must address the treatment of schizophrenia, schizoaffective disorder, and a persistent mood disorder such as bipolar disorder I and II. On July 6, 2021, a VA and DoD collaborative, multidisciplinary working group began the development of the VA-DoD Management of Schizophrenia Clinical Practice Guideline. This guideline development process is under two VA champions and two DoD champions, who are behavioral health professionals identified as stewards of this effort. Timeline completion for the development of the Schizophrenia guideline is approximately January 2023. On July 26, 2021, a VA-DoD collaborative, multidisciplinary workgroup also began the development process for the VA-DoD Management of Bipolar Disorder in Adults Clinical Practice Guideline. This guideline development process is separate from the Schizophrenia guideline development and is also under two VA champions and two DoD champions. The timeline completion for the development of the bipolar disorder guideline is February 2023. Both clinical practice guidelines are currently finalizing the development phase and will then begin a four-month evidence literature search and review.

Section 405

Section 405 requires the submission of a joint report on Joint Mental Health Programs between VA and DoD.

Section 405(a) directs VA and DoD to provide a report on mental health programs in each of their Departments, including transition assistance, clinical mental health initiatives, mental health research initiatives, and secondary programs that improve mental health, such as employment,

housing assistance, and financial literacy programs. Data was collected from VA-DoD programs specified by the legislative language (e.g., mental health programs, non-clinical mental health initiatives, transition assistance, and programs that may secondarily improve mental health, including employment, housing assistance, and financial literacy programs) to develop this report. This report was submitted to the Committee on Veterans' Affairs and the Committee on Armed Services of the Senate and the Committee on Veterans' Affairs and the Committee on Armed Services of the House of Representatives Congress in January 2022.

Section 405(b) directs VA and DoD to provide an “Alternatives of Analysis” on establishing a joint Intrepid Spirit Center at a location geographically distinct from already existing and planned Intrepid Centers, as well as access to and utilization of the programs contained in the Intrepid Centers. This effort included a review of VA and DoD specialized programs for Post-Traumatic Stress Disorder and Traumatic Brain Injury; review of ongoing collaborative care, research, and education efforts; and review of Post-Traumatic Stress Disorder and Traumatic Brain Injury-related services available in rural areas. The joint report, submitted to Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives in July 2021, found that all the Intrepid Centers had acceptable levels of access to care, and acceptable utilization rates. Those access to care standards and utilization rates show that a new, joint Intrepid Center is not needed at this time, but the factors should be monitored in case there is a change in the signaling factors.

COVID-19 Response

In FY 2021, VA and DoD continued to experience impacts relating to the COVID-19 pandemic. While VA and DoD worked with other agencies across the Federal government to mitigate COVID-19 impacts, many programs and initiatives managed by the Joint Executive Committee continued efforts to support Service members and Veterans as the pandemic continued.

A Change to Services Delivered

The safety of Service members, their families, and Veterans has remained at the forefront of senior leaders' priorities during the COVID-19 pandemic. Even with rapidly changing safety conditions and policy shifts, many services continued to be offered via a digital platform to support Service members and Veterans safely.

The jointly operated Integrated Disability Evaluation System in-person medical examinations were temporarily halted in March 2020, and the program shifted to virtual telehealth examinations, wherever possible. As safety conditions changed, in-person exams resumed but telehealth appointments remained prevalent. At the beginning of FY 2021, the number of Service members awaiting Integrated Disability Evaluation System examinations tripled pre-COVID levels due to several months of restrictions on in-person exams. In response, VA in collaboration with DoD, implemented an Exam Inventory Reduction Plan in October 2020. By August 2021, the exam inventory had been reduced to pre-COVID levels.

Significant growth continued in telehealth and virtual health services in FY 2021 due to the initial COVID-19 response and the emergence of the Delta variant. From March 2020 to March 2021, video visits within VA to Veterans in their homes or on mobile devices increased by 606

percent (136,890 to 967,023 video visits, respectively). By the end of FY 2021, over 95 percent of VA's primary care and mental health providers nationally had provided care to Veterans in their homes using video telehealth. Within DoD, utilization of video visits increased by 559 percent from March 2020 to March 2021 (5,178 to 28,943 video visits, respectively). To support sustainable, enterprise-wide virtual health growth, DoD continues to implement Military Health System Video Connect, which is DoD's enterprise-wide virtual health solution.

Tracking COVID-19 Impacts

Throughout FY 2021, executive committees and working groups tracked initiatives affected by COVID-19 and reported impacts to senior leaders during quarterly meetings. In addition to highlighting impacts, efforts were coordinated between VA and DoD with mitigation next steps presented to senior leaders for discussion. Improved communication, increased collaboration, and dynamic innovative strategies across the two Departments helped avert several initiatives from a prolonged delay.

As safety conditions positively shifted in FY 2021 with the emergence of a COVID-19 vaccine and the Secretaries' decision to mandate compliance among their respective workforces, impacts felt by programs and initiatives have significantly improved. VA and DoD will continue to work closely with Federal partners to provide support to Service members, Veterans, and their families.

Joint Data and Analytics Strategy

Since July 2020, VA and DoD have been working to formalize the partnership and collaboration via a Data and Analytics Strategic Plan and an associated action plan for FY 2022. To support the development of these plans, VA and DoD co-chaired a virtual data summit in February 2021 to bring together key stakeholders to collaborate on the Joint Data and Analytics Strategy and Plan of Action, addressing the following goals:

- Socialize interview findings and analysis in support of the Data and Analytics Strategy and Plan of Action;
- Prioritize and shape select joint opportunities while strengthening collaboration between the Departments; and
- Discuss methods and critical stakeholders needed to shape a governance model to support activities and recommendations proposed by participants.

Attended by over 170 virtual participants representing a wide range of organizations from VA and DoD, the meeting served as an opportunity to source best ideas, better align data initiatives, and improve analytic capabilities across the agencies. The summit incorporated breakout sessions to address Policy and Governance, Joint Analytics, Data Management, Data Sharing, and Joint Technical Architecture using Transition/Separation and Suicide Prevention, as focusing use cases.

The results from the summit, along with data leader interviews, led to the formulation of the Joint Data and Analytics Strategy, which sets forth the goals and objectives required to achieve a federated approach that allows users to learn about and connect to data assets across existing

ecosystems, providing access to data at the point of need. Most importantly, the Joint Data and Analytics Strategy optimizes the use and understanding of data to empower decisions and improve outcomes and individual member experiences. The Plan of Action provides the deliberate steps to accomplish these changes and track progress in implementing the strategy. The Joint Data and Analytics Strategy, and its accompanying Plan of Action, were briefed to the Joint Executive Committee in September 2021 and are undergoing final coordination for Joint Executive Committee co-chair signature.

One of the strategy goals is governance. This goal is supported by sharing a robust data governance process within the Departments. To improve data governance, the Joint Executive Committee is establishing a VA-DoD Joint Data and Analytics Executive Advisory Council. The Council will address data and analytics strategy, guidance, policies, and practices in the joint VA and DoD data and analytics environment. In addition, the Joint Data and Analytics Executive Advisory Council will provide a forum to review progress, provide coordination on cross-cutting data matters across Joint Executive Committee subcommittees (Health Executive Committee, Benefits Executive Committee, Information and Technology Executive Committee) and the Federal Electronic Health Record Modernization Program Office, and form recommendations for Joint Executive Committee consideration.

The Departments will join emerging department-level data catalogs into a joint federated data catalog capability, enhancing the visibility of the data holdings of both Departments across boundaries and improving the sharing of data. In addition, this federation will help researchers and academic institutions leverage the data from both Departments.

Leveraging the work of the VA-DoD Military Personnel Working Group, VA and DoD decided to build upon military personnel data in the National Information Exchange Model. The National Information Exchange Model is a community-driven, government-wide, standards-based approach to exchanging information. For areas with no national or international standards, in leveraging the National Information Exchange Model, VA and DoD can establish a common vocabulary. The Model will also allow VA and DoD to share information across organizational boundaries using a common standard while maintaining the authority of their existing systems.

Opioid Safety and Awareness

While the Nation is facing an epidemic of prescription medication overuse, abuse, and diversion, VA and DoD continue to align their policies, strategies, and clinical practice standards across the Departments' health care systems. The Departments partnered to develop an integrated approach to opioid safety and pain management and opioid use disorder treatment. The integrated approach engages both VA and DoD providers and stakeholders to optimize patient safety, health, and function when caring for Service members and Veterans. This effort requires partnership and collaboration among the VA-DoD Pain Management Working Group, VA-DoD Evidenced-Based Practice Working Group, aligned under the VA-DoD Health Executive Committee, and VA and DoD Pharmacy and Addiction Medicine communities.

In FY 2021, the continuing of the COVID-19 pandemic limited face-to-face encounters with patients and re-prioritized clinical care needs at VA and DoD military medical treatment facilities. This adversely affected several of the Pain Management Working Group's planned

activities, particularly expanding access to acupuncture. Where possible, the Working Group developed alternate strategies, such as planned use of functional restoration programs for chronic pain delivered via telehealth, available to both VA and DoD beneficiaries.

The Pain Management Working Group continued to focus on strengthening the alignment of pain management and opioid safety practices and policies in VA and DoD. Following the FY 2020 decisions by DoD to adapt the VA informed consent form for long-term opioid therapy, and the Opioid Education and Naloxone Dispensing initiative for use in DoD military medical treatment facilities, these elements were integrated into FY 2021 policy revisions for the Defense Health Agency Procedural Instruction for Pain Management and Opioid Safety and DoD Opioid Prescriber Safety Training.

The VA-DoD Opioid Use Disorder communities conducted a strategic planning meeting in November 2020 and developed an integrated path forward to increase access to opioid use disorder treatment for Service members and Veterans, emphasizing support during their transition to Veteran status. The plan includes increased collaborative educational and training opportunities on opioid use disorder and the development of a transition plan with shared VA and DoD metrics for opioid use disorder. To implement such shared metrics, the Program Evaluation and Resource Center of the Office of Mental Health and Suicide Prevention in VA collaborated with DoD to help generate a tool for DoD that parallels VA's Stratification Tool for Opioid Risk Mitigation, already available to all VA providers as a decision support tool when prescribing opioids. DoD subsequently built a dashboard that will allow VA staff to check on key opioid safety risk factors for all transitioning or recently transitioned Service members. The VA Program Evaluation and Resource Center is currently working on setting up a port with DoD, such that DoD can transfer the Stratification Tool for Opioid Risk Mitigation predictors regularly, and those predictors will then be available for VA users through the VA Stratification Tool for Opioid Risk Mitigation dashboard.

Patronage Expansion

Section 621 of the National Defense Authorization Act for FY 2019 authorized the extension of commissary, exchange, and certain morale, welfare and recreation 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 benefit became effective on January 1, 2020, with VA and DoD reporting successful implementation on time with no major issues.

Usage of the benefit has been low, especially since COVID-19-required restrictions on installations started in March 2020. Available data on the number of transactions at commissaries suggests that only 600,000 of the 4.2 million eligible Veterans and caregivers of Veterans took advantage of the benefit through September 30, 2021. Exchanges have no mechanism to track usage; however, intuitively if a beneficiary is shopping at the commissary, they would most likely also stop at either an exchange or a morale, welfare, and recreation facility. With the successful implementation, lessons learned, and lower usage rates, there is an opportunity to re-evaluate initial credentialing solutions to enable military installation access for this new population of beneficiaries.

Due to COVID-19, the Patronage Working Group met mostly informally throughout FY 2021. In the fourth quarter of FY 2021, the co-chairs of the Working Group re-established a more formal battle rhythm for meetings with a reinvigorated focus on addressing direction from the Joint Executive Committee co-chairs to explore alternate options to meet requirements for base access, commissary use, and Veteran and caregiver eligibility verification, and to brief courses of action for decision.

Current acceptable credentials for access to this benefit remain the Veterans Health Identification Card, Health Eligibility Center Form H623 plus REAL ID, or Caregiver Eligibility letter paired with REAL ID. These credentials, however, are not available to a very small population of Veterans with a service-connected disability rating of zero percent who served for two years or less. While this population currently has access to online benefits, the Working Group will explore credentialing solutions to enable in-person access to benefits. The Working Group will continue exploring options to expeditiously close this gap and have tabled a decision on re-evaluating initial credentialing solutions until the end of the COVID-19 pandemic enables the collection of better usage data. Ultimately, the goal is to have an acceptable credential to demonstrate purpose and identity or better use existing eligibility data to demonstrate purpose in conjunction with an acceptable credential to prove identity.

Service Treatment Record Electronic Sharing

The Benefits Executive Committee's Service Treatment Record Working Group is responsible for identifying and implementing process improvement activities related to electronic service treatment record storage, specifically including the interfaces between VA's Data Access Service, VA's Veteran Benefits Management System and DoD's Healthcare Artifacts and Images Management System. These efforts include monitoring, maintaining, and improving quality assurance processes for service treatment record digitization in support of the continued disposition of paper service treatment records. The Service Treatment Record Working Group is also responsible for recommending and executing a disposition plan for the paper service treatment records stored and maintained by VA.

In FY 2021, the Service Treatment Record Working Group facilitated the successful and timely transfer of service treatment record documents between VA and DoD. Quarterly, VA requested an average of 25 percent more service treatment records in FY 2021 than FY 2020, with DoD certifying a consistent volume of service treatment records as complete, despite the operational challenges presented by the COVID-19 pandemic. In contrast, the previous fiscal year reflected a 30 percent decrease in annual VA service treatment record requests since FY 2019, indicating that both Departments are returning to full capacity for regular service treatment record processing and transfers that would approach pre-pandemic levels.

The Departments managed the further execution of a joint disposition plan to digitize and transfer VA's paper service treatment record holdings. VA completed the digitization of paper service treatment records in its possession within the scope of the joint plan in January 2021. Initial testing was performed on the interface with a small number of records, with end-to-end integration testing pending the result of an inventory effort by VA. The Service Treatment Record Working Group drove consensus between both Departments, excluding approximately 3 million service treatment records from the bi-directional transfer initiative due to the records

being over a hundred years old, and worked with VA to create and share an initial inventory of 3.4 million digitized service treatment records. Efforts are ongoing into the first quarter of FY 2022 to develop a full inventory and accounting of all the digitized service treatment record in VA's possession, which the technical teams will use to test and implement the interface.

The Service Treatment Record Working Group's efforts to oversee the regular transfer of service treatment record documents in coordination with the technical teams and Military Services demonstrates a persistent commitment to ensure Veterans' claims are not impacted by the inaccessibility of DoD health record information. Enabling the regular transfer of service treatment records is an example of both Departments' existing data-sharing agreements and established technological coordination.

The Service Treatment Record Working Group responded to unforeseen challenges presented by the COVID-19 pandemic that affected the joint disposition plan, collaborating to alter project plans as needed with minimal impacts to the overall timeline for a solution to VA's paper-held service treatment records by December 31, 2022. The Working Group remained committed to getting the plan back on track through FY 2021, with the initiative facing critical milestones in FY 2022 for the electronic, bi-directional transfer of millions of digitized service treatment records from VA to DoD in compliance with the existing memoranda of understanding between both Departments.

VA-DoD Caregiver Program Synchronization

In 2010 and 2011, VA and DoD established respective programs to support Veterans and Service members in need of personal care services. These Service members and Veterans were either unable to perform daily living activities or needed assistance based on the nature of their service-connected medical conditions. Currently, there are approximately 33,000 Veterans supported by VA's Program of Comprehensive Assistance for Family Caregivers and approximately 135 Service members supported by DoD's Special Compensation for Assistance with Activities of Daily Living program. In December 2020, the Health Executive Committee established a Working Group to develop a joint strategy to reduce redundancies by streamlining the application process between DoD's Special Compensation for Assistance with Activities of Daily Living and VA's Program of Comprehensive Assistance for Family Caregivers and improve the customer experience.

This Working Group compared the unique eligibility and application criteria, established by Public Law and Departmental guidance for VA's Program of Comprehensive Assistance for Family Caregivers and DoD's Special Compensation for Assistance with Activities of Daily Living Program, determining there were no redundant requirements in the application process between the two programs. Service members may apply for the Program of Comprehensive Assistance for Family Caregivers when their medical separation date is established. Historically, this date has been established approximately 60 days before the Service member is discharged. The application process consists of ten steps and is detailed on the VA.gov website.⁸ Service members can continue to receive Special Compensation for Assistance with Activities of Daily

⁸https://www.caregiver.va.gov/pdfs/FactSheets/ApplicationProcessFactsheet_1-13-21.pdf

Living compensation up to 90 days after discharge. VA's Program of Comprehensive Assistance for Family Caregivers eligibility determination⁹ and required assessments can be completed prior to separation with the establishment of the medical separation date. Additionally, stipends are retroactively paid to the date of application; therefore, Special Compensation for Assistance with Activities of Daily Living Service members can apply and be approved for the Program of Comprehensive Assistance for Family Caregivers without experiencing a gap in monetary benefits between programs.

Finding no duplicative eligibility or application process requirements, the Working Group evaluated options to allow Special Compensation for Assistance with Activities of Daily Living Service members and their caregivers to complete Program of Comprehensive Assistance for Family Caregivers requirements early to streamline the transition to VA's Program of Comprehensive Assistance for Family Caregivers.

Through the extensive review, the Working Group identified a gap in the awareness and understanding within both VA and DoD, and with Special Compensation for Assistance with Activities of Daily Living caregivers that caregiver assessments can take place while on Active Duty prior to their Service member's discharge. In response, the Working Group took specific steps to improve Special Compensation for Assistance with Activities of Daily Living Service members' and their caregivers' awareness of available VA resources and how they can transition to VA's Program of Comprehensive Assistance for Family Caregivers.

DoD has revised policy to require all Special Compensation for Assistance with Activities of Daily Living participants to engage with a VA Liaison for Healthcare to ensure they are educated about available VA services and benefits, including how and when they can apply for VA's Program of Comprehensive Assistance for Family Caregivers Program. VA Liaisons for Healthcare are all nurses and social workers who coordinate ongoing care at VA and are integrated at every military medical treatment facility. Additionally, VA created a fact sheet, *'Support for Caregivers of Service Members,'* that provides information on the application process, in addition to several links to available resources and services tailored to assist them in their roles and responsibilities as caregivers. The VA Liaisons for Healthcare will utilize this fact sheet to provide education about VA's Caregiver Support Program and socialized across DoD's warrior care programs. This fact sheet has also been posted on VA's Caregiver Support Program website.¹⁰

VA-DoD Legislative Collaboration

VA and DoD, through the Joint Executive Committee, have matured their legislative collaboration. Of note in FY 2021, the Departments again collaborated on proposed legislation regarding joint capital asset planning.

⁹https://www.caregiver.va.gov/pdfs/MissionAct/EligibilityCriteriaFactsheet_Chapter2_Launch_Approved_Final_100120.pdf

¹⁰ <https://www.caregiver.va.gov/pdfs/2021/SupportforCaregiversofServiceMembers.pdf>

Planning, Construction, and Leasing of Co-Located and Shared Medical Facilities

For several years, VA and DoD have pursued legislative changes to provide the needed authority to expand their existing collaborative relationship to permit proactive, more detailed, joint capital investment planning, construction, and leasing of co-located and shared medical facilities. In FY 2021, VA and DoD again submitted legislation that would provide this authority and eliminate a major obstacle to collaboration on joint capital projects, allowing projects to be identified based on market conditions and departmental capabilities that more effectively and efficiently utilize resources.

On December 27, 2021, the National Defense Authorization Act for FY 2022 was signed by the President of the United States. The final version of the report included Section 714 authorizing the Secretary of Defense and Secretary of Veterans Affairs to enter into agreements for planning, design, and construction of facilities to be operated as shared medical facilities. No language regarding joint leasing was included.

SECTION 3 – NEXT STEPS

The accomplishments described in this VA-DoD Joint Executive Committee FY 2021 Annual Joint Report 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 updates 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 Joint Executive Committee will continue to drive joint coordination and sharing efforts between VA and DoD to support the strategic direction established in the FY 2022-2027 Joint Strategic Plan. The Departments will continue to demonstrate and track progress toward defined goals, objectives, and end-states, and provide the continuum of care needed to successfully meet the needs of Service members and Veterans.

Appendix A – Organization

The Joint Executive Committee, Health Executive Committee, Benefits Executive Committee, Transition Assistance Program Executive Council, Information and Technology Executive Committee, Federal Electronic Health Record Modernization Executive Committee, and Independent Working Groups are comprised of more than 60 Working Groups, boards, and areas of oversight.¹¹

Health Executive Committee Business Lines and Working Groups:

- Clinical Care Business Line
 - Deployment Health Working Group
 - DoD-VA Transgender Healthcare Integrated Product Team
 - Evidence-Based Clinical Guidelines Working Group
 - Pain Management Working Group
 - Patient Safety Working Group
 - Telehealth Working Group
 - Women’s Health Working Group
- Healthcare Operations Business Line
 - Acquisitions & Medical Materiel Management Working Group
 - Care Coordination Working Group
 - Continuing Education & Training Working Group
 - Credentialing Working Group
 - Duplicate Claims Integrated Product Team
 - James A. Lovell Federal Health Care Center Advisory Board
 - Reimbursements Integrated Product Team
 - Shared Resources Working Group

¹¹ VA-DoD Joint Executive Committee Organization List (as of September 30, 2021)

- Health Informatics Business Line
 - Interagency Clinical Informatics Board
 - Continuity of Care Working Group
 - Health Information Policy Working Group
 - Interagency Data and Analytics Working Group
 - Joint Clinical Information and Standards Implementation Working Group
 - Patient Engagement Working Group

Benefits Executive Committee Working Groups:

- Communication of Benefits and Services Working Group
- Dual Compensation Working Group
- Information Sharing/Information Technology Working Group
- Integrated Disability Evaluation System Working Group
- Military to Civilian Readiness Working Group
- Service Treatment Records Working Group

Transition Assistance Program Executive Council Working Groups:

- Senior Steering Group
- Transition Assistance Interagency Working Group
 - Curriculum Working Group
 - Data Sharing/Information Technology Working Group
 - Employment Working Group
 - Performance Management Working Group
 - Reserve Component Working Group
 - Strategic Communications Working Group

Information and Technology Executive Committee Working Groups:

- Enterprise Architecture Working Group
- Identity, Credentialing, and Access Management Working Group
- Information Protection Working Group
- Information Technology Operations Working Group
- Military Personnel Data Working Group

Federal Electronic Health Record Modernization Executive Committee:

- Federal Electronic Health Record Modernization Program Office
 - Executive Data Management Board
 - Federal Electronics Health Record Modernization Analytics Board
 - Federal Electronic Health Record Modernization Data Governance Board
 - Federated Interagency Terminology Service
 - Functional Decision Group
 - Interoperability Modernization Strategy Advisory Group
 - Interoperability Modernization Strategy Working Group
- Joint Sustainment and Adoption Board

Joint Executive Committee Independent Working Groups:

- Base Access Working Group
- Capital Asset Planning Committee
- Hannon Act Section 102 Working Group
- Separation Health Assessment Working Group
- Sexual Trauma Working Group
- Strategic Communications Working Group
- Suicide Prevention Joint Action Plan Implementation Team