


The Honorable Robert L. Wilkie  
Acting Secretary of Veterans Affairs  
Washington, DC 20420


Dear Mr. Wilkie:

We are pleased to submit the enclosed Annual Joint Report of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee (JEC) for Fiscal Year 2017. VA and DoD have continued their joint efforts across a wide array of business areas to improve services to Service members, Veterans, and their families.

The JEC Annual Joint Report will be provided to the President of the Senate, the Speaker of the House, and the congressional committees having jurisdiction over VA and DoD.



Thomas G. Bowman  
Deputy Secretary  
Department of Veterans Affairs



Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense

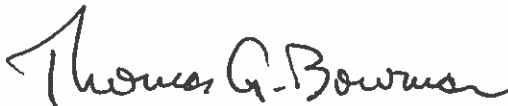
Enclosure:  
As stated

The Honorable James Mattis  
Secretary of Defense  
Washington, DC 20301

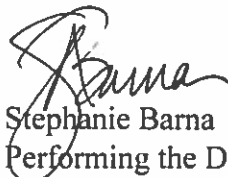
Dear Mr. Secretary:

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Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated


The Honorable Michael R. Pence  
President of the Senate  
Washington, DC 20510

Dear Mr. President:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

Similar letters are being sent to the Speaker of the House and the congressional committees having jurisdiction over VA and DoD.

  
Thomas G. Bowman  
Deputy Secretary  
Department of Veterans Affairs

  
Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated

The Honorable Paul D. Ryan  
Speaker of the House  
U.S. House of Representatives  
H-209, The Capitol  
Washington, DC 20515


Dear Mr. Speaker:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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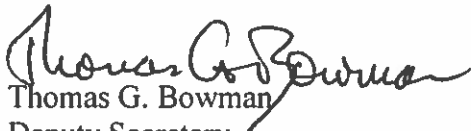
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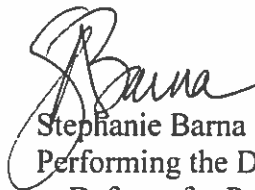
The Honorable Johnny Isakson  
Chairman  
Committee on Veterans' Affairs  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Deputy Secretary  
Department of Veterans Affairs

  
Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated

The Honorable Jon Tester  
Ranking Member  
Committee on Veterans Affairs  
United States Senate  
Washington, DC 20510


Dear Senator Tester:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Deputy Secretary  
Department of Veterans Affairs



Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense

Enclosure:  
As stated

The Honorable David P. Roe, M.D.  
Chairman  
Committee on Veterans' Affairs  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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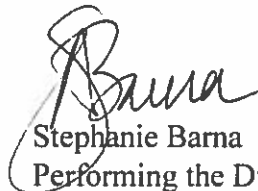
The Honorable Timothy J. Walz  
Ranking Member  
Committee on Veterans' Affairs  
U.S. House of Representatives  
Washington, DC 20515

Dear Representative Walz:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Thomas G. Bowman  
Deputy Secretary  
Department of Veterans Affairs

  
Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated


The Honorable John Boozman  
Chairman  
Subcommittee on Military Construction,  
Veterans Affairs, and Related Agencies  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Deputy Secretary  
Department of Veterans Affairs

  
Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated

The Honorable Brian Schatz  
Ranking Member  
Subcommittee on Military Construction,  
Veterans Affairs, and Related Agencies  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Senator Schatz:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Thomas G. Bowman  
Deputy Secretary  
Department of Veterans Affairs



Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense

Enclosure:  
As stated

The Honorable Charles W. Dent  
Chairman  
Subcommittee on Military Construction,  
Veterans Affairs, and Related Agencies  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Deputy Secretary  
Department of Veterans Affairs



Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense

Enclosure:  
As stated

The Honorable Debbie Wasserman Schultz  
Ranking Member  
Subcommittee on Military Construction,  
Veterans Affairs, and Related Agencies  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

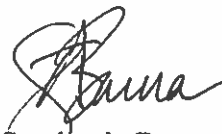
Dear Representative Wasserman Schultz:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Thomas G. Bowman  
Deputy Secretary  
Department of Veterans Affairs



Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated

The Honorable Richard C. Shelby  
Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

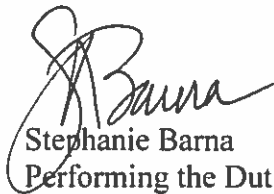
Dear Mr. Chairman:

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Thomas G. Bowman  
Deputy Secretary  
Department of Veterans Affairs



Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated


The Honorable Patrick J. Leahy  
Vice Chairman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Senator Leahy:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Thomas G. Bowman  
Deputy Secretary  
Department of Veterans Affairs

  
Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated


The Honorable Rodney P. Frelinghuysen  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Department of Veterans Affairs

  
Stephanie Barna  
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Defense for Personnel and Readiness  
Department of Defense

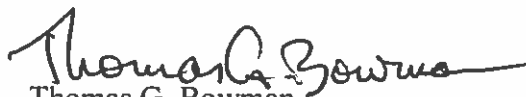
Enclosure:  
As stated

The Honorable Nita M. Lowey  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

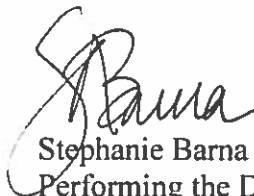
Dear Representative Lowey:

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Thomas G. Bowman  
Deputy Secretary  
Department of Veterans Affairs



Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense

Enclosure:  
As stated

The Honorable Richard C. Shelby  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Thomas G. Bowman  
Deputy Secretary  
Department of Veterans Affairs



Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense

Enclosure:  
As stated

The Honorable Richard J. Durbin  
Vice Chairman  
Subcommittee on Defense  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

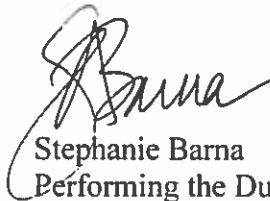
Dear Senator Durbin:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Thomas G. Bowman  
Deputy Secretary  
Department of Veterans Affairs



Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated


The Honorable Kay Granger  
Chairwoman  
Subcommittee on Defense  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Madam Chairwoman:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Deputy Secretary  
Department of Veterans Affairs

  
Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense

Enclosure:  
As stated

The Honorable Peter J. Visclosky  
Ranking Member  
Subcommittee on Defense  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

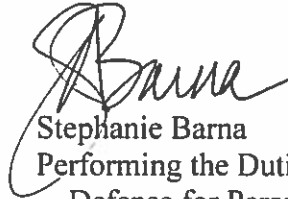
Dear Representative Visclosky:

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Deputy Secretary  
Department of Veterans Affairs



Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated


The Honorable John McCain  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

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Enclosure:  
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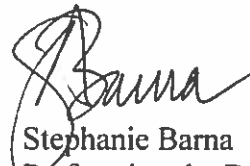
The Honorable Jack Reed  
Ranking Member  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

Dear Senator Reed:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Deputy Secretary  
Department of Veterans Affairs

  
Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated


The Honorable William M. "Mac" Thornberry  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

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Department of Veterans Affairs

  
Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense


Enclosure:  
As stated


The Honorable Adam Smith  
Ranking Member  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Representative Smith:

In accordance with the requirements of 38 U.S.C. § 8111, we are pleased to submit the Annual Joint Report for Fiscal Year 2017 regarding the activities and accomplishments of the Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee. The statement of cost for preparing the Annual Joint Report, as required by 38 U.S.C. § 116, can be found at Appendix A.

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Department of Veterans Affairs

  
Stephanie Barna  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness  
Department of Defense

Enclosure:  
As stated

**VA-DoD Joint Executive Committee  
Annual Joint Report  
FISCAL YEAR 2017**

# VA-DoD Joint Executive Committee Membership List

(as of September 30, 2017)

## **Department of Veterans Affairs (9)**

Deputy Secretary of Veterans Affairs

Under Secretary for Health

Under Secretary for Benefits

Assistant Secretary for Information and Technology

Assistant Secretary for Enterprise Integration

Assistant Secretary for Public and Intergovernmental Affairs

Assistant Secretary for Congressional and Legislative Affairs

Assistant Secretary for Management & Chief Financial Officer

Principal Executive Director, Office of Acquisition, Logistics & Construction

## **Department of Defense (11)**

Under Secretary of Defense for Personnel and Readiness

Assistant Secretary of Defense for Health Affairs

Assistant Secretary of Defense for Manpower and Reserve Affairs

Assistant Secretary of Defense for Readiness

Principal Deputy Assistant Secretary of Defense for Health Affairs

Director, DoD/VA Interagency Program Office

Deputy Assistant Secretary of Defense for Health Services Policy and Oversight

Assistant Secretary of the Army (Manpower and Reserve Affairs)

Assistant Secretary of the Navy (Manpower and Reserve Affairs)

Assistant Secretary of the Air Force (Manpower and Reserve Affairs)

Deputy Commandant of the Marine Corps (Manpower and Reserve Affairs)



# **VA-DoD Joint Executive Committee Annual Joint Report FISCAL YEAR 2017**

A handwritten signature in black ink, reading "Thomas G. Bowman".

**Thomas G. Bowman**  
Deputy Secretary  
Department of Veterans Affairs

A handwritten signature in black ink, reading "Stephanie Barna".

**Stephanie Barna**  
Performing the Duties of the  
Under Secretary of Defense  
for Personnel and Readiness  
Department of Defense

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## **SECTION 1 – INTRODUCTION**

The Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee (JEC) is pleased to submit this VA-DoD JEC Fiscal Year (FY) 2017 Annual Joint Report (AJR), for the period of October 1, 2016 to September 30, 2017, to Congress as required by law. The intent of the AJR is to provide Congress with information about the collective accomplishments of the two Departments and highlight current efforts to improve joint coordination and resource sharing. This report does not contain recommendations for legislation.

The JEC provides senior leadership a forum for collaboration and resource sharing between VA and DoD. By statute, the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness co-chair the JEC. The JEC consists of the leaders of the Health Executive Committee (HEC), the Benefits Executive Committee (BEC), the Interagency Care Coordination Committee (IC3), the Director of the Interagency Program Office (IPO), additional Independent Working Groups (IWGs), and other senior leaders designated by each Department.

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

The VA-DoD JEC FY 2017 AJR links accomplishments to the three strategic goals established in the VA-DoD JEC Joint Strategic Plan (JSP) FY 2016-2018: (1) Benefits and Services, (2) Health Care, and (3) Efficiencies of Operation. This approach clarifies the connection between strategic planning and outcomes achieved through VA and DoD coordination, collaboration, and sharing efforts.

The HEC, BEC, IC3, and IPO are comprised of 36 working groups (WG), areas of oversight, and Centers of Excellence (CoE).

### **HEC Business Lines (BL) and WGs**

- Clinical Care and Operations BL
  - Credentialing WG
  - Pain Management Working Group (PMWG)
  - Patient Safety WG
  - Pharmacy Ad Hoc WG
  - Psychological Health Working Group (PHWG)
  - Telehealth WG
  - Vision CoE
  - Hearing CoE
  - Extremities Trauma & Amputation CoE

- Traumatic Brain Injury (area of oversight)
- Women's Health WG
- Financial and Business Operations BL
  - Acquisitions & Medical Materiel Management WG
  - Financial Management WG
  - Shared Resources Working Group (SRWG)
- Health Data Sharing (HDS) BL
  - Interagency Clinical Informatics Board
  - HDS for Clinical Care Transitions Sub-group
  - HDS for Separating Service members and Integrated Disability Evaluation System (IDES) and Benefits Adjudication Sub-group
  - HDS for Patient Empowerment Sub-group
  - HDS for Population Health & other Non-clinical use Sub-group
- Professional Development BL
  - Continuing Education & Training WG
  - Health Professions Education Ad Hoc WG
  - Evidence Based Clinical Guidelines WG
- Research BL
  - Medical Research WG
  - Deployment Health WG
- James A. Lovell Federal Health Care Center (JALFHCC) Advisory Board

#### BEC WGs

- Communication of Benefits and Services WG
- Information Sharing/Information Technology WG
- Disability Evaluation System Improvement WG
- Medical Records WG

#### Interagency Care Coordination Committee (IC3)

- Policy and Oversight WG
- Community of Practice WG
- Technology Tools and Change WG

#### Interagency Program Office Executive Committee

- DoD/VA Interagency Program Office

#### Independent Working Groups (IWG)

- Construction Planning Committee (CPC)
- Strategic Communications WG
- Separation Health Assessment Working Group (SHAWG)

## **SECTION 2 – ACCOMPLISHMENTS**

This section highlights the FY 2017 accomplishments of the HEC, BEC, IC3, IPO, and IWGs. These accomplishments reflect the efforts of VA and DoD to improve resource sharing between the Departments and further the mission to optimize the health and well-being of Service members, Veterans, and their eligible beneficiaries. The report also acknowledges some planned activities for FY 2018.

### **GOAL 1 – BENEFITS AND SERVICES**

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

#### **1.a. Benefits Data – BEC Information Sharing/Information Technology Working Group**

The BEC IS/IT Working Group (WG) continues the development of Information Technology (IT) that 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. The IS/IT WG also facilitates electronic exchange of personnel and benefits data between VA and DoD and leverages VA-DoD enterprise architectures. The WG has enhanced benefits delivery through oversight and management of initiatives in FY 2017 as outlined below.

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

The SOES made significant strides in FY 2017 toward full implementation to support the needs of Service members and their families. SOES provides 24/7 access to SGLI/Family SGLI elections for the Service member and will provide the same level of accessibility and efficiency for casualty officers working to settle claims for family members. DoD issued DoD Instruction 1341.14 on January 19, 2017, to govern the implementation of SOES by the Services.

The SOES implementation plan was accepted by all Services. The overall implementation approach staggers the start for adoption of SOES by each Service throughout FY 2017 and FY 2018. Each Service will require approximately 12 months to fully on-board its members; efforts will conclude in FY 2019. Each Service developed a Service-specific strategy to manage the transition of personnel into SOES. Policy, training, and communications support was provided to the Services by DoD and the Veterans Benefits Administration (VBA) to facilitate an orderly implementation. The Navy and Air Force started implementation during Q3 and Q4 of FY 2017, respectively. Over 116,000 Service members certified their coverage using SOES.

### *DoD Self-Service Logon*

As of September 30, 2017, the DoD Self-Service Logon (DS Logon) has 6,746,371 user accounts. The DS Logon provides a single "sign on" capability to the DoD beneficiary population for self-service applications. With the creation of eBenefits, the DoD extended DS Logon outside of the DoD and partnered with VA to provide a single enterprise logon for both Departments. Each month over 6.5 million logons occur across 64 applications.

### *Interagency Paperless DD Form 214*

The Interagency Paperless DD Form 214, Certificate of Release or Discharge from Active Duty, project is focused on eliminating the paper form and manual processing of the DD Form 214 and DD Form 215. Transition from paper to electronic data has a potential cost avoidance of \$58 million per year among all interagency stakeholders. The transition will also facilitate enrollment into VA health care and eliminate the requirement to attach the paper DD Form 214 to VA benefits requests. The electronic delivery of DD Form 214 data and separation information will further enable Veterans to research their record, submit evidence for inaccurate or missing information, and verify service.

The Defense Manpower Data Center (DMDC) expanded a DD Form 214 web service solution to provide the State Departments of Veterans Affairs (SDVA) with electronic military service and separation data to eliminate mailed copies for all service branches except the Navy. The SDVA are using the electronic data to provide timelier outreach and state benefits determinations for Veterans within their jurisdiction. By the end of FY 2017, DMDC established access to the web service with 49 states and 1 territory.

During Q3 FY 2017, DoD notified the Department of Labor (DOL) that DoD would cease mailing paper DD Form 214 and DD Form 215 to the DOL for Service members whose period of Active Duty ends on or after October 1, 2017. DoD and DOL are working towards implementation of a web service solution to provide DOL with electronic service and separation data upon receipt of an unemployment compensation request from a former Service member.

### *Dual Compensation Working Group*

The automated processing of FY 2016 drill pay adjustments due to concurrent receipt of VA disability compensation for 102,022 personnel that began in Q3 FY 2016 continued throughout 2017. The automated due process notification success rate of the effort was 98 percent and required no manual involvement from VA Regional Offices. The zero "Active Duty" dual compensation goal was not achieved in FY 2017. Forty cases remain and will be completed once the "due process" timeline expires in early 2018.

### *Education Benefits Fund*

DoD Office of the Actuary (OACT) uses VA data to perform cost calculations for the Education Benefits Fund (EBF). VA bills DoD monthly for the amount of benefits paid

under each education program that is DoD's responsibility. VA is currently sending DoD usage data, which includes counts and amounts of benefits paid at the Veteran/Service member detail level. Although the amount billed is an accurate reflection of DoD payments to VA, the aggregate amount in the detail records does not match the amount billed per accounting reports. VA will continue to review and correct the detail records going forward. VA's Office of Resolution Management is working with DoD to correct the detail usage/payment data files to send the correct amount of benefits paid under 38 U.S.C. Chapter 30 and Chapter 33 and 10 U.S.C, Chapter 1606 – for prior, current, and future years. Accuracy rates paid during FY 2016 for Montgomery GI Bill Active Duty (Chapter 30) Kicker Benefits, Montgomery GI Bill Selected Reserve (Chapter 1606) Basic Benefits, and Montgomery GI Bill Selected Reserve (Chapter 1606) Kicker Benefits are 96 percent, 75 percent, and 47 percent respectively. There is insufficient data to accurately report on the timeframe of FY 2010 through FY 2015.

#### **1.b. Lead Coordinator (LC) – IC3 Community of Practice Working Group**

The IC3 provides a common engagement model that enhances care coordination for severely wounded, ill and injured Service members and Veterans (SM/V), as they transition between the DoD and the VA. As defined in the Interagency Complex Care Coordination Requirements for SM/V Memorandum of Understanding (MOU) between VA and DoD, the primary goals of IC3 are to reduce confusion for the SM/V and provide a common complex care coordination model across VA and DoD.

The model establishes the LC role, and requires use of an interoperable Interagency Comprehensive Plan (ICP). The LC serves as the primary point of contact for coordination of care, benefits, and services related to the ICP. At points of transition, person-to person contact occurs between LCs to ensure that the ICP and all necessary information has been transferred to the receiving Care Management Team. The interoperable ICP, which follows the SM/V throughout the course of his/her recovery and across transitions and relocations, helps ensure continuity of care and reduces the need for the SM/V to retell their story.

#### **FY 2017 Accomplishments:**

- LC Training and Refresher Training was recorded and is now available to VA and DoD LCs on demand, 24/7. Continuing Education Units are available for the LC training.
- Developed an interoperable ICP which connects the DoD system of record (DoD-CMS) and the VA system of record (FCMT). The system has not been fully deployed as efforts are underway to address user concerns.
- To further benefit SM/Vs and the care coordination community, Co-Lab resources were migrated from Max.gov to a permanent site on the National Resource Directory (NRD).

VA and DoD will continue to work together to determine how best to meet the intent of the IC3 MOU. IC3 will finalize the definition of the complex care population, determine if

the LC language will be utilized across all complex care programs and standardize the use of the interoperable ICP across VA and DoD.

## **GOAL 2 – HEALTH CARE**

Provide accessible quality health care to the right person, at the right time, for the right price.

### **2.a. Base Access – VA Security Office and DoD Security Policy Oversight Division**

In November 2016, the Under Secretary of Defense for Intelligence (USD(I)) issued a memorandum detailing the REAL ID Act of 2005-established prohibition on accepting non-REAL ID Act-compliant State-issued identification and how it would be implemented within DoD. This prohibition was poised to have a significant impact on non-retired Veteran access to DoD installations, as many would no longer be able to use their State-issued driver's licenses as proof of identification due to State non-compliance with the REAL ID Act's requirements. The process outlined in the USD(I) memorandum establishes a two-card process by which Veterans could be granted access using their non-compliant driver's license, in conjunction with their Veteran Health ID Card (VHIC) issued by the VA. This process ensured that Veterans entitled to medical care would not be turned away at an installation perimeter because their driver's license was issued by a State that was not REAL ID compliant.

As the VA became aware of instances where this process would be most critical, the VA and DoD engaged together to ensure that these locations were aware of, and were implementing, this two card process. For example, Pease Air National Guard Base (ANGB) is located in New Hampshire, just across the border from Maine. As of early 2017, Maine was not compliant with the REAL ID Act and was subject to the Act's prohibition. Many Maine-based Veterans were receiving medical care on Pease ANGB, and this had a potential significant impact on Veterans, with ensuing political and media coverage and interest. The VA and DoD worked with the Air Force to ensure that Pease security forces understood how to appropriately process these Veterans onto base.

In August 2017, the USD(I) began final, formal coordination of a new DoD Manual covering physical access to DoD installations. Once signed, this new volume will update existing policy established in 2009, replace interim procedures and standards, and update the list of credentials that can be used for installation access, to include the electronically verified VHIC. This Manual volume also enshrines the two-card process described earlier for individuals with non-REAL ID compliant driver's licenses in cases where the VHIC cannot be electronically verified. The VA participated in drafting this Manual volume to ensure that it properly addressed both Veteran and caregiver access.

Based on the technical specifications provided by VA to DoD, DoD access control systems are being enhanced to support scanning the VHIC. The Manual volume is

expected to be signed by February 28, 2018, and the access control system enhancements are expected to be completed by December 31, 2018.

## **2.b. Individual Longitudinal Exposure Record (ILER) – HEC Deployment Health Working Group**

ILER is a collaborative VA and DoD initiative that will develop an electronic, individual record of exposures to harmful substances for each Service member and Veteran. ILER will connect individuals by time, place, event, and all-hazard occupational and ambient environmental monitoring data, with medical encounter information (diagnosis, treatment, and laboratory data), across the Service member's career. ILER will be available to the individual; VA and DoD healthcare providers, epidemiologists and researchers; and VA disability evaluation and benefits determinations specialists. ILER will deliver the capability to:

- Improve the quality of information needed to facilitate quality, exposure-related health care; assessment of individual and population-level exposures; disability evaluations; and benefits determinations.
- Relieve Service members and Veterans from burden of proof; reduce "presumption of exposure" and increase accuracy of claims processing and benefits determinations.
- Increase communication and transparency between VA, DoD, Congress, beneficiaries, and other stakeholders (e.g. Veterans Service Organizations, Military Service Organizations).
- Provide a foundation for prospectively following exposed cohorts for long-term or latent health effects that could be attributable to exposures.

In FY 2017, the Departments achieved the following major milestones and activities:

- Evaluated selected authoritative ILER data sources.
- Completed gap analysis of ILER data requirements and available data sources to provide exposure-related and medical data available to VA and DoD to improve health care (diagnosis and treatment) and determine disability ratings.
- Completed design and validation of ILER pilot architecture and began development of Clinical User key functionality.
- Completed elaboration of VA business requirements and delivered Business Summary Report (BSR), Requirements Traceability Matrix (RTM), Process Model Summary Report (PMSR) and Lean Information Model Summary Report (IMSR).
- Successfully integrated Military Exposure Surveillance Library (MESL) functionality and unclassified data from Army Public Health Center to the Defense Occupational and Environmental Health Readiness System Industrial Hygiene (DOEHRS-IH), eliminating the need to maintain multiple environments and access points to retrieve unclassified MESL data.
- Submitted VA and DoD budget requests for ILER pilot and initial operational capability (IOC) sustainment, and continuation of development to full operational capability (FOC).

In conclusion, ILER will be developed and delivered as a pilot (proof of concept) not later than August 31, 2018, followed by development to IOC not later than September 30, 2019. Upon successful completion of IOC, ILER will be developed to achieve FOC.

## **2.c. Mental Health/Suicide Prevention – Psychological Health Working Group**

The Psychological Health Working Group (PHWG) coordinates inter-Departmental development of resources and training for providers, Service members, and Veterans to promote military cultural sensitivity and competence, decrease negative perceptions of mental health problems and treatment, and increase knowledge of suicide risk and prevention strategies. PHWG demonstrated continued progress towards this goal in FY 2017 through various initiatives in both clinical and non-clinical realms, including resource development, training, increased public awareness through multiple platforms, and analyzing data as outlined below.

### **FY 2017 Accomplishments:**

#### *Suicide Prevention*

- The Military Mortality Database (MMDB) stores mortality-related information across eight different databases, including suicide-related data for Service members and Veterans. MMDB supports VA and DoD researchers and decision-makers by serving as the integrated mortality data repository for VA, DoD, and the Centers for Disease Control and Prevention. MMDB reflects an unprecedented level of collaboration and access to data to better understand suicide and suicide risk among Service members and Veterans.
- A workforce of nearly 1,400 suicide prevention subject matter experts, program coordinators, and program managers from VA and DoD convened at the DoD/VA Suicide Prevention Conference in August 2017. Participants benefited from over 90 shared training opportunities, including applying evidence-based and informed approaches to suicide prevention; strategies for implementing a multi-disciplinary approach to post-vention with those impacted following a suicide; promulgating safe messaging strategies; understanding military profession impacts on suicide prevention; applying a community-based public health approach to suicide prevention; describing overlap between suicidal behavior and other adverse health outcomes; identifying new evidence-informed clinical tools; and lethal means safety.

#### *Make the Connection*

- VA's Make the Connection (MTC) campaign, which is coordinated with DoD's Real Warriors campaign and shared through DoD networks, has reached millions of Service members, Veterans, and their families through the website [www.maketheconnection.net](http://www.maketheconnection.net). MTC features videos of Veterans telling their own inspiring stories of recovery, through social media, and public service announcements (PSAs). In FY 2017, there were 1.5 million website visits (>13 million total), and 5 million views of Veteran videos (>20 million total). This year's two PSAs yielded 412 million impressions and \$7,021,203 in equivalent paid media

value. From 2013 to 2017, VA and DoD produced nine dual-branded VCL/MCL PSAs, which have aired over 604,000 times, garnered 3.3 billion social media impressions, and resulted in approximately \$51.5 million in equivalent paid media value.

### *inTransition Program*

- The *inTransition Program* ensures continuity of care for Service members with a potential mental health need transitioning between duty stations or between DoD and the community are eligible for VA mental health care. Separating Service members who received mental health care during the year prior to their transition are automatically enrolled and invited to participate in the *inTransition Program*. All transitioning Service members regardless of category of military discharge are eligible for *inTransition Program* services through opportunities for self-referral. Through June 2017, there were over 56,000 unique assessments completed by the *inTransition Program*, resulting in over 27,700 coaching cases opened and over 21,400 coaching cases closed. VA and DoD closely collaborate to ensure warm and efficient transition when separating Service members choose to receive care at VA.

### *Other than Honorable Discharges*

- As of July 5, 2017, all Veterans Health Administration (VHA) medical centers began offering emergency stabilization care to former Service members with an other-than-honorable (OTH) administrative discharge who presented at the facility with an emergent mental health need. OTH Service members may now receive care for their mental health emergency for an initial period of up to 90 days after discharge, which can include inpatient, residential or outpatient care. VA's authority to provide mental health care is limited to mental health issue(s) related to the Service member's military service. If the crisis is not attributable to military service, emergent care, allowed under VA's humanitarian care authority, will be provided.
- VHA Directive 1601A.02, issued June 7, 2017, provides operating procedures and references to permit temporary VA eligibility to Veterans with OTH discharges while awaiting upgrades to their military discharge status, which will result in regular conventional VA eligibility. As of Q3 FY 2017, over 800 staff members have received training in the new operating procedures.

### *Community Provider Toolkit*

- A one-stop web-based interagency repository of resources and tools was developed with input from VA, DoD, and the Substance Abuse and Mental Health Services Administration (SAMHSA), and launched for public use on VA's Community Provider Toolkit (CPT) website at [www.mentalhealth.va.gov/communityproviders](http://www.mentalhealth.va.gov/communityproviders) in March 2016. The repository provides a single access point to resources, including the National Resource Directory, SAMHSA Treatment Locator, Military OneSource, Military Families Learning Network, and Defense Centers of Excellence on Psychological Health and Traumatic Brain Injury. As a component of funding received through the Cross-Agency Priority Goal initiative, and in collaboration with

the Innovation Lab at the Office of Personnel Management (Lab at OPM), the toolkit, including the interagency resource page, is being evaluated and re-designed for increased impact based on user research. The Community Provider Toolkit website had 55,131 page views from March 2016 to July 2017.

#### *Way Ahead – Highlights:*

- Efforts are underway to strengthen procedures for Service member/Veteran handoffs from DoD's *inTransition Program* to VA's Transition and Care Management Services at local VA medical centers.
- VA will continue to provide urgent mental and medical health care to Service members with OTH administrative discharges with the expectation that the number of patients will increase in FY 2018 as providers and separating Service members become aware of this new provision.
- To strengthen suicide prevention efforts, a Memorandum of Agreement (MOA) between VA and DoD will be signed in early FY 2018. A VA-DoD Suicide Prevention Strategic Decision Team has been formed and will make recommendations for implementation of the complex initiatives under the MOA that cross traditional organizational boundaries.

#### **2.d. Traumatic Brain Injury (TBI)**

TBI initiatives are reported through the HEC under the Clinical Care & Operations BL, as well as the DoD TBI Advisory Committee (TAC) and the VA TBI Federal Advisory Charter. As outlined in the FY 2016-2018 JSP Objectives, the prospective longitudinal study "Improved Understanding of Medical and Psychological Needs in Veterans and Service Members with Chronic TBI" (IMAP), serves as one of several major activities of the joint VA-DoD TBI effort. The IMAP study, along with the 15 year natural history and caregiver studies, support the National Defense Authorization Act (NDAA) for FY 2007; SEC. 721: *Longitudinal study on traumatic brain injury incurred by members of the armed forces in Operation Iraqi Freedom and Operation Enduring Freedom* research requirement.

IMAP examines the health, rehabilitation, and psychological needs of Service members and Veterans for up to five years after inpatient TBI rehabilitation, as well as the caregiver burden of caring for such Veterans and Service members. Select key findings of IMAP interim analysis in FY 2016-2017 were that more than a third of moderate to severe TBI patients required long-term caregiver supervision, highlighting the need for caregiver training and support. Obstructive sleep apnea was common among those with moderate and severe TBI, even in patients who lacked traditional risk factors.

TBI priorities for FY 2017 included: (1) reducing the gaps in knowledge identified by military caregivers to increase their preparedness to fulfill the caregiver role; and (2) standing up the Patient-Centered Outcomes Research Institute (PCORI) funded study to inform choices on sleep screening and evaluation.

#### **FY 2017 Accomplishments:**

- Submitted an interim (Year 7) report to Congress for IMAP and the 15 Year Natural History/Caregiver Study with six key findings relevant to Service members and Veterans with TBI and family caregivers.
- Conducted three clinical studies that expanded the evidence base related to military caregiving of TBI patients, and better explained the potential impact of caregiving challenges on the care and long-term outcomes of Service members and Veterans after TBI.
- Published a special issue of the Journal of Head Trauma Rehabilitation.
- Published IMAP online newsletters, condensing key points of IMAP research findings and available resources.
- Updated content for the 2<sup>nd</sup> edition of The Family Caregiver Guide.
- Updated content of the TBI Program website of the Center of Excellence for Medical Multimedia.
- Produced a 10 episode podcast series called "The TBI Family," which focused on topics such as military caregiving, respite, and self-care, with 2,376 world-wide listens in FY 2017.
- Implemented the Patient-Centered Outcome Research Institute (PCORI) funded study to inform choices on sleep screening and evaluation, and promoted translation, dissemination and adoption of the PCORI study results in VA, DoD, and civilian settings.

The TBI Working Group will continue to meet the needs of, and provide support for, the FY 2016-18 JSP activities and milestones. The priorities for FY 2018 related to the IMAP and PCORI studies include:

- IMAP: Educate clinicians, Service members, Veterans and their families, and other stakeholders about the health, rehabilitation, and caregiver/family needs at one and two year post-TBI, and available resources.
- PCORI: Meet enrollment targets and continue dissemination to stakeholders, including newsletter articles and a special issue in the Brain Injury Professional, a clinician magazine with readership of over 60,000.
- Develop one translational product to increase awareness of sleep issues and promote treatment compliance.

## **2.e. Hearing Center of Excellence**

The HCE implemented its congressionally-mandated responsibilities in support of the FY 2016–2018 JSP objectives, meeting or exceeding performance measures. The HCE's activities were aimed at ensuring and improving the hearing and balance health care of Service members, their families, and Veterans through collaboration between VA and DoD. The HCE facilitated VA and DoD hearing and balance health partnerships, leading to improved access to evidence-based health care, increased VA-DoD sharing opportunities, and coordinated hearing and balance health care as Service members transition from care within the Military Health System (MHS) to the VHA.

FY 2017 accomplishments include:

- Built the congressionally-mandated Joint Hearing Loss and Auditory System Injury Registry (JHASIR) with full operational capability expected in FY 2019. The JHASIR will identify and track Service members and Veterans with hearing loss and auditory/vestibular injury via clinical diagnosis and will support clinical providers with longitudinal data; provide bidirectional data sharing capability between VA and DoD to improve Service member transition to VA; facilitate the conduct of research leading to evidence-based care, and assist in the development of best practices and clinical tools.
- Continued efforts with VA Denver Acquisition and Logistics Center's VA Remote Order Entry System (ROES) to ensure all 84 DoD audiology sites used VA ROES for ordering hearing aids, components and batteries, which resulted in a DoD cost avoidance of \$10.2 million.
- Continued collaborative efforts among VA National Center for Rehabilitative Auditory Research (NCRAR), Walter Reed National Military Medical Center (WRNMMC), and HCE through the VA-DoD Tinnitus Working Group to improve access to evidence-based tinnitus care for Service members and Veterans, and create efficiencies through the sharing of VA and DoD training/education resources. Tinnitus is the number one disability for Veterans.
- Stood up and facilitated the VA-DoD Central Auditory Processing Disorder Working Group in response to VA and DoD hearing health provider recognition of an increase in auditory processing difficulties in Service members and Veterans not explained by conventional audiological evaluation findings and often associated with history of TBI and blast exposures. The 40 VA-DoD subject matter expert group has begun work on initiatives to develop, disseminate, and implement best practices for the diagnosis and management of auditory processing disorders/difficulties in Service members and Veterans.
- Conducted post-training assessments for the Military Vestibular Assessment and Rehabilitation Course, with 96 percent of VA and DoD participants indicating positive impact on clinical practices. The major objective of the course is to ensure vestibular providers in VA and DoD are trained to the national standard, improving patient outcomes and reducing external referrals for vestibular disorders, which can arise secondary to mild TBI.
- Initiated studies to measure and validate the effectiveness of Comprehensive Hearing Health Program (CHHP) educational products and health promotion strategies by measuring changes in knowledge, attitudes, and behaviors as a result of CHHP education.
- HCE subject-matter expert participation in research panels and advisory boards resulted in a DoD Integrated Product Team for advanced development of a Pharmaceutical Intervention for Noise-Induced Hearing Loss (PINIHL), five year Program Objective Memorandum (POM) funding, and passage of S.670, Over-the-Counter Hearing Aid Act of 2017.

The HCE continues to make progress to ensure and improve the hearing and balance health care of Service members, their families, and Veterans through collaborative efforts focused on prevention, diagnosis, mitigation, treatment, and rehabilitation of auditory-vestibular system injuries.

## 2.f. Vision Center of Excellence

The Vision Center of Excellence (VCE) continues to maximize potential for effective prevention, diagnosis, mitigation, treatment, and rehabilitation of eye and vision injuries through collaborative efforts between the VA and DoD.

The VCE team increased awareness and knowledge of eye and vision injuries for eye care providers, rehabilitation specialists, and patients through publications, clinical recommendations (CRs), and presentations.

FY 2017 accomplishments include:

- Hosted the Blinded Veterans Association (BVA) of the United States and BVA of the United Kingdom during Project Gemini to share knowledge and best practices of blind and vision impaired Veteran case management.
- Produced and contributed to more than 45 publications and presentations for eye care providers, blind rehabilitation specialists, occupational therapists and patients.
- Completed and distributed two multidisciplinary, multi-agency CRs on *Oculomotor Rehabilitation* and *Visual Field Rehabilitation after TBI Injury*.
- Hosted the monthly World Wide Ocular Trauma Call, which enabled eye care providers to earn continuing education (CE) credits through real world, real time case studies. VCE is unique in its ability to provide physicians, optometrists, and nurses CE credits.
- Delivered four Assistive Technology training sessions at the 2017 (BVA) Conference.

Concurrently, the VCE/DoD Vision Care Service Coordinator continued to monitor and provide vision care support services throughout the entire continuum of military ocular casualty care. Notably, the VCE developed processes to facilitate efficient access to VA Blind and Low Vision Rehabilitation Services for Active Duty Service members with vision impairments.

The VCE partnered with the HCE to provide education to audiologists on dual-sensory impaired patients and with Uniformed Services University of the Health Sciences (USUHS) and Walter Reed National Military Medical Center, for key support/assistance with curriculum development, course presentation, and lab training for the annual USUHS Tri-Service Ocular Trauma Course.

VCE provided the technical expertise for several Small Business Innovation Research (SBIR) projects and supported multiple government research groups in ocular research project selections. VA, DoD, and civilian academia and medical researchers continue to leverage VCE for research initiatives.

- Defense and Veterans Eye Injury and Vision Registry (DVEIVR) conduct comprehensive analytics and studies. DVEIVR data was used in academic research projects and data studies including the University of Utah and Johns Hopkins Wilmer

Institute studies that focused on vision impairment or dysfunction due to blast injuries.

- Developed a Knowledge Transfer Agreement between the VCE and the U.S. Army Aeromedical Research Laboratory to study the reliability of eye movement tracking devices for use in post-TBI vision injuries.
- The Defense Health Agency (DHA) Readiness Portfolio Management Board (RPMB) chartered the Vision Stakeholder's Working Group (VSHWG) to provide functional oversight and management for VA and DoD Vision Information Management and Information Technology functions for in-garrison, operational and rehabilitation environments. Notably, the VSHWG developed common language and definitions for the assessment of Service members and Veterans with vision dysfunctions related to mild or severe TBI. The VSHWG is led by the VCE Director of Informatics and Information Management.

In FY 2018, the VCE will continue collaboration between VA and DoD to deliver evidence-based solutions, best practices, and eye care coordination services in the prevention, diagnosis, mitigation, treatment, and rehabilitation of eye and vision injuries, thus furthering its mission of serving Service members, Veterans, and their families.

## **2.g. Extremity Trauma and Amputation Center of Excellence (EACE)**

The EACE is accomplishing the mandate of Section 723 of the NDAA for FY 2009 to jointly establish a center of excellence in the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations, and progressing toward its six objectives and metrics outlined in the FY 2016-2018 JSP.

### **FY 2017 Accomplishments:**

- Conducted the fourth annual Federal Advanced Amputation Skills Training (FAAST) Symposium, focused on optimizing life-long outcomes and managing complications of extremity trauma and amputation. There was a 58 percent increase in participation, to over 250 VA and DoD attendees, who were afforded training in sixty-four small group, hands-on sessions. These hands-on sessions were an eight-fold increase in skills training opportunities compared to previous FAAST events. Ninety-five percent of participants rated their overall satisfaction with the FAAST as "agree" or "strongly agree" that the training met its intended objectives for their development and application of new clinical skills.
- Conducted seven Virtual Grand Rounds training sessions, providing evidence-based educational opportunities designed to improve the quality and consistency of care and to enhance the outcomes of Veterans and Service members with amputation and/or extremity trauma. The overall Virtual Grand Rounds combined satisfaction score for VA-DoD attendees was 90 percent or greater for each training session.
- Published 48 peer-reviewed scientific articles in the area of traumatic extremity injury and/or amputation. Additionally, 46 abstracts were accepted for presentation at the Military Health System Research Symposium (MHSRS) in August 2017, nearly doubling the 24 abstracts accepted in 2016. MHSRS awards for EACE research included "best in show" along with first place, and honorable mention.

- Conducted six theater security assistance engagements: three with Thailand, two with Iraq, and one with Mexico. These international traumatic extremity injury and amputation engagements were all executed based upon requests from U.S. Unified Commanders.
- Developed high-level functional requirements for the Defense and Veterans Extremity Injury and Amputation Registry (DVEAR), which were approved by the DoD Clinical Portfolio Management Board within the DHA. We also submitted a DVEAR cost estimate for inclusion in the FY 2020 POM to establish sustainment funding.
- The EACE will continue to consult and prepare during FY 2018 to pilot DoD participation in the VA lower extremity prosthetic component centralized acquisition capability using a ROES. The DoD will evaluate one year of ordering data (FY 2018) to determine if the VA capability achieves expedited delivery and order accuracy of lower extremity prosthetic components before making a recommendation to expand participation to other DoD sites. The initial VA contracts have been awarded, with a projected start date in second quarter FY 2018.

Looking forward to FY 2018, the EACE will continue to deliver value as we solidify our role as a leading global resource for extremity trauma and amputation in the area of research, and providing multifaceted support to VA-DoD clinicians and patients. We are focusing all of our future efforts to enhance on our recurring JSP objectives, such as the FFAST, EACE Virtual Grand Rounds, and on-going global theater security assistance missions. We are on-track to start the DoD pilot evaluation of the prosthetic component centralized acquisition initiative with the VA and expect to make significant progress towards establishing our DVEAR registry.

### **2.h.1 Health Data Sharing – DoD/VA Interagency Program Office**

The DoD/VA IPO provides Service members, Veterans, and their beneficiaries with world-class health care by ensuring the VA and DoD's Electronic Health Record (EHR) data is interoperable with each other and with the private sector. The IPO's goal is to support the interoperability of clinically relevant health data in accordance with the NDAA for FY 2014, which complies with Office of the National Coordinator (ONC) for Health Information Technology (HIT) guidance on standards and interoperability for clinical records. The IPO is chartered to jointly oversee and monitor the efforts of VA and DoD in implementing national health data standards for interoperability. The IPO acts as the single point of accountability for identifying, monitoring, and approving the clinical and technical data standards and profiles to ensure seamless integration of clinically relevant health data between the two Departments and private health care providers.

Based on the FY 2016-2018 VA-DoD JSP, the IPO continues to work with VA, DoD, and ONC, as well as other public and private partners to enhance standards-based data interoperability between the Departments' EHRs. Specifically, the IPO achieved the following JSP activities in FY 2017.

## *Data Interoperability Accomplishments*

### *Mapping*

In order to maintain and enhance interoperability, the Departments and IPO continued regular mapping updates for data quality assurance. Throughout FY 2017, the IPO's Interoperability Standards and Documentation Change Control Board reviewed, analyzed, and approved a total of 38 clinical data maps (eight from the DoD and 30 from the VA). Moving forward, the IPO will continue working with the VA and DoD to provide data quality assurance and explore opportunities to refine the process for reviewing and deploying data mapping updates.

### *Joint Legacy Viewer (JLV) Update*

The VA and DoD continued to provide the JLV capability to new users. Throughout FY 2017, VA and DoD continued deployment and infrastructure improvements of JLV, including an April release of JLV v2.5.2 which gave all VHA Computerized Patient Record System (CPRS) users automatic access to the JLV. As a result of these enhancements, total new users increased by more than 144,000 in FY 2017. To further enhance data sharing, the DoD and U.S. Coast Guard signed a MOA to expand the use of JLV.

During the fourth quarter of FY 2017, the Defense Medical Information Exchange (DMIX), in conjunction with VA, deployed Release 5 Patches 4 and 5. Highlights of these patches include providing access to U.S. Coast Guard users and incorporating enhanced auditing and logging capabilities within the JLV. DMIX also worked to mature requirements related to Release 6, which is scheduled to deploy in the fourth quarter. Key DoD functionalities in JLV Release 6 are parsing MHS GENESIS documents into JLV widgets, adding MHS GENESIS documents to the JLV Report Builder, and displaying VA Veterans Information Systems and Technology Architecture (VistA) imaging artifacts.

### *Core Technical Guidance*

The IPO continues to update its three foundational technical guidance documents: the Health Data Interoperability Management Plan (HDIMP), Health Information Interoperability Technical Package (I2TP), and VA-DoD Joint Interoperability Strategic Plan (JISP).

- The HDIMP documents the IPO's organization and role in supporting the Departments' interoperability management efforts and outlines the necessary processes to support health data exchange and terminology standardization
- The I2TP identifies the domain and messaging standards the Departments are expected to implement for enhancing interoperability. Additionally, the I2TP provides a list of required standards to facilitate consistency in vocabulary and terminology

- The JISP is based on the Departments' emerging modernization strategies and pending gap analysis from the HDS BLs. The plan identifies agreed-upon interoperability use cases, as well as the Departments' technical vision, near-term deliverables, and long-term overview

These documents provide key strategic and technical guidance to the Departments, IPO, and their key stakeholders. The IPO completed the I2TP (Version 6) in the third quarter of FY 2017. Version 7 of the I2TP is planned to be completed in FY 2018. HDIMP Version 3 was completed in the first quarter of FY 2017. The next HDIMP iteration (Version 4) will be updated and released in FY 2018. The JISP was re-baselined in accordance with the Departments' emerging modernization strategies and completed in FY 2017. Once approved by the Departments the JISP will be published in FY 2018.

### *Outcome-Oriented Interoperability Metrics*

The IPO analyzes and monitors Health Data Interoperability outcome-oriented metrics to assess interoperability's impact on the healthcare our Service members, Veterans, and their families receive through the DoD, VA, and their private partners. The *DoD/VA IPO Health Outcome-Oriented Metrics Roadmap* defines an outcome-oriented metric for interoperability as: "a measurement that evaluates the impact of interoperability on healthcare outcomes based on the Institute of Medicine's Six Domains of Healthcare Quality: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. A good metric is useful for establishing quality goals, monitoring progress toward those goals, and identifying opportunities for improvement."

In conjunction with the Departments, the IPO has prioritized metrics development to comply with recommendations from the Government Accountability Office,<sup>1</sup> namely to "establish a timeframe for identifying outcome-oriented metrics; define related goals to provide a basis for assessing and reporting on the status of interoperability; and update IPO guidance to reflect the metrics and goals identified." The IPO is assessing the feasibility and development of metrics in collaboration with the HEC's HDS BL WGs based on the joint interoperability plan use cases. As shown below, there are six use cases identified for metrics development that align to the four HDS BL Sub-Workgroups: Separating Service Members (SSM)/IDES, Patient Empowerment, Transitions of Care, and Population Health.

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<sup>1</sup> Government Accountability Office. (2015) *Electronic Health Records: Outcome-Oriented Metrics and Goals Needed to Gauge DOD's and VA's Progress in Achieving Interoperability*. (GAO Publication No. 15-530) Washington, D.C.: U.S. Government Printing Office. Retrieved from GAO Reports Main Page via GPO Access database: <http://www.gao.gov/assets/680/671979.pdf>

<b>HDS BL Sub-Workgroup</b>	<b>JIP Use Case</b>
HDS for SSM, IDES and Benefits	#2 – Service member separating from Military Services
	#3 – Wounded warrior involved in the IDES
	#4 – Benefits adjudication
HDS for Patient Empowerment	#6 – Empowering patients to drive their own care
HDS for Population Health, Patient Safety, and Quality	#5 – Population Health
HDS for Clinical Care Transition	#1 – Clinical transition of care for patients between organizations

The Health Outcome-Oriented Metrics Roadmap is currently being updated to reflect current efforts and is expected to be completed in FY 2018. In addition to developing this roadmap, the IPO completed a Proof of Concept to develop, demonstrate, and validate a methodology for measuring and reporting outcome-oriented interoperability metrics across the individual BL areas. The current timelines for the individual projects are shown below.

<b>HDS BL Sub-Workgroup</b>	<b>Completion Timeline</b>	<b>Status</b>
Proof of Concept	October 2015 – October 2016	Complete
SSM/IDES	March 2016 – December 2018	In Progress
Patient Empowerment	November 2016 – August 2018	In Progress
Population Health	July 2017 – October 2018	In Progress
Transitions of Care	November 2017 – February 2019	Begins November 2017

### *External Collaboration*

Throughout FY 2017, the IPO continued to maintain and build strategic relationships with public and private partners to position the IPO and Departments at the forefront of health IT innovations, trends, and emerging standards. To this end, the IPO hosted HDS BL Joint Program Synchronization Workshops to facilitate discussions on the synchronization of integrated capabilities delivered to VA and DoD clinicians. This supported efforts to jointly prioritize interoperability and HDS outcomes; synchronize DoD, VA, and IPO HDS activities; and coordinate on matters impacting both Departments. Additionally, the IPO hosted several DoD/VA Industry Interoperability Roundtables to foster collaboration with the Departments, industry, and academia regarding interoperability challenges, future opportunities, and the ongoing need for collaboration to transform health care delivery.

To ensure that the IPO and the Departments remain involved in nationwide interoperability efforts, the IPO continued to participate in the monthly Federal Health Architecture Managing and Governing Boards, as well as the ONC's HIT Policy

Committee, HIT Standards Committee, Interoperability Standards Advisory Task Force, and monthly IPO Town Halls. To further build on these relationships, the IPO extended its ONC liaison position into FY 2017 to continue serving as the intermediary between the IPO and ONC. This participation not only ensures the IPO and the Departments are involved in nationwide interoperability efforts but also allows the IPO to share its experiences and insights with federal partners.

The IPO further enhanced its external engagement by becoming a member of the Institute of Electrical and Electronics Engineers Standards Association (IEEE-SA). The IEEE-SA is a consensus building organization that develops, nurtures, and advances global technology by facilitating standards development and standards-related teamwork. By becoming members the IPO focused on collaborating and recommending proposed standards to represent the Departments' mission of maturing data, standards, and interoperability. Moving forward, the IPO will continue to foster collaboration and focus on current and emerging standards under medical and mobile devices and facilitate dialogue on security, interoperability, and additional best practices.

#### *Health Level Seven International (HL7) Balloting*

HL7 is a not-for-profit Standards Development Organization that provides standards for global health data interoperability. As a Benefactor Member of HL7, the IPO participated in HL7's balloting process that incorporates four types of ballots: Comment, Informative, Draft Standard for Trial Use, and Normative. During this process, members vote on data standards by reviewing each ballot item and choosing to provide an affirmative or negative vote, abstain from voting altogether, or give constructive comments on content and language. Throughout FY 2017, the IPO actively participated in this balloting process ensuring that proposed standards support industry-identified interoperability requirements from the public and private sector and ultimately playing a significant role in emerging standards and health data interoperability.

#### *VA-DoD Electronic Health Record (EHR) Modernization Efforts*

##### *MHS GENESIS*

The DoD Healthcare Management System Modernization (DHMSM) Program Office continues focused efforts towards IOC implementations scheduled for completion in the 1<sup>st</sup> quarter of FY 2018. Throughout 2017, the DoD achieved major milestones, deploying MHS GENESIS at Fairchild Air Force Base, Naval Clinic Oak Harbor, Naval Hospital Bremerton, and Madigan Army Medical Center. The DoD plans to deploy MHS GENESIS to more than 9.4 million beneficiaries and 205,000 medical personnel and staff by the end of 2022.

##### *VistA Evolution (VE)*

VE is the VA's joint VHA and Office of Information and Technology (OI&T) program for modernizing the VA's health information systems and enhancing data interoperability with DoD and community care partners. In accordance with the VistA 4 Roadmap and

VistA 4 Lifecycle Cost Estimate, VE is scheduled to complete its delivery of the next iteration of VE, VistA 4, by the end of FY 2018. VistA 4 consists of a group of more than 59 individual projects and initiatives that provide many user-requested enhancements, patient safety updates, and improved interoperability. One of these initiatives is the Enterprise Interoperability transition, where the VA is moving its legacy interoperability infrastructure to modern applications. This effort includes retiring legacy VA and DoD systems [e.g., Bi-directional Healthcare Interoperability Exchange (BHIE) and VistAWeb] and changing from nonstandard interfaces between the VA and DoD to imaging standards (e.g., Fast Healthcare Interoperability Resources and Web Access to DICOM Objects). In addition, the VA has developed a Decommissioning Product Management Plan, which provides transparency to the DoD of the VA's strategy for identifying candidate systems for decommissioning. Furthermore, the VA is transitioning all VHA and VBA staff from its legacy VistAWeb viewer to the VA-DoD JLV.

#### *VA EHR Modernization Decision*

On June 5, 2017, VA Secretary Dr. David Shulkin announced the VA's decision to adopt the same EHR as the DoD. This decision will ultimately result in a single software baseline that enables seamless care between the Departments. Over time, the Departments' use of a single clinical system will ease the transition of patient health record data and eliminate the need to reconcile and manually or electronically transfer clinical data between the VA and DoD.

#### *Looking Ahead*

Under the ongoing direction of the Executive Committee, the IPO will continue to collaborate with the DoD, VA, ONC, Standard Development Organizations, and other partners in health to enhance interoperability and support the Departments' modernization efforts through joint governance. Throughout FY 2017, the IPO will facilitate the Departments' interoperability and modernization efforts while monitoring and reporting on their progress. Additionally, the IPO will continue developing outcome-oriented metrics alongside the Departments to measure interoperability's impact on our patients and providers. Finally, the IPO will provide technical guidance to the Departments by updating its core documents, including the HDIMP, I2TP, and JISP.

#### **2.h.2 – HEC Health Data Sharing Business Line**

The HEC HDS BL is charged with driving continuous integrative progress for VA-DoD and private sector partner HDS. The HDS BL serves as the primary source of input from clinical and nonclinical stakeholders to define and recommend priorities for enhancing HDS to enable health care continuity, active engagement in care, timely and accurate benefits decisions, and continuous improvements in the health and care of Veterans, Service members, and other VA and DoD beneficiaries.

FY 2017 accomplishments:

- Completed JEC-directed Separation Health Assessment (SHA) Improvement Pilot

- Documented the “present state” of the joint VA-DoD SHA process and identified two implementation obstacles for the SHA improvement pilot.
- VBA used the “present state” diagram to modify work flows and conducted a small pilot from April – July 2017 that demonstrated the results of relying upon electronic information available in the JLV. In the pilot, Service members were scheduled for and received a separation physical exam upon receipt of a valid VA claim, and information accessible through JLV served as the supporting medical documentation for the claims process.
- A key component of the pilot was refining methods and procedures to initiate the scanning of the paper Service Treatment Record (STR) folder as soon as a Service member initiated a VA claim, concurrent with VA scheduling the initial clinical exam and the Service member preparing for the VA exam. The goal was that all record material was available in the official archival system and retrievable via JLV at the time of the exam.
- Collaborated with the DoD/VA IPO and VA and DoD subject matter experts to define health data interoperability outcome oriented metrics to track the Departments’ progress on health data interoperability
- Defined outcome oriented metrics for the SHA process to track health data interoperability improvements resulting from the SHA improvement pilot
- Defined outcome oriented metrics that assess the relationship between patient access to and sharing of data from Departmental EHR systems via the Blue Button feature and measurable health and patient experience outcomes.
- The HDS BL is focused on defining outcome oriented metrics to measure the success of interoperability-supported interventions for multi-drug resistant organisms and to measure the success of HDS to support transitions of care in FY 2018.

## **2.i. Pain Management – HEC Pain Management Working Group**

The primary goal of the Clinical Care and Operations BLs PMWG is to ensure patients across VA and DoD facilities receive a common standard of care for pain management meeting or exceeding national standards, and ensuring successful transitions across health care systems for Service members, Veterans, and other beneficiaries.

The HEC PMWG adjusted the FY 2017 priorities and activities to address: 1) the specified VA and DoD tasks contained in the Comprehensive Addiction and Recovery Act (CARA) of 2016; and 2) the VA and DoD education requirements stemming from the release of the CDC Opioid Prescribing Guidelines and updated VA-DoD Clinical Practice Guideline (CPG) for Management of Opioid Therapy for Chronic Pain.

- Restructured HEC PMWG activities to align with the nine CARA Focus Areas:
- Opioid Safety
- Pain Best Practices
- Provider Education and Training
- Patient Education
- Integration of Complementary and Integrative Health for Pain Management
- Transition of Pain Care between VA and DoD

- Acute and Chronic Pain Care for patients with Substance Use Disorders
- Clinical Practice Guidelines
- Collaboration, Coordination and Consultation
- Reviewed and revised the DoD-VA Joint Pain Education Project (JPEP) modules to incorporate CDC Opioid Prescribing Guidelines and VA-DoD Opioid Therapy CPG.
- Developed pain management and opioid safety content for VA and DoD Federal Prescriber training mandated by the Presidential Memorandum -- Addressing Prescription Drug Abuse and Heroin Use
- In FY 2017, used standardized content derived from JPEP, VA, and DoD to train over 40,000 providers in basics of opioid safety and pain management.
- Developed five educational videos to support VA and DoD responses to the nation's epidemic of opioid overuse, abuse, and diversion.
- Enhanced cross-WG collaboration by regularly incorporating information briefs and discussions from other HEC BLs and WGs.

In FY 2018, the HEC PMWG will focus on continued utilization, evaluation, and sustainment of Joint Pain Education Project (JPEP) content, collaborating on Joint VA-DoD opioid safety strategies, and expansion of non-medication pain treatments (example acupuncture). VA and DoD are disseminating JPEP with strategies unique to each Department.

## **GOAL 3 – Efficiencies of Operations**

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

### **3.a. VA-DoD Reimbursement Process and Joint Sharing – HEC Shared Resources Working Group and Financial Management Working Group**

The Financial and Business Operations BL's SRWG is developing principles for joint sharing initiatives to guide VA and DoD in systematic planning for the optimal degree of integration in the future. The VA-DoD Comparative Study Pilot tested a data-driven approach to identify and select VA/DoD market areas for enhanced clinical resource sharing. The pilot performance results for VA to DoD referred care were completed in Q1 FY 2016 and briefed to the HEC in April 2016. The overall results from the pilot validated that enhanced clinical sharing has potential for replication and operational use across VA-DoD facilities for referred care. Results from the pilot are outlined below.

- In general, all sites showed an upward trend in number of complex cases and a decrease in 30-day wait times.
- Data suggests VA referred relatively complex patients to DoD needed to support DoD's readiness mission.
- All VA sites reported a decrease in number of patients on the 30-day wait list from base year of FY 2013.

- All sites reported outstanding collaboration, with notable growth in referrals for target specialties.
- Data showed a continual decline in the number of VA patients on the wait list throughout the pilot, however, there was a slight increase in the final quarter of the pilot. This may be a result of an increased number of patients referred to meet VA's requirement to refer patients as part of the Veterans Choice Program.

In FY 2016, the SRWG developed a Supplement to the 2008 MOU between the VA and the DoD Health Care Resources Sharing Guidelines designed to standardize how referrals, care coordination, and billing and claims adjudication processes will work between VA and military health care facilities. The Supplement will eliminate variations and simplify how current and future resource sharing agreements will be developed.

The Financial and Business Operations BL's Financial Management WG developed and included financial guidance in the Supplement of the 2008 Guidelines. In FY 2016, the HEC Leadership approved the Supplement to be bi-directional, an enhancement that ensures streamlined reimbursement for both Departments. This was the first step in establishing and implementing enterprise-wide uniform billing and reimbursement standards.

In order to process FY 2015 and FY 2016 payments, a medical encounter data aggregation and processing methodology supporting enterprise-wide reimbursement was refined and tested. This was done to ensure adequacy in meeting workload accounting, audit and Veterans Equitable Resource Allocation model needs. This methodology was used to support \$17.3 million in FY 2016 payments and \$5.7 million in FY 2015 payments. A new approach will explore prospective payment, a practice that ensures resources are immediately available to the service provider.

In FY 2017, the SRWG will develop a Procedural Appendix to the Supplement to the 2008 MOU to capture how each Agency will refer beneficiaries between partners and the Financial Management WG will implement financial guidance to the Supplement.

### **3.b. Credentialing Working Group**

The Credentialing WG is charged with standardizing the VA and DoD credentialing process to facilitate the sharing of healthcare providers across VA and DoD facilities.

The Joint Centralized Credentialing Quality Assurance System (JCCQAS) is a VA-DoD Joint Incentive Fund (JIF) Project consisting of a web-based application using one single database to capture, store, and share provider credentialing information. This integrated information system will expedite the credentialing processes at all facilities that share provider resources within the VA and DoD by bridging the information gap and eliminating duplication in the verification of credentials for healthcare providers who are assigned to multiple facilities.

FY 2017 Accomplishments:

- Completed the identification, decomposition, and acceptance criteria for 44 high-level VA requirements and functions that exist today in the VA legacy credentialing system, but do not exist in the DoD legacy system.
- Collaborated with VA and DoD subject matter experts to develop common business rules and practices to streamline the credentialing process.
- Completed 12 of 13 planned Agile Sprint development cycles and 11 of 13 functionality demonstrations to VA and DoD stakeholders and system users.
- Completed data modeling and data migration activities for both VA and DoD legacy systems.

JCCQAS is on track for implementation to over 500,000 current healthcare providers and system users in FY 2018. Once implemented, it will merge over 13 million documents and one million credentialing records into a single, secure database. The Credentialing WG will explore sharing the privileging module with stakeholders once the JCCQAS credentialing model is successfully deployed.

### **3.c. Joint Legacy Viewer – HEC Health Data Sharing Business Line**

The HDS BL drives continuous integrative progress for VA, DoD, and private sector HDS. In FY 2017, VA and DoD improved data sharing exchange protocols and delivered joint viewer software enhancements to support access to DoD's MHS GENESIS data and replacement of legacy viewers with the JLV.

In VA, JLV is accessible from every VA site of care and regional office. Users represent all healthcare and benefits professional roles and workflows requiring access to health data. In DoD, JLV is accessible from all DoD healthcare facilities and supports clinical care, clinical support, and administrative (healthcare operations) activities. During FY 2017, VA and DoD continued to expand user access to integrated health records through JLV, resulting in a 17 percent increase in DoD and a 66 percent in VA as detailed below.

#### *JLV Access – Number of staff with access to JLV*

Department	September 30, 2016	September 30, 2017
DoD	75,346	88,345
VA	200,156	331,268*
Total	275,502	419,613*

\*Includes over 16,069 VBA staff

In addition to expanding access, both Departments demonstrated significant increases in usage reflected by patient record views (182 percent increase in DoD and 248 percent in VA.)

#### *JLV Usage – Number of record views in JLV (for the prior 12 months)*

Department	September 30, 2016	September 30, 2017
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DoD	603,015	1,699,569
VA	2,017,677	7,014,412
Total	2,620,692	8,713,981

VA and DoD jointly developed and released 13 software updates during FY 2017, two of which were major new version releases. The October 2016, DMIX release 5 added a new widget providing access to MHS GENESIS data, integrated DoD patient record flags with VA flags, and implemented usability changes such as enhanced error messaging and navigation cues. In September 2017, DMIX release 6 implemented parsing of MHS GENESIS notes to widgets and added new VA data details to support VistAWeb (legacy viewer) decommissioning along with numerous usability enhancements such as improved filtering capabilities.

The Departments continue to monitor system performance and plan for anticipated JLV capacity needs in support of DoD MHS GENESIS deployment and VA's transition activities away from the legacy VistAWeb viewer and toward the VA Electronic Health Record Modernization (EHRM) platform.

### **3.d. Disposition of Paper Service Treatment Records – BEC Medical Records Working Group**

The MRWG continues the efforts to establish and implement an agreed on time way forward between VA, DoD, and National Archives and Records Administration (NARA) for storing or appropriate disposition of paper STRs. The MRWG's achievement through oversight and management of initiatives in FY 2017 is outlined below.

#### *Disposition of Stored Paper STRs*

The disposition for paper STRs remains under consideration by VA and DoD. The cost of storing the paper STRs is being calculated, other appropriate disposition of the scanned paper STRs are being considered. VA and DoD are also determining the authoritative source of the electronic STRs.

#### *Quality Assurance*

DoD began a pilot to ensure quality of scanned documents in August 2017. VA and DoD are working to synchronize their respective quality assurance standards for digitized STRs.

#### *Storage at National Archives and Records Administration*

The MOU between DoD, VA, and U.S. Coast Guard for Electronic Storage, Access and Retrieval of Military STRs from the National Archives and Records Administration (NARA) was signed January 30, 2017. VA and DoD are developing standards to comply with NARA disposition schedules.

### **3.e. Mandatory Separation Health Examinations – Separation Health Assessment Working Group**

The SHAWG continues to finalize a mechanism to monitor and report on full implementation of mandatory examinations and to establish feedback loops between both Departments to facilitate the separation process. The WG has enhanced benefits delivery through oversight and management of initiatives in FY 2017 as outlined below.

#### *SHA Information Technology Requirements*

During the Q3 FY 2017 VA and DoD collaborated to refine IT requirements, ensuring modifications could be made to the evolving Health Artifact and Image Management Solution (HAIMS)-Data Access Service (DAS)-Veterans Benefits Management System (VBMS) interface system. These changes will support the demands of the pre-separation claims processes. Additionally, on September 18, 2017, the VBA announced a decision to prioritize the SHA requirements for the upcoming VBMS release scheduled for Q2 FY 2018. This process will enhance the efficiency of the SHA examination.

#### *SHA Pilot*

On December 14, 2016, the SHAWG received approval from the JEC to proceed with a proposed pilot designed to evaluate an improved work flow and help inform the aforementioned requirements development process. The pilot was conducted between April and June of 2017. The pilot demonstrated a way to eliminate the need for separating Service members to personally provide VBA a copy of their STR. The pilot included the use of the JLV by VBA staff members to access and copy into HAIMS the necessary files of the STR, a function that will be automated in the future by the requested modifications to the HAIMS-DAS-VBMS interface. Also, in the pilot, Service members were scheduled for and received a separation physical exam upon receipt of a valid VA claim and the availability of the STR files through JLV. This digitized information serves as the supporting medical documentation for the claims process. A key component of the pilot was evaluating methods and procedures to initiate the scanning of the paper STR folder as soon as a Service member initiates a VA claim, concurrent with VA scheduling the initial clinical exam and the Service member preparing for the VA exam. A system was developed to share a list of the participants and update that list as each stage of the workflow was completed.

#### *Loose and Late Flowing Documents*

The current systems ensure any new information added to the STR is uploaded into HAIMS, the record is then certified as complete, and any new information in that process is copied into VBA's archival systems after separation. (Evaluation of this component of the piloted work flow is ongoing.)

In FY 2017, an agreement was reached to jointly complete an end-to-end program review of revisions to VA and DoD IT programs, informed by results of the pilot. The

goal of this review is to ensure the automation of the electronic transmission of the STR files will be completed in time to support VBA work flows prior to separation.

### **3.f. Integrated Disability Evaluation System – Disability Evaluation System Improvement Working Group**

The Disability Evaluation System WG continues to monitor timelines for Active Component (AC) and Reserve Component (RC) referrals, efforts to decrease insufficient VBA ratings, and the development and implementation of an IT solution for case management and interface between VA and DoD which provides bi-directional electronic file transfer capability. The WG's achievements in FY 2017 are outlined below.

#### *2017 IDES Case Processing Metrics*

In FY 2017, 81 percent of 21,115 IDES AC and 71 percent of 2,739 RC cases completed the disability evaluation process within their respective timeliness goals. During this period the AC cases were completed in the IDES process in 233 days, 21 percent faster than the 295-day goal, while RC cases were completed in 269 days, 12 percent faster than the 305-day goal. During the first three quarters of FY 2017, the Military Departments' physical evaluation boards disability determination accuracy rating exceeded 94 percent, against an 80 percent goal.

#### *Insufficient Exams*

During FY 2017, the percentage of cases with insufficient examinations increased from 10 percent in FY 2016 to 11 percent. These 11 percent of IDES cases did not result in a disability rating. To address the increase in cases with insufficient examination reports, the following actions were initiated in FY 2017:

- VA submitted a Veterans Tracking Application (VTA) Change Request in September 2017 to add clarifications to the Disability Rating Activity Sites (DRAS) Tab and Insufficient for Rating Purposes Reports. This change allows Raters to accurately code cases that only require clarifications instead of coding the record as insufficient.
- Additional training for Raters and Military Service Coordinators was developed and made available to further decrease the number of insufficient examinations.

#### *VTA Improvements*

The IDES WG submitted over 20 Change Requests for the VTA that improved IDES efficiency by reducing manual case review. The WG also implemented new business rules that improved VTA data entry and accuracy by establishing automatic data validation that resulted in reduced incorrect case information.

## *IDES Surveys*

IDES survey responses indicated 93 percent of Service members were satisfied with the IDES process and 94 percent of IDES staff members were satisfied with their training, support and resources, and the IDES process they supported.

## *IDES Information Technology Efforts – Bi-Directional Electronic Records Transfer*

A phased project plan was developed that leverages existing IT efforts to electronically transfer IDES case file information between Departments:

Phase 1: On September 18, 2017, the VBA announced a decision to prioritize the SHA requirements for the upcoming VBMS release scheduled for Q2 FY 2018, which includes IDES functionality. Funding for Phase I is included in the SHA work due to the technical similarity of the required functionality. Phase I will utilize STR Utility and XDR technology to electronically transfer STRs and Disability Benefits Questionnaires (DBQs).

Phase II: Phase II plan, developed in FY 2017, will electronically transfer the IDES case file and transactional data to eliminate the need for manual updates to VTA, previously targeted for the Q4 FY 2018. However, Phase II is unfunded and is not currently part of the prioritization of VBMS development work in formulation for review in the near future.

## *Future of IDES*

DoD, including the Military Departments, and VA Disability Evaluation System stakeholder representatives conducted eight meetings in FY 2017 to address IDES process model gaps, improve performance reporting, and discuss adjusting timeliness goals based on historical performance. The Deputy Assistant Secretary of Defense for Health Services Policy and Oversight (DASD/HSP&O) developed a report, based on these meetings, in response to the JEC FY 2017 Guidance Memorandum dated January 12, 2017, indicating DES stakeholder representatives agreed to:

- Change IDES metrics to report duty “status” versus duty “component” to accurately reflect the fact that both AC and RC Service members on Active Duty are processed the same way;
- Adjust the process models to account for three DoD disposition process stages (Proposed Disposition: Election; Final Disposition), required for all IDES cases, that were not previously identified or goaled during the initial 2007 IDES development;
- Redistribute 15 administrative days (10 to DoD and 5 to VA) that had been initially designated for physically mailing cases between steps in the IDES process; and
- Change IDES performance metrics to report performance of a “Core Path” of the VA and DoD required process steps that all Service members must complete separately from the optional Service member initiated appeals and reviews.

The HSP&O report additionally recommended, based on research/analysis of over 160,000 IDES cases, implementing additional changes:

- Establish a Core Path performance goal for VA and DoD to complete 80 percent of cases of AD and Non-AD Service members in no more than 230 days;
- Establish IDES stage goals supporting the proposed 230-day timeliness goal.

The BEC Co-Chairs are supportive of improving IDES timeliness and are reviewing the report recommendations to determine the best path forward.

### **3.g. ICP – IC3 Technology Tools and Change WG**

Accomplishments related to this objective were consolidated under the LC objective. Please see section 1.b. above.

### **3.h. Capital Asset Planning –CPC**

The VA-DoD CPC was established to provide a formalized structure to facilitate cooperation and collaboration in achieving an integrated approach to construction planning initiatives that are mutually beneficial to both Departments. The CPC also provides the oversight necessary to ensure that collaborative opportunities for joint capital asset planning are maximized by serving as the clearinghouse for the final review and approval of all joint capital asset initiatives recommended by any element of the JEC structure or Department-specific body.

VA and DoD are working on a study that examines DoD available capacity within inpatient and clinic facilities and aligns it with VA facilities within those markets. Approximately 130 VA facilities have been identified to help focus the study. Once the information is assessed and corroborated, the planning teams will evaluate the next steps in specific markets.

VA and DoD continue to share facility planning and capital investment strategy materials in preparation for the next round of Capital Investment Decision Making (CIDM) and Strategic Capital Investment Program (SCIP) processes. CIDM was last conducted in December 2016 and is scheduled for spring of 2018. SCIP was last held in December 2016 and is scheduled for December 2017.

DoD has conducted seven eMSM (enhanced multi-service market) studies. VA has participated in each of the studies. The studies are at the visioning phase, which is a methodology for creating a framework to better integrate market operations and capital improvements and for developing strategic, long range focus areas and courses of action toward that end. One of the study outcomes will be a determination of VA-DoD joint-ness by market.

The DHA and VA require software to aid in the formulation of space and equipment requirements for new and re-designed medical treatment facilities around the world.

The Space and Equipment Planning System (SEPS) is currently being used by DHA Facilities, the DoD, and VA to fulfill that mission.

- Key areas where there is clear coordination/collaboration between VA-DoD to maximize utilization, standardize and streamline the SEPS application include, but are not limited to: coordinating information exchange; training; and formatting of materials.
- Key areas where coordination between VA-DoD does not support an integrated or standardized approach to planning and design of facilities: utilization of the same Space Planning Criteria chapters to include the same workload based planning metrics and parameters; utilization of the same room codes, room sizes, room layouts, room equipment; utilization of the same room engineering and architectural parameters per the (Unified Facility Criteria) UFC 4-510-01 Appendix B; utilization of the same facility types in SEPS.

The CPC will continue to coordinate capital asset planning to achieve greater efficiencies in future operations. In FY 2018, CPC will continue data sharing efforts and support local planners in both Departments to improve joint market planning and aid in identifying potential opportunities for joint capital asset collaboration. The CPC is optimistic that the NDAA for FY 2017 and JEC initiatives will provide a catalyst for more substantial future joint planning and implementation support. These are developing efforts but should begin to demonstrate benefits early in 2018.

# **Additional Accomplishments**

## **Ad Hoc WG on Provision of VA Counseling and Treatment for Sexual Trauma to Members of the Armed Forces**

In FY 2017, the JEC Ad Hoc WG continued to implement Section 402 of the Veterans Access, Choice, and Accountability Act, which authorizes VA, in consultation with DoD, to provide military sexual trauma (MST)\*-related services to AD Service members without a DoD referral. This authority was implemented in 2015 with HEC approval to offer access to confidential MST-related counseling services at VA Vet Centers only. Following guidance from the VA-DoD JEC Co-Chairs in 2016 to further expand AD Service member access to VA MST-related care, the work group has been exploring implementing Section 402 at VA medical centers. Per JEC guidance, the first phase of implementation at VA Medical Centers (VAMC) would be a limited rollout at three "Focused Review Sites" (VAMCs near large military bases).

In order to implement Section 402 at VA medical centers, a number of new business requirements related to enrollment, appointment scheduling, documentation of care and billing need to be implemented system-wide to protect Active Duty Service members' privacy to the greatest extent possible. The Section 402 working group worked extensively with the VA OI&T to develop an architecture plan to make these modifications. This plan was completed in Q4 FY 2017. Implementation of the new requirements is on hold until OI&T funding is available. If funding were to become available, there would be a significant time requirement for implementation, due the complexity of the required changes.

In FY 2017, additional achievements toward the JEC Co-Chair-approved VA-DoD concept and implementation strategy include:

- Development of a comprehensive implementation plan reviewed by DoD and reflecting input from other stakeholders.
- Proposed framework for provision of essential clinical and readiness related information to VA clinicians providing services to Active Duty Service members under Section 402. This model would allow VA providers to consult with DoD about certain aspects of the Service member's care without sharing personally identifiable information.
- Development of three brochures describing the following: (1) DoD Sexual Assault Prevention and Response services, (2) DoD healthcare resources for patients who disclose sexual assault or harassment, and (3) VA MST-related services and resources available to Active Duty Service members.
- Engaged in efforts to recruit three VA medical centers to participate as "Focused Review Sites", and confirmed three DoD sites to support the selected VA sites. However, in September 2017, leadership at all three VAMCs identified for recruitment reported not having enough capacity to serve as Focused Review Sites, and that doing so would be a strain on existing resources.

VA and DoD are continuing to collaborate to expand AD Service member access to VA MST-related care without a referral in a way that preserves their privacy to the greatest degree possible. This includes developing outreach strategies to inform AD Service members about the services available to them from both Departments, as well as providing information to VA and DoD healthcare providers.

\*The term "Military Sexual Trauma" (MST) is specific to VA and is defined by Public Law 113-146 as "psychological trauma, which in the judgment of a mental health professional employed by the Department, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment that occurred while a Veteran was serving on AD, AD for Training, or Inactive Duty for Training." The VA services available under VA's specific MST-related treatment authorities (38 U.S.C. 1720D) are related to sexual assault and sexual harassment occurring during military service. This treatment authority does not authorize care related to sexual assault and harassment that occurred outside of military service. It is important to note DoD does not use the term "MST" to refer to sexual trauma during a covered period of military service, but rather uses the terms "sexual assault" or "sexual harassment" separately. For the purposes of this report the term "MST" will be used to refer to sexual assault and/or sexual harassment that occurred during military service if discussing VA related care.

## **JALFHCC**

The JALFHCC continues to improve efficiencies to demonstrate the value of an optimally integrated facility. The JALFHCC has had great success in advancing data interoperability between the two agencies with local IM/IT solutions. For example, the common services model allows providers to access patients VA and DoD record simultaneously, also allows for orders portability between the VA and DoD systems. JALFHCC also continuously improves the joint governance structure incorporating both VA and DoD leadership, although VA led. The JALFHCC also boasts impressive access for both Veterans and AD population; able to meet the Navy's mission critical requirement to keep sailors "fleet ready," while also providing timely, quality care for Veterans.

In FY 2017, JALFHCC continued to address Government Accountability Office (GAO) recommendations to monitor and improve operations of the joint facility in the following ways:

Improvements were made to the joint governance structure by the established JALFHCC-specific selection criteria for the JALFHCC Director by Veterans Integrated Service Network (VISN) 12, and for the Deputy Director by Navy Medicine Corps Chiefs Office. The criteria that include responsibilities and leadership competencies for effective collaboration were approved jointly by the agencies in November 2016. Also, VISN 12 developed a plan, including specified timeframes for the DoD Advisory Board Co-Chair to review the Director's performance evaluation with the Veteran Affairs Advisory Board Co-Chair. DoD prepared a similar document to follow their military office fitness report (evaluation) process for the Deputy Director position. In November

2016, both timelines for feedback were jointly reviewed and approved at the JALFHCC Advisory Board.

In April 2016, the Advisory Board charged a group to collaborate with BUMED to develop staffing models appropriate for the JALFHCC. The report was finalized and the Advisory Board will review the final report in November 2017 for acceptance. These staffing models will require performing data-driven strategic workforce planning prior to implementing any future integration efforts.

To ensure more systematic monitoring for referrals to non-VA medical care, the JALFHCC developed a modification to the drop down menu in the "justification for Non-VA Care." This enabled electronic tracking and reduced the use of the "other" field to identify referrals based on patient priority at the JALFHCC.

The JALFHCC developed training for civilian supervisory staff on corpsman skills and utilization to effectively use such staff. The training was assigned to all supervisors in VA's Talent Management System (TMS). As of June 2017, 98.94 percent of all supervisors had completed the training. This percentage is fluid as all new supervisors are assigned the training.

JALFHCC provide additional guidance on the patient priority system to all staff responsible for approving consults and ensuring that the monthly capability and capacity reports include information on all categories of JALFHCC patients defined by the patient priority system. A Medical Support Assistant operating manual was created which includes guidance on the patient priority system. The patient priority system guidance was also included in a quick-reference card to assist educating schedulers and providers. A TMS course was also developed for all staff as an annual requirement. As of June 19, 2017, the JALFHCC had achieved 98.53 percent compliance with this training requirement. Training will be an annual requirement for all staff.

The JALFHCC Advisory Board approved a management tool developed by a joint VA-DoD workgroup for tracking and implementing each of the jointly developed recommended improvements. This workgroup meets bi-weekly to advance and monitor the recommended improvements using the management tool.

Another joint VA-DoD workgroup is developing a methodology and approach for conducting a cost-effectiveness analysis, primarily leveraging data already available from JALFHCC financial reconciliation activities, comparing JALFHCC performance to both VA and DoD peer groups. The analysis is anticipated to be completed no later than June 2018.

The JALFHCC intends to address short term staffing needs in the following ways: (1) Continue to utilize VA Community Care for high demand services when there are provider shortages. The JALFHCC Chief Medical Executive is currently expediting community care requests to ensure timely patient care. (2) Will utilize the results of the Manpower Study mentioned above to adjust staffing levels in undermanned areas to address leave coverage. (3) The JALFHCC will draft a VA legislative proposal

requesting personal services contract authority for the JALFHCC. Currently, the JALFHCC is able to use personal service contracts in East Campus clinics only. JALFHCC is also requesting the authority due to frequent transfers and/or deployments of active duty providers. The authority will also help meet the significant changes in demand for services based on fluctuations in recruits going through the Recruit Training Command pipeline at any given time.

### **Additional Suicide Prevention Efforts**

To strengthen suicide prevention efforts, a MOA between VA and DoD was developed in FY 2017. A VA-DoD Suicide Prevention Strategic Decision Team (SDT) has been formed to make recommendations for implementation for the complex initiatives under the MOA that cross traditional organizational boundaries. The SDT will report to the JEC. The SDT meets monthly and is a strategic cross-training program for staff to share skills, best practices, and methodology across the Departments. This includes temporarily embedding a DoD subject matter expert at VA to achieve heightened communication and implementation of activities and initiatives to further VA and DoD suicide prevention and collaboration.

### **SECTION 3 – NEXT STEPS**

The accomplishments described in this VA-DoD JEC FY 2017 AJR demonstrate concerted efforts between VA and DoD to improve the multiple areas of joint responsibility that directly affect the care and benefits of SM/Vs. This report provides updates in strategic areas that will continue to evolve until these joint initiatives become fully institutionalized into everyday operations. Both Departments are sincerely committed to maintaining and improving the collaborative relationships that make this progress possible.

Moving forward, the JEC will continue to set the strategic direction using the JSP framework for joint coordination and sharing efforts between VA and DoD. 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 SM/Vs.

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

Title of Report: VA-DoD JEC FY 2017 Annual Report

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

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

Direct Labor Cost	\$	48,350
Contract(s) Cost	\$	0
Production and Printing Cost	\$	2,400
Total Estimated Cost to Prepare Report	\$	50,750

Brief explanation of the methodology used to project cost estimate:

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

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

AC – Active Component  
AD – Active Duty  
AJR – Annual Joint Report  
ANGB – Air National Guard Base  
BEC – Benefits Executive Committee  
BL – Business Line  
BVA – Blind Veterans Association  
CARA – Comprehensive Addiction and Recovery Act  
CDC – Centers for Disease Control and Prevention  
CHHP – Comprehensive Hearing Health Program  
CIDM – Capital Investment Decision Making  
CMS – Centers for Medicare & Medicaid Services  
CoE – Center of Excellence  
CPC – Construction Planning Committee  
CPG – Clinical Practice Guideline  
CR – Clinical Recommendation  
DAS – Data Access Service  
DD – Department of Defense Forms  
DHA – Defense Health Agency  
DMDC – Defense Manpower Data Center  
DMIX – Defense Medical Information Exchange  
DoD – Department of Defense  
DOL – Department of Labor  
DS Logon – DoD Self-Service Logon  
DVEAR – Defense and Veterans Extremity Injury and Amputation Registry  
DVEIVR – Defense and Veterans Eye Injury and Vision Registry  
EACE – Extremity Trauma and Amputation Center of Excellence  
EHR – Electronic Health Record  
FAAST – Federal Advanced Amputation Skills Training  
FCMT – Federal Case Management Tool  
FOC – Full Operational Capability  
FY – Fiscal Year  
GAO – Government Accountability Office  
HAIMS – Health Artifact and Image Management Solution  
HCE – Hearing Center of Excellence  
HDIMP – Health Data Interoperability Management Plan  
HDS – Health Data Sharing  
HEC – Health Executive Committee  
HIT – Health Information Technology  
HL7 – Health Level Seven  
I2TP – Information Interoperability Technical Package  
IC3 – Interagency Care Coordination Committee  
ICP – Interagency Comprehensive Plan  
IDES – Integrated Disability Evaluation System

IEEE-SA – Institute of Electrical and Electronics Engineers Standards Association  
 ILER – Individual Longitudinal Exposure Record  
 IM/IT – Information Management/Information Technology  
 IOC – Initial Operational Capability  
 IPO – Interagency Program Office  
 IS/IT – Information Sharing/Information Technology  
 IT – Information Technology  
 IWG – Independent Working Group  
 JALFHCC – James A. Lovell Federal Health Care Center  
 JCCQAS – Joint Centralized Credentials Quality Assurance System  
 JEC – Joint Executive Committee  
 JHASIR – Joint Hearing Loss and Auditory System Injury Registry  
 JIP – Joint Interoperability Plan  
 JISP – Joint Interoperability Strategic Plan  
 JLV – Joint Legacy Viewer  
 JPEP – Joint Pain Education Project  
 JSP – Joint Strategic Plan  
 LC – Lead Coordinator  
 MESL – Military Exposure Surveillance Library  
 MHS – Military Health System  
 MMDB – Military Mortality Database  
 MHSRS – Military Health System Research Symposium  
 MOA – Memorandum of Agreement  
 MOU – Memorandum of Understanding  
 MRWG – Medical Records Working Group  
 MST – Military Sexual Trauma  
 MTC – Make the Connection  
 NARA – National Archives and Records Administration  
 NDAA – National Defense Authorization Act  
 NRD – National Resource Directory  
 OI&T – Office of Information and Technology  
 ONC –Office of the National Coordinator  
 OTH – Other-Than-Honorable  
 PCORI – Patient-Centered Outcomes Research Institute  
 PMWG – Pain Management Working Group  
 POM – Program Objective Memorandum  
 PSA – Public Service Announcements  
 RC – Reserve Component  
 ROES – Remote Order Entry System  
 SAMHSA – Substance Abuse and Mental Health Services Administration  
 SCIP – Strategic Capital Investment Program  
 SDT – Strategic Decision Team  
 SDVA – State Departments of Veterans Affairs  
 SEPS – Space and Equipment Planning System  
 SGLI – Servicemembers' Group Life Insurance  
 SHA – Separation Health Assessment

SHAWG – Separation Health Assessment Working Group  
SM/V – Service members and Veteran  
SOES – SGLI Online Enrollment System  
SRWG – Shared Resources Working Group  
SSM – Separating Service Member  
STR – Service Treatment Record  
TBI – Traumatic Brain Injury  
TMS – Talent Management System  
USD(I) – Under Secretary of Defense for Intelligence  
USUHS – Uniformed Services University of the Health Sciences  
VA – Department of Veterans Affairs  
VAMC – VA Medical Center  
VBA – Veterans Benefits Administration  
VBMS – Veterans Benefits Management System  
VCE – Vision Center of Excellence  
VE – VistA Evolution  
VHA – Veterans Health Administration  
VHIC – Veteran Health ID Card  
VISN – Veterans Integrated Service Network  
VistA – Veterans Information Systems and Technology Architecture  
VSHWG – Vision Stakeholder's Working Group  
VTA – Veterans Tracking Application  
WG – Working Group  
WRNMMC – Walter Reed National Military Medical Center