



Department of Veterans Affairs- Department of Defense

Joint Executive Committee

Annual Joint Report Fiscal Year 2022

The estimated cost of this report or study for the Department of Defense and Veterans Affairs is approximately \$53,000 for the 2022 Fiscal Year. This includes \$0 in expenses and \$53,000 in VA-DoD labor.

A handwritten signature in black ink, appearing to read "Guy T. Kiyokawa".

Guy T. Kiyokawa
Acting Deputy Secretary
Department of Veterans Affairs

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.".

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

VA-DoD
Joint Executive Committee
Membership List
(As of February 8, 2023)

Department of Veterans Affairs

Deputy Secretary of Veterans Affairs

Under Secretary for Health

Under Secretary for Benefits

Assistant Secretary for Congressional and
Legislative Affairs

Assistant Secretary for Enterprise
Integration

Assistant Secretary for Human Resources
and Administration/Operations, Security and
Preparedness

Assistant Secretary for Information and
Technology

Assistant Secretary for Management and
Chief Financial Officer

Assistant Secretary for Public and
Intergovernmental Affairs

General Counsel, Office of General Counsel

Principal Executive Director, Office of
Acquisition, Logistics and Construction

Deputy Director, Federal Electronic Health
Record Modernization Office

Department of Defense

Under Secretary of Defense for Personnel
and Readiness

Assistant Secretary of Defense for Health
Affairs

Executive Director, Force Resiliency

Director, Federal Electronic Health Record
Modernization Office

Assistant Secretary of Defense for
Manpower and Reserve Affairs

Assistant Secretary of the Army for
Manpower and Reserve Affairs

Assistant Secretary of the Navy for
Manpower and Reserve Affairs

Assistant Secretary of the Air Force for
Manpower and Reserve Affairs

Deputy Commandant of the Marine Corps
for Manpower and Reserve Affairs

Deputy Assistant Secretary of Defense for
Health Services Policy and Oversight

Principal Deputy Assistant Secretary of
Defense for Health Affairs

Director, Defense Health Agency

Office of General Counsel

Director of the Joint Staff

Assistant to the Secretary of Defense for
Public Affairs

Department of Defense (continued)

Assistant Secretary of Defense for
Legislative Affairs

Under Secretary of Defense
(Comptroller)/Chief Financial Officer of the
Department of Defense

Invited Participants

Assistant Secretary of Labor for Veterans'
Employment and Training Service

Chief, Veterans Affairs and Defense Health
Branch, Office of Management and Budget

Table of Contents

| | |
|---|----|
| SECTION 1 – INTRODUCTION | 1 |
| SECTION 2 – ACCOMPLISHMENTS | 1 |
| GOAL 1 – Health Care Collaboration | 2 |
| Priority 1.A. Environmental Exposures/Individual Longitudinal Exposure Record | 2 |
| Priority 1.B. Military Medical Provider Readiness | 4 |
| Priority 1.C. Opioid Safety and Awareness | 4 |
| Priority 1.D. Sexual Trauma Health Care Assistance | 5 |
| Priority 1.E. Suicide Prevention | 7 |
| Priority 1.F. Telehealth | 9 |
| GOAL 2 – Integrate Benefits and Services Delivery | 10 |
| Priority 2.A. Communication of Benefits and Services | 10 |
| Priority 2.B. Dual Compensation | 11 |
| Priority 2.C. Extension of Certain Morale, Welfare and Recreation Privileges to Certain Veterans and their Caregivers | 12 |
| Priority 2.D. Joint Plan to Modernize External Digital Authentication | 12 |
| Priority 2.E. Military Personnel Data Transmission | 13 |
| Priority 2.F. Service Treatment Record Electronic Sharing Enhancements | 14 |
| Priority 2.G. Sexual Trauma Benefits Assistance | 15 |
| GOAL 3 – Enhance the Transition and Post-Separation Experience | 15 |
| Priority 3.A. Separation Health Assessment Enhancements | 15 |
| Priority 3.B. Military-to-Civilian Readiness Framework | 17 |
| Priority 3.C. Sexual Trauma Transition Assistance | 29 |
| Priority 3.D. Commander John Scott Hannon Veterans Mental Health Improvement Act of 2019 (Hannon Act) | 29 |
| GOAL 4 – Modernize Shared Business Operations | 29 |
| Priority 4.A. Base Access | 29 |
| Priority 4.B. Identity Fiscal Year 2021-2022 Management | 30 |
| Priority 4.C. Integrated Disability Evaluation System | 31 |
| Priority 4.D. Joint Sharing of Facilities and Services | 32 |
| Priority 4.E. VA-DoD Reimbursement Process | 33 |

| | |
|---|----|
| GOAL 5 – Strengthen Interoperability and Partnership | 34 |
| Priority 5.A. Electronic Health Record Modernization Interoperability | 34 |
| Priority 5.B. Joint Data and Analytics Strategy..... | 40 |
| SECTION 3 – NEXT STEPS | 43 |
| APPENDIX A – ORGANIZATION | 44 |

SECTION 1 – INTRODUCTION

The Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee is pleased to submit the VA-DoD Joint Executive Committee Fiscal Year (FY) 2022 Annual Joint Report, from October 1, 2021, to September 30, 2022, to Congress as required by Title 38, United States Code § 8111(f). The Annual Joint Report provides Congress with information about the collective accomplishments of the two Departments, and our partners where applicable, and highlights current efforts to improve joint coordination and resource sharing. This report does not contain recommendations for legislation.

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

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

The VA-DoD Joint Executive Committee FY 2022 Annual Joint Report links accomplishments to the following five strategic goals established in the FY 2022-2027 VA-DoD Joint Executive Committee Joint Strategic Plan: (1) Health Care Collaboration; (2) Integrate Benefits and Services Delivery; (3) Enhance the Transition and Post-Separation Experience; (4) Modernize Shared Business Operations; and (5) Strengthen Interoperability and Partnership. These goals are supported by the annual Joint Operating Plan, which identifies current Joint Executive Committee priorities, objectives, and action plans to allow more flexible execution. This approach clarifies the connection between strategic planning and outcomes achieved through VA and DoD coordination, collaboration and sharing efforts.

SECTION 2 – ACCOMPLISHMENTS

This section highlights the FY 2022 accomplishments of the Joint Executive Committee, Health Executive Committee, Benefits Executive Committee, Transition Assistance Program Executive Council, Information and Technology Executive Committee, Federal Electronic Health Record

Modernization Executive Committee, and Independent Working Groups. The report also acknowledges some planned activities for FY 2023.

GOAL 1 – Health Care Collaboration

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

Priority 1.A. Environmental Exposures/Individual Longitudinal Exposure Record

The Health Executive Committee's (HEC) Deployment Health Working Group continues to jointly develop and deploy the VA and DoD Individual Longitudinal Exposure Record (ILER) to capture occupational and environmental exposures for Service members and Veterans. The Individual Longitudinal Exposure Record was initially released in 2019 and VA and DoD continue to expand the ILER capabilities.

With the increasing need to capture and record Service-related exposures, the Health Executive Committee approved an accelerated and expanded development plan to be fully operational six months early by June 2023.

The ILER addresses an ongoing gap by linking environmental exposure data, health care, and health effects research. Each individual's ILER connects them by time, place, event, and all-hazard exposure monitoring data with medical encounter information (diagnosis, treatment, and laboratory data) across the Service member's career. The Individual Longitudinal Exposure Record improves the quality and quantity of information centrally available to VA and DoD health care providers, epidemiologists, medical researchers, and VA disability evaluation and benefits determination specialists through the ILER's web-based application and the Joint Longitudinal Viewer within the electronic health record. The ILER facilitates awareness of exposure-related health care needs, assessment of exposure histories for individuals and populations, and enhances disability evaluations to provide more informed benefits determinations.

The Individual Longitudinal Exposure Record also increases communication and transparency on deployment-related exposures between Departments, Congress, beneficiaries, and other stakeholders. In FY 2022, VA and DoD continued to implement a DoD and VA semiannual outreach and education program to increase ILER users and awareness, specifically targeting health care providers with a future goal to target researchers, epidemiologists, and claims/benefits adjudicators. It is anticipated that VA claims adjudicators will start implementing the Individual Longitudinal Exposure Record into their processes in January 2023. In addition to the Joint Longitudinal Viewer, other interface capabilities are being explored with the Federal Electronic Health Record Modernization efforts to increase access to the ILER through the joint VA and DoD electronic health record, allowing providers quicker access with a more comprehensive exposure summary and history of the Service member or Veteran. Continued development of the current epidemiology and research "Search by Exposure" functionality now allows users of the ILER to create exposure cohorts based on specific health effects. This is a critical step to monitoring exposed groups of individuals for potential long-term or latent health effects that could be attributed to occupational and environmental

exposures. Upcoming expanded functionality will allow researchers and epidemiologists to utilize the “Search by Health Effects” functionality.

Data system interfacing with the ILER Record is an ongoing and critical development effort. Expanding the Individual Longitudinal Exposure Record links to additional data systems increases its ability to improve exposures and health associations. The Airborne Hazards and Open Burn Pit Registry and the Chemical Biological Warfare Exposure System are two new systems that now interface with the ILER. Through multiple stakeholder engagements, VA and DoD developed a prioritized list of data sources and are prepared to include more for future development.

As part of the system development process during FY 2022, the team completed three major releases of the ILER, with no significant system defects during the independent validation testing. Overall, the ILER has maintained a high user approval rating and usage has continued to increase. The total number of trained Individual Longitudinal Exposure Record users in VA and DoD increased from 144 users in FY 2020 to 847 users as of September 30, 2022. The 847 users represent public health, clinical/medical care, and occupational and environmental health communities. In FY 2022, there were nearly 800,000 queries made to the ILER with 776,946 individual exposure summaries created. While the user-base continues to grow, currently 94 percent of all Veterans Health Administration (VHA) facilities have at least one trained ILER user. Beginning January 1, 2023, all Veterans Service Representatives will be required to use the ILER as part of the claims adjudication process. VA issued interim guidance on October 7, 2022 to the user community, and an additional 2,640 individuals have completed the Individual Longitudinal Exposure Record training or have submitted account requests. Since FY 2020, the number of Individual Exposure Summaries, the ability to connect an individual’s deployment locations to a documented exposure event in Individual Longitudinal Exposure Record, has grown from 1.2 million summaries to more than 5.2 million. Also, the number of individual deployment records provided to the Individual Longitudinal Exposure Record since FY 2020 has expanded from 17 million records to more than 24.5 million.

In August 2022, the Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act), Public Law (P.L. 117–168), was signed into law. The PACT Act contains two provisions that directly affect the implementation of the Individual Longitudinal Exposure Record: a biennial Individual Longitudinal Exposure Record briefing to the appropriate Congressional Committees (section 802) and providing a means for Service members and Veterans to update exposure records in the Individual Longitudinal Exposure Record (section 803). The Departments have already begun coordinating efforts on these provisions.

In FY 2023, VA and DoD will continue to build on their achievements by enhancing the ILER application, improving existing functionality, expanding data system interfaces, and user base. The continued growth of the ILER user-base and development to full interoperability, including interfaces with the electronic health record, is critical. VA and DoD will continue to work together to refine and expand the system to achieve an elevated functional and accessible system for broader VA and DoD-wide use by June 2023.

Priority 1.B. Military Medical Provider Readiness

The Departments continue to implement the Military Medical Provider Readiness initiative to establish a data-driven alignment tool, matching VA patient clinical specialty access to care demand with available DoD facility clinical specialty capacity. This effort is led by the Health Executive Committee's Shared Resources Working Group, which is chartered to explore and identify opportunities for increased collaboration between VA and DoD that are mutually beneficial for improving access, quality, safety, clinical readiness of providers and cost effectiveness of care provided to beneficiaries.

In FY 2021, the Military Medical Provider Readiness core team members, comprised of data technicians and analysts from the VA Veterans Support Service Center and Kennell and Associates, completed the assessment, identification, and matching of all relevant data elements from the VA Corporate Data Warehouse and the Military Health System Data Repository. This effort led to the successful development of 36 jointly established VA and DoD data tables which were compiled from hundreds of data elements across 437 VA medical facilities and 130 DoD Military Medical Treatment Facilities supporting the data-driven alignment tool. In December 2021, the Interconnection Security Agreement was signed to allow use of the Secure File Transfer Portal providing bi-directional transfer of the VA and DoD data sets between the Departments.

In June 2022, the Military Medical Provider Readiness team was able to compile and transfer the DoD and VA data sets using the Secure File Transfer Portal to identify DoD's medical needs and VA's access requirements. However, with the current transition and deployment from the legacy electronic medical record to the new Military Health System GENESIS electronic health record system, there are data latency issues causing unavoidable errors with the data-driven tool. With no permanent remedy to correct the issue, the Military Medical Provider Readiness team will re-scope the objective by Q2 FY 2023 to reflect the current environment and way forward.

Priority 1.C. Opioid Safety and Awareness

Together, the VA and DoD developed an integrated approach to opioid safety, pain management, and Opioid Use Disorder treatment. As the nation faces an epidemic of prescription medication overuse, abuse, and diversion, the VA and DoD continue to align their respective policies, strategies, and clinical practices in their health care systems in response to these challenges.

In FY 2022, the Pain Management Working Group continued to leverage lessons-learned from the COVID-19 pandemic and the negative impact it had on patient access to face-to-face encounters and related pain management care in VA and DoD medical treatment facilities. For example, functional restoration programs have proven to be an effective treatment adjunct for many people with chronic pain conditions and can reduce or eliminate the use of opioids in the treatment plan. Functional restoration programs are relatively resource intensive, requiring multi-disciplinary clinical teams and an average of five weeks of outpatient therapy appointments. Because functional restoration programs are not universally available across DoD and VA facilities, patients either lack access to these programs at their local facility or are compelled to travel long distances. VA's Pain Empowerment Anywhere Program in Tampa, Florida is a working model of a virtual functional restoration program that has the capacity to

accommodate enrollees from VA and DoD. The Pain Management Working Group is executing a multi-year project utilizing the Pain Empowerment Anywhere Program to evaluate joint utilization of a functional restoration program. The program is tracking patient outcomes, soliciting feedback from providers and patients, and providing recommendations for modeling future VA and DoD functional restoration programs.

The Pain Management Working Group continued to focus on strengthening alignment of VA and DoD pain management and opioid safety practices, policies, and education resources. The Pain Management Working Group updated the training modules of the Joint Pain Education Project curriculum to include new content from FY 2022, including updated Clinical Practice Guidelines for Opioid Therapy and Low Back Pain. The curriculum and modules were also reformatted to allow self-study and were published in October 2022. The complete set of web-based, self-paced pain education modules, with expanded pain topics, is scheduled for release by June 2023. This collaboration effort between DoD and VA will develop a standardized pain management curriculum to improve complex patient and provider education and training. In turn, this collaboration effort will standardize DoD/Veterans Health Administration (VHA) education curriculum content, supporting materials, and a variety of commonly accessible delivery systems as well as enhance pain care transition between the DoD and VA and promote commitment to learning and training our providers, teams, centers, and agencies together; ultimately building a new model of pain care.

The VA-DoD Opioid Use Disorder communities are working to complete a multi-year project which involves joint strategic planning and development of an integrated path forward to increase Service member and Veteran access to standardized Opioid Use Disorder treatment protocols with an emphasis on support during transition from DoD to the VA health system; this will allow critical decision points in the use of opioids in the management of chronic pain and provides clear and comprehensive evidence-based recommendations incorporating current information and practices for practitioners throughout the DoD and VA health care systems.

Priority 1.D. Sexual Trauma Health Care Assistance

The Sexual Trauma Working Group was formally established as a Joint Executive Committee Independent Working Group by the VA-DoD Joint Strategic Plan for Fiscal Years 2019-2021. In FY 2022, the Joint Executive Committee (JEC) identified three priorities for this working group, including Sexual Trauma Health Care Assistance, Sexual Trauma Benefits Assistance, and Sexual Trauma Transition Assistance, in support of three separate Joint Executive Committee overarching strategic goals. The working group continues to provide the structure for VA and DoD to continue strengthening efforts to collaborate and facilitate treatment for transitioning Service members who report experiencing sexual trauma during military service, assist Veterans in filing related disability claims, and ensure plans are implemented to process sexual trauma claims efficiently and effectively.

In FY 2022, a primary focus of the Sexual Trauma Working Group was coordination of implementation of Section 538 of the National Defense Authorization Act (NDAA) for FY 2021, P.L. 116-283, which requires VA and DoD to jointly develop, implement, and maintain a standard of coordinated care for Service members who experience sexual trauma during military service. This includes planning for the provision of information in various specified venues to

members of the Armed Forces about VA's military sexual trauma related services and benefits, development of transition assistance systems to allow for connections between DoD Sexual Assault Response Coordinators and Veterans Health Administration (VHA) Military Sexual Trauma Coordinators, and annual training and other efforts to educate Sexual Assault Response Coordinators about VA services. In FY 2022, specific accomplishments related to implementation of Section 538 of the NDAA for FY 2021 included:

- Development, coordination, and submission to Congress of the VA-DoD Initial Joint Report on Coordination of Support for Survivors of Sexual Trauma.
- Development of informational products describing VA health care services and other benefits available to survivors of sexual trauma during military service. Revision of DoD Form 2910, "Victim Reporting Preference Statement," to include the following information: (1) every VA health care facility has a VHA Military Sexual Trauma Coordinator who can assist in accessing military sexual trauma -related medical and mental health care, (2) every Veterans Benefit Administration (VBA) Regional Office has a Military Sexual Trauma Outreach Coordinator who can help with disability claims related to military sexual trauma, and (3) instructions on how to connect with those coordinators. Additionally, web addresses are included on the form to find the names and contact information for the nearest VHA and VBA Military Sexual Trauma Coordinators.
- Sexual Assault Response Coordinators or Uniformed Victim Advocates utilize this information to fill in the information of the nearest VHA Military Sexual Trauma Coordinator and review this information with the survivor while completing the DoD Victim Reporting Preference Statement.
- DoD's Sexual Assault Prevention and Response Office developed and hosted a virtual training for DoD Sexual Assault Prevention and Response Personnel about sexual trauma services available from DoD and VA. To increase awareness of services across DoD and VA to response personnel, the training included presenters from the VHA, VBA, and DoD. The training was recorded and will be used on an ongoing basis.

In FY 2022, the Sexual Trauma Working Group led the development of a handout to ensure all transitioning Service members who complete the new VA-DoD Separation Health Assessment will be provided with information about the full range of sexual trauma services available from VA and DoD. The handout details VA and DoD disability benefits, health care, and other services available to assist Service members who have experienced sexual trauma and will be provided to each separating Service member as part of the Separation Health Assessment, regardless of which Department (VA or DoD) conducts the exam.

The working group advocated for policy changes that require the sexual trauma services handout be distributed to all separating Service members who receive a Separation Health Assessment. At the time of this report, the handout is being reviewed for formal VA and DoD coordination and clearance.

In FY 2022, the Sexual Trauma Working Group also led the development of two process maps documenting Department-level information relevant to individuals filing disability claims related

to military sexual trauma, including one map documenting VBA benefits processes and timelines related to these claims, and one map documenting DoD procedures that may intersect with the VBA military sexual trauma-related claims process. These process maps were used to jointly identify initial areas of opportunity where VA and DoD can work together to improve the claims process for individuals filing claims for military sexual trauma-related conditions.

In FY 2022, the Joint Executive Committee Sexual Trauma Working Group also closely tracked the efforts of DoD's Independent Review Commission on Sexual Assault in the Military, whose mission was to provide a report and recommendations to the Secretary of Defense and the President of the United States on how to advance efforts to counter military sexual assault and harassment in four focus areas: accountability; prevention; climate and culture; and victim care and support. The Independent Review Commission's final report containing recommendations was released in July 2021. DoD developed an implementation roadmap to address the recommendations approved by the Department using a four-tier approach. Subsequently, the DoD issued implementing guidance for each of the four tiers, including to the Military Departments and the National Guard Bureau. The Military Departments and the National Guard submitted plans of action to the Office of the Under Secretary of Defense for Personnel and Readiness which outlined milestones and resource requirements. The Joint Executive Committee Sexual Trauma Working Group is poised to support joint VA-DoD requirements of the Independent Review Commission as necessary.

It should be noted that VA and DoD use different language for sexual trauma during military service. DoD uses the terms "sexual assault, intimate partner sexual abuse, and sexual harassment" while VA uses "military sexual trauma." As a result, the working group established the umbrella term "sexual trauma" to capture the terms used by the VA and DoD to promote clarity of the working group's intent without seeking to change the language used by each Department. The term "sexual trauma" includes unwanted sexual contact and/or sexual harassment experienced by a Service member during military service. The term "military sexual trauma" is specific to VA and is described in Title 38, U.S. Code §1720D(a)(A1) as "a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the former member of the Armed Forces was serving on duty, regardless of duty status or line of duty determination." This treatment authority does not authorize care related to sexual assault and harassment outside of military service, although enrolled Veterans who have such experiences can receive care and treatment for them under a separate authority.

Priority 1.E. Suicide Prevention

The VA-DoD Suicide Prevention Joint Action Plan Implementation Team was convened as an interdepartmental working group aligned under the Joint Executive Committee focused on implementing and tracking the outcomes of the Joint Action Plan for Executive Order 13822, Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life. In response to Executive Order 13822, VA, DoD, and the Department of Homeland Security (DHS) published a plan in May 2018 to ensure transitioning Service members and Veterans have seamless access to mental health and suicide prevention resources. Leadership in VA, DoD, and DHS oversaw the plan's implementation and reported to the Joint Executive Committee.

The VA-DoD Suicide Prevention Joint Action Plan Implementation Team was chartered in December 2018 and included the following overarching goals:

- Goal 1: Improve actions to ensure all transitioning Service members are aware of and have access to mental health services.
- Goal 2: Improve actions to ensure the needs of at-risk Veterans are identified and met.
- Goal 3: Improve mental health and suicide prevention services for individuals that have been identified as needing care.

Fifteen of the 16 identified actions were successfully implemented. One action, Readiness Standards (2.3) was transferred to Transitional Assistance Program – Executive Committee in October 2021 and is currently being worked. As such, the VA-DoD Suicide Prevention Joint Action Plan Implementation Team was sunset in 2022.

As part of the achievement of these requirements, it is worth noting some of the many successful efforts that resulted from this effort.

Regarding support for all transitioning Service members (Goal 1), in 2019 the VA/DoD Joint Executive Committee approved the Military to Civilian Readiness (M2C Ready) Pathway as a six-step framework to ensure successful and comprehensive support for transition Service members, Veterans, and their Families during the critical 365–days post separation.

Governed by the Veterans Benefit Administration (VBA) Office of Outreach, Transition and Economic Development and the DoD Military-Civilian Transition Office, M2C Ready encompasses holistic programs and services provided by federal interagency partners as well as those provided by Veterans Service Organizations, VA State Directors, and local community resources.

Additionally, the VA Solid Start program was implemented. This program seeks to engage and connect with Veterans by phone at three key intervals during the critical first-year transition from Active Duty to establish a personal connection with VA, ensure awareness of benefits and services that are available, lower the barrier to entry into VA mental health care, and support a successful transition to civilian life.

- VA Solid Start was launched in December 2019, in response to Executive Order 13822, Supporting our Veterans During Their Transition from Uniformed Service to Civilian Life. As part of the M2C Ready framework, the program was codified with the signing of the Solid Start Act of 2022, P.L. 117-205 on October 17, 2022
- Since its launch, through September 30, 2022, VA Solid Start has successfully connected with 274,017 (65.1 percent) of eligible Veterans. This reflects an increase from the previous connection rate.
- Veterans Health Administration's (VHA) Post-9/11 Military2VA Case Management Program teams, located in VA medical centers, directly support VA Solid Start by connecting Veterans to warm handovers and direct referrals for support with accessing health care. In FY 2022, VA Solid Start completed over 700 direct referrals for support.
- Regarding at-risk transitioning Service members and Veterans, (Goal 2) DoD continues coordinating the Enterprise Individual Self-Assessment Pilot with World Health

Organization recipient agencies and will begin the pilot in 2023 to capture potential risks for transitioning Service members. These Service members will complete the Enterprise Individual Self-Assessment twice.

- Service members will first complete the Enterprise Individual Self-Assessment during the Transition Assistance Program's Individualized Initial Counseling to establish a baseline understanding and identify requirements, if any, for a warm hand-off to support providers.
- Service members will complete the Enterprise Individual Self-Assessment a second time at the end of the transition process to measure individual improvements achieved through the Transition Assistance Program and warm hand-offs and to ascertain if there were any previously unidentified needs that were not addressed.

Pertaining to improved services (Goal 3), there was an expansion of Military OneSource eligibility from 180 to 365-days post-separation as part of the Military to Civilian Readiness Pathway and Executive Order 13822, and later enacted in the National Defense Authorization Act for FY 2019, P.L. 115-232. Military OneSource also expanded outreach in FY 2021 to include follow-up at the 90 and 180-day mark post-initial outreach for opt-ins. The expansion of Military OneSource ensures ensure a smooth military separation and a successful return to civilian life; this includes helping navigate common challenges during the transition process.

Recognizing the criticality of suicide prevention and mental health support resources during transition, the Joint Executive Committee directed the creation of the VA-DoD working group called the "Joint (VA/DoD) Suicide Prevention and Associate Mental Health Working Group" or J-SPAMH. The purpose of this new group will be to improve, collaborate, and track clinical and non-clinical suicide prevention efforts across VA and DoD, with a particular focus on learning management system efforts to reduce Service members and Veteran suicide, applicable joint suicide prevention efforts, and implementation of the Hannon Act Sections 101 and 102.

Priority 1.F. Telehealth

The VA and DoD Health Executive Committee's Telehealth/Virtual Health Working Group develops and promotes strategic opportunities to coordinate and share telehealth-related services and resources between the Departments. VA and DoD leverage telehealth to overcome traditional barriers to health care and enhance the accessibility, capacity, and quality of health care for Service members, Veterans, their Families, and their Caregivers.

In FY 2022, the VA and DoD Telehealth/Virtual Health Working Group embarked on a Telehealth/Virtual Health environmental scan report. This report is expected to be completed in Q1 FY 2023 and will identify and crosswalk the key elements of each Department's telehealth-related infrastructure, documenting their respective levels of readiness to develop interdepartmental telehealth capabilities.

As part of the environmental scanning process, 15 joint VA/DoD telehealth programs were identified in various stages of planning, piloting, or implementation. These joint VA/DoD

telehealth programs will serve as a baseline by which to measure future growth. Additionally, the stakeholders of these joint telehealth programs will be utilized to identify gaps, friction points, and best practices for inclusion in the future procedures guide. When completed, the report will be used to inform the drafting of a joint VA and DoD Telehealth Procedures Guide. This guide will assist health-care providers, organizations, and facilities in both Departments to develop collaborative telehealth initiatives and increase synergy between VA and DoD.

Departmental Specific Telehealth/Virtual Health Efforts:

In FY 2022, DoD completed initial implementation of Video Connect, an enterprise-wide virtual health solution, at all Military Treatment Facilities and U.S. Coast Guard sites. Basic integration of Military Health System Video Connect into MHS GENESIS was completed in June 2022. As of September 24, 2022, 67 percent of Military Treatment Facilities had transitioned to the new electronic health record. For Military Treatment facilities not yet transitioned to the new electronic health record, a compatible version of Video Connect is being used. In FY 2022, VA provided over 11 million telehealth episodes of care to more than 2.3 million Veterans. This includes more than 9.2 million Video Connect visits that were provided to Veterans in their home or at a non-VA location, a greater than 3,000 percent increase compared to pre-pandemic FY 2019. Of these, more than 1.9 million VA Video Connect visits were to Veterans living in rural areas. By the end of FY 2022, over 90 percent of VA's health-care professionals completed the required Video Connect training and conducted at least one video telehealth encounter with a Veteran in their home or other non-VA setting.

VA also established a digital divide consult process to assist Veterans who may lack internet services or technology needed to participate in VA telehealth. Through the consult process, social workers help Veterans identify programs (such as VA's 4G Connected tablet program or Federal Communications Commission's Lifeline and Affordable Connectivity Program) that can help Veterans obtain the technology and internet they need to engage in VA telehealth. Through VA's digital divide consult process, there are currently over 110,000 loaned tablets in the hands of Veterans.

The Joint Executive Committee Health Executive Committee continues work through its telehealth working group to expand VA and DoD telehealth services, as well as integrating telehealth efforts into the new electronic health record system.

GOAL 2 – Integrate Benefits and Services Delivery

Goal Statement: Deliver comprehensive benefits and services through an integrated beneficiary-centric approach that anticipates and addresses the needs of stakeholders, provides excellent customer service, and is transparent.

Priority 2.A. Communication of Benefits and Services

In FY 2022, the Benefits Executive Committee's Communication of Benefits and Services Working Group coordinated and completed signing of a new charter. The charter expands opportunities with virtual engagements between VA, DoD, and other partners to enhance support of benefits and resources information to Service members, Veterans, Families, and Caregivers. This includes information on the Veterans Affairs Program of Comprehensive Assistance for

Family Caregivers, the new 988 Suicide and Crisis Lifeline, and the enactment of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, P.L. 117 168 (PACT Act).

The Communication of Benefits and Services Working Group launched the first electronic Caregiver Resource Directory to increase access to information resources and benefits for the Families and Caregivers of Active Duty Service members, transitioning Service members, and Veterans. This effort was accomplished with support from the Department of Labor (DOL) Veterans' Employment and Training Service, the American Red Cross Military Veterans Caregiver Network, and the Elizabeth Dole Foundation.

The Communication of Benefits and Services Working Group collaborated with the Veterans Benefits Administration (VBA) and Department of Labor Veterans' Employment and Training Service to perform a complete review and update of the DoD/VA and DOL Transition Assistance Program curricula. This effort provided information to increase knowledge and access to information on multiple capabilities to decrease confusion and enhance seamless transition from DoD to other federal agencies. These tools support over 200,000 Service members and recently-transitioned Veterans annually.

Priority 2.B. Dual Compensation

By law, Service members with a VA disability rating cannot receive VA compensation payments and military pay concurrently, which includes Reserve Component Drill Pay and/or Active Duty pay. Service members must decide to either waive their military pay or their VA disability compensation. With the Benefits Executive Committee's support, VA and DoD continue to pursue improvements to the adjustment process for Veterans who choose to waive VA disability compensation pay to reduce improper payments and Service member debt recovery.

In November 2018, VA increased the efficiency of the existing process with automatic batch processing of dual compensation adjustments based on data provided by the DoD's Defense Manpower Data Center. Now, VA notifies the Veteran of the proposed adjustment based on the personnel and pay data received from DoD and gives them the opportunity to decide to either waive their military pay or their VA disability compensation. Depending on the response received from the Veteran, VA adjusts the Veteran's compensation award in a timely manner; or, if no response is received, after 65 days based on the personnel and pay data from DoD.

VA initially conducted an automated batch process adjustment for Reserve Component drill pay in FY 2019. In FY 2020, VA conducted an automated batch process for Veterans who returned to Active Duty. In FY 2022, VA completed the FY 2021 Active Duty and Inactive Duty (Drill Pay) adjustments, processing 106,493 cases, and completing 75,757 via automation, while the remainder required manual processing. VA also processed return-to-Active Duty batch jobs monthly to initiate award adjustments for Veterans who received dual compensation. From October 1, 2021, through July 30, 2022, VA processed the awards for 19,002 cases, thus reducing overpayments and debts.

Priority 2.C. Extension of Certain Morale, Welfare and Recreation Privileges to Certain Veterans and their Caregivers

Section 621 of the John S. McCain National Defense Authorization Act for FY 2019 authorized the extension of commissary, exchange, and certain Morale, Welfare and Recreation retail facility privileges to Veterans awarded the Purple Heart, Medal of Honor recipients, former Prisoners of War, Veterans with service-connected disabilities, and their Caregivers. This benefit became effective on January 1, 2020, with VA and DoD reporting successful implementation on time with no major issues.

The COVID-19 pandemic continued to impact usage of the benefit, resulting in lower than projected usage during the initial years of implementation. Current data on the number of transactions at commissaries shows an increase in usage in FY 2022 compared to prior years. Specifically, commissaries reported 672,961 total Veteran/Caregiver transactions in FY 2021 with sales of \$49.8M. For FY 2022, sales for this group included 884,712 transactions totaling over \$68.5M. There is no mechanism to track and report usage in Military Exchange facilities; however, usage is projected to be similar to transaction rates in commissaries with more than 1.7 million transactions annually. With the successful implementation and lessons learned, VA and DoD are re-evaluating the initial credentialing solutions to enhance access to military installations for this new population of beneficiaries.

In FY 2022, the Benefit Executive Committee's Patronage Expansion Working Group continued regular meetings focused on addressing direction from the Joint Executive Committee co-chairs to explore alternate options to meet requirements for base access, commissary use, and Veteran and Caregiver eligibility verification, and briefed courses of action for decisionmakers. To inform course of action development, the working group developed a list of comprehensive requirements, built a matrix of current VA and DoD credentials, identified the criteria required to obtain them, and laid out the visual and electronic information provided by each credential. The working group brought subject matter experts from VA and DoD together to obtain internal DoD, internal VA, and joint consensus on requirements for a potential access credential. By the end of FY 2022, VA and DoD leadership came together and agreed on a path forward to finding an acceptable solution in FY 2023 to meet these requirements.

Current acceptable credentials for access to military installations for this benefit remain the Veterans Health Identification Card, VA's Health Eligibility Center Form H623A, and a REAL ID, or a Caregiver Eligibility Letter paired with a REAL ID. These credentials, however, are not available to approximately 8,000 Veterans with a service-connected disability rating of zero percent who served for two years or less. While this population currently has access to online benefits, the working group is exploring credentialing solutions to enable in-person access to benefits. Ultimately, the goal is to have an acceptable credential for all eligible beneficiaries to demonstrate purpose and identity.

Priority 2.D. Joint Plan to Modernize External Digital Authentication

Identity, Credential and Access Management

Ensuring the necessary party has access to the correct system at the appropriate time is a

foundational requirement for the federal electronic health record. During FY 2022, the Federal Electronic Health Record Modernization (FEHRM) Office coordinated with technical stakeholders from DoD, VA, Department of Homeland Security's U.S. Coast Guard, and community partners to recommend unique federal user identification—based on a subset of the Federal Agency Smart Credential Number, derived from the National Institute of Standards and Technology 800-73-4 standard. This recommended approach will provide a shared unique identifier for DoD, VA, U.S. Coast Guard, and other future federal partners' users. The FEHRM Office worked with stakeholders to finalize complexity, feasibility, and implementation estimates for this recommendation.

Following nine joint technical sessions during FY22 to discuss the impacts of Identity, Credential and Access Management initiatives on the federal electronic health record; an initial delivery of a cost and complexity analysis was achieved for the FERHM as well as the identification of additional VA-specific requirements that will further inform and internally refine their Identity, Credential and Access Management requirements.

Priority 2.E. Military Personnel Data Transmission

The Information and Technology Executive Committee chartered the Military Personnel Data Working Group in 2018 to govern the framework for bi-directional personnel data exchange between VA and DoD. The sharing of personnel, eligibility, usage, and payment data between VA and DoD are understood to be critical for the administration of benefits and services on behalf of Service members, Veterans, and their Families. The working group helps to ensure access to authoritative data calibrated to the moments that matter in the Service members' and Veterans' journeys. It will also promote and ensure the use of data in evidence-based policy making within and between VA and DoD.

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

Guard Reserve Active Service Data Quality

In 2020, multiple VA lines of business, especially the Education and Compensation Services, reported experiencing issues with missing or inaccurate Reserve Component periods of active service from the VA-DoD Identity Repository database. The VA-DoD Identity Repository database is an electronic repository of military personnel's service history, payroll information and dependents' data, provided to VA by DoD's Defense Manpower Data Center. The data quality issues affect Veterans' access to care, benefits eligibility, and compensation. A joint VA and DoD team determined seven specific data quality issues that needed to be addressed and closed two and reviewed/monitored four of those data quality issues in FY 2021. In FY 2022, the work group achieved 100 percent accuracy and 100 percent compliance on all National

Guard/Reserve Component members called or ordered to active service with a focus on active service periods that end on or after January 1, 2015, closing out the final issue.

The Military Personnel Data Working Group and Benefits Executive Committee Information Sharing/Information Technology Working Group will continue to monitor all seven Guard Reserve Active Service data quality points to ensure VA business lines have the data needed to ensure timely and accurate determination of Veteran benefits and ensure future reporting meets agreed-upon data quality standards.

Common Population

Veterans who began receiving benefits prior to the establishment of the Defense Enrollment Eligibility Reporting System (DEERS) have military periods of service present in authoritative VA systems, but these records were not located in one centralized database. This project aimed to establish identities in the Defense Enrollment Eligibility Reporting System for all Veterans not previously known to DoD and to ensure all known periods of military service are available in the VA-DoD Identity Repository database.

In 2006, VA and DoD began working on the issue and consolidating VA customer records with VA systems and the DEERS/Personnel Data Records, including identity and military service. Over 27 million VA-sourced military records were processed and added to the DEERS/Personnel Data Records and over 7.5 million Veteran identity issues were resolved and updated.

In FY 2022, VA and DoD completed the evaluation of the common population load of military service periods available in the VA-DoD Identity Repository database. This 15-year effort provides a single source of military service data to all VA business lines and positively affects downstream processes within VA. This effort allows VA to decommission legacy systems, reduce VA-DoD system interface complexity, and discontinue the use of redundant processes when serving Veterans.

Priority 2.F. Service Treatment Record Electronic Sharing Enhancements

In FY 2022, the Benefits Executive Committee's Service Treatment Record Working Group improved upon the timely electronic transfer of service treatment records between both Departments using existing interfaces between VA's Data Access Service, VA's Veterans Benefits Management System, and DoD's Healthcare Artifacts and Images Management System. Despite the lasting operational challenges presented by the COVID-19 pandemic during FY 2022, DoD certified an average of 10 percent more transferred service treatment records as complete compared to FY 2021. This improvement in certification processing corresponded to providing assistance to an average of 11 percent more Veterans since the prior year. Notably, DoD decreased the number of late and loose-flowing service treatment record documents transferred to VA by a quarterly average of 51 percent, marking the largest quarterly decrease from one year to the next in the Service Treatment Record Working Group's history of tracking this metric.

In support of the Service Treatment Record Working Group's efforts to build upon its accomplishments regarding service treatment record transfers, in FY 2022 the VA developed and implemented End Product 699, an automated method to track receipt of unassociated service

treatment records when there is a previously closed claim. The initiative went live at the beginning of FY 2022. End Product 699 provides data on whether any Veterans' claims have been negatively impacted by any late or loose-flowing documents. The insights from End Product 699 will allow the Departments to pinpoint problem areas with the electronic service treatment record transfer process and provide more accurate data than what is currently being reported.

Moreover, both Departments accelerated activities for the bi-directional service treatment record transfer initiative that, once complete, will transfer historical service treatment records digitized by VA to DoD systems. The Service Treatment Record Working Group facilitated the successful completion of an inventory of the Service Treatment Records in question, identifying a target population of nine million files as tentatively in-scope for the transfer. DoD then began processing the demographics data for the nine million files by initiating the pre-registration of the related Veterans into its electronic repository to ensure profiles are in place to receive the transferred documents. The pre-registration will be complete in the first quarter of FY 2023, with additional work to follow to remedy any errant data and then plan for the file transfer. Due to these efforts in FY 2022 and coordination between the Benefits Executive Committee, the Service Treatment Record Working Group, and the respective DoD and VA technical teams, the bi-directional service treatment record transfer initiative is now on track for FY 2023.

Priority 2.G. Sexual Trauma Benefits Assistance

Given the scope and complexity of Sexual Trauma efforts across the VA and DoD, initiatives and accomplishments of the Sexual Trauma Working Group, to include Sexual Trauma Benefits Assistance, have been consolidated and documented under Priority 1.D Sexual Trauma Health Care Assistance. Please reference Priority 1.D. of this report for the information.

GOAL 3 – Enhance the Transition and Post-Separation Experience

Goal Statement: Provide a comprehensive, holistic, timely and personalized approach to ensure transitioning Service members and Veterans have access to the highest quality care, benefits programs, job training, and post-service placement services at the right time in their transition.

Priority 3.A. Separation Health Assessment Enhancements

In January 2022, the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness signed a new Memorandum of Agreement on Separation Health Assessments for Service members who are separating from Active Duty and Reserve Component members who are demobilizing from Active Duty orders and retiring, or being discharged or dismissed, from the Armed Forces. This includes Service members who make a concurrent request or may make a future request for VA disability compensation or services. Key objectives of the VA-DoD agreement include continuity of health care – both mental and physical – and improvements to transition support plans, increased knowledge of health effects from military service and determinations of a Service member's eligibility for VA disability benefits and services.

As a working group under the Joint Executive Committee, the VA-DoD Separation Health Assessment Working Group provides an interagency and interdisciplinary forum to advise and

support the development of strategic goals, policy, and oversight of a cohesive interagency program. Priority objectives include the adoption of a common form to document separation health assessments; the establishment of transparent, interoperable processes; and the maximum utilization of electronic communication for interagency notifications and transmissions of digital service treatment records. The Separation Health Assessment Working Group coordinates closely with the Benefits Executive Committee and the Health Executive Committee on matters within their respective portfolios and engages subject matter experts across agencies and disciplines to address issues of benefits adjudication, clinical quality, military readiness, patient safety, patient experience and effective use of the Federal Electronic Health Record.

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

The Separation Health Assessment Working Group continues to work toward an electronic interface to share service treatment records and Separation Health Assessment information between VA and DoD systems to replace manual information sharing processes and physical delivery of the service treatment record. Full interoperability will facilitate the efficiency of Service members to obtain and provide their Service Treatment Record in support of VA disability claims.

In FY 2022, the Separation Health Assessment Working Group facilitated permanent system improvements at VA and DoD, resulting in regular transmissions of Separation Health Assessments. VA and DoD further achieved a technical milestone in the electronic transmission of notifications from VA to DoD concerning claims for Benefits Delivery at Discharge. Functional tests by the Military Services confirmed timely availability of those notifications to their records processing centers. Contemporaneous testing also confirmed the timely transfer of digital service treatment records from DoD to VA.

In Q3 FY 2022, the Separation Health Assessment Working Group leadership supported the completion of a multi-year effort by DoD and VA clinicians to establish content of a common form, comprising both subjective patient histories and objective clinical evaluations. Clinical subject matter experts and specialty groups covering audiology, mental health, women's health, environmental and occupational exposure, traumatic brain injury, vision, and dental health, identified baseline elements for inclusion in the common form. Further collaborative efforts produced high-value improvements that address suicide and violence risk screenings, reporting of exposures to occupational and environmental hazards, and the communication of resources for survivors of sexual trauma in the military.

The launch of the common form, formerly targeted for October 2022, is estimated to be delayed until April 2023. The common form will launch first through VA systems, as Section 2006 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, P.L. 116–315, provided VA with authority to waive certain interagency approval processes that would otherwise apply to modifications of the VA Separation Health Assessment Disability Benefit Questionnaire (Title 38, United States Code §5101(d)(3)). Service members seeking VA benefits through either the VA Benefits Delivery at Discharge program or the Integrated Disability Evaluation System will follow VA guidance to complete the common form, called a Disability Benefit Questionnaire, in VA systems. Following DoD’s receipt of mandatory government approvals, DoD will launch the common form as DoD Form 3146, replacing DoD Forms 2807-1 and 2808 for documentation of Separation Health Assessments otherwise required of Service members at separation. Interagency use of the Separation Health Assessment (identified either as DoD Form 3146 by DoD or a Disability Benefit Questionnaire by VA) will thereby fulfill the common form objective in the VA-DoD Memorandum of Agreement executed in January 2022.

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

Priority 3.B. Military-to-Civilian Readiness Framework

Military-to-Civilian Readiness Pathway

The Joint Executive Committee approved the Military to Civilian Readiness (M2C Ready) Pathway in September 2019, which aligns the myriad of disparate transitional activities under one overarching umbrella during the critical 365 days prior to Active Duty separation and extends 365 days post-separation. The M2C Ready Pathway incorporates several components of Executive Order 13822 – Supporting our Veterans During Their Transition from Uniformed Service to Civilian Life, Executive Order 13861 – National Roadmap to Empower Veterans and End Suicide, Executive Order 14058 – Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government, and the FY 2019 National Defense Authorization Act, Sections 522 and 552. The model includes six steps across multiple life domains, critical to support successful Service member-to-Veteran transitions, and providing support to their Families, and Caregivers:¹

- 1) Enterprise Individualized Self-Assessment, Initial Counseling, and Pre-separation Counseling Brief

¹ Figures 1 and 2 depict the six steps of the Military-to-Civilian Readiness (M2C Ready) Pathway.

- 2) Transition Assistance Program
- 3) Separation Health Assessment process and eligibility for benefits 30 days prior to separation
- 4) Enhanced Statement of Benefits post-separation
- 5) Post-separation programs, including the VA Solid Start Program, DoD Military OneSource, and Department of Labor Off-Base Transition Training Pilot
- 6) Additional post-separation touchpoints

The M2C Ready Pathway aligns various components of transition, is complementary to current transition support programs, and coalesces more than 24 different transition activities, owned and executed by multiple Departments and agencies, under one framework. The all-encompassing pathway ensures transitioning Service members and recently separated Veterans are: 1) informed and educated about all VA and DoD benefits and services, 2) equipped with the tools needed to succeed and reintegrate into their communities, and 3) achieve sustainable economic well-being.

Step1: Enterprise Individual Self-Assessment

The M2C Ready Pathway models interagency support, while ensuring a holistic and integrated transition. As part of the M2C Ready Pathway, DoD, in collaboration with the Transition Assistance Program interagency partners and Military Services, developed the Enterprise

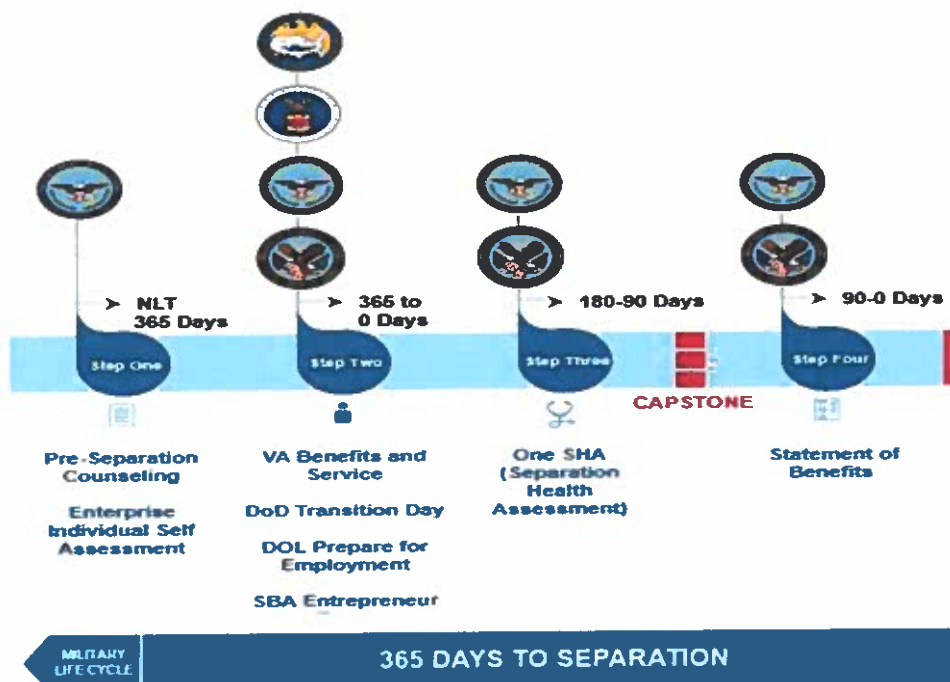


Figure 1: M2C Ready Pre-Transition Touchpoints.

Individual Self-Assessment tool to be administered before the Transition Assistance Program Initial Counseling and the Pre-Separation Counseling Brief as a baseline self-assessment. The Transition Assistance Program Executive Council approved the Enterprise Individual Self-Assessment tool as the instrument to meet Executive Order 13822 and the FY 2019 National Defense Authorization Act, P.L. 115-232, requirements. The Enterprise Individual Self-Assessment is the final remaining Joint Action Plan initiative to close, with future metrics linked to Readiness Standards. In FY 2022, DoD completed the initial development of the DoD Enterprise Individual Self-Assessment platform that identifies a baseline assessment of the Service member preparedness and a prompt for unresolved risks prior to transition to conduct a warm-handover connection to the appropriate agency for post-transition support.

The Enterprise Individual Self-Assessment will standardize an enterprise-wide baseline for transition-related needs at the onset of Transition Assistance Program (pre-365 days to transition) to ensure Service members are placed in the appropriate transition support pathway (i.e., tier-level). At Capstone (90 days prior to transition), the Enterprise Individual Self-Assessment will be administered to re-evaluate Service members' mitigated risk, to establish a continuum of support for novel and unresolved matters, to include an evaluation of Service members'

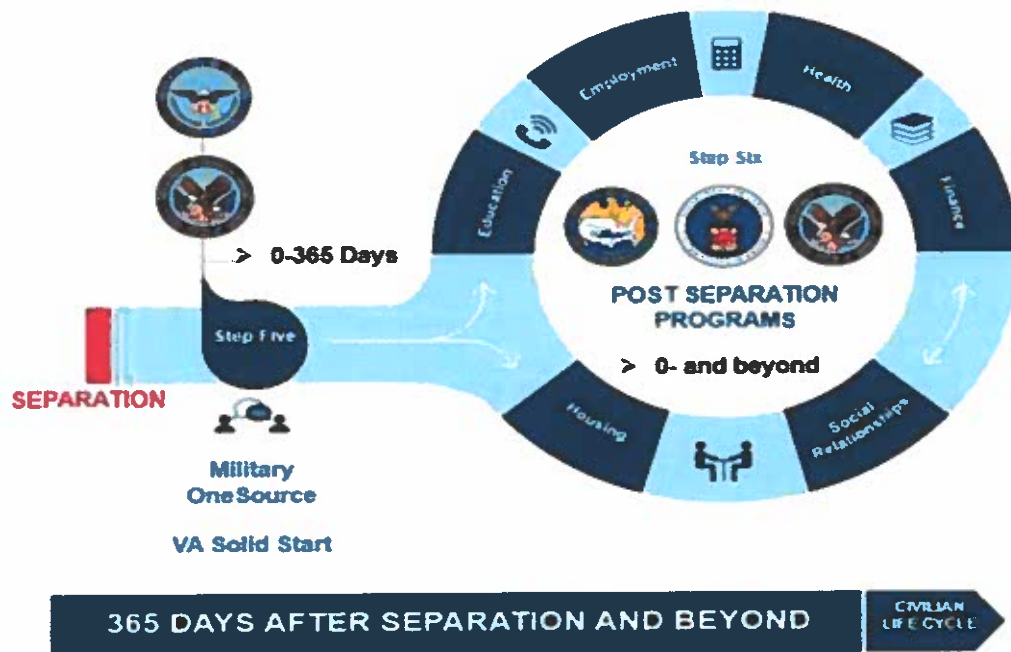


Figure 2: M2C Ready Post-Transition Touchpoints.

transition-related factors across nine life domains.² The Service-wide Enterprise Individualized Self-Assessment pilot is scheduled for FY 2023. Depending upon the pilot's success, adjustments, and lessons learned full implementation is projected to launch in late FY 2023.

Step 2: Transition Assistance Program

To meet the congressionally mandated Transition Assistance Program and other ancillary transition functions, VA, DoD, Department of Labor, and the Small Business Administration, along with other interagency partners, provide transitioning Service members, Veterans, Family members and Caregivers a variety of interactive courses, one-on-one engagements and learning opportunities. In FY 2022, 184,580 individuals attended Transition Assistance Program courses in person or virtually. Classes are currently being offered in an instructor-led, classroom modality, which is preferred, and virtual instructor-led, in accordance with local installation COVID-19 guidance. In addition, DoD supports an online learning system, Transition Online Learning, where Service members, Veterans, Family members, and Caregivers have unlimited access to the entirety of the Transition Assistance Program curricula and resource guides.³

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

VA Benefits and Services Curriculum – VA provides a full day of content focused solely on the benefits and services earned by the Service member due to military service and provided by VA. During FY 2022, the Transition Assistance Program VA Benefits and Services course was briefed in-person and virtual, instructor-led to 164,378 transitioning Service members and 88,700 individuals completed the eLearning online VA Benefits and Services course through the VA Transition Online Learning at va.org. For FY 2022, VA in-person Benefits and Services courses garnered an overall satisfaction rate of 96.9 percent. Additionally in FY 2022, there were 380,992 individual touchpoints with Service members, military spouses, caregivers, and survivors across all of VA's transition assistance offerings available at over 300 military installations worldwide.

DoD Curricula and Tracks – DoD provides three core curricula and one track: (1) The Managing Your (MY) Transition, (2) Military Occupational Code Crosswalk, and (3) Financial Planning for Transition curricula, which are generally provided together in one day, creating what is commonly referred to as "DoD Day." The two-day education track, Managing Your (MY) Education, is also developed and maintained by DoD. Delivery of the curricula is the

² The nine life domains include: (1) social and relational, (2) sense of belonging, (3) employment, (4) housing, (5) hope, (6) financial, (7) resiliency, and (8) physical health awareness, and (9) mental health awareness.

³ <https://www.tapevents.mil/courses> under "Core Requirements", "All Courses" or "Transition Tracks" selections

responsibility of the Military Services to implement as best fits their Service culture, while maintaining adherence to legislative mandates.

Department of Labor Curricula and Tracks – In response to the FY 2019 National Defense Authorization Act, P.L. 115-232, the Department of Labor altered the delivery of its employment workshops to align with the new legislative requirements. With a focus on improved outcomes, the Department of Labor Veterans Employment and Training Services revised the employment course curriculum to provide a one-day employment fundamentals course, Employment Fundamentals of Career Transition, mandatory for most transitioning Service members.⁴

In FY 2022, the Department of Labor launched the Wounded Warrior and Caregiver Employment Workshop, a hybrid of online learning with the option of instructor-led virtual discussion and activity sessions. The Wounded Warrior and Caregiver Employment Workshop curriculum parallels and replaces the mandatory Department of Labor Transition Assistance Program Employment Fundamentals of Career Transition curriculum offering web-based, 508 compliant, self-paced workshops with the option of instructor-led virtual discussion and activity sessions to address any questions from participants. Addressing their specific training needs, the Wounded Warrior and Caregiver Employment Workshop is an option for wounded, ill, and injured Service members, those going through the Integrated Disability Evaluation System process, and their Caregivers, no matter their location, and can be completed at the individual participant's pace.

The Department of Labor also provides two of the two-day career tracks; one for career exploration and vocational training, Career and Credential Exploration and one for general employment, Employment Workshop. These changes to the Transition Assistance Program were designed to help transitioning Service members and their spouses make the best career choices to meet their individual needs, while considering values, aptitudes, and skills, in addition to identifying high-demand career fields.

In FY 2022, the Department of Labor conducted 11,753 instructor-led Transition Assistance Program courses, with a total of 246,823 participants. As of the third quarter of FY 2022, the Department of Labor Transition Assistance Program workshops received a 96 percent customer satisfaction rating. Additionally, 106,601 Service members accessed Department of Labor courses within DoD's Transition Online Learning which included 71,218 participants in Employment Fundamentals of Career Transition; 12,834 participants in Department of Labor Employment Workshop; 4,937 participants in Career and Credential Exploration; and 17,612 participants in Wounded Warrior and Caregiver Employment Workshop.

Small Business Administration Track – Small Business Administration provides curriculum, as well as the facilitators, to conduct the track for entrepreneurship. The Boots to Business class delivers Service members an introductory understanding of business ownership. In FY 2022, the

⁴ Department of Labor Employment Fundamentals of Career Transition exemptions are outlined in DoD Instruction 1332.35.

Small Business Administration Boots to Business classes had 10,092 individuals attend in-person and 6,378 individuals attend the virtual classes.

Additional Training, Pilots, & Studies to Enhance the Transition & Post-Transition Experience – In addition to the current Transition Assistance Program curriculum training, interagency partners have ongoing efforts to enhance the transition process, and/or the content for Service members, which foster programmatic improvements for successful post-transition experiences.

Military Life Cycle Modules – To increase understanding and focus on certain topics, interagency partners have developed Military Life Cycle modules. These short micro-learning modules provide information that would be beneficial at any time in a Service member's journey, from initial entry into military service through separation, and beyond. Currently, there are 13 courses available, the majority focus on topics specifically about VA benefits and services, and one for transitioning to Federal employment. The Military Life Cycle modules are available as in-person instruction and through the Transition Assistance Program Transition Online Learning platform. In FY 2022, VA delivered 828 sessions of Military Life Cycle modules via an instructor-led classroom and 5,280 Service members attended them online via web-based training. Available Military Life Cycle modules include:

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

VA Women's Health Care Services Transition Training – To encourage transitioning Service women's learning about women's health care services available through VA, DoD piloted the Women's Health Transition Training program. The VA Office of Women's Health; in collaboration with the VA Office of Outreach, Transition and Economic Development; and DoD created this optional course to inform transitioning Service women about women-specific health care services available after their separation from the military. The intent is to increase transitioning Service women's enrollment and utilization of VA health care services. Approval for the pilot was granted by the VA-DoD Joint Executive Committee, with support from the

Transition Assistance Program Executive Council. The Women's Health Transition Training pilot program launched in September 2017 and ended in December 2019. Based on its success, the Joint Executive Committee approved making the pilot a permanent, voluntary program in July 2019.

Under the auspices of the Transition Assistance Program Executive Council and administered by the VA Office of Outreach, Transition and Economic Development, the Women's Health Transition Training Program became fully operational nationwide in 2021. VA developed and launched the Women's Health Transition Training Program as a permanent web-based training in February 2021. This web-based course is self-paced and accessible at anytime from anywhere to all Service women and women Veterans.

In FY 2022, over 553 Service women participated in the web-based training with the data showing high levels of satisfaction with their experience. Of those who enrolled in the training and responded to course evaluation questions about the improved awareness of VA services, 75.3 percent indicated that the program would influence them to enroll in VA health care and 85.2 percent believe they have the necessary information to start the enrollment process for VA health care.

Department of Labor Employment Navigator and Partnership Pilot Program – On April 1, 2021, the Department of Labor announced the launch of the Employment Navigator and Partnership Pilot at 13 military installations as an extension of Transition Assistance Program to provide transitioning Service members and their spouses with personalized assistance outside of the traditional workshops. Following the completion of self-assessments, skills testing, career and high-demand occupation exploration, and resume review, Employment Navigators assist participants in selecting career pathways and connecting them to partners and resources to address any additional employment-related needs they may have. At the end of FY 2022, the pilot increased to 22 military installations and 6,978 clients received employment-related services through the Employment Navigator and Partnership Pilot.

Department of Labor Apprenticeship Pilot – During Fiscal Years 2020 and 2021, the Department of Labor, Veterans Employment and Training Services, conducted an Apprenticeship Pilot at eight military installations to provide transitioning Service members and their spouses opportunities to be hired prior to separation into an apprenticeship program, including Registered Apprenticeships, in industries and locations that match their interests. Apprenticeship Placement Counselors leveraged their networks of prospective employers, industry associations, and stakeholders to connect participants to opportunities across the country. Due to the COVID-19 pandemic, the pilot shifted to virtual delivery, along with the virtual Transition Assistance Program workshops, to meet the needs of transitioning Service members and their spouses, as well as to strengthen employer connections. Overall, 152 participants accepted placement into an apprenticeship. The Department of Labor maintained some Apprenticeship Placement Counselors through July 2022 to assist with client referrals interested in apprenticeship opportunities from Employment Navigators to allow for the onboarding of additional partner organizations who specialized in apprenticeship programs. At the end of July 2022, all remaining Apprenticeship Placement Counselor clients were reconnected with their Employment Navigators for any additional services.

Department of Labor Career Curriculum for Transitioning Military Spouses – The Department of Labor Veterans’ Employment and Training Services provides a career workshop curriculum for transitioning military spouses and Caregivers, known as the Transition Employment Assistance for Military Spouses and Caregivers. Phase 1 of Transition Employment Assistance for Military Spouses and Caregivers commenced in September 2020 with four initial workshops and phase 2 launched in May 2021 adding five additional workshops for a total of nine specialized workshops designed to help military spouses plan and prepare for their job search in pursuit of their employment goals. Modules cover topics such as resume development, career exploration, networking, and interview techniques. In October 2021, Department of Labor Veterans’ Employment and Training Services began offering all Transition Employment Assistance for Military Spouses and Caregivers workshops via virtual instructor-led, as well as in person on military installations. In July 2022, Department of Labor piloted a new module, “Flexible Job Options”, and began offering it in October 2022 increasing the total to ten specialized workshops. During FY 2022, 1,203 participants attended 270 Transition Employment Assistance for Military Spouses and Caregivers workshops.

Network of Support Pilot – The Sergeant Daniel Somers Veterans Network of Support Act of 2019, now part of the Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020 (Veterans COMPACT Act of 2020), P.L. 116–214, was signed into law on December 5, 2020. The Veterans COMPACT Act of 2020 calls for a pilot program that allows Veterans to designate up to ten individuals to receive information on specified services and benefits from the VA. The intent of the program is to provide each Veteran with a “network of support” made up of friends and family members they select who can help them better understand and apply for the benefits they have earned. The Network of Support pilot was launched in December 2021 and will run through December 2023. During FY 2022, VA developed and obtained Office of Management and Budget approval for the required survey to be conducted in December 2022 and December 2023. Throughout FY 2022, VA also collaborated with DoD’s sister program, Network of Support, to ensure interoperability and data sharing.

Post-Separation Transition Assistance Program Outcome Study – The Post-Separation Transition Assistance Program Assessment Outcome Study was first executed in 2019. The purpose of the multi-year study is to analyze the effect of participation in the Transition Assistance Program on the long-term outcomes of Veterans in the broad life domains of employment, education, health and social relationships, financial, overall satisfaction, and well-being. The Post-Separation Transition Assistance Program focuses on Transition Assistance Program and Veterans’ long-term outcomes from a holistic perspective. The second report was published in June 2021 and the next report is scheduled for release in Q1 FY 2023.⁵

The Veterans’ Employment and Training Service Transition Assistance Program Evaluation – The Department of Labor Veterans’ Employment and Training Service Transition Assistance Program Evaluation study focuses on the Transition Assistance Program’s long-term effectiveness by examining how data can inform current or future Transition Assistance Program strategies, such as identifying factors that can predict positive employment outcomes.

⁵ The 2021 Longitudinal Survey Report: <https://benefits.va.gov/TRANSITION/docs/2021-longitudinal-report.pdf>

Throughout FY 2022, this study was being conducted and the final report is expected to be available in FY 2023.

Department of Labor Transition Assistance Program Evaluation and Employment Navigator (TEEN) Study – The Transition Assistance Program Evaluation and Employment Navigator study seeks to evaluate the impact of Department of Labor’s portion of the mandatory Transition Assistance Program initiative as a vehicle for preparing and training eligible separating Service members to successfully transition into the civilian labor force, and the role of Employment Navigators on their employment outcomes. At the end of FY 2022, Department of Labor is leveraging data from the National Directory of New Hires and will begin analyzing that information in FY 2023. This study is comprised of two outcome analysis:

- **Transition Assistance Program Effectiveness Outcome Analysis**—this long-term outcome study will analyze Transition Assistance Program participants’ employment outcomes to assess how well the program prepares and trains eligible separating Service members to successfully transition into the civilian labor force. This study will examine the timing of Transition Assistance Program courses before separation from the military and possible correlations between military occupation and employment outcomes.
- **Employment Navigator Outcome Analysis**—this study will compare the employment outcomes of transitioning Service members who have used employment services provided through the Employment Navigator and Partnership Pilot program and those who have not.

Navigating Military Transition Human Center Design Study – To fulfill the intent of Executive Order 14058 – Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government, Deputy Secretaries from Departments of VA, Defense, Labor, Education, Housing and Urban Development, as well as General Services Administration, and the Office of Management and Budget, formally committed their agencies to create integrated solutions using human-centered design that will measurably improve the Experience of Navigating Military Transition. Additionally, representatives from Office of Personnel Management and Small Business Administration have signed on to support.

Beginning in October 2022, VA, in partnership with DoD and Department of Labor, conducted human-centered design research focused on better understanding the experiential needs and desires of transitioning Service members, recently separated Veterans and their Families while navigating military transition. The project team spoke with 200 participants (50 recently separated Veterans; 71 transitioning Service members; ten Family members; and 69 subject matter experts from DoD, Department of Labor, VA and community) throughout the discovery effort, and later validated its seven qualitative insights and four defined areas of opportunity with a quantitative survey instrument that included more than 1,000 additional customer participants who separated from military service within the last 12 months as of September 30, 2022.

Interagency partners participated in an in-person co-design workshop focused on the first of four areas of opportunity from September 12-16, 2022; where they identified and prototyped solution(s) that will be further developed and tested by customers over the course of FY 2023 to enhance the transition experience.

One-Year Independent Assessment of Transition Assistance Program – The one-year independent assessment of the effectiveness of the Transition Assistance Program mandated by The Isakson and Roe Act, P.L. 116-315, Section 4305, resulted in a draft Congressional report that includes 18 actionable recommendations to fill current gaps in data interoperability, curriculum content and performance metrics to further measure and improve Transition Assistance Program effectiveness. The independent report and draft letter to Congress is currently being reviewed by DoD, VA, Department of Labor and Small Business Administration.

Longitudinal Study on Changes to the Transition Assistance Program – The longitudinal study on changes to the Transition Assistance Program required by P.L. 116-315, Section 4306, is the companion to the one-year independent assessment of the effectiveness of the Transition Assistance Program stipulated by P.L. 116-315, Section 4305. The P.L. 116-315 Section 4306 requirements will be met by leveraging the existing Post-Separation Transition Assistance Program Assessment Outcome Study and the one-year independent assessment of the Transition Assistance Program conducted in FY 2022. VA continues to coordinate with DoD, the Department of Labor and Small Business Administration to develop the yearly progress report.

Step 3: Separation Health Assessment as part of the Military to Civilian Readiness Pathway

The Departments are committed to improving the separation examination process to meet the requirements of transitioning Service members efficiently, effectively, and with minimum duplication of efforts. In collaboration with subject matter experts from VA, DoD and the Services, the Separation Health Assessment Working Group leads this effort in alignment with the broader objectives of the Military to Civilian Readiness (M2C Ready) Pathway. (See Priority 3.2A for details on Separation Health Assessment Enhancements.)

Step 4: Enhanced Statement of Benefits Post-Separation

In September 2020, the Joint Executive Committee approved the concept of an enhanced individualized statement of benefits at discharge. The Enhanced Statement of Benefits will provide transitioning Service members and/or recently separated Veterans with a modernized tool that will create a personalized VA-DoD-Department of Labor enterprise-wide benefits and services statement, based on their inputs, in one centralized application. The Enhanced Statement of Benefits will be provided post-discharge to complement the Pre-Separation Counseling Resource Guide provided to transitioning Service members pre-discharge, to list eligible VA, DoD, and Department of Labor post-separation benefits tailored to the individual. Phase One will include VA-specific post-separation benefits, with additional phases adding DoD and the Department of Labor post-separation benefits. The Transition Assistance Program Executive Council approved the implementation plan in March 2021, with discovery and program development phases beginning in July 2022. During FY 2022, VA completed the discovery phase (Phase One) which included an environmental scan of existing applications, review of potential functionality and a subject matter expert analysis of the Enhanced Statement of Benefits project. During Phase One, the current VA Choice Benefits Navigator application appeared capable of meeting the Enhanced Statement of Benefits minimum viable product and was selected for further analysis and assessment to be completed Q1/Q2 FY 2023. This second level of analysis will determine the viability of Benefits Navigator to meet minimum viable product requirements. Follow on activities in FY 2023 will include requirements development.

Step 5: Post-Separation Programs

VA Solid Start – The VA Solid Start program launched on December 2, 2019, as part of the M2C Ready Pathway, to make early, consistent, and caring contact with newly separated Veterans. VA Solid Start proactively calls all eligible Veterans at three key stages (90-, 180-, and 365-days post-separation) during their first year after separation from Active Duty. Utilizing data provided by DoD, VA Solid Start provides priority contact to Veterans meeting certain mental health risk factors helping to target and provide access and continuity of care for mental health. VA Solid Start representatives address challenges the Veteran may be facing at the time of the call by connecting the Veteran with the appropriate VA benefit and/or partner resources for assistance. These representatives receive special training to recognize the signs of crisis and when needed, can provide a direct transfer to the Veterans Crisis Line for additional support.

In FY 2022, VA Solid Start successfully connected with 175,369 recently separated Veterans, achieving a successful connection rate of 64 percent. As a subset of this group, VA Solid Start successfully connected with 29,042, or 77 percent, of eligible Priority Veterans, helping to lower the barrier for accessing mental health care. On October 17, 2022, Solid Start was signed into law (P.L. 117-205) permanently authorizing VA to expand the Solid Start Program with DoD coordination.

DoD Military OneSource – The Military OneSource program provides support 365-days after separation as part of the Military-to-Civilian Readiness Framework and Executive Order 13822, and later enacted in the National Defense Authorization Act for FY 2019, Section 557. This expansion allowed Military OneSource to: (1) Conduct direct outreach to transitioning Service members; (2) Create a new transitioning Service member case type; and (3) Receive peer support warm handovers from the Transition Assistance Program.

In FY 2021, Military OneSource expanded services to transitioning Service members, to include follow-up at the 90 and 180-day mark post initial outreach. In FY 2022, Military OneSource provided 272,349 connections to Veterans during the 365-day post-separation period. Military OneSource conducted email outreach to 100 percent of transitioning Service members who opted-in for contact to inform them of the availability of Military OneSource's 24/7 call center and website services. Furthermore, in FY 2022, Military OneSource assisted 5,278 cases of all types for transitioning Service members within the one-year eligibility period - a 57 percent increase over FY 2021.

Overall, Military OneSource assisted in 7,529 cases for eligible transitioning Service members and their Families. The top three case types were: (1) non-medical counseling; (2) tax services; and (3) work-life. While the most common reason for seeking non-medical counseling was for relationship issues, 28 percent of transitioning Service members and their Families sought non-medical counseling for reasons outside the scope of Military OneSource's short-term, solution-focused counseling. In these cases, Military OneSource consultants facilitated connections to other agencies, including mental health care providers.

Step 6: Additional Post-separation Touchpoints

The last step of the Military-to-Civilian Readiness Pathway is comprised of an array of state,

community, federal and non-federal post-separation programs for the Service member-turned-Veteran to maintain a continuity of support post-transition and beyond. This starts with the person-to-person connections via warm handovers, when appropriate, from DoD executed by the Military Services with the appropriate interagency partner(s). Warm handovers provide a confirmed introduction and assurance that the applicable interagency partner acknowledges that an eligible Service member requires post-military assistance. In agreeance, the interagency partner follows through on providing assistance to meet the needs of Service members, mitigate risk and assist them in attaining their post-transition goals and achieve a successful transition.⁶

Warm handover verifications from DoD to partnering agencies are critical to bridge transitioning Service members' pre- to post-transition support services. To strengthen warm handover improvements and evidence-based prevention practices the Transition Assistance Program Executive Council expanded data sharing efforts, metrics, and transparency to include warm handover verification as part of the FY 2022 performance measures, led by the Transition Assistance Program Interagency Performance Management Work Group.

Transition Service Member Resource Connection Pilot launched in May 2022 at five military installations representing each military Service. The purpose of the Transition Service Member Resource Connection is to improve the process of connecting transitioning Service members who receive a warm handover from a DoD Transition Assistance Program Counselor during Capstone by providing a standardized connection method to VA resources. Transition Service Member Resource Connection allows VA to confirm that a connection occurred between DoD and VA during the warm handover process. VA and DoD will collaborate and analyze pilot data to guide process improvement for DoD-to-VA warm handovers. Transition Service Member Resource Connection expanded in September 2022 for improved analysis. The Transition Assistance Program Interagency approved focus areas for FY 2023 that will define the future of warm handover reporting by including findings from Transition Service Member Resource Connection.

The Department of Labor Employment Navigator and Partnership Pilot is also targeted to connect, document, and verify support services to bridge the DoD-to-Department of Labor pre- to post-transition gaps with wrap-around support. The DoD projects to receive initial VA and Department of Labor warm handover verifications aligned with appropriate services from these pilots beginning in FY 2023.

Beyond 365 days post-military transition, VA and Department of Labor continue to bridge education, employment, health, financial, housing, and social relational support services in conjunction with local government and community non-federal entities (e.g., non-profits, Military Service Organizations/Veteran Service Organizations). There are nearly 2,400 Department of Labor-funded American Job Centers within the United States mandated to connect Veterans to job openings. To ensure Veterans who need additional opportunities to revisit Transition Assistance Program training topics, Department of Labor launched the Off-Base Transition Training pilot program in FY 2022.

Department of Labor Off-Base Transition Training – In January 2021, the Johnny Isakson and

⁶ As defined in DoD policy DoDI 1332.35, Transition Assistance Program (TAP) for Military Personnel, September 26, 2019.

David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, (P.L. 116-315-Section 4303, amending the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012, P.L. 112-260) directed the Secretary of Labor to provide the Transition Assistance Program to Veterans and their spouses at locations other than Active Duty military installations for five years (Jan 2021-2026). As a result, Department of Labor Veterans Employment and Training Services implemented an Off-Base Transition Training pilot program, which incorporates lessons learned from the original Off-Base Transition Training pilot held 2013-2015. In addition to virtual instructor-led workshops, the pilot is initially taking place in classrooms in five states: California, Texas, North Carolina, Pennsylvania, and Massachusetts. Beginning in January 2022, 1,097 participants attended a total of 1,239 separate in-person workshop modules and 486 participants attended a total of 172 separate virtual workshop modules.

Priority 3.C. Sexual Trauma Transition Assistance

Please reference Priority 1.D. Sexual Trauma Health Care Assistance for a consolidated overview of the efforts and accomplishments of the Sexual Trauma Working Group regarding Sexual Trauma Transition Assistance. Information concerning sexual trauma-related efforts, services and initiatives has been consolidated to better reflect the extensive, coordinated efforts by VA and DoD to connect current and former Service members with healthcare services and other benefits to assist in their recovery.

Priority 3.D. Commander John Scott Hannon Veterans Mental Health Improvement Act of 2019 (Hannon Act)

Section 102 of the Commander John Scott Hannon Veterans Mental Health Improvement Act of 2019 (Hannon Act), P.L. 116-171, requires a five-year (FY 2016-2020) retrospective, joint VA/DoD review of records of former Service members who committed suicide within one year of their release from Active Duty. To accomplish this, the records are grouped by year and examined for specific items, including a demographic evaluation and review for specific training, fitness, and evaluation records for the presence of risk factors. The Joint Executive Committee co-chairs established a working group to manage and track this effort and streamline cross-agency collaboration. The working group was awarded \$2.05M in Joint Incentive Funding to contract suicide experts to assist in completing the congressional report.

GOAL 4 – Modernize Shared Business Operations

Goal Statement: Remove barriers to effective and efficient delivery of services through proactive joint planning and execution, innovative technology solutions, and a commitment to financial stewardship.

Priority 4.A. Base Access

The Joint Executive Committee's Base Access Working Group was established in 2013 to develop and communicate enterprise-wide guidance to ensure VA patients have access to DoD installations and facilities that provide health care for Veterans through local resource sharing agreements. In FY 2022, the Base Access Working Group focused on improving communication with Veterans, Caregivers, and other eligible individuals regarding DoD installation access standards.

Published in January 2019, DoD Manual 5200.08, Volume 3, Physical Security Program: Access to DoD Installations, requires individuals to provide acceptable credentials to prove identity and fitness for unescorted access as well as to have valid purpose for the visit. The policy lists acceptable credentials that will satisfy DoD's requirements for proving identity and purpose for seeking access and includes the Veteran Health Identification Card, a VA identification card displaying the Veteran's picture and a scannable bar code. Eligibility is determined by a one-time, on-the-spot background check to search for criminal records and terrorism concerns. The Veteran Health Identification Card can be enrolled for recurring installation access.

The Base Access Working Group completed a communications plan in FY 2022 to provide consistent messaging, clarify information about military installation access, and increase awareness and support among key audiences. Audiences include internal VA, DoD, and Military Department stakeholders responsible for implementing standard policy, and external stakeholders who must understand how to access installations. The communications plan is expected to be implemented in FY 2023.

The Military Departments continued to implement DoD Manual 5200.08, Volume 3, during FY 2022. As of September 30, 2022, approximately 176,000 Veteran Health Identification Cards were enrolled for recurring installation access, an increase of approximately 56,000 since September 30, 2021. Once a Veteran Health Identification Card has been enrolled in DoD's electronic physical access control system, the cardholder can go directly to the installation's gate that contains an electronic physical access control system, scan their Veteran Health Identification Card, and be granted access without going into an installation's Visitor Center. All Navy, Air Force, Marine Corps, and 92 percent of Army installations/bases are equipped with an electronic physical access control system that includes an identity matching engine for security and analysis. The remaining 8% of Army installations/bases are pending system upgrades.

While VA and DoD efforts have historically been focused on Veterans and Caregivers seeking base access for health care, the Departments expanded those efforts in FY 2019 to address Veterans and Caregivers who are eligible for other types of benefits. Section 621 of the John S. McCain National Defense Authorization Act for FY 2019 authorized the extension of commissary, exchange, and certain Morale, Welfare and Recreation retail facility privileges to certain Veterans and their Caregivers. In addition to the Veteran Health Identification Card, the REAL ID coupled with a VA-issued Caregiver Eligibility Letter or Health Eligibility Center Form H623A are acceptable methods to establish purpose under DoD Manual 5200.08, Volume 3, to obtain Section 621 privileges. The Base Access Working Group continues to work closely with the Patronage Expansion Working Group to address installation access requirements for this population. See the Patronage Expansion section of this report for more details on Patronage Expansion efforts.

Priority 4.B. Identity Fiscal Year 2021-2022 Management

The Joint Executive Committee's Patronage Expansion Working Group is working to provide a common unique identifier for access to the Joint Electronic Health Records for use by all current and potential users of the Joint Electronic Health Record. The working group will seek to define and submit a long-term solution for VA and DoD system access, including development of an implementation plan for the use of this common identifier.

The working group's FY 2022 achievements supporting the interoperability of the VA/DoD Joint Federal Electronic Health Record System include: (1) development of evaluation criteria for the common unique identifier for users of the Federal Electronic Health Record, (2) development of a recommended course of action to implement and support a common unique identifier for users of the Federal Electronic Health Record, (3) delivery of an out-brief to the Information and Technology Executive Committee detailing the recommended course of action and next steps for implementation.

The working group will support the VA and DoD Federal Electronic Health Record Modernization (FEHRM) Offices in development of initial and final estimates of level of effort surrounding the technical implementation of the recommended course of action for a common unique identifier for users of the Federal Electronic Health Record.

Priority 4.C. Integrated Disability Evaluation System

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

The Departments continue efforts to fully implement the Disability Evaluation System Improvement Working Group priority to "achieve full operational capability to electronically transfer service treatment records and disability benefits questionnaires within the Integrated Disability Evaluation System." Since February 2021, the automation of service treatment records and disability benefits questionnaires eliminated the need for manual transmissions of service treatment records to VA and disability benefits questionnaires to DoD. The two Departments continue to aggressively track any report instances where automation fails due to technical issues.

In addition to the exchange of documents, VA and DoD are working on an initiative to exchange Integrated Disability Evaluation System data. Currently, the VA's Veterans Tracking Application is the system of record for integrated disability evaluation system case processing. This requires both VA and DoD to enter the same data in their respective systems as well as the Veterans Tracking Application. In addition to redundant data entry, the process also requires significant communication by email or other manual channels. In Q1 FY 2022, VA and DoD began collaborating to build requirements necessary to develop an electronic capability to replace the Veterans Tracking Application; and to safely and seamlessly transmit electronic data and files between VA's Veterans Benefits Management System and DoD's Joint Disability Evaluation System application. The capability will enhance program oversight, leverage automation in both departments for tracking of disability cases, streamline the process for sharing files and data, and improve the accuracy and timeliness of data moving between VA and DoD for integrated disability evaluation system participants.

The Veterans Benefits Administration (VBA) completed over 26 thousand proposed ratings for integrated disability evaluation system cases in FY 2022, which is an 11 percent increase from

the previous fiscal year, and four percent more than the 10-year average, according to the Veterans Tracking Application.

To reduce exam inventory and to address increased Integrated Disability Evaluation System applicants, the VA added two additional contract vendors in Q3 FY 2022 to perform exams both within and outside the continental United States. The added vendors are expected to improve the medical exam stage timeliness and provide access to examiners in areas previously underserved in FY 2023 and beyond.

Priority 4.D. Joint Sharing of Facilities and Services

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

Capital Asset Planning Committee's ongoing strategic goals are to:

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

In FY 2022, VA and DoD were granted authority to transfer and accept funds for planning, design, and construction of shared medical facilities through the National Defense Authorization Act for FY 2022, P.L. 117-81 Section 714. Subsequently, VA and DoD also received authority to transfer and accept funds for joint leases with the passing of the PACT Act, Section 706. This legislation eliminated a major obstacle to collaboration on joint capital projects, allowing projects to be identified based on market conditions and departmental capabilities to utilize resources effectively and efficiently.

With the new joint construction authority, the VA and DoD Capital Asset Planning Committee staff reviewed VA Market Assessments, DoD Visioning Studies (Strategic Market Assessments), existing requirements in VA's Strategic Capital Investment Planning process long range plan, and DoD's capital planning efforts to develop an initial list of five sites with potential joint VA-DoD capital opportunities. Capital Asset Planning Committee staff then engaged the field on the potential joint opportunities list and received feedback on credible project opportunities. The Capital Asset Planning Committee will have the updated Joint Capital Project Standard Operating Procedures drafted by December 2022, then VA and DoD will update their respective capital planning processes by March 2023 to integrate the new joint construction and lease authority.

Priority 4.E. VA-DoD Reimbursement Process

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

An initial Advance Payment pilot was established in FY 2018 between the Biloxi Veterans Health Care System and Naval Hospital Pensacola for outpatient services. The pilot was expanded in FY 2020 to Military Treatment Facilities in the National Capital Region and Veterans Integrated Service Network 5, to include outpatient, inpatient, and emergency care. In FY 2021, the Advance Payment pilot incorporated 19 sites with the final five sites deployed by March 2022 for a total of 24 sites.

The Advance Payment pilot successfully developed an enterprise-wide payment and reconciliation process to manage financial and medical care workload which shortened the revenue cycle, improved referral management, increased timeliness of funds and reduced the number of denied claims. These accomplishments are exemplified by the following:

- **Payment Timeliness** – Advance Payment pilot sites consistently met or exceeded the 30-day payment timeliness standard, a decrease from 174 days at the beginning of the pilot.
- **Improved Funds Availability** – Upfront, annual VA fund transfers performed with funding adjustments made during the year of execution if workload changes require funding adjustments.
- **Reduction of Denied Claims** – Pilot sites reduced denials and are resolving 99 percent of referral/billing errors within the same month.
- **Audit Compliance** – The Advance Payment Clean Claims report provides the necessary documentation for the payment of authorized health care to achieve a successful audit.

The Advance Payment pilot was intended to be an interim solution, pending the implementation of DoD's Revenue Cycle Expansion. Starting in FY 2022, Advance Payment pilot sites began transitioning to MHS GENESIS, which does not provide the professional service workload data in the Military Health System central repository to allow for continuation of the pilot. Upon deployment of MHS GENESIS, the Military Treatment Facilities will transition from the Advance Payment pilot and utilize the Revenue Cycle Expansion claims system that integrates with MHS GENESIS. The Health Executive Committee's Healthcare Operations Business Line will monitor the Advance Payment pilot locations to ensure the reimbursement process continues between sites until all sites transfer to the Revenue Cycle Expansion. Lessons learned and best practices from the Advance Payment pilot are being used by the Federal Electronic Health Record Modernization Office to standardize billing processes for both Departments going forward.

GOAL 5 – Strengthen Interoperability and Partnership

Goal Statement: Strengthen and expand cross-agency and public-private partnerships to improve data interoperability, shape policy, facilitate data-driven decisions and enable a seamless experience for beneficiaries.

Priority 5.A. Electronic Health Record Modernization Interoperability

Throughout FY 2022, the Federal Electronic Health Record Modernization (FEHRM) Office continued to prioritize operationalization and convergence in its mission to implement a single, common federal electronic health record to enhance patient care and provider effectiveness, wherever care is provided. This operationalization and convergence strategy unified efforts across the Federal electronic health record ecosystem and delivered common capabilities that add value to electronic health record deployments, such as: the electronic health record baseline; configuration and content management; software releases and upgrades; the Federal Enclave; cybersecurity; and virtual health.

The FEHRM Office, along with the Departments, focused on convergence by determining ways to unify electronic health record workflows and configurations to streamline the patient and provider experience. While DoD, VA, and U.S. Coast Guard have unique needs, the FEHRM program office converges their clinical and business capabilities where appropriate. The goal is to ensure providers have a common user experience defined by evidence-based best practices, and patients have a consistent care experience, regardless of where they receive treatment.

The FEHRM Office partnered with DoD, VA, and U.S. Coast Guard, making significant progress in electronic health record modernization, including the enhancement of interoperability between DoD, VA, U.S. Coast Guard, and the private sector.

Electronic Health Record Capability Delivery

In FY 2022, the FEHRM Office continued to work within the Federal space to deliver common capabilities, enabling the U.S. Coast Guard to complete its shoreside electronic health record activities, and the Departments to deploy the Federal electronic health record to 55 DoD Commands and four VA Medical Centers. The common capabilities the FEHRM Office delivers include:

- Managing the Federal Enclave, which is a shared environment to contain the Federal electronic health record and supporting systems;
- Managing the joint health information exchange, a data-sharing capability;
- Overseeing configuration and content changes to the Federal electronic health record that the Departments agree on through a joint decision-making process facilitated by the FEHRM Office;
- Providing software upgrades and solutions to optimize electronic health record performance—in FY 2022 this included releasing Capability Block 7, which provided a range of technical updates to the Federal electronic health record;

- Tracking joint risks, issues, and opportunities, as well as lessons learned, regarding electronic health record implementation to inform continuous improvement;
- Maintaining an integrated master schedule to help coordinate Federal electronic health record activities;
- Developing and updating deployment maps to show real-time status of deployments;
- Advancing interoperability, which is the meaningful use and exchange of data, to improve the continuity of care among and between public-and private-sector providers;
- Working with DoD and VA to ensure a canonical nomenclature is documented and adhered to throughout the enterprise; and
- Leading analysis and integration of deployment activities at joint sharing sites, where resources are shared between DoD and VA.

VA Electronic Health Record System Reliability, Outages and Degradations

During the reporting period, the VA experienced outages and instances of degraded performance as it implemented the new electronic health record system. The VA actively addressed these system outages and degradations and sent two letters of concern to their contractor, Cerner, related to system uptime and instability issues. Throughout the reporting period the VA remained committed to investigating and resolving unplanned outages and degradations and is working collaboratively with the DoD and vendors to ensure the stability and resilience of the network.

VA's Federal Electronic Health Modernization (FEHRM) Office established a Performance Excellence team that includes representatives from the VA's Office of Information and Technology, the Veterans Health Administration, DoD, the FEHRM program office, vendors, and others to evaluate each outage systematically and diligently to determine root cause and prevent reoccurrence. All mission partners are working together to improve from lessons learned, while also increasing engineering excellence and strengthening joint management, governance, and oversight. To improve system performance, 41 technical performance improvement projects have been initiated, 13 of which have been completed.

Enterprise Operations Center

The Enterprise Operations Center enables the FEHRM Office to continually monitor and integrate independent incident management and resolution processes, essentially functioning as the Federal electronic health record's "air traffic controller."

Throughout FY 2022, the Enterprise Operations Center added value to the federal electronic health record implementation through the following activities: automating analysis tools; enabling shared agency reporting; refining response processes; participating in joint problem management improvement efforts; sharing observations regarding traceability of incidents and changes in the ecosystem; and continuing to expand and enrich stakeholder engagements.

The Enterprise Operations Center also focused on proactive maintenance of the federal electronic health record, including upgrades that improved database performance, scalability,

and reliability. Ultimately, these improvements will lead to better business outcomes and operational efficiencies.

Joint Health Information Exchange

During FY 2022, the FEHRM Office expanded and enhanced the joint health information exchange. The joint health information exchange is a modernized health data sharing capability that enhances the ability of DoD, VA, and U.S. Coast Guard to share data bi-directionally, quickly, and securely with participating community health care providers. This capability provides more informed care for patients who navigate among health care providers.

The joint health information exchange connects to more than 65 percent of U.S. health care providers and facilities, delivers nearly five million documents to community partners, and retrieves 40 million documents from community partners every month. The FEHRM Office also drove data-sharing standards and implemented Fast Healthcare Interoperability Resources during the reporting period to improve the quality, visibility, and relevance of the data in the joint health information exchange.

Joint Sharing Sites Implementation Support

The FEHRM Office spearheaded efforts to establish a common approach to deploy Federal electronic health record capabilities to joint sites. Deploying the Federal electronic health record to shared-resource, integrated Department facilities requires careful collaboration, joint decision-making, and a thorough understanding of the possible effects of the Federal electronic health record deployment. The FEHRM Office leads the analysis and integration of deployment activities at these joint sites, with a specific focus on technical, functional, and programmatic issues, including implementation schedules, joint access, and network security. Throughout FY 2022, the FEHRM program office engaged in numerous planning, execution, and analysis activities to support the unique health informatics needs at joint sharing sites.

As an example of this effort, the FEHRM Office engaged in the planning, execution, and analysis activities to support the unique health informatics and programmatic needs of seven specific joint sharing sites impacted by DoD Wave Jacksonville/Eglin. The FEHRM Office identified the critical areas that required further dialogues with these sites and actively worked with its interagency partners to put interim solutions in place until both Departments complete their Federal electronic health record efforts.

Additionally, the FEHRM Office examined the latest VA's Electronic Health Record Modernization Integration Office deployment schedule and 165 identified joint sharing sites that require FEHRM Office support to mitigate risk ahead of the end state, when both Departments will be on the Federal electronic health record.

Captain James A. Lovell Federal Health Care Center

In coordination with VA's Federal Electronic Health Record Modernization Office and the Program Executive Office, Defense Healthcare Management Systems, the FEHRM Office executed the Enterprise Requirements Adjudication process at the Captain James A. Lovell

Federal Health Care Center. Topics that inform the Federal Electronic Health Record Implementation Plan were prioritized and included those that require a decision to de-conflict the build between the Departments and those that require a decision on the execution, or approach, for the implementation with intent to converge on Federal electronic health record design.

The FEHRM Office leads project planning and execution activities for the interagency Captain James A. Lovell Federal Health Care Center Electronic Health Record Implementation Project Team, guiding weekly leadership and working-level meetings; establishing cross-Department working groups; outlining roles and responsibilities; and coordinating notional timelines and activities.

Throughout the reporting period, the FEHRM Office collaborated with the VA's Electronic Health Record Modernization Integration Office; Program Executive Office, Defense Healthcare Management Systems; and subject matter experts to identify gaps, challenges, and issues; determine best courses of action; and gain concurrence on key decisions regarding the deployment approach.

Interoperability Modernization Strategy

The Federal Electronic Health Record Modernization Office continued implementation of the VA and DoD Interoperability Modernization Strategy in FY 2022. This strategy provides a comprehensive framework to deliver interoperable solutions to promote health and wellness; enhance the delivery and experience of care; build a secure, data-driven ecosystem to accelerate research and innovation; and connect health care and health data.

The FEHRM Office monitors the Departments' progress toward interoperability modernization through the Health Data Interoperability Metrics Dashboard, a compendium of metrics reported on a quarterly basis. This dashboard is one of the numerous systems VA and DoD developed to improve interoperability between the Departments and their beneficiaries.

Interoperability Standards

A successful interoperability ecosystem enables information sharing across organizational boundaries to advance the effective delivery of health care for individuals and communities. The FEHRM Office plays a key role in this activity, as it works throughout the interoperability ecosystem, encouraging the development and adoption of national standards for data encoding and formatting. Throughout FY 2022, the FEHRM Office collaborated with organizations such as the Institute of Electrical and Electronic Engineers, the Office of the National Coordinator of Health Information Technology, Health Level Seven, and other agencies; standards development organizations; and stakeholders to advance interoperability standard efforts.

As an example of this collaboration, the FEHRM Office worked with the Institute of Electrical and Electronic Engineers Life Sciences and Technical Community members to promote telehealth equity and identify specific-use cases for exchanging meaningful, descriptive mobile health data pertaining to cardiovascular, respiratory, and metabolic health measures. The FEHRM Office also collaborated with the Institute of Electrical and

Electronic Engineers Clinical Internet of Things Working Group to finalize the privacy chapter of the Clinical Internet of Things standard.

Additionally, the FEHRM Office collaborated with Office of the National Coordinator of Health Information Technology stakeholders to further the progress of national and international interoperability standards and the quality of health information exchange required by the Departments. This effort informed the Office of the National Coordinator of Health Information Technology's work supporting the 21st Century Cures Act.

The FEHRM Office hosted the Health Level Seven Government Birds of a Feather meeting at the Health Level Seven September 2022 Working Group Meeting. Representatives from 10 Federal departments and agencies; industry experts; technology vendors; and national and international association representatives attended the event.

Individual Longitudinal Exposure Record

The Individual Longitudinal Exposure Record (ILER) is an information technology system that associates occupational and environmental exposures with individual Service members based on their work history and geographic proximity to known exposure events. The Individual Longitudinal Exposure Record's principal product is the Individual Exposure Summary—a list of occupations, deployments, and potential exposures that each Service member potentially sustained.

During FY 2022, the Federal Electronic Health Record Modernization Office supported the implementation of the ILER through refining the use of Functional Requirements, National Standards for Exchange of Exposure Information, and Performance Measures; delivering the Individual Exposure Summary to Joint Longitudinal Viewer; and improving the data interface between the ILER and the Federal electronic health record.

Joint Configuration Management

The Federal Electronic Health Record Modernization Office continued configuration-management activities throughout FY 2022 to advance the federal electronic health record through multiple lines of effort, such as the Joint Sustainment and Adoption Board and the Functional Decision Group. The Joint Sustainment and Adoption Board is a leading example of the FEHRM Office's configuration-management activities. The board is a joint governance body responsible for the approval of all Federal Electronic Health Record content and configuration changes. The Joint Sustainment and Adoption Board is essential to operating the Federal Electronic Health Record, providing DoD, VA, and U.S. Coast Guard insight into all configuration decisions impacting the production baseline.

In FY 2022, the Joint Sustainment and Adoption Board approved 1699 items. The FEHRM Office coordinated an electronic Joint Sustainment and Adoption Board process for urgent and emergent issue resolution during off-hours, and it was successfully used 67 times during FY 2022.

The FEHRM Office manages the Functional Decision Group, a body of senior clinical, business, and health informatics leaders from DoD and VA. The Functional Decision Group

reviews, analyzes, and makes decisions on critical Federal electronic health record issues and serves as the governance body responsible for decisions on joint functional requirements across the Federal Electronic Health Record.

Federal Enclave Management

The Federal Electronic Health Record Modernization Office hosted various joint technical activities including Environment Management Operations Center sessions in partnership with VA, DoD, and U.S. Coast Guard; their prime vendors; and key stakeholders responsible for segments of the Federal Electronic Health Record ecosystem in FY 2022. These activities included sessions on Revenue Cycle Expansion, VA/DoD Data Attributes, Patient Identification Harmonization, and an update on the vendors' Technology Roadmap. Other joint technical activities included Test Patients in Production Environment and Medical Readiness Reporting System Data Interface Lessons Learned.

In Q1 FY 2022, the FEHRM Office reviewed available data and updated frequencies for measures of Federal Enclave performance and the progress of deployments. This analysis defined the performance measurements, ensuring they accurately report the health of the Federal Enclave. In Q3 FY 2022, the FEHRM Office maintained and updated the health report monthly to conduct trend analysis.

During Q4 FY 2022, FEHRM Office conducted process review sessions with VA and DoD subject matter experts to document the comprehensive, repeatable Federal process to improve domain management. The FEHRM Office also distributed to VA and DoD an updated "Federal Electronic Health Record Modernization Domain Management Execution Guide," which documents the roles, responsibilities, and processes for managing the domains supporting the federal electronic health record.

Joint Enclave Data Management

In FY 2022, several Joint Enclave Data Management ongoing projects addressed different focus areas including Oracle Cerner code sets, terminology, and data and analytics governances.

In Q4 FY 2022, the Executive Data Management Board, which functions as the formal data management and governance of the Federal Electronic Health Record Modernization (FEHRM) Office's data assets, became fully operational. The Executive Data Management Board serves as the authorizing and prioritizing function for joint data management activities impacting the Federal Enclave. Under the executive body, data and analytics will be governed by the Data Governance Board and the Analytics Governance Board, respectively.

The Federated Interagency Terminology Service engaged with the vendor and Departments to jointly review and manage critical terminology projects. The FEHRM Office terminologists monitor and normalize the Joint Longitudinal Viewer, Clinical Data Repository/Health Data Repository legacy, and Federal Electronic Health Record clinical domains containing medication status, allergens, medications, laboratory results, and document types.

One Interface Team

The Federal Electronic Health Record is leveraged by three Departments, but it does not have a single authority for prioritization and efficiencies of interfaced systems and design options for the interface engine. The absence of a single interface team introduces opportunities for multiple changes to be performed by multiple teams on a shared component, despite other downstream controls to record changes to the baseline. Starting in Q4 FY 2022, the FEHRM Office began to formalize the architecture of the Federal Electronic Health Record (i.e., documentation of system interfaces), modeling tools, and application program interfaces.

Patient and Clinician Satisfaction Survey

The National Defense Authorization Act for FY 2020, P.L. 116-92 directed the Federal Electronic Health Record Modernization Office to conduct a survey regarding patient and clinician satisfaction and experience with the Federal Electronic Health Record beginning in FY 2022. During the reporting period, the FEHRM Office continued to collaborate with VA and DoD patient and clinician satisfaction Subject Matter Experts and joint working groups to establish common instruments and methodologies to survey and measure clinical use and satisfaction with the Federal Electronic Health Record. The FEHRM Office drove this collaborative effort to equally assess satisfaction across VA and DoD, save government resources, and reduce overall costs.

The Patient Satisfaction item sets were collectively selected and successfully incorporated into the Q3 FY 2021 surveys for VA and DoD. Survey deployment to VA sites with the Federal Electronic Health Record was slightly delayed due to integration and deployment of the Federal Electronic Health Record and receipt of data beginning in Q2 FY 2022.

DoD and VA executed the Clinician Satisfaction Survey question set in Q4 FY 2022. The jointly established questions were deployed across DoD, VA, and U.S. Coast Guard. The data and results are analyzed for shared trends between DoD, VA, and U.S. Coast Guard.

Independent Evaluation of the Federal Electronic Health Record System

The Federal Electronic Health Record Modernization Office continued the foundational work required by the National Defense Authorization Act FY 2020 to assess whether Department clinicians can access and meaningfully interact with a complete patient health record—regardless of the source of the information. The FEHRM Office worked with the independent entity performing the assessment to update the assessment strategy to account for the shift in the scheduled deployment to the target Level 4 sharing site in Anchorage, Alaska. This updated strategy involves independent assessments of stand-alone VA and DoD sites. Further, during this reporting period, the FEHRM Office completed the Federal Interoperability: National Defense Authorization Act Fiscal Year 2020 Independent Assessment Plan.

Priority 5.B. Joint Data and Analytics Strategy

The VA-DoD Joint Data and Analytics Executive Committee was established under the Joint Executive Committee. The Joint Data and Analytics Executive Committee serves as the VA-

DoD advisory body to the Joint Executive Committee and sub-committees on cross-cutting integration needs. It provides guidance, support, and recommendations on the approach and resolution for joint data and analytics activities; framing and escalating required data-related decisions as needed.

The VA and DoD Joint Data and Analytics Strategy was signed on Q2 FY 2022 by the Deputy Secretary of the Department of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness of the Department of Defense and the Joint Implementation Plan was baselined for FY 2023. VA and DoD continue to share a joint vision to achieve data interoperability and to treat data as a strategic asset that must be responsibly and actively managed to balance the imperatives of achieving the full potential of the data while respecting the individuals that the data represents.

The Joint Data and Analytics Executive Committee kicked off work streams for the Joint DoD/VA Joint Data Analytics Plan of Action including Advancing Joint Analytics, Federated Data Management, Joint Data Governance, Joint Data Sharing Operating Model, and Data Services in which VA and DoD identified opportunities for collaboration. The Joint Data and Analytics Executive Committee completed an action plan to have visibility and accountability on the progress of the Joint Data Strategy Implementation Plan. This action plan aims to track and monitor all milestones and work streams and activities within the Implementation Plan in support of the Joint Data Strategy.

VA Chief Data Officer and DoD's Defense Manpower Data Center continued the collaboration and coordination on Interoperable Data Management including sharing best practices, leading practices, and experiences. With the DoD Chief Digital and Artificial Intelligence Office in the lead, bringing together DoD and VA Enterprise Catalogs, the Joint Data Analytics Executive Committee completed the requirements for the Shared Enterprise Data Catalog Pilot in FY 22, and as part of Enterprise Data Catalog efforts, VA and DoD are improving interoperable data sharing and use in the joint mission space, with an initial set of immunization metadata, successfully exchanged during the pilot. The Enterprise Data Catalog can serve as a catalyst to identify data discrepancies between VA and DoD shared information, leading to proactive error correction in source systems which minimizes Veteran burden. Correction of data discrepancies also ensures that our Veterans' health care and benefit awards are properly processed and provided across the VA, Veterans Health Administration, and Veterans Benefit Administration. The VA Chief Data Officer continues to work to improve data quality through data analytics and reporting across the agency.

Leveraging the work of the Information Technology Executive Committee's Military Personnel Data Working Group, the Joint Data and Analytics Executive Committee kicked off the Data Harmonization Tiger Team during Q2 FY 2022 to refine the joint problem statement and develop an enterprise way-forward that aligns with the VA-DoD Joint Data and Analytics Strategy. Two sub-teams were created: Identity Data and Contact/Demographic Data. The Identity Data Sub Team accomplishments include the resolution of over two million data differences in the identity traits between VA and DoD. The Sub Teams also identified and implemented business rules and other fixes to reduce current and future data variations and to improve systematic synchronization. The Contact Integrated Product Team focused on identifying the 'pain-points' and will work on resolutions in FY 2023.

VA and DoD, along with a multi-agency collaboration, completed a detailed Journey Map for the Service Veterans Transition Space in Q3 FY2022. The Journey Map incorporates moments that matter, challenges, and bright spots within the member's journey.

During Q4 FY 2022, the Joint Data and Analytics Executive Committee discussions focused on clarifying The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act), P.L. 117-168, data requests, operational processes, and analytics. The committee requested DoD data impacts, operational processes, and key analytic question requirements of the Data Modeling and Forecasting Level of Engagement. Specifically, the committee found that requested data supports VA's needs for determining eligibility for PACT Act and the estimation of the base PACT Act cohort.

The Joint Data and Analytics Executive Committee also established the Joint Maturity Assessment with completion of the data assessment categories for the joint space, including analytics competency, data culture, data management, data personnel, systems/technology, and data governance. The Executive Committee also defined minimum and maximum target score ranges and focus areas. DoD's Defense Manpower Data Center completed the assessment for the joint space.

Under Data Services, the Joint Data and Analytics Executive Committee submitted a proposal during Q4 FY 2022 for a Technology Modernization Fund to improve the way VA and DoD provide contact information and military service data to state's Department of Veterans Affairs for Veterans moving into their respective states. Proposal is under evaluation; tentative award date is FY 2023.

SECTION 3 – NEXT STEPS

The accomplishments described in this VA-DoD Joint Executive Committee FY 2022 Annual Joint Report demonstrate concerted efforts between VA and DoD to improve the multiple areas of joint responsibility that directly affect the care and benefits of Service members and Veterans. This report updates strategic areas that will continue to evolve until these joint initiatives become fully institutionalized into everyday operations. Both Departments are sincerely committed to maintaining and improving the collaborative relationships that make this progress possible.

Moving forward, the Joint Executive Committee will continue to drive joint coordination and sharing efforts between VA and DoD and partner agencies to support the strategic direction established in the FY 2022-2027 VA-DoD Joint Strategic Plan. The Departments will continue to demonstrate and track progress toward defined goals, objectives, and end-states, and provide the continuum of care needed to successfully meet the needs of Service members, Veterans, and their Families and Caregivers.

APPENDIX A – ORGANIZATION

The Joint Executive Committee, Health Executive Committee, Benefits Executive Committee, Transition Assistance Program Executive Council, Information and Technology Executive Committee, Federal Electronic Health Record Modernization Executive Committee, and Independent Working Groups are comprised of more than 60 working groups, boards, and areas of oversight.⁷

Health Executive Committee Business Lines and Working Groups:

- Clinical Care Business Line
 - Deployment Health Working Group
 - DoD-VA Transgender Healthcare Working Group
 - Evidence-Based Clinical Guidelines Working Group
 - Pain Management Working Group
 - Patient Safety Working Group
 - Telehealth/Virtual Health Working Group
 - Women's Health Working Group
- Healthcare Operations Business Line
 - Acquisitions & Medical Materiel Management Working Group
 - Care Coordination Working Group
 - Continuing Education & Training Working Group
 - Duplicate Claims Integrated Product Team
 - James A. Lovell Federal Health Care Center Advisory Board
 - Reimbursements Integrated Product Team
 - Shared Resources Working Group
- Health Informatics Business Line
 - Interagency Clinical Informatics Board
 - Continuity of Care Working Group
 - Health Information Policy Working Group
 - Interagency Data and Analytics Working Group
 - Joint Clinical Information and Standards Implementation Working Group
 - Patient Engagement Working Group

⁷ VA-DoD Joint Executive Committee Organization List (as of February 7, 2023)

Benefits Executive Committee Working Groups:

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

Transition Assistance Program Executive Council Working Groups:

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

Information and Technology Executive Committee Working Groups:

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

Joint Data and Analytics Executive Committee

Joint Executive Committee Independent Working Groups:

- Base Access Working Group
- Capital Asset Planning Committee
- Hannon Act Section 102 Working Group
- Separation Health Assessment Working Group
- Sexual Trauma Working Group
- Strategic Communications Working Group
- Joint Suicide Prevention and Associate Mental Health Working Group

Joint Executive Committee Advisory Relationship: Federal Electronic Health Record Modernization Office:

- Executive Data Management Board
- Federal Electronics Health Record Modernization Analytics Board
- Federal Electronic Health Record Modernization Data Governance Board