Department of Veterans Affairs and Department of Defense Joint Executive Committee

Joint Strategic Plan

Fiscal Years 2016 – 2018

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Joint Strategic Plan

Introduction

The Department of Veterans Affairs (VA) and the Department of Defense (DoD) collaborate closely to provide a single system experience of lifetime services for the men and women who volunteer to serve in our Military Services.

Title 38 of United States Code, Section 8111(b)(1), requires the Secretaries of Veterans Affairs and Defense to "Develop and publish a joint strategic vision statement and a joint strategic plan to shape, focus, and prioritize the coordination and sharing efforts among appropriate elements of the two Departments…" The Joint Executive Committee (JEC) publishes the Joint Strategic Plan (JSP) on behalf of the Secretaries to promulgate that vision statement and plan.

The JSP's strategic framework endures and guides our efforts for the foreseeable future. The supporting objectives and their respective action plans provide definitive guidance for fiscal years (FY) 2016 – 2018. The JSP may be republished and additional JEC guidance may be provided as necessary as we continue to reassess the environment and our changing priorities.

Mission and Vision

VA and DoD developed the JSP's mission, vision, and three strategic goals and initially approved them in 2010. This JSP revalidates the mission, vision, and goals, including foundational elements of interoperability, client-centric focus, and partnerships.

The mission and vision of the JSP endure in our ongoing execution. While we continually reassess the environment and the relevance of the JSP's mission, vision, and strategic goals, we intend for this plan to guide our Departments' efforts.

Mission Statement	Optimize the health and well-being of Service members, Veterans, and their eligible beneficiaries.	
Vision Statement	Provide a single system experience of lifetime services through an interdependent partnership that establishes a national model for excellence, quality, access, satisfaction, and value.	
Benefits and Services	**Health Care**	**Efficiencies of Operation**
Deliver comprehensive benefits and services through an integrated client-centric approach that anticipates and addresses client needs.	Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the two Departments.	Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.
Interoperability	Create seamless integration of VA and DoD data that improves quality of outcomes, maximizes value, and increases speed of decision making across both Departments.	
Client-Centric Focus	Understand the current and future client to deliver high-quality health care, benefits, and services that exceed their expectations.	
Partnerships	Increase capabilities, efficiencies, and effective outcomes in health care, benefits, and services through collaboration and "whole of nation" partnerships.	

Figure 1 Summary of the VA-DoD Mission, Vision, Strategic Goals and Foundational Elements

Click here to view the alternate representation in Appendix B

Strategic Goal 1 – Benefits and Services: Deliver comprehensive benefits and services through an integrated client-centric approach that anticipates and addresses client needs.

We will continue to streamline the benefits application process, eliminate duplicate requirements, and improve and correct business practices that currently complicate the transition process from Service member to Veteran through enhanced Departmental collaboration. We will accomplish these efforts through joint initiatives to ensure that information on the multitude of benefits and services is disseminated to, and readily accessible by, both VA and DoD beneficiaries. Our efforts must ultimately focus on a joint electronic and interoperable solution to manage current and future Service members' records, while continuing to support the processing of existing paper records until we achieve that solution.

Strategic Goal 2 – Health Care: Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value consistently across the two Departments.

We commit to work together to improve the access, quality, effectiveness, and efficiency of health care for Service members, Veterans, and their beneficiaries. Subject matter experts from both Departments engage in collaborative work on a regular basis through the VA/DoD Health Executive Committee (HEC) and its Business Lines. The HEC oversees the cooperative efforts of each Department's health care organizations, supports mutually beneficial opportunities to improve business practices, and ensures high quality cost-effective health care services for both VA and DoD beneficiaries.

The attributes of quality, access to care, the continuity of that care from the Military Health System (MHS) to Veterans health care, value, and client satisfaction, direct the vision of the HEC and form the basic foundational principles of high quality health care.

The HEC will direct and measure the pursuit of this goal by the following dimensions:

- Quality: Promote measureable, safe, effective, timely, efficient, equitable, and client-centered quality health care for all Service members, Veterans, and their beneficiaries.

- Access: Facilitate improved availability of, and access to, health care for Service members, Veterans, and their beneficiaries, to ensure responsive care whenever they need it, in traditional and evolving delivery methods, while eliminating or reducing disparities and, removing any barriers to care and health care utilization.

- Value: Encourage substantive improvement for patient-focused, high-value care, including the delivery of the right health care, to the right person, at the right time, for the right price, through the use of reliable health care cost and quality information.

- Satisfaction: Ensure patient satisfaction by assessing various aspects of the beneficiaries' health care experience in comparison to their expectations, to include their assessment of improvement in their health status.

Strategic Goal 3 – Efficiencies of Operation: Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.

VA and DoD plan to integrate and share appropriate information electronically via the use of enterprise architectures and data management strategies that support timely, secure, and accurate data delivery of health care and benefits. The Departments plan to retain the responsibility for requirements development,

life-cycle program management, financial management, and information technology development and implementation.

VA and DoD plan to facilitate opportunities to improve resource utilization and enhance the coordination of business processes and practices by improving the management of capital assets, leveraging both Departments' purchasing power, and improving access to care in both agencies. These opportunities also include improving military readiness in DoD, maximizing reimbursements for the provision of health care services, developing complementary work force plans, and designing methods to enhance other key business functions.

Conclusion

The JEC JSP establishes the strategic direction for joint coordination and sharing efforts and responsibilities between the two Departments. The action plans provide the objectives, milestones, and activities necessary to help realize our goals, and the performance measures, by which, to gauge our success. We will use periodic JEC meetings to track and review progress toward achieving the strategic goals, assess our guidance, and determine requirements for issuing updated guidance.

Sloan D. Gibson
Deputy Secretary
Department of Veterans Affairs

Peter Levine
Performing the Duties of the Under
    Secretary of Defense for Personnel
    and Readiness

Goal 1 – Benefits and Services

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

Objectives:

1.a. Benefits Data. Continue development of information technology which ensures appropriate Departments, Agencies, Service members, Veterans, and representatives have immediate and secure access to reliable and accurate data used in determining entitlements, verification of benefits, and Veterans' status.

1.b. Lead Coordinator. Implement the Lead Coordinator (LC) role within the Care Management Team (CMT) for Service members and Veterans with complex care coordination needs for care, benefits, and services. Support the core functions of the single, borderless Community of Practice (CoP) between VA and DoD in all facilities using a phased approach.

1.a Benefits Data

Working Group
Information Sharing / Information Technology (IS/IT) Working Group (WG)

Objective
Continue development of information technology, which ensures appropriate Departments, Agencies, Service members, Veterans, and representatives have immediate and secure access to reliable and accurate data used in determining entitlements, verification of benefits, and Veterans' status.

Activities and Milestones

General:
1. Provide support of requirements-related activities specific to interagency IS/IT by receiving quarterly status updates on the following:

    a. Benefits Executive Committee (BEC) Health Records WG

    b. BEC Disability Evaluation Systems (DES) WG

    c. BEC Communication of Benefits WG

    d. DES Information Technology DD 214 (Certificate of Release or Discharge from Active-Duty) data sharing

    e. Separation Health Assessment WG

    f. Servicemembers' Group Life Insurance Online Enrollment System (SOES)

    g. Others as identified

2. Provide feedback to stakeholders and report matters to BEC Co-Chairs, as needed.

Activities and milestones to be completed by 4th Quarter, FY 2018:
1. Introduce National Guard and Reserve Component to IS/IT WG functions and objectives.

2. Solicit input from National Guard and Reserve Component for consideration in achievement of IS/IT WG functions and objectives.

3. Deployment of SOES, which will allow Service members the ability to manage their Servicemembers' Group Life Insurance policies in a digital environment.

4. Implement SOES for all Uniformed Services.

5. Conversion of all DD 214 information to electronic format upon service separation by Service members retiring or upon end of term of service from Uniformed Services.

6. Avoid overpayment of compensation to National Guard and Reserve Component Service members who perform Active-Duty, which later requires award debt collection or recoupment.

7. Continue to track Defense Self-Service (DS) Logon distribution by Military Service and transitioning Service members.

8. Support the increase in the number of eBenefits users (and users of its successor, vets.gov) throughout FY 2016-2018 with enrollments of DS Logon by ensuring 100 percent of all newly accessed Active-Duty, National Guard, and Reserve members of the Military Services in possession of a common access card obtain a DS Logon.

9. Continue to monitor and report to requesting agencies, eBenefits application and functionality of claim status inquiries; payment history inquiries; Veterans online applications; letter generator requests; disability profile dashboard; and other eBenefits enhancements, as appropriate.

10. Continue to report eBenefits marketing updates quarterly to the BEC. This marketing will reflect efforts to develop and establish partnerships with sources outside of VA. These sources educate Veterans and the general public on Veterans' benefits and provide an opportunity to honor Veterans, including development and deployment of videos via social media, eClaims Radio, TV airplays, and the value of the airplay.

Performance Measures

- Establish a point of contact with the National Guard and Reserve Component to obtain 100 percent participation in objectives and functions of the BEC by the end of the 2nd Quarter of FY 2016. Continue to solicit and expect input from the National Guard and Reserve Component throughout FY 2016-2018.

- Established SOES WG metrics by the 2nd Quarter of FY 2016 for the implementation of SOES or after connectivity options are discussed and decided by VA and DoD, whichever is earliest, but no later than the 4th Quarter of FY 2018.

- Gradual implementation of SOES and introduction to each Military Service (Army/Marines/Navy/Air Force), in order of implementation, as agreed to by VA and DoD, by following a time line: 2nd Quarter FY 2106; 1st Quarter FY 2017; 4th Quarter FY 2017; and 4th Quarter FY 2018.

- Finalize up to 50 percent by 1st Quarter FY 2017, and then 100 percent by 4th Quarter FY 2018, the joint business architecture and service design for conversion of all DD 214 information to electronic format upon service separation by all Service members; including terms of military service, medals and awards, and other appropriate information.

- Continue to report eBenefits metrics quarterly to the BEC and share with other appropriate agencies for Official Military Personnel File (OMPF) (DD 214) user requests, certificate of eligibility inquiries, compensation and pension claim views, payment history views, VA appeals views, letters generated by type, and other metrics as appropriate.

- Continue to report and monitor the total number of DS Logon accounts to the BEC quarterly through FY 2018.

- In an effort to prevent future disbursements of dual compensation, develop recommendations for consideration by the Veterans Benefits Administration on the business rules for the automation, termination, and resumption of award adjustments

of training days for National Guard and Reserve Component members, to be presented and considered by the BEC by the end of FY 2016.

- By 4th Quarter FY 2016, complete requirements for each State Department of Veterans Affairs (SDVAs), including issuance of personal identity verification, authority to operate, and completion of Memorandums of Understanding (MOUs) to enable SDVAs to receive DD 214 data electronically.

1.b Lead Coordinator (LC)

Working Group
Interagency Care Coordination Committee (IC3) Community of Practice Working Group

Objective
Implement the LC role within the CMT for Service members and Veterans with complex care coordination needs for care, benefits, and services. Support the core functions of the single, borderless Community of Practice (CoP) between VA and DoD in all facilities using a phased approach.

Activities & Milestones
1. Implement the LC role, enterprise-wide, within VA and DoD based on a regional training approach developed and approved by IC3 in FY 2015, with training to be completed by January 15, 2016. Training will include LC checklist; roles and responsibilities of the LC and CMT; interaction between the LC and CMT; available tools and resources accessible immediately after training; and LC awareness training for staff who are not LCs but who work with, support, and/or manage LCs.

2. Review, revise, and refine the Interagency Comprehensive Plan (ICP), LC Checklist, and requirements throughout Initial Operational Capability (IOC) through the use of feedback and the IC3 governance process by September 30, 2016.

3. Review, revise, and refine the electronic ICP throughout Full Operational Capability (FOC) through the use of feedback and the IC3 governance process by September 30, 2017.

4. Conduct ongoing training support of the LC concept via a virtual learning platform, and quarterly scheduled coaching calls with National Capital Region subject matter experts, commencing in March 2016.

5. IC3 Executive Secretariat, through the Policy and Oversight Work Group, shall ensure all CoP programs make necessary policy updates as they relate to complex care coordination, to ensure subordinate policies are in line with the MOU, Department of Defense Instructions (DoDI), and VA Directive 0007 for Interagency Complex Care Coordination Requirements for Service members and Veterans by December 31, 2016 for all Tier 1 policies.

6. Review LC implementation, analyze, and report on any next steps and recommendations by September 30, 2017.

7. Review LC implementation recommendations and develop a feasibility and implementation plan in FY 2018.

Performance Measures
- The number of transitioning Service members assigned an LC.
    - Percent of Category 3 Service members and/or those in a Warrior Care Program assigned an LC prior to leaving Active-Duty.
    - Percent of Veterans in the Care Management Tracking and Reporting Application (CMTRA) assigned an LC.

- Provision of consistent training and information for individuals involved in complex care coordination, to include the percent and numbers of identified staff trained.
    - New and cumulative number of LC- and awareness-trained individuals, as collected by the training contractor (Geologics) through attendance rosters in the after-action report from each training site rollout (monthly) and quarterly, by each installation's or facility's LC training point of contact thereafter.
    - Percent of staff trained on LC and awareness, collected by Geologics through attendance rosters in the after-action report from each training site rollout, monthly and quarterly, by each installation's or facility's LC training point of contact thereafter.

- The learning gain for LC training and LC awareness training, as assessed by the pre-registration knowledge check and post training/awareness assessment reported monthly, beginning with the LC training rollout.

- Availability of LC checklist and care plan on Interagency Comprehensive Plan for Care Coordination Support (ICPCCS) and VA's Federal Case Management Tool (FCMT). Goal for this measure is 100 percent and will be assessed by Warrior Care Policy in the DoD and by VA Interagency Care and Benefits Coordination Office (dependent on the FCMT contract).

- Percent of trained LCs who have initiated an LC checklist and care plan, as collected in ICPCCS for the DoD and FCMT for VA. Geologics captures the data for all individuals trained during the LC rollout.

- Progress towards ICP technology solution implementation.

Goal 2 – Health Care

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

Objectives:

2.a. Base Access. Develop and implement national level guidance for VA patient access to DoD installations/facilities.

2.b. Individual Longitudinal Exposure Record (ILER). Develop an ILER capability to make exposure-related data and medical information available to VA and DoD to improve health care (diagnosis and treatment) and determine disability ratings.

2.c. Mental Health/Suicide Prevention. Decrease negative perceptions of mental health problems and treatment and increase knowledge of suicide risk and prevention strategies in VA and DoD.

2.d. Center of Excellence – Psychological Health and Traumatic Brain Injury. Implement and sustain the Congressionally-mandated responsibilities at the Psychological Health and Traumatic Brain Injury Center of Excellence.

2.e. Center of Excellence – Hearing. Implement and sustain the Congressionally-mandated responsibilities of the Hearing Center of Excellence (HCE).

2.f. Center of Excellence – Vision. Implement and sustain the Congressionally-mandated responsibilities of the Vision Center of Excellence (VCE).

2.g. Center of Excellence – Extremity Trauma and Amputation. Implement and sustain the Congressionally-mandated responsibilities of the Extremity Trauma and Amputation Center of Excellence (EACE).

2.h. Health Data Sharing Modernization. Develop a plan to identify data domains and messaging standards for the Departments necessary to create seamless integration of VA, DoD, and private sector health care record data.

2.i Pain Management. Ensure patients across VA and DoD facilities receive a common standard of care for pain management that meets or exceeds national standards, and ensure successful transitions across health care systems for Service members, Veterans, and other beneficiaries.

2.a Base Access

Working Group
VA/DoD Security Offices

Objective
Develop and implement national level guidance for VA patient access to DoD installations/facilities.

Activities & Milestones
1. Operate the WG to assist the revision or development of a perimeter security manual, which will include access control.

    a. WG will consolidate the various policy documents and memoranda currently in play into one volume under DoDI 5200.08, "Physical Security Program."

    b. The Defense Health Agency is involved in the process.

    c. Consider feasibility of adding the Veterans Health Identification Card (VHIC) to the list of authorized identification cards to facilitate physical access to DoD installations or using the REAL ID (driver's license or state identification card that is compliant with the The REAL ID Act of 2005) as the identification card (national) and the VHIC as the justification for access.

2. Complete the first draft of a consolidated DoD issuance.

3. Staff the DoD issuance from the 4th Quarter FY 2015 through the 2nd Quarter FY 2016.

4. Publish the DoD issuance; the date will depend on the Federal Register process.

5. Publish rule in Federal Register.

6. Military Services implement the DoD issuance upon publication in the Federal Register.

Performance Measures
Complete the first draft of a consolidated DoD issuance by 1st Quarter FY 2016.

- Publish the DoD issuance by 3rd Quarter FY 2016.

- Military Services implement the DoD issuance upon publication in the Federal Register, target before 2nd Quarter FY 2017.

2.b Individual Longitudinal Exposure Record (ILER)

Working Group
Deployment Health Working Group – HEC Research Business Line

Objective
Develop an ILER capability to make exposure-related data and medical information available to VA and DoD to improve health care (diagnosis and treatment) and determine disability ratings.

- Monitor and report the progress of VA/DoD acquisition activities quarterly, starting October 1, 2015.

- Monitor and report VA/DoD ILER design/development activities quarterly, starting October 1, 2015.

Activities & Milestones
1. Complete the joint ILER system architecture and technical specifications by August 2016.

2. Plan for separate VA and DoD ILER pilot sustainment funding for FY 2018 - 2022 Program Objective Memorandum (POM) by December 2015.

3. Identify and begin development of VA/DoD ILER-related policy and procedures to address gaps in support of ILER pilot capabilities in FY 2016.

4. Provide an annual summary of VA/DoD ILER development and acquisition activities beginning October 1, 2016.

5. Establish a VA/DoD ILER Joint Program Office to include MOUs as necessary by January 31, 2016.

6. Prepare contract performance work statements, determine timelines for acquisitions, and complete acquisitions in FY 2016.

7. Demonstrate VA/DoD ILER pilot prototype to VA and DoD stakeholders and capture user feedback by March 31, 2017.

8. Release ILER pilot project/achieve IOC by June 30, 2017.

9. Request and receive approval from milestone decision authorities to proceed with VA and DoD development activities for ILER to reach FOC. The FOC date will be dependent on approval of sustainment funds.

Performance Measures
- Progress reports on acquisition activities and design activities quarterly starting October 2015.
- VA/DoD ILER Joint Program Office established by January 31, 2016.
- Policies and procedures initiated to address gaps by September 30, 2016.
- Final VA/DoD ILER design presented to stakeholder community by January 31, 2017.
- User feedback issues identified and addressed by June 30, 2017.
- Approval to proceed to FOC and approval of sustainment funding by October 2017.

2.c Mental Health/Suicide Prevention

Working Group
Psychological Health Working Group – HEC Clinical Operations Business Line – Mental Health/Suicide Prevention

Objective
Decrease negative perceptions of mental health problems and treatment and increase knowledge of suicide risk and prevention strategies in VA and DoD.

Activities & Milestones

1. Train VA, DoD, and community providers in military culture through the joint VA/DoD online course. Report number of providers trained on an annual basis on September 30, 2016; September 30, 2017; and September 30, 2018.

2. Increase visibility, as measured by a Nielsen Sigma public service announcement (PSA) ranking, to the top five-percent of current information campaigns related to outreach and reducing barriers to obtaining mental health care.

3. Disseminate new and consistent knowledge about suicide prevention practices, programs, and tools to VA and DoD stakeholders including clinicians, researchers, and leadership. Collaborating on a minimum of two coordinated outreach, educational, and/or training initiatives on suicide prevention by September 30 each fiscal year and measuring participant satisfaction through end-of-activity surveys to inform future content.

4. Improve suicide prevention research efforts by leveraging the Joint Suicide Data Repository. Provide joint suicide data and conduct analysis as requested by VA and DoD investigators within 60-days of the data requests.

5. Develop and distribute coordinated awareness campaign materials, PSAs, and social media to ensure that Service members, Veterans, and their families are provided with crisis intervention through the Veterans Crisis Line and Military Crisis Line annually, and crisis prevention through behavioral health programs and resources such as Military One Source.

6. Track the number of Service members referred for mental health follow-up on the Post Deployment Health Reassessment (PDHRA) who were subsequently seen by DoD, TRICARE, or VA within 90- days of the referral. Report information by September 30th of each year in 2016, 2017, and 2018. Data sources will include the PDHRA, MHS Data Repository for DoD encounters, and VA patient treatment file for VA encounters.

7. Assist with continuity of mental health care during times of transition for Service members through acceptance and enrollment in the inTransition program by September 30th each year in 2016, 2017, and 2018. Maintain awareness of, and contribute as necessary to, VA and DoD commitments in the 2014-2016 federally-initiated, cross-agency priority goal actions and the 2014-2015 interagency task force recommendations.

Performance Measures

- Number of VA, DoD direct care, DoD network care, and community providers trained in military culture, with a target of 3,000 by September 30, 2016, and an average of 500 providers annually thereafter.

- Maintain and/or increase current ranking (top 5-percent) among information campaigns related to outreach and reducing barriers to obtaining mental health care, as measured by the Nielsen Sigma PSA ranking.

- Number of joint outreach, educational, and/or training initiatives on suicide prevention coordinated each year with a minimum target of two per year completed by September 2016, 2017, and 2018. This outreach includes community providers, Veteran Service Organizations, and other government agencies.

- Participant satisfaction of 80 percent or higher using end-of-activity survey data with suicide prevention outreach, education, and/or training.

- Number of people reached during suicide prevention outreach, education, and training at 10 percent or higher from the previous year. Establish baseline in FY 2016, increase by 10-percent or more in FY 2017 and FY 2018.

- Respond to requests for suicide data analyses from the VA/DoD Suicide Data Repository Board of Governors within 60-days at least 90-percent of the time.

- Increased percentage of Service members referred for mental health follow-up on the PDHRA who were subsequently seen by either VA, TRICARE, or DoD within 90-days of referral with a target of 60 percent in FY 2016 and 65 percent by FY 2018.

- Ongoing program assessment of Service members enrolled in the inTransition program, as measured annually by monitoring the following metrics, and with a target of 75 percent or better on each metric:
    - Did the assistance you received from the inTransition program increase the likelihood that you would continue your treatment at your new location?
    - Were you satisfied with your experience?
    - Did the product or service meet your needs?

- Tracking number of new cases and number of closed cases for the inTransition program:
    - Completed/closed case
    - Appointment kept
    - Service member withdrew after appointment information provided notifying the coach
    - Service member withdrew or disengaged from the inTransition program prior to completion (this is a closed but not completed case)
    - Service member opted-out

2.d Center of Excellence – Psychological Health and Traumatic Brain Injury

Working Group
Defense Center of Excellence Psychological Health and Traumatic Brain Injury – HEC Clinical Operations Business Line

Objective
Implement and sustain the Congressionally-mandated responsibilities at the Psychological Health and Traumatic Brain Injury Center of Excellence.

Activities & Milestones
1. VA and DoD are collaborating to conduct a prospective longitudinal study to improve the understanding of medical and psychological needs (Improve Understanding of Medical and Psychological Needs - IMAP) in Service members and Veterans with chronic Traumatic Brain Injury (TBI). This study, which was initiated in May 2015, builds on the existing infrastructure of the established VA TBI Model Systems (TBIMS) data protocol and complements the Congressionally-mandated 15-year longitudinal study of the effects of TBI. The study was initiated in April 2011 and currently is underway at Walter Reed National Military Medical Center. Projected total enrollment at completion of the study is 2,800 subjects, including healthy control subjects and those with TBI. The study directly addresses information required to be captured by section 721(c) of the National Defense Authorization Act (NDAA) for FY 2007, Pub.L.109-364 (2006), by identifying, among other things, health conditions associated with chronic TBI, as well as unmet needs and barriers to accessing TBI-related rehabilitation and health care services.

2. Determine correlation of chronic health conditions and their association with rehabilitation outcomes (indices of function, disability, and participation/community reintegration) by 2018.

    a. Determine the frequency of health conditions (e.g., physical and behavioral health comorbidities) in the first year post-injury by 2017.

    b. Determine what health conditions are associated with rehabilitation outcome (function, disability, participation/community reintegration) after controlling for age and injury severity by 2018.

3. Determine environmental and contextual protective and risk factors that impact ongoing life care needs of Service members and Veterans with chronic TBI.

    a. Chronic rehabilitation needs during the first year post-injury by 2017.
    b. Environmental and personal factors associated with unmet needs by 2018.

4. Describe perceptions of health care needs in the first 2 years post-injury by 2018.

    a. Patient- and family-perceived facilitators and barriers to accessing rehabilitation and health care services to meet needs by 2017.

    b. Provider-perceived facilitators and barriers for addressing long-term rehabilitation needs of patients and families by 2018.

Performance Measures

- Annual study briefs shall be published by August 1st of each year, reporting results of early analyses with existing Investigational Review Board (IRB)-approved, VA/National Institute of Disability and Rehabilitation Research TBIMS data protocols, to include longitudinal information on the clinical course of recovery and rehabilitation outcomes for individuals with TBI. These foundational elements on which I-MAP is built (years 1-4) include:

    - Incidence of chronic health conditions and their association with rehabilitation outcomes.

    - Environmental and contextual protective and risk factors impacting ongoing life care needs of Service members and Veterans with chronic TBI.

    - Perceptions of health care needs in the first year post-injury.

- Annual study briefs shall be provided by August 1st of each year on the progress of the study, challenges faced, and lessons learned.

- Publish Biannual consumer newsletters written in lay person's language describing results of TBIMS, and VA/DoD studies related to project aims by May 15th and November 15th of each year. Newsletters will be made available on public websites such as http://va.tbindsc.org/

2.e Center of Excellence – Hearing

Working Group
Hearing Center of Excellence (HCE) – HEC Research Business Line

Objective
Implement and sustain the Congressionally-mandated responsibilities of the Hearing Center of Excellence.

Activities & Milestones
HCE will continue to execute and develop programs and processes designed to improve the prevention, diagnosis, mitigation, treatment, and rehabilitation of hearing loss and auditory system injuries to meet the requirements of section 721 of the NDAA for FY 2009, Pub.L.110-417 (2008).

1. Assess tools to standardize, streamline, and add sensitivity to annual/periodic testing (e.g., otoacoustic emissions, speech in noise) of Service member auditory function by September 30, 2016.

2. Establish an appropriate tinnitus management plan using a comprehensive integrative approach to improve care across the MHS by September 30, 2016.

3. Create a qualified hearing protection products list and develop and execute a centralized Defense Health Programs acquisition strategy for VA and DoD to obtain hearing protection devices and a tactical communication and protective system by January 31, 2017.

4. Assess rehabilitation technologies and strategies across the spectrum of hearing loss; and develop measures for evaluation, eligibility, and medical acquisition standardization by January 31, 2017.

5. Develop strategies for deployment of hearing loss prevention programs for VA as part of the continuum of care that VA audiologists provide to Veterans by September 30, 2017.

6. Establish integrated VA/DoD networked procurement of hearing aids, accessories, and implants by September 30, 2017.

7. Successfully implement transparent strategy and processes to quantify research partners and resources by September 30, 2017.

8. Amend the Comprehensive Hearing Health Program into DoDI 6055.12 for hearing conservation programs by December 31, 2017.

9. Identify auditory-vestibular research gaps, facilitate resource coordination and prioritization, increase partnerships, and detail and maintain specialty portfolio efforts by December 31, 2017.

10. Develop a fully operational Joint Hearing Loss and Auditory System Injury Registry with full spectrum data feeds from established theater, surveillance/occupational and clinical component sources by September 30, 2018.

11. Describe perceptions of health care needs in the first 2 years post-injury by December 31, 2018.

Performance Measures
- Ninety percent of Service members receive baseline and annual/periodic hearing health monitoring and education by September 30, 2018.

- Ninety percent of Service members receive exit hearing health audiogram and education by September 30, 2018.

2.f Center of Excellence – Vision

Working Group
Vision Center of Excellence (VCE) – HEC Research Business Line

Objective
Implement and sustain the Congressionally-mandated responsibilities of the VCE.

Activities & Milestones
1. VCE will continue to maximize potential for effective prevention, diagnosis, mitigation, treatment, and rehabilitation of injuries and disorders of the visual system through its collaborative efforts, and help facilitate the identification of research capabilities within and between VA and DoD to meet the requirements of section 1621 of NDAA for FY 2008, Pub.L. 110-181 (2008).

2. Update VCE's vision trauma research gap analysis and research of comorbid conditions to inform the identification, prioritization, and evaluation of research proposals by September 30, 2016, and annually thereafter.

3. Continue abstraction of Post-9/11 military eye injuries into the Defense and Veterans Eye Injury and Vision Registry (DVEIVR) and issue a report on the number of significant eye injuries incurred by members of the Armed Forces while on Active-Duty by September 30, 2016, and annually thereafter.

4. Conduct, facilitate, and publish or present analyses using DVEIVR and other data sources on diagnosis, treatment, and/or rehabilitation of eye and vision injuries by September 30, 2016, and annually thereafter.

5. Document best practices and process improvements in Vision Care Coordination (VCC). Based on findings, develop a plan to augment the number of vision care service coordinators (VCSCs) within the MHS and VA by September 30, 2018.

6. Identify military eye and vision injury clinical management process improvements and develop recommendations for changes in practice and/or policy by September 30, 2016, and annually thereafter.

7. Support eye injury surgical simulation and workshops to develop and maintain surgical skills. Report on simulation use including progress and recommendations for adoption within VA and DoD by September 30, 2016, and annually thereafter.

8. Assess need, develop, host, and support educational workshops, e-learning, and/or classroom-based clinical and readiness curricula for eye and vision injuries by September 30, 2016, and annually thereafter.

9. Expand communication of information on VCE programs, research, and publications with stakeholders by September 30, 2016, and ongoing through September 30, 2018.

Performance Measures

- Publication of vision research gap analysis determined in cooperation with VA and DoD SMEs annually.

- Publication of DVEIVR report on the total and types of injury within the registry annually.

- Number of publications from DVEIVR and other data analysis, including impact factor rating if available, with a target of two annually.

- Number of VCC best practices published and additional VCSCs trained, with a goal of two best practice publications and two additional VCSCs trained annually.

- Number of clinical management process improvements identified, with a goal of 80 percent developed into recommendations for VA and DoD.

- Publication of report for all stakeholders annually.

- Needs assessment report published with a target of two crucial training activities provided or supported annually that enhance readiness for VA and DoD vision care professionals.

- Number of external stakeholders outreach efforts, including seminars, workshops, and virtual courses conducted, with a target of two annually.

- Eighty percent of DoD hearing health professionals use progressive tinnitus management recommendations by September 30, 2016.

- One hundred percent of VA and DoD audiologists have Remote Order Entry System access to records by September 30, 2016.

- Seventy percent of VA audiologists provide hearing preservation services for Veterans by September 30, 2017.

- Eighty percent of direct care beneficiaries receive hearing aids and accessories via VA national contracts by June 30, 2017.

- One hundred percent of registry data feeds online by September 30, 2018.

2.g Center of Excellence – Extremity Trauma and Amputation

Working Group
Extremity Trauma and Amputation Center of Excellence – HEC Research Business Line

Objective
Implement and sustain the Congressionally-mandated responsibilities of the EACE.

Activities & Milestones

The EACE will promote and facilitate the continuous improvement of care and implementation of programs and processes within and across VA and DoD health care systems to fully meet the requirements of section 723 of the NDAA for FY 2009, Pub.L.110-417 (2008) to conduct research and enhance mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations.

1. Conduct joint VA/DoD education and training opportunities in extremity trauma and amputation care, with a focus on rapid translation of research into practice annually.

2. Conduct IRB-approved research studies of the traumatic extremity injury and amputation population annually.

3. Increase role as a global resource in traumatic extremity injury and amputation treatment, research, and rehabilitation annually.

4. Pilot DoD participation in the VA prosthetic component Remote Order Entry System procurement capability by September 30, 2017.

5. Identify, assess, and document core competencies in DoD amputation care by September 30, 2018.

6. Establish a VA/DoD registry of the traumatic extremity injury and amputation population by September 30, 2018.

Performance Measures

- A minimum of two-thirds of training participants rate "agree" or "strongly agree" for overall satisfaction category of the evaluation for Virtual Grand Rounds and the Federal Advanced Amputation Skills Training. Assess six annual training opportunities using the VA Employee Education System evaluation process.

- Published fifteen peer-reviewed articles in the area of traumatic extremity injury and/or amputation by September 30, 2016 and annually thereafter.

- Conduct 4 national or international traumatic extremity injury and amputation outreach engagements by September 30th, 2016 and annually thereafter.

- Ninety-five percent compliance with 4-day delivery and 98 percent order accuracy for the lower extremity prosthetic component procurement pilot project, to determine DoD enterprise adoption.

- Attain Service approval by September 30, 2018, for a definitive set of core competencies for each key discipline involved in DoD amputee care.

- Attain governance approval and POM-sustainment for a traumatic extremity injury and amputation registry by September 30, 2018.

2.h Health Data Sharing Modernization

Working Group
VA/DoD Interoperability Program Office (IPO)

Objective
Develop a plan to identify data domains and messaging standards for the Departments necessary to create seamless integration of VA, DoD, and private sector health care record data.

Activities & Milestones
1. Oversee electronic health record readiness and compliance to achieve the goals of the Office of the National Coordinator (ONC) for Health Information Technology related to interoperability across VA and DoD.

2. Oversee and approve VA and DoD adoption and mapping to national and international health standards, an essential step toward interoperability. The standards require the Departments to express the appropriate content and format of health data using a common language, in order to improve the exchange of data between Departments and with the private sector.

3. Actively engage with national and international health standards organizations to ensure private sector standards (e.g. data formats, messaging, exchange protocols, meaningful use, usability, privacy, security, and safety) meet the needs of VA and DoD.

4. Monitor and report: the Departments' use and readiness of IPO-approved national and international health standards; and the Departments' adoption of the IPO's

approved data domain and messaging standards for departmental IT solutions necessary to create seamless integration of VA and DoD health care record data.

Performance Measures

- Provide semiannual updates to the Joint Interoperability Plan.

- Provide semiannual updates to the Information Interoperability Technical Package.

- Host quarterly VA, DoD, and ONC collaboration meetings.

- Distribute quarterly reports from ONC Liaison and External Engagement.

- Provide input and feedback to ONC workgroups as requested.

- Develop interoperability metrics.

- Monitor and provide quarterly updates of metrics.

- Host semiannual Health Interoperability Enterprise Architecture WG collaboration summits to facilitate and operationalize the suite of standards, services, and policies necessary to achieve interoperability.

- Publish semiannual Joint Exploratory Teams reports.

2.i Pain Management

Working Group
Pain Management Working Group – HEC Clinical Operations Business Line

Objective
Ensure patients across VA and DoD facilities receive a common standard of care for pain management that meets or exceeds national standards, and ensure successful transitions across health care systems for Service members, Veterans, and other beneficiaries.

Activities & Milestones
1. Recommend for translation, pain management-related research, policy, or administrative findings into VA and DoD practical applications, programs, or clinical actions that improve quality, standardization, and transition of health care delivery for those being treated for acute and chronic pain by:

    a. Presenting at least three coordinated actions for implementation annually.

    b. Not later than 90 days following presentation and approval of new actions by HEC Clinical Operations Business Line Co-Leads, coordinate with other appropriate HEC, interdepartmental, and departmental WGs to develop common and department-specific implementation action plans.

2. Lead development of pain management clinical practice guidance in collaboration with HEC Evidenced-Based Practice WG by:

    a. Inventorying existing VA and DoD pain management-related clinical guidelines to identify gaps, revision needs, or additional guidance based on emerging evidence by October 1, 2015, and annually thereafter.

    b. Presenting analysis of pain-related clinical practice guidelines (CPGs) and recommendations to HEC Clinical Operations Business Line and HEC Evidenced-Based Practice WG no later than December 15, 2015, and annually thereafter.

    c. In coordination with the HEC Evidenced-Based Practice WG, assess the potential scope, timeline, costs, and capacity to develop an overarching CPG for pain management by December 15, 2015.

    d. Develop recommendations for pain management-related system, as well as, patient and clinical outcome metrics by December 15, 2015, in connection with HEC Evidenced-Based Practice WG, Patient Safety WG, and the appropriate health data sharing subgroups, by December 15, 2015.

3. Provide report on metrics to include baselines, status, trends, and recommended revisions to HEC Clinical Operations Business Line by March 31, 2016, and bi-annually thereafter.

4. Develop a VA/DoD Pain Campaign directed at health care staff, patients, and senior leaders, with common lines of effort and milestones that drive a continued reduction in unwarranted variability in pain care across VA and DoD medicine by February 1, 2016.

    a. Develop VA/DoD Pain Campaign lines of effort in coordination with other HEC WGs, specifically the Continuing Education and Training, Deployment Health, Evidenced-Based Practice, Health Data Sharing subgroups, Medical Research, Patient Safety, Pharmacy, PH/TBI, and Telehealth WGs.

    b. Following approval of Pain Campaign and milestones, provide Pain Campaign progress updates to the HEC Clinical Operations Business Line every 6 months.

5. Coordinate a synchronized VA/DoD pain campaign by September 30, 2018.

6. Establish a model system of stepped, integrated, timely, continuous, and expert pain management by September 30, 2018.

7. Disseminate standardized provider educational content and clinical guidance by September 30, 2018.

Performance Measures
- Achieve joint implementation for at least three Pain Management Working Group (PMWG) actions annually.

- Provide review of current pain management-related clinical practice guidance to HEC Evidenced-Based Practice WG and participate in review, revision, or development of at least one CPG annually.

- In order to ensure HEC PMWG deliverables and activities are outcomes-focused and appropriately coordinated, all PMWG deliverables will include:

- o Section specific task(s) relationship(s) to established DoD/VHA metric(s) and desired target(s)/trend(s).
- o Validation of task-related collaboration with other HEC WGs, DoD, and VA entities.

Goal 3 – Efficiencies of Operation

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

Objectives:

3.a. VA/DoD Reimbursement Process. Develop and implement a standard Interagency Agreement (IA) process between VA and DoD for enterprise-wide payment and reconciliation to manage financial and medical care workload.

3.b. Credentialing and Privileging. Standardize the VA and DoD credentialing processes to reduce redundancies in order to facilitate the sharing of health care providers between VA and DoD facilities.

3.c. Joint Sharing. Develop principles for joint sharing initiatives to guide VA and DoD in systematic planning for the optimal degree of integration in the future.

3.d. Joint Viewer. Develop and implement the plan for future VA and DoD data sharing exchange protocols and graphical user interface (GUI) viewer software enhancements that will modernize or replace the legacy viewers.

3.e. Disposition of Paper Service Treatment Records (STRs). Determine and implement an agreed upon way forward between VA, DoD, and the National Archives and Records Administration (NARA) for storing paper STRs.

3.f. Mandatory Separation Health Examinations. Establish a mechanism to monitor and report on full implementation of mandatory Separation Health Assessments (SHAs) and to establish feedback loops between both Departments to facilitate the separation process.

3.g. Integrated Disability Evaluation System (IDES) Timeliness Standards. Maintain IDES timeliness standards to complete 80 percent of Active Component (AC) IDES referrals within 295 days and Reserve Component (RC) referrals within 305 days.

3.h. ICP. Develop and implement the ICP IT solution for complex care coordination with VA/DoD interoperability to encompass the full spectrum of care, benefits, and services for Service members and Veterans with complex care needs.

3.i. Capital Asset Planning. Systematically coordinate capital asset planning to achieve greater efficiencies in future operations.

3.a VA/DoD Reimbursement Process

Working Group
Financial Management Working Group - HEC Financial and Business Operations
Business Line – Reimbursement Process

Objective
Develop and implement a standard Interagency Agreement process between VA and DoD for enterprise-wide payment and reconciliation to manage financial and medical care workload.

Activities & Milestones
1. Finalize development of attributes for a simplified National Reimbursement Agreement by October 31, 2015. Emphasis will be on the business functions necessary to support a centralized payment/reconciliation process.

2. Implement the pilot solution at a select location beginning October 1, 2015.

3. Evaluate and adjust new business functions at the pilot site through April 1, 2016.

4. For services that are provided but not authorized within 72 hours, the MTF will not seek reimbursement from the Veteran until after the episode of care has been reviewed in the monthly workload and reconciliation data exchange, and DoD is notified that the Veteran is not eligible and will not be reimbursed by the VA. If DoD does not notify VA within the 72 hours, DoD must still obtain an authorization from VA, who will determine if the Veteran is eligible for care. If the Veteran is not eligible for care, DoD will bill the Veteran. The VA/DoD Financial Management Working Group will address any issues of failure to comply with the 72-hour notification standard and payment of outstanding claims with the goal of reducing the administrative burden and improving payment timeliness.

5. January through March 2016 – migrate standardized processes developed/refined at the pilot location to all VA and DoD sites. Communicate that claim-by-claim adjudication at all VA and DoD sites will stop effective April 1, 2016.

6. Establish standardized process for sharing medical documentation between agencies through Joint Legacy Viewer (JLV) enterprise-wide by April 1, 2016.

7. Codify processes, including payment/reconciliation procedures, in a joint MOU.

Performance Measures

2016 Metrics
- Service members and Veterans seen within 30 days of consults.

- Completion of the VA and DoD IA (Form 7600A and 7600B) and transition to advance payments system-wide.

- Reconciliation/closeout completed following the end of each quarter (with one quarter lag time).

- Post payment audit, workload report and comparative analysis accomplished annually.

- Progress reports to the Health Executive Committee (HEC).

2017-2018 Metrics
Oversight of enterprise-wide implementation will include all VA/DoD sharing sites meeting the targeted metrics below.

- Service members and Veterans are seen within 30-days of consults.

- Medical documentation will be available to share electronically within 30-calendar-days of date of service/discharge.

- Medical coding and workload data completed within 45 calendar days of appointment/provision of care.

- Reconciliation/closeout completed following the end of each quarter (with one quarter lag time).

- Post payment audit, workload report and comparative analysis accomplished annually.

- Progress reports to the Health Executive Committee (HEC).

3.b. Credentialing and Privileging

Working Group
Credentialing and Privileging Working Group – HEC Clinical Operations Business Line

Objective
Standardize the VA and DoD credentialing processes to reduce redundancies in order to facilitate the sharing of health care providers between VA and DoD facilities.

Activities & Milestones
1. Develop a joint credentialing information system based on the

   DoD legacy Centralized Credentials and Quality Assurance System (CCQAS) to allow a VA or DoD provider to submit a single online application for credentials verification and enable the Federal medical community to electronically track the credentialing process for shared health care providers by September 30, 2018.

2. Upgrade the existing CCQAS code to .NET framework and

   standards to improve scalability, sustainability, and compliance with Section 508 of the Rehabilitation Act of 1973 and Rehabilitation Act Amendments of 1998 (i.e., to allow individuals with disabilities system access and usability) by September 30, 2016.

3. Complete Joint Centralized Credentials & Quality Assurance System (JCCQAS) Phase 1 activities including joint credentials prototype module by September 30, 2016.

4. Award contract by September 30, 2016, to begin JCCQAS Phase 2 development including elaboration of the prototype requirements, training methodologies, and joint prototype construction and delivery in October 2016.

5. Complete identification and acceptance criteria of all critical VA business and information technology requirements using 'Agile' development processes by January 31, 2016.

6. Finalize the technical requirements for the joint system and obtain approval from the JCCQAS Integrated Product Team by April 2016.

7. Complete assessment/documentation of required changes to VA directives and handbooks or DoD instructions and a new joint Memorandum of Understanding regarding credentialing business policies, practices, or processes by January 31, 2017.

8. Deliver full production JCCQAS to include Section 508 compliance and full data migration by March 31, 2018.

9. Develop and begin delivering JCCQAS training for VA and DoD providers by January 31, 2018.

10. Transition to sustainment by September 30, 2018.

Performance Measures
- Percentage of VA business requirements and associated Agile software development user stories to be incorporated into JCCQAS that are accepted during prototype development demonstrations, with a target of 75 percent by January 30, 2017. Progress to be reported through the Joint Incentive Fund (JIF) Interim Project Review process.

- Percentage of approved business requirements and associated Agile software development user stories to be incorporated into JCCQAS that are accepted during Developmental Test & Evaluation, with a target of 90 percent by June 30, 2017. Progress to be reported through the JIF Interim Project Review process.

- Percentage of business requirements and associated Agile development user stories to be incorporated into JCCQAS accepted during Limited User Validation, with a target of 100 percent by November 1, 2017. Progress to be reported through the JIF Interim Project Review process.

- Percentage of VA and DoD provider credentialing data migrated to JCCQAS, with a target of 100 percent by March 31, 2018. Progress to be reported through the JIF Interim Project Review process.

- Percentage of VA and DoD Users trained to use JCCQAS, with a target of 80 percent by September 30, 2018. Progress to be reported through the JIF Interim Project Review process.

3.c Joint Sharing

Working Group
Shared Resources Working Group – HEC Financial and Business Operations Business Line – Joint Sharing

Objective
Develop principles for joint sharing initiatives to guide VA and DoD in systematic planning for the optimal degree of integration in the future.

Activities & Milestones
1. Leverage lessons learned from the FY 2015 VA/DoD Comparative Study and validate the study methodologies to incorporate into the WG business process by December 31, 2015.

2. Identify, collect, and analyze VA/DoD pre-site selection data by specific major diagnostic categories and targeted market(s) by March 31, 2016; annually thereafter.

3. Identify key market(s) with access and clinical readiness deficiencies that may benefit from VA/DoD resource sharing opportunities by June 30, 2016; annually thereafter.

4. Improve access by identifying VA/DoD clinical service capabilities and capacity to provide available and timely care that meets access wait time standards for VA and/or DoD beneficiaries; semi-annually thereafter.

5. Support clinical readiness by reviewing VA and DoD inpatient and outpatient procedure codes, number of clinical cases performed, and provider workload productivity to determine clinical readiness; semiannually thereafter.

6. Report analysis to HEC and seek approval to initiate communication with selected market sites by July 31, 2016; annually thereafter.

7. Initiate market-level communication through onsite visits to discuss potential VA/DoD sharing opportunities beginning October 1, 2016; annually thereafter.

8. Provide an end of year report to the HEC by December 31, 2016; annually thereafter.

Performance Measures
VA/DoD site selection data analysis outcomes:

- VA's Pending Appointment Report > 30 Days.

- Volume of clinical cases performed by specialty per year.

- Complexity of each clinical encounter is determined by the Relative Value Unit (RVU) measure it generates.

- Physician work RVUs per year must meet or exceed 40 percent of Medical Group Management Association median standard for the given specialty.

- Minimum of one key market identified per year.

3.d Joint Viewer

Working Group
HEC Health Data Sharing Business Line - Joint Viewer

Objective
Develop and implement the plan for future VA and DoD data sharing exchange protocols and GUI viewer software enhancements that will modernize or replace the legacy viewers.

Activities & Milestones

VA:
1. Achieve enterprise availability (software installed and operable at all sites, with limited user access) for Enterprise Health Management Platform (eHMP) v1.2 by March 31, 2016.

2. Establish initial delivery of eHMP v1.3 (basic outpatient encounter write-back with patient-centric goals and data) by July 28, 2016.

3. Establish eHMP v2.0 (near complete functionality for outpatient primary-care encounters) IOC by December 22, 2016.

4. Retire Veterans Health Information Systems and Technology Architecture Web, Remote Data Views, and JLV from the VHA after functionality and capacity for eHMP allows all active users to change from JLV to eHMP.

DoD:
1. Deploy Defense Medical Information Exchange (DMIX) Release 4 (DoD Viewer and Adaptor consolidation) by July 31, 2016.

2. Establish Defense Healthcare Management Systems Modernization (DHMSM) IOC by December 31, 2016.

3. DoD will transition users from multiple legacy viewers to JLV on October 1, 2015, and then to the DHMSM product as part of its rollout across the MHS.

Performance Measures
VA:

- eHMP v1.3 available to a limited number of users at all sites by June 30, 2016.

    o Increase number of users as hosting capacity becomes available.

- eHMP v2.0 (basic functionality for outpatient primary-care encounters) enters IOC by December 22, 2016.

DoD:

- DMIX Release 4 is successfully deployed by December 31, 2015.

- DHMSM product successfully demonstrates interoperability capabilities with VA by December 31, 2016.

3.e Disposition of Paper STRs

Working Group
Health Records Working Group

Objective
Determine and implement an agreed upon way forward between VA, DoD, and NARA for storing paper STRs.

Activities & Milestones
1. Obtain Joint Interoperability Test Command certification for Healthcare Artifacts and Image Management Solution (HAIMS) and Veterans Benefits Management System (VBMS) as system of record for STRs.

2. Develop and implement Memorandum of Agreement (MOA) or MOU for access and exchange of information between VA and DoD on the way forward for the storing of paper STRs.

3. Develop and implement acceptable quality assurance standards for paper STRs stored in HAIMS and VBMS to support disposition of paper STRs.

4. Implement enhancements to the certified systems to support agreed upon processes for the disposition of paper STRs.

5. Ensure process allows VA and DoD to meet standards for Freedom of Information Act, Privacy Act, and Health Insurance Portability and Accountability Act requirements.

6. VA and DoD collaborate and coordinate with internal and external stakeholders (i.e. NARA, federal and state agencies, Congress, the White House, Military Service Organizations, and Veterans Service Organizations) for buy-in with the agreed-upon path forward.

7. VA and DoD to develop and implement procedural guidance on agreed-upon way forward.

8. VA, DoD, and NARA to acquire necessary resources (funding, personnel, and storage) to implement agreed-upon way forward.

Performance Measures
- Signed MOA/MOU by both departments – 3rd Quarter FY 2016.
- DoD implementation of quality assurance measures to meet requirements for record disposition by 1st Quarter FY 2017.
- Implementation of capability for DoD to access STRs stored in VBMS by 1st Quarter FY 2017.
- Implementation of VA and DoD procedural guidance for disposition of STRs, once scanned

3.f Mandatory Separation Health Examinations

Working Group
Separation Health Assessment Working Group

Objective
Establish a mechanism to monitor and report on full implementation of mandatory SHAs and to establish feedback loops between both Departments to facilitate the separation process.

Activities & Milestones
1. Ensure DoD artifacts are uploaded into HAIMS, for viewing in VA electronic records system, once Service member has elected to file a claim for disability.
2. Coordinate certification process with DoD for pre-discharge applicants' STRs identified as "full and complete," as well as secondary or final certification upon separation.
3. Complete Data Access Service (DAS)-HAIMS integration to allow completed SHA Disability Benefit Questionnaires (DBQs) from VA and contract providers to be transmitted electronically. Transmittal will ensure DBQs are published via DAS to VBMS and HAIMS.
4. VA to develop procedural guidance for agreed-upon way forward regarding the need for additional examination of Veterans when filing disability claims post-separation, and a previously completed Separation Heath and Physical Examination is of record.
5. Develop and implement acceptable metrics and quality assurance standards for electronic transfer of data.
6. Collect data on the percentage of separating Service members who file for VA disability benefits prior to discharge.

Performance Measures
- Implementation of procedural guidance regarding need for additional examinations published 1st Quarter FY 2016.
- DoD artifacts to be uploaded into HAIMS to be viewed in VA electronic records when a pre-discharge claim is filed by 1st Quarter FY 2016.
- Completion of DAS-HAIMS integration by 2nd Quarter FY 2016.
- Pre-discharge data retrieval through DAS-HAIMS interface by 1st Quarter FY 2016.

3.g IDES Timeliness Standards

Working Group
Disability Evaluation System Working Group

Objective
Maintain IDES timeliness standards to complete 80 percent of Active Component (AC) IDES referrals within 295-days and Reserve Component (RC) referrals within 305-days.

Activities & Milestones
1. Maintain or improve the overall timeliness standards for FY 2016 - 2018.
2. Decrease the rates of medical exams that are insufficient for rating purposes by 20-percent by 2nd Quarter FY 2016.
3. DoD shall develop and implement an integrated IT solution for IDES case management, to include the establishment and maintenance of an interface between VA and DoD IT systems that provides bi-directional electronic file transfer capability.
4. VA shall fund and prioritize the development of a bi-directional data exchange capability between DAS and VBMS in 3rd Quarter FY 2017.

Performance Measures
- Eighty percent of IDES referrals will complete the disability evaluation process in 295 days for AC and 305 days for RC by 4th Quarter FY 2018.

- Percent of cases with exams insufficient for rating purposes (pending or completed) reduced by a target of 20 percent by 3rd Quarter FY 2016.

3.h Interagency Comprehensive Plan

Working Group
IC3 and Tools, Technology and Change Working Group

Objective
Develop and implement the ICP IT solution for complex care coordination with VA/DoD interoperability to encompass the full spectrum of care, benefits, and services for Service members and Veterans with complex care needs.

Activities & Milestones
Activities and milestones in support of enterprise-wide implementation of the IT solution for the VA/DoD shared, interoperable, electronic ICP and LC Checklist.

1. VA will award contract for ICP development of interoperable technology by October 31, 2015.

2. DoD will award contract for the sustainment of ICPCCS and development of interoperable technology between VA and DoD by December 31, 2015.

3. VA and DoD will each develop the electronic LC Checklist within 60-days of award of development contract.

4. VA and DoD will each develop an electronic ICP within 120-days of award of development contract.

5. VA and DoD will establish an interoperability testing plan to include successful ICP electronic transfer and ICP updates and transfer by April 30, 2016.

6. Achieve IOC, as defined by the secure electronic transfer of the LC Checklist from DoD to VA, using secure access for everyone or other secure transfer processes by December 31, 2015.

7. Achieve FOC for the interoperable electronic ICP, as defined by bi-directional electronic document sharing between VA and DoD LCs, tracking Service members and Veterans over time, and reflecting near real-time updates to meet Service members' and Veterans' evolving needs by September 30, 2016.

8. Analyze potential additional system touch points to support automating additional data in FY 2017.

9. Develop a feasibility and implementation plan to increase automated data within the ICP by September 30, 2017.

10. Review LC implementation and governance process and develop an implementation plan for enhancing the ICP capability by April 30, 2018.

Performance Measures
- Availability of LC Checklist and Interagency Care Plan on ICPCCS and the FCMT within 120 days of award of development contract.
- Percentage of trained LCs who have initiated a LC Checklist and ICP for appropriate complex care coordination for Service members and Veterans.
- Percentage of activities and milestones supporting ICP technology solution implementation achieved on time each quarter.
- Ensure 100 percent of ICP sites achieve FOC for the interoperable electronic ICP using a gateway between VA and DoD by September 30, 2016.

3.i Capital Asset Planning

Working Group
Construction Planning Committee

Objective
Systematically coordinate capital asset planning to achieve greater efficiencies in future operations.

Activities & Milestones
1. Continually pursue joint market requirements planning in shared VA and DoD healthcare markets in order to prospectively plan for the optimal degree of future integration. This includes coordination with the Shared Resources WG in the identification and verification of VA/DoD joint sharing sustainment opportunities in these markets.

2. Revise Construction Planning Committee charter in FY 2016.

3. Submit joint legislative proposal by mid FY 2016 in an effort to expand upon existing resource sharing authority to allow VA and DoD to effectively plan and design joint capital requirements and to align joint construction planning and execution.

4. Report the VA Strategic Capital Investment Plan and MHS Capital Investment Decision Model planning processes to ensure JEC visibility of planned capital asset investments of both the MHS and VHA on an annual basis.

5. Review opportunities to ensure that all DoD Enhanced Multi-Service Market (eMSM) Planning and VA Veterans Integrated Service Network (VISN) Integrated Planning (IP) processes are performed jointly and comprehensively every 3 years in order to identify all future shared and joint facilities opportunities. Additionally review opportunities for joint VA/DoD planning initiatives than can be held annually in these markets.

6. Continue coordinating the Departments' Space and Equipment Planning Systems (SEPS) tool to identify the most effective means to achieve consistency and standardization to the optimal extent possible across the health care delivery systems.

Performance Measures
- All planned capital asset investments are summarized by market area and available for JEC review on an annual basis.

- MHS eMSM and VA VISN IP process is performed jointly with both Departments every 3 years and reviewed annually for investment opportunities.

- A more standardized SEPS tool for use by MHS and VA. On-going.

Appendix A: List of Acronyms

AC	Active Component
CCQAS	Centralized Credentialing Quality Assurance System
CMT	Care Management Team
CMTRA	Care Management Tracking and Reporting Application
CoP	Community of Practice
CPG	Clinical Practice Guideline
DAS	Data Access Service
DBQs	Disability Benefit Questionnaires
DD	Defense Department
DES	Disability Evaluation Systems
DHMSM	Defense Healthcare Management Systems Modernization
DMIX	Defense Medical Information Exchange
DoDI	Department of Defense Instructions
DS	Defense Self Service
DVEIVR	Defense and Veterans Eye Injury and Vision Registry
EACE	Extremity Trauma and Amputation Center of Excellence
eHMP	Enterprise Health Management Platform
eMSM	Enhanced Multi-Service Market
FCMT	Federal Case Management Tool
FOC	Full Operational Capability
FY	Fiscal Year
GUI	Graphical User Interface
HCE	Health Center of Excellence
IA	Interagency Agreement
IC3	Interagency Care Coordination Committee
ICPCCS	Interagency Comprehensive Plan for Care Coordination Support
I-MAP	Improve Understanding of Medical and Psychological Needs
IOC	Initial Operational Capability
IPO	Interoperability Program Office
IRB	Investigational Review Board
IS	Information Sharing
JCCQAS	Joint Centralized Credentials & Quality Assurance Systems
JIF	Joint Incentive Fund
LC	Lead Coordinator
MHS	Military Health System

MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
OMPF	Official Military Personnel File
ONC	Office of the National Coordinator
PDHRA	Post Deployment Health Reassessment
PMWG	Pain Management Working Group
POM	Program Objective Memorandum
RVU	Relative Value Unit
SDVA	State Department of Veterans Affairs
SHA	Separation Health Assessment
TBI	Traumatic Brain Injury
TBIMS	Traumatic Brain Injury Model Systems
VBA	Veterans Benefit Administration
VBMS	Veterans Benefit Management System
VCC	Vision Care Coordination
VCE	Vision Center of Excellence
VCSC	Vision Care Service Coordinators
VHA	Veterans Health Administration
VHIC	Veterans Health Identification Card
VISN	Veterans Integrated Service Network
WG	Working Group

Appendix B: Alternate Representation of Figure 1

Mission Statement

Optimize the health and well-being of Service members, Veterans, and their eligible beneficiaries.

Vision Statement

Provide a single system experience of lifetime services through an interdependent partnership that establishes a national model for excellence, quality, access, satisfaction and value.

Strategic Goals
1. **Benefits and Services -** Deliver comprehensive benefits and services through an integrated client-centric approach that anticipates and addresses client needs.

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

3. **Efficiencies of Operation -** Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.

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

2. **Client-Centric Focus -** Understand the current and future client to deliver high-quality health care, benefits, and services that exceed their expectations.

3. **Partnerships -** Increase capabilities, efficiencies, and effective outcomes in health care, benefits, and services through collaboration and "whole of nation" partnerships.