VA/DoD Joint Executive Council
Annual Report
Fiscal Year 2007

Gordon H. Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C. Chu
Under Secretary of Defense
Personnel and Readiness
Department of Defense

February 2008

MAR 17 2008

The Honorable James B Peake, M D
Secretary
Department of Veterans Affairs
Washington, DC 20420

Dear Mr Secretary.

We are pleased to submit the fiscal year (FY) 2007 Annual Report of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Joint Executive Council The VA/DoD Joint Strategic Plan for FY 2008-2010 is added to the report as Appendix A

VA and DoD collaborations in FY 2007 resulted in improved services and benefits to our beneficiaries The enclosed report details our accomplishments in a wide array of business areas, including information technology and resource sharing initiatives

This report will also be provided to the President of the Senate and the Speaker of the House, as well as Congressional Committees that have jurisdiction over VA and DoD

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure as stated

MAR 1 7 2008

The Honorable Richard B. Cheney
President of the Senate
United States Senate
Washington, DC 20510

Dear Mr President

As required by 38 U.S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department.

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116.

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures: as stated

MAR 17 2008

The Honorable Robert M Gates
Secretary
Department of Defense
Washington, DC 20301

Dear Mr. Secretary.

We are pleased to submit the fiscal year (FY) 2007 Annual Report of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Joint Executive Council The VA/DoD Joint Strategic Plan for FY 2008-2010 is added to the report as Appendix A

VA and DoD collaborations in FY 2007 resulted in improved services and benefits to our beneficiaries. The enclosed report details our accomplishments in a wide array of business areas, including information technology and resource sharing initiatives

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C. Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure as stated

MAR 1 7 2008

The Honorable Nancy Pelosi
Speaker of the House
U. S House of Representatives
Washington, DC 20515

Dear Madam Speaker

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

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Sincerely yours,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures: as stated

MAR 1 7 2008

The Honorable Daniel K. Akaka
Chairman
Committee on Veterans Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

As required by 38 U S.C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department.

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures. as stated

MAR 1 7 2008

The Honorable Richard M. Burr
Ranking Member
Committee on Veterans Affairs
United States Senate
Washington, DC 20510

Dear Senator Burr.

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

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Sincerely,

Gordon H. Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 1 7 2008

The Honorable Daniel K Inouye
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

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Sincerely,

Gordon H. Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 1 7 2008

The Honorable Thad Cochran
Ranking Member
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Senator Cochran:

As required by 38 U.S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department.

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 17 2008

The Honorable Chet Edwards
Chairman
Subcommittee on Military Construction,
Veterans Affairs and Related Agencies
Committee on Appropriations
U S House of Representatives
Washington, DC 20515

Dear Mr. Chairman.

As required by 38 U.S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council. This report was also provided to the Secretaries of each Department

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely,

Gordon H. Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures: as stated

MAR 17 2008

The Honorable Bob Filner
Chairman
Committee on Veterans Affairs
U S House of Representatives
Washington, DC 20515

Dear Mr Chairman:

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department.

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 1 7 2008

The Honorable Steve Buyer
Ranking Republican Member
Committee on Veterans Affairs
U. S House of Representatives
Washington, DC 20515

Dear Congressman Buyer

As required by 38 U.S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 17 2008

The Honorable Robert C Byrd
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department.

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

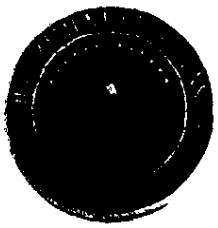
Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 1 7 2008



The Honorable Ted Stevens
Ranking Member
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Senator Stevens·

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 1 7 2008

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

Dear Mr Chairman·

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116.

Sincerely yours,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 17 2008

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

Dear Senator Hutchison

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 17 2008

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr Chairman

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 1 7 2008

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

Dear Senator McCain

As required by 38 U S C. Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 17 2008

The Honorable John P Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U S House of Representatives
Washington, DC 20515

Dear Mr. Chairman.

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures: as stated

MAR 17 2008

The Honorable C. W Bill Young
Ranking Member
Subcommittee on Defense
Committee on Appropriations
U S House of Representatives
Washington, DC 20515

Dear Congressman Young

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 1 7 2008

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr Chairman

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116.

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C. Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 17 2008

The Honorable Lindsey O Graham
Ranking Member
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Senator Graham

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Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 17 2008

The Honorable David R Obey
Chairman
Committee on Appropriations
U S House of Representatives
Washington, DC 20515

Dear Mr Chairman

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 17 2008

The Honorable Jerry Lewis
Ranking Member
Committee on Appropriations
U S House of Representatives
Washington, DC 20515

Dear Congressman Lewis

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 17 2008

The Honorable Ike Skelton
Chairman
Committee on Armed Services
U S. House of Representatives
Washington, DC 20515

Dear Mr Chairman

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures: as stated

MAR 17 2008

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

Dear Congressman Hunter

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Enclosed, also, is an estimate of the cost to prepare this report as required by Title 38, Chapter 1, Section 116

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 17 2008

The Honorable Susan Davis
Chairwoman
Subcommittee on Military Personnel
Committee on Armed Services
U S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman

As required by 38 U S C Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 17 2008

The Honorable John M McHugh
Ranking Member
Subcommittee on Military Personnel
Committee on Armed Services
U S. House of Representatives
Washington, DC 20515

Dear Congressman McHugh

As required by 38 U S C. Section 320, we are pleased to submit the enclosed report for fiscal year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Council This report was also provided to the Secretaries of each Department

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosures as stated

MAR 1 7 2008

The Honorable Henry A Waxman
Chairman
Committee on Oversight and Government Reform
U S House of Representatives
Washington, DC 20515

Dear Mr Chairman

We are pleased to submit the fiscal year (FY) 2007 Annual Report of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Joint Executive Council The VA/DoD Joint Strategic Plan for FY 2008-2010 is added to the report as Appendix A

VA and DoD collaborations in FY 2007 resulted in improved services and benefits to our beneficiaries The enclosed report details our accomplishments in a wide array of business areas, including information technology and resource sharing initiatives

This report will also be provided to the President of the Senate and the Speaker of the House, as well as Congressional Committees that have jurisdiction over VA and DoD.

Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure: as stated

MAR 17 2008

The Honorable Tom Davis III
Ranking Member
Committee on Oversight and Government Reform
U S House of Representatives
Washington, DC 20515

Dear Congressman Davis:

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure. as stated

MAR 1 7 2008

The Honorable John J. Hall
Chairman
Subcommittee on Disability Assistance
and Memorial Affairs
Committee on Veterans Affairs
U S House of Representatives
Washington, DC 20515

Dear Mr Chairman·

We are pleased to submit the fiscal year (FY) 2007 Annual Report of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Joint Executive Council The VA/DoD Joint Strategic Plan for FY 2008-2010 is added to the report as Appendix A

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Sincerely,

Gordon H. Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure as stated

MAR 17 2008

The Honorable Doug Lamborn
Ranking Republican Member
Subcommittee on Disability Assistance
and Memorial Affairs
Committee on Veterans Affairs
U S. House of Representatives
Washington, DC 20515

Dear Congressman Lamborn:

We are pleased to submit the fiscal year (FY) 2007 Annual Report of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Joint Executive Council. The VA/DoD Joint Strategic Plan for FY 2008-2010 is added to the report as Appendix A

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure. as stated

MAR 17 2008

The Honorable Stephanie Herseth Sandlin
Chairwoman
Subcommittee on Economic Opportunity
Committee on Veterans Affairs
U S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman.

We are pleased to submit the fiscal year (FY) 2007 Annual Report of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Joint Executive Council. The VA/DoD Joint Strategic Plan for FY 2008-2010 is added to the report as Appendix A.

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Sincerely,

Gordon H. Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C. Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure: as stated

MAR 17 2008

The Honorable John Boozman
Ranking Republican Member
Subcommittee on Economic Opportunity
Committee on Veterans Affairs
U S House of Representatives
Washington, DC 20515

Dear Congressman Boozman.

We are pleased to submit the fiscal year (FY) 2007 Annual Report of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Joint Executive Council The VA/DoD Joint Strategic Plan for FY 2008-2010 is added to the report as Appendix A

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Sincerely,

Gordon H. Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure: as stated

MAR 1 7 2008

The Honorable Michael H Michaud
Chairman
Subcommittee on Health
Committee on Veterans Affairs
U S. House of Representatives
Washington, DC 20515

Dear Mr Chairman:

We are pleased to submit the fiscal year (FY) 2007 Annual Report of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Joint Executive Council. The VA/DoD Joint Strategic Plan for FY 2008-2010 is added to the report as Appendix A

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure. as stated

MAR 17 2008

The Honorable Jeff Miller
Ranking Republican Member
Subcommittee on Health
Committee on Veterans Affairs
U. S House of Representatives
Washington, DC 20515

Dear Congressman Miller.

We are pleased to submit the fiscal year (FY) 2007 Annual Report of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Joint Executive Council The VA/DoD Joint Strategic Plan for FY 2008-2010 is added to the report as Appendix A

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Sincerely,

Gordon H. Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C. Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure as stated

MAR 17 2008

The Honorable Harry E Mitchell
Chairman
Subcommittee on Oversight
and Investigations
Committee on Veterans Affairs
U S House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

We are pleased to submit the fiscal year (FY) 2007 Annual Report of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Joint Executive Council The VA/DoD Joint Strategic Plan for FY 2008-2010 is added to the report as Appendix A.

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure: as stated

MAR 17 2008

The Honorable Ginny Brown-Waite
Ranking Republican Member
Subcommittee on Oversight
and Investigations
Committee on Veterans Affairs
U S. House of Representatives
Washington, DC 20515

Dear Congresswoman Brown-Waite:

We are pleased to submit the fiscal year (FY) 2007 Annual Report of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Joint Executive Council The VA/DoD Joint Strategic Plan for FY 2008-2010 is added to the report as Appendix A

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Sincerely,

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S C. Chu
Under Secretary of Defense
Personnel and Readiness

Enclosure: as stated

VA/DoD Joint Executive Council Membership List

Department of Veterans Affairs

Gordon H. Mansfield (Co-Chair)
Deputy Secretary (001)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Michael J. Kussman, M.D.
Under Secretary for Health (10)
Veterans Health Administration
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Daniel L. Cooper, VADM (Ret)
Under Secretary for Benefits (20)
Veterans Benefits Administration
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Paul A. Tibbits, M.D.
Deputy Assistant Secretary for
Enterprise Development (005Q)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Robert J. Henke
Assistant Secretary for Management (004)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Patrick W. Dunne
Assistant Secretary for Policy and
Planning (008)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Department of Defense

Dr. David S.C. Chu (Co-Chair)
Under Secretary of Defense
Personnel and Readiness
4000 Defense Pentagon
Washington, DC 20301-4000

Mr. Michael L. Dominguez
Principal Deputy Under Secretary for
Defense for Personnel and Readiness
4000 Defense Pentagon
Room 3E621
Washington, DC 20301

Dr. S. Ward Casscells
Assistant Secretary of Defense
1200 Defense Pentagon
Washington, DC 20301-1200

Dr. Stephen L. Jones
Principal Deputy Assistant Secretary of
Defense Health Affairs
1200 Defense Pentagon
Washington, DC 20301-1200

Mr. Michael Krieger
Principal Deputy Director CIO
Department of Defense
6000 Defense Pentagon
Room 3E243
Washington, DC 20301-6000

Mr. Ronald James
Assistant Secretary of the Army (M&RA)
Department of Defense
1111 Army Pentagon
Room 2E468
Washington, DC 20310-1111

(List is continued on page ii)

Department of Veterans Affairs

Rita A. Reed
Principal Deputy Assistant Secretary for Management (004)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Paul Hutter
General Counsel (02)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420
Washington, DC 20420

Department of Defense

Ms. Anita Blair (Acting)
Assistant Secretary of the Navy (M&RA)
Department of Defense
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VA/DoD Joint Executive Council
Fiscal Year 2007
Annual Report

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February 2008

VA/DoD Joint Executive Council Fiscal Year 2007 Annual Report

SECTION 1 – INTRODUCTION

The Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Council (JEC) has completed its fifth year This Council, established to provide senior leadership for coordination and resource sharing between VA and DoD, met quarterly in Fiscal Year (FY) 2007 The JEC is pleased to submit this Annual Report, for the period October 1, 2006 to September 30, 2007, to Congress and the Secretaries of Defense and Veterans Affairs, as required by law [1] Neither Secretary used the waiver authority granted by section 722(d)(1) of the Bob Stump National Defense Authorization Act (NDAA) for FY 2003 (Public Law 107-314)

The JEC is co-chaired by the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness The co-chairs selected the membership of the Council, which consists of senior executives from both VA and DoD

To ensure that appropriate resources and expertise are directed to specific areas of interest, the JEC established sub-councils in the areas of health and benefits The Health Executive Council (HEC), co-chaired by VA's Under Secretary for Health and DoD's Assistant Secretary for Health Affairs, and the Benefits Executive Council (BEC), co-chaired by VA's Under Secretary for Benefits and DoD's Principal Deputy Under Secretary for Personnel and Readiness

The VA/DoD Joint Strategic Plan (JSP) for the JEC and its sub-councils is based on three guiding principles

Collaboration Achieve shared goals through mutual support of our common and unique mission requirements

Stewardship Provide the best value for the beneficiaries and the taxpayer through increased coordination

[1] This report meets the reporting requirements for Public Law 97-174 and Public Law 108-136 codified at 38 U S C 320 and 8111(f)

Leadership Establish clear policies and guidelines for enhanced partnerships, resource sharing, decision making, and accountability

The JSP is the primary means to advance performance between VA and DoD, and it will be continuously evaluated, updated, and improved After reviewing and revising the goals, strategies, and performance measures in the *VA/DoD Joint Strategic Plan for FY 2007-2009*, VA and DoD developed the *VA/DoD Joint Strategic Plan for FY 2008-2010*, which is appended to this Annual Report

In FY 2007, VA and DoD continued to focus on improving the effectiveness and efficiency of health care services and benefits to veterans, servicemembers, military retirees, and eligible dependents This report describes and provides details on our collaborative efforts and VA/DoD successes in the areas of financial management, joint facility utilization, pharmacy, medical-surgical supplies procurement, patient safety, deployment health, mental health, clinical guidelines, contingency planning, clinical case management, and benefits delivery that strengthened the capability of both Departments to serve our beneficiaries better The recommendations made by the *Task Force Report to the President Returning Global War on Terror Heroes,* and *The President's Commission on Care for America's Returning Wounded Warriors*, other advisory committees and review groups, and to the extent possible, the Disability Benefits Commission, have been reviewed and, where relevant, incorporated into the JSP

The report also discusses the progress made over the past year in the vital area of information sharing, both health and demographic data, and highlights the ongoing activities under the auspices of the Joint Incentive Fund (JIF) and Demonstration Site Projects (DSS) authorized in the FY 2003 NDAA Finally, the report concludes with a synopsis of VA and DoD joint training and education initiatives and activities to promote collaboration and greater sharing of resources

SECTION 2 – VA/DoD COLLABORATION RESULTS

This section details the operational activities and successes associated with the following JSP goals Seamless Coordination of Benefits, High Quality Health Care, and Efficiency of Operations Together, the two Departments made considerable progress toward promoting mutually beneficial coordination, use, and exchange of services and resources in FY 2007

SECTION 2.1 – SEAMLESS TRANSITION

The goal of seamless transition is to coordinate medical care and benefits during the transition from active duty to veteran status to ensure continuity of services. In FY 2007, the focus continued on ensuring a smooth transition for injured servicemembers returning from Operation Enduring Freedom (OEF) and

Operation Iraqi Freedom (OIF) The collaborative seamless transition efforts have made it possible for increasing numbers of servicemembers to enroll in VA health care programs and file for VA benefits prior to separation from active duty status

VA and DoD developed and implemented a number of strategies, policies, and programs to provide timely, appropriate services to servicemembers and veterans, especially those transitioning directly from DoD Military Treatment Facilities (MTFs) to VA Medical Centers (VAMCs) Significant progress was made in the areas of outreach and communication, workload tracking, data collection, and staff education Improving communication between the two Departments led to improvements in the consistency of information and services provided, and facilitated outreach to servicemembers and veterans

In July 2006, the JEC approved a proposal to establish a VA/DoD Joint Coordinated Transition Work Group to focus specifically on achieving an even greater integrated approach to coordinated transition for injured and ill servicemembers, and their families However, in May 2007, the Work Group was placed on hold in lieu of the Senior Oversight Council (SOC) and Overarching Integrated Project Team

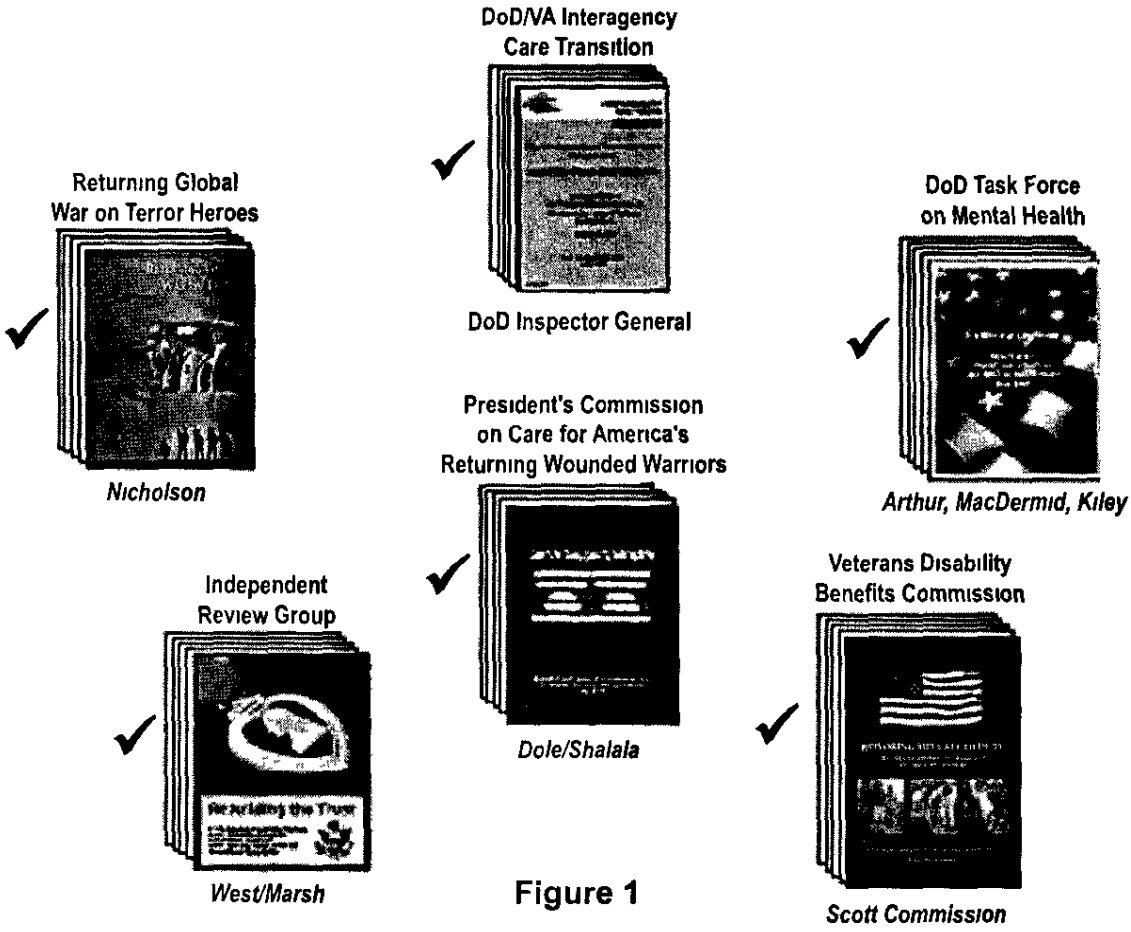

Figure 1

These bodies elevate the oversight and implementation of policy and specific actions related to the numerous Task Force and Commission Reports (Figure 1) that were released throughout much of FY 2007 to the Offices of the Secretaries Defense Secretary Gates set the tone for DoD by stating on May 2, 2007, that "Apart from the war itself, this Department and I have no higher priority" The SOC has divided the work into several Lines of Action and is specifically intent on expediting the efforts to streamline the interagency continuum of benefits and health care in the areas most frequently cited in the reports The key areas include Redesigning the Disability Evaluation System (DES), Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD), Case Management and Support (Federal Recovery Coordinator), DoD/VA Data Sharing, Facilities, and Finance/Pay issues The SOC will establish a clear direction for the two Departments before standing down in 2008, which will be incorporated into the next iteration of the JSP

State Seamless Transition Initiative

In April 2006, then-Governor Bush (FL) asked the former Defense Secretary Rumsfeld and former VA Secretary Nicholson to notify the Florida Department of Veterans Affairs (FDVA) when severely wounded OEF/OIF servicemembers are inbound to any local VA facility for treatment Servicemember contact information will be used by FDVA to track the veteran for life to ensure the servicemember and his or her family receives all the State benefits to which they are entitled

A working group was formed, including representatives from FDVA, DoD and VA, to consider the request The group reviewed existing mechanisms for communicating with State Departments of VA to develop a concept and procedures for a pilot program DoD reemphasized to all separating servicemembers the benefit of electing to have his/her DoD Form DD 214, *Certificate of Release or Discharge From Active Duty*, sent directly to the VA in their home of record

On February 12, 2007, Secretary Nicholson held a press conference to announce that the State Seamless Transition Initiative would be offered to all States and territories The initiative process uses existing VA-detailed social work staff assigned to ten MTFs Social workers offer those servicemembers who are ready for discharge from service and being processed for transfer to VAMCs an opportunity to authorize their contact information to be sent via secured facsimile directly to the FDVA

To date, 43 States and territories have asked to be notified of returning servicemembers and have been notified of 210 severely injured servicemembers who will be returning to their States The initiative is considered to be successful

Traumatic Injury Protection

The Traumatic Injury Protection under the servicemembers' Group Life Insurance (TSGLI) program was designed to provide financial assistance to traumatically injured servicemembers while they recover Effective December 1, 2005, all servicemembers who incur a qualifying traumatic injury at anytime during their service are covered In this collaborative effort, the military services are responsible for adjudicating claims and the VA is responsible for sending payments The first TSGLI payments were released to eligible claimants on December 21, 2005 Interim regulations, including defining qualifying losses and a schedule of payments, were published on an expedited basis on December 22, 2005 The final regulation was published March 8, 2007, and enhanced TSGLI by extending the maximum time period between traumatic injury and traumatic loss from one to two years As of September 30, 2007, 3,645 claimants have been paid a total of approximately $228 million, with the average payment being just over $62,000 Of the claimants, 2,348 were paid for traumatic losses incurred in OEF/OIF from October 7, 2001, through November 30, 2005[2], and 1,297 payments were made for injuries incurred on or after December 1, 2005

On September 7, 2006, the Director, VA Regional Office and Insurance Center testified before the Senate Veterans' Affairs Committee regarding the implementation and management of the TSGLI program In this hearing, several senators indicated they were very pleased with the implementation and consider TSGLI a success They also requested that VA conduct a comprehensive review of the program following the one-year anniversary of its implementation The comprehensive review was completed late in FY 2007 and as a result a number of changes to the program have been proposed

Outreach

A VA/DoD collaborative arrangement has resulted in VA distributing *A Summary of VA Benefits (VA Pamphlet 21-00-1)* to all military service inductees at the Military Entrance Processing Stations, and to the military service academies for graduating seniors This arrangement assures that inductees receive basic information at the onset of their service on VA benefits and services for which they may become eligible at separation Providing this information at the beginning of their careers familiarizes servicemembers and their families from the outset and supports the concept of DoD and VA acting together to provide a lifetime of Federal benefits

VA and DoD also collaborated to reach out to servicemembers while they are still on active duty In accordance with the *VA/DoD Memorandum of Understanding For Purposes of Defining Data-Sharing Between the Departments*, DoD began

[2] The law includes a provision to pay benefits to any servicemember who suffered a qualifying loss as a direct result of a traumatic injury incurred in OEF/OIF on or after October 7 2001 and through and including November 30 2005

providing VA a monthly list of separating servicemembers who have completed a Medical Evaluation Board (MEB) process with a referral to the Physical Evaluation Board (PEB) process in November 2005 This list is downloaded to the Veterans Tracking Application (VTA), a web-based patient tracking system and management tool that allows approved VA users to access near realtime medical status information captured in DoD's Joint Patient Tracking Application (JPTA) during the evacuation process from theater through Landstuhl, Germany, to MTFs in the States, and on to VAMCs and VA Regional Offices VTA also has the ability to track injured active duty servicemembers as they move through the MEB system and transition to veteran status This notification enabled VA case workers to assist servicemembers with the application process for VA health care prior to discharge from the military Equipped with this information, VA Program Managers at each VAMC send a standard letter to each individual and encourage them to enroll in VA health care This letter highlights the VA health care and disability benefits for which they may be eligible A tracking mechanism is being established to evaluate the number of calls made, the number of letters returned, and how many had incomplete or inaccurate contact information

VA and DoD collaborated to train 57 National Guard Transition Assistance Advisors (TAAs) in 2006 and 2007 They were formerly known as State Benefits Advisors – one or two for each of the 50 states and four territories The primary functions of the TAAs are to provide advice and referral to returning soldiers on VA benefits and services, and to assist in coordinating VA health care, benefits, and TRICARE The National Guard, VA, and community organizations partnered to form state coalitions to meet the needs of the Guard, Reserves, and family members Formal partnerships were developed, implemented, or awaiting formal signature in 45 states during FY 2006-2007

VA/DoD outreach also focused on increasing awareness and understanding among the employees of both Departments VA and DoD organized a national conference that was held in Las Vegas, Nevada on April 10-12, 2007, entitled *Evolving Paradigms Providing Health Care to Transitioning Combat Veterans*, which focused on medical care for servicemembers who are returning from OEF and OIF VA and DoD speakers shared health care and research findings on polytrauma, prosthetics, pain management, mental health, and other topics Several VA/DoD Deployment Health Work Group (DHWG) members assisted in planning the conference and participated as speakers More than 1,400 VA and DoD health care providers participated Numerous conference topics warranted follow-up by the DHWG, including medical surveillance of servicemembers returning from OEF and OIF, and diagnosis and treatment of mental disorders and TBI

Continuity of Health Care and Benefits

VA is working closely with DoD to enhance its transition assistance and case management of OEF/OIF veterans In May 2007, the Veterans Health

Administration (VHA) and the Veterans Benefits Administration (VBA) launched the VHA/VBA OEF/OIF Case Management Program This represents a fully integrated team approach to assisting veterans' access care and receiving assistance in applying for VA benefits beginning while servicemembers are still on active duty

Members of the OEF/OIF Case Management Program team include a Program Manager, Clinical Case Managers, VBA Veterans Service Representative, and a Transition Patient Advocate (TPA) The Program Manager has overall administrative and clinical responsibility for the team and ensures that all OEF/OIF veterans are screened for case management Severely injured OEF/OIF veterans will be provided with a case manager and any other screened OEF/OIF veteran may be assigned a case manager upon request Clinical Case Managers will coordinate all patient care activates and ensure that all VHA clinicians providing care to the patient are doing so in a cohesive and integrated manner VBA team members will assist veterans by educating them about VA benefits and assisting with the benefit application process The TPAs will serve as liaisons among the Veterans Integrated Service Network (VISN), VAMC, VBA, and the patients The TPA acts as a communicator, facilitator, and problem solver Training for the OEF/OIF Case Management team began in June 2007 with an education conference targeted toward TPAs followed by a September 2007 conference for Program Managers

The President's Commission on Care for America's Returning Wounded Warriors identified the need to establish Federal Recovery Coordinators (FRCs) who would be hired and deployed to provide support to returning wounded warriors, their spouses, and their dependents This important role was envisioned to be empowered and enabled to span the entire breadth and scope of resources available through both DoD and VA VA's newly established Office of Care Management and Social Work, under which these FRCs are recruited, hired, trained, and supported, will provide the additional interagency coordination needed to ensure that transition between programs, services, and agencies are made without unnecessary gaps or delays in care In addition, this role will improve the level of coordination, communication, and support needed by spouses and dependents of America's returning wounded warriors This approach will supplement the substantial existing investments already made to tailor programs and services to wounded warriors, including but not limited to the OEF/OIF Case Management Social Work Liaisons at MTFs and Polytrauma Rehabilitation sites This overarching interagency priority will coordinate comprehensive health care solutions and ensure optimal health outcomes for both servicemembers and their families

DoD's Military Severely Injured Center was established on February 1, 2005 to augment the support provided by the individual service wounded, ill, and injured support programs The Army Wounded Warrior Program (AW2), the Navy Safe

Harbor program, the Air Force Helping Airmen Recover Together (Palace HART) program, and the Marines Wounded Warrior Regiment program The service support programs are the primary avenues of support for their wounded and families, the Center continues to connect members and families as requested to such resources as Military One Source and can provide liaison with other Federal agencies and non-profit organizations

In FY 2005, VA opened four Polytrauma Rehabilitation Centers (Tampa, Florida, Richmond, Virginia, Minneapolis, Minnesota, and Palo Alto, California) Initially, the Army placed one uniformed liaison at each of the four centers to facilitate the continuity of care between military and VA treatment facilities, regardless of the servicemembers' service affiliation In 2007, the Marine Corps and Navy placed uniformed liaisons at one or all of the polytrauma centers and the Marine Corps placed liaisons in communities where a large Marine Corps population is receiving VA treatment

SECTION 2 2 – HIGH QUALITY HEALTH CARE

The following accomplishments reflect VA and DoD efforts to improve access, quality, effectiveness, and efficiency of health care for beneficiaries through collaborative activities

Deployment Health

The DHWG was established to ensure coordination and collaboration to maintain, protect, and preserve the health of Armed Forces personnel In order to improve force health protection efforts, the DHWG focuses on the health of active duty members, veterans, and their families during and after combat operations and other deployments The primary focus is on servicemembers returning from OEF/OIF In addition, the DHWG coordinates initiatives related to veterans of all eras, going back to the 1940s DoD and VA share information and resources in the areas of deployment health surveillance, assessment, follow-up medical care, health risk communication, and research This report describes new, ongoing, and completed initiatives related to each of these areas in FY 2007

Deployment Health Surveillance and Assessment

In FY 2007, the DHWG worked on substantial initiatives related to medical surveillance for exposure to depleted uranium (DU) and for TBI In 1993, VA and DoD began medical surveillance for DU in the most highly exposed group of veterans of the 1991 Gulf War In 1998, VA and DoD implemented DU surveillance programs for Gulf War veterans in general, including urinary biomonitoring for uranium In 2003, surveillance was expanded to include servicemembers returning from OIF More than 2,200 OIF veterans have participated in the program and no adverse results have been identified In addition to the ongoing programs, there are new requirements related to heavy metals DoD is implementing a policy for collection and analysis of all metal fragments that are surgically removed In January 2008, the VA Embedded

Fragment Surveillance Center will begin case identification and provide medical follow-up of all patients with embedded fragments This new VA Center will fulfill Recommendation P-7 in the *Task Force Report to the President Returning Global War on Terror Heroes*

The DHWG strongly supports the DU testing program, and is working to ensure that high quality laboratory capabilities are maintained Currently, the lab support for DU testing includes the Armed Forces Institute of Pathology (AFIP) for VA, Navy and Air Force, and the Army Center for Health Promotion and Preventive Medicine (CHPPM) However, the AFIP laboratory will close by 2010 in accordance with the *Base Realignment and Closure (BRAC) Act* of 1990, as amended The DHWG organized three meetings of DoD and VA scientists in May, June, and July 2007, which focused on lab analysis of DU and other heavy metals due to embedded fragments The DHWG recommended that laboratory capabilities be maintained at a single DoD laboratory Subsequently, DoD Health Affairs recommended to the Army Surgeon General that CHPPM be designated as the single DoD laboratory and all AFIP resources should be moved to CHPPM

In FY 2007, VA and DoD jointly funded an Institute of Medicine (IOM) study of potential long-term health effects, entitled *Gulf War and Health Updated Literature Review on Depleted Uranium* IOM published its first review on DU in 2000, and the new review will be an update The IOM study will assist in responding to Section 716 of the FY 2007 NDAA, which requires DoD, in consultation with VA, to conduct a comprehensive study of the health of soldiers with potential exposure to DU The IOM study will evaluate the feasibility and validity of the type of study mandated in Section 716 In another joint effort, the DHWG initiated the development of a pocket card on DU for clinicians VA and DoD developed and released the cards, which are entitled Depleted Uranium and Health Pocket Guide for Clinicians Several hundred of these laminated cards have been distributed to physicians and other providers

The DHWG is monitoring DoD and VA initiatives on assessment, diagnosis, and treatment of TBI on an ongoing basis, in response to the recognition of TBI as an emerging medical problem in OEF and OIF In April 2007, VA began a national program to screen all OEF/OIF veterans for TBI at their first clinic visit using a two-page TBI screening questionnaire VA also published VHA Directive 2007-013, *Screening and Evaluation of Possible TBI in OEF and OIF Veterans* By September 2007, VA had screened tens of thousands of OEF/OIF veterans On September 11, 2007, DoD added TBI questions to the Post-Deployment Health Assessment (PDHA) and Post-Deployment Health Reassessment (PDHRA), adopting the questions from VA's screening questionnaire Deployment health assessments are conducted on servicemembers and demobilized Reserve and National Guard members as they leave for and return from duty outside the U S This information is used to monitor the overall health

condition of deployed troops, inform them of potential health risks, as well as maintain and improve the health of servicemembers and veterans In addition, DoD developed two products to assess TBI in the combat zone The Military Acute Concussion Evaluation (MACE), and the Defense and Veteran's Brain Injury Center (DVBIC) Clinical Practice Guideline (CPG) and Recommendations for Mild TBI In August 2006, the Army and Marines were directed to use the MACE in theater to evaluate possible TBI cases

The DHWG has discussed progress on clinical care and research initiatives on TBI at nearly every committee meeting in FY 2007 In addition to DoD and VA experts, scientists from the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) have been invited to discuss their collaborative efforts with DoD In summary, DoD and VA are reviewing their TBI programs to ensure that DoD and VA clinical and research programs are complementary, and to develop appropriate responses to identified shortcomings Specifically, DoD and VA are responding to recommendations on TBI that were included in the Task Force Report to the President *Returning Global War on Terror Heroes, and The President's Commission on Care for America's Returning Wounded Warriors*

Post-Deployment Medical Care

Joint VA/DoD initiatives related to post-deployment medical care include provision of multiple DoD databases to VA on an ongoing basis In addition to the MEB/PEB list referenced in Section 2 1, since September 2003, DoD has provided a roster to VA, which lists OEF and OIF veterans who have deactivated back to the Reserve/National Guard, or who have separated entirely from the military VA also uses this roster to mail a letter to OEF/ OIF veterans to thank them for their service and to provide information on VA benefits related to their service in a combat theater More than 700,000 letters have been sent in this outreach effort VA also uses this roster to evaluate the health care utilization in this population of OEF/OIF veterans This analysis is useful to plan allocation of VA health care resources

In FY 2007, the DHWG was involved in two other initiatives related to post-deployment care support of families of injured servicemembers, and hearing loss in veterans The HEC recommended the creation of the VA/DoD Family Transition Initiative to address concerns related to communication with the families of severely injured servicemembers, focusing on the transition of care from DoD to VA The committee submitted a detailed report to the HEC identifying many communication challenges with families of severely injured servicemembers The report included 21 recommendations, which were grouped into five categories knowledge gaps of families early in the transition process, case management, logistical issues related to transition, family emotional concerns, and knowledge gaps about DoD DES and VA benefits When the SOC was established in May 2007, the report was provided to the Case Management Line of Action

In addition, the DHWG brought DoD and VA experts together to discuss current DoD hearing conservation programs and current VBA policy on compensation for hearing loss and tinnitus The DHWG regularly provides interagency opportunities to discuss issues of prevention, diagnosis, treatment, and disability related to potential military health risks, in this case, hearing loss DoD policy states that all servicemembers should receive baseline audiograms during basic training Servicemembers are included in a monitoring program if they are exposed to noise that exceeds 85 decibels and undergo periodic audiograms, as well as audiograms at separation from service Despite these prevention efforts, hearing loss remains a substantial problem in the military Hearing loss is the second most frequent category of VBA compensation awards, after musculoskeletal conditions

VA funded a 2006 IOM report, entitled *Noise and Military Service Implications for Hearing Loss and Tinnitus* The IOM report contained several recommendations to VA and DoD For example, IOM recommended that DoD require audiograms on all servicemembers at the time of induction and discharge A request was made for including this requirement in AHLTA to capture this information IOM also suggested a change in VA's method of diagnosing noise-induced hearing loss, which would lead to a revision in the rating schedule DHWG members discussed the issue of hearing loss that is diagnosed many years after discharge from the military Veterans who have recently been awarded compensation for hearing loss have generally been veterans of the Vietnam War and World War II Currently, they are receiving more than $1 billion per year in compensation for hearing loss The IOM report concluded that documentation of normal hearing on an audiogram at the time of discharge from the military precludes the attribution of delayed development of hearing loss due to the military VBA is considering writing a regulation corresponding to this IOM conclusion

Deployment Health Risk Communication

DoD and VA are continuing to improve their coordination of risk communication and outreach to servicemembers and veterans related to military health, including deployment related exposures The charge of the DHWG Health Risk Communication Subcommittee is to develop, coordinate, and disseminate risk communication products that are useful for servicemembers, veterans, families, and health care providers The DHWG recently worked on two substantial risk communication efforts standardization of terminology of casualty statistics, and notification of veterans who were involved in chemical agent testing programs The DHWG worked with DoD and VA scientists and public affairs staff to clarify the definitions for casualty statistics This coordination resulted in an improvement in the clarity and accuracy of casualty statistics published on DoD and VA web sites

The DHWG provides coordination of notification efforts on chemical and biological agent testing programs that took place from 1942 to 1975. The first

DoD investigations focused on Project SHAD (Shipboard Hazard and Defense) In 1962-73, approximately 6,400 military personnel participated in Project SHAD, which was a series of tests of U S warship vulnerability to biological and chemical warfare agents DoD provides a list of SHAD participants to VA VBA sent notification letters to 4,400 SHAD veterans, for whom addresses could be found, about their participation in Project SHAD and about the availability of VA medical care and benefits A new IOM report was published in May 2007, entitled *Long-Term Health Effects of Participation in Project SHAD* VHA and VBA scientists and policy makers formed a task force to evaluate the conclusions of the IOM report and they will make a recommendation to the Secretary of VA regarding presumption of service connection

DoD is now investigating other tests that took place from 1942 to 1975 in several locations In 2006, DoD completed its investigations of tests of chemical agents, placebos, and/or pharmaceuticals in Edgewood, Maryland and it sent the names of 6,700 participants to VA VA and DoD collaborated on writing a letter to veterans to explain the history of the testing program and to provide information on the availability of VA health care In FY 2007, VBA sent notification letters to 2,600 of these veterans and it is investigating the addresses of additional veterans DoD has begun investigating tests conducted at Fort Detrick, Maryland and has identified about 1,000 personnel DoD will forward the completed database of veteran names to VA DoD has identified 19 other possible test locations, including Dugway Proving Ground and Rocky Mountain Arsenal

Deployment Health Related Research

During the past year, the DHWG developed a research inventory and participated in the planning of research conferences The DHWG developed an inventory of more than 350 DoD and VA research projects related to the health of deployed servicemembers and veterans The DHWG Research Subcommittee updates the inventory annually DHWG members worked with the centralized research office in VA and multiple DoD research offices to establish a reporting system and they established a process to collect, organize, and archive data on relevant projects The inventory was compiled from data obtained from four Federal electronic databases, research managers in the DoD Congressionally Directed Medical Research Program, Military Infectious Disease Research Program, and VA Office of Research and Development; an Annual Report to Congress on DoD Programs Relating to Blast Injuries, and from public web sites of various government agencies

The majority of the projects focused on injuries and mental health Injury research included traumatic brain, spinal cord, and musculoskeletal, among others Most of the mental health research focused on PTSD Other research areas included Infectious diseases, environmental and occupational exposures, vision and hearing, and pain management The results of this

collaborative effort have been published in a user-friendly format on an existing DoD research web site, DeployMed ResearchLINK[3] Publication of the projects on this web site will provide global access to current information on deployment health research to health care providers, researchers, servicemembers, veterans, their families, Congress, and the general public Also, a bibliography of all 2002 to 2007 medical articles related to the health of servicemembers returning from OEF and OIF is continually updated and placed on the web site

Scientists from DoD, VA, and NIH organized the interagency *Workshop on Occupational and Environmental Risk Factors for ALS* that focused on research of amyotrophic lateral sclerosis (ALS) on June 18, 2007 In late 2006, the IOM published a report entitled *Amyotrophic Lateral Sclerosis in Veterans Review of the Literature*, which concluded that there is suggestive evidence that the incidence of ALS is increased two-fold in military veterans, compared to non-veterans The workshop was designed to address the IOM report, and to develop a consensus opinion on future research priorities on occupational exposures associated with ALS, with an emphasis on military experiences Workshop participants included 40 scientists from DoD, VA, NIH, CDC, and many universities The workshop report includes recommendations for immediate actions and longer-term priorities, and it will be provided to research administrators in DoD, VA, NIH, and CDC

Mental Health

The HEC established a VA/DoD Mental Health Work Group (MHWG) to focus on increasing the collaboration between VA and DoD on the provision of mental health services to both VA and DoD beneficiaries The group developed recommendations concerning appropriate actions and responses to identified needs The group also focused on addressing barriers to inter-Departmental collaboration and identifying opportunities for improving collaboration between VA and DoD

During FY 2007, the MHWG conducted and completed an assessment of opportunities for greater VA/DoD collaboration on mental health issues in the areas of education, administration, and transition to care

- *Education* The MHWG planned and began to implement shared training programs to increase the use of evidence-based psychotherapy in both Departments In FY 2007, Phase I of the Training in Cognitive Processing Therapy for PTSD was completed, including establishing protocol and materials Phase II is under way and 119 clinicians have been trained to conduct this psychotherapy and to teach others, as well Ongoing supervision and consultation will be provided to build mastery in this approach At least 600 providers are expected to be trained Additionally,

[3] http //www deploymentlink osd mil/deployed/

funding was announced for training VA and DoD providers in Prolonged Exposure Therapy for PTSD A total of 200-300 providers are expected to be trained

- *Administration* The MHWG identified obstacles to making information available to appropriate DoD personnel regarding individual veterans with deployment-limiting conditions who also are Reserve and Guard members slated for return to active duty VA clinicians did not have clear direction from DoD on what mental health diagnoses/treatment regimens were identified as deployment-limiting conditions Additionally, CPGs published on the VA web site[4] (DoD co-developed) were not clearly identified as both VA and DoD CPGs Finally, there was not a clear understanding in either VA or DoD about the information currently available through the Bidirectional Health Information Exchange (BHIE) or how it can be accessed in either Department

  To improve the information flow in these areas, DoD published internal *Policy Guidance for Deployment-Limiting Psychiatric Conditions and Medications* and posted this information on its web site on November 7, 2006 [5] VA also distributed this policy and additional internal guidance in VA to ensure that VA clinicians who may be treating National Guard or Reserve members can utilize this DoD guidance to ensure the best care for the subject individuals VA revised the VA CPG web site to ensure that all CPGs are clearly marked as both VA and DoD Subsequently, VA published an internal information note, entitled *Hey VA Have You Heard?*, on February 13, 2007, to advise VA clinicians of the information available in BHIE, with instructions on how to access this information as needed for treatment of OEF/OIF veterans This work occurred independently of the MHWG

- *Transition to Care* The MHWG developed improved methods and strategies to ensure that Reserve Component members released from active duty with ongoing health care entitlements maintain continuity of care across the DoD and VA health care systems In FY 2007, the MHWG met its goal of informing and inviting VA representatives to PDHRA events, during which soldiers will be given referrals to VA

Patient Safety

In FY 2007, VA and DoD continued to collaborate on improving patient safety practices Both Departments have highly-respected patient safety programs and work with other Federal agencies such as the Agency for Health Care Research and Quality (AHRQ), the Food and Drug Administration (FDA), and the CDC to prevent harm to patients as they receive health care Examples

[4] http //www oqp med va gov/cpg/cpg htm
[5] http //mhs osd mil

of VA and DoD coordinated efforts to improve patient safety include DoD and VA shared relevant patient safety alerts and advisories, DoD and VA developed plans for sharing protected patient safety data to be used following the establishment of a formal VA/DoD data sharing agreement, DoD and VA explored establishment of a joint process for usability testing of medical devices to reduce patient harm as part of their independent procurement processes, and DoD, as part of its joint work with AHRQ on the Patient Safety Work Group and the development of Common Formats in support of the Patient Safety Act of 2005, worked collaboratively with VA on the pressure ulcer data collection tool developed by the DoD Patient Safety Center

Evidence-Based Clinical Practice Guidelines

In FY 2007, VA and DoD worked together to develop, update, and expand the adoption of Evidence-Based Clinical Practice Guidelines (EBCPGs). EBCPGs reduce variation in care, optimize patient outcomes, and improve the overall health of beneficiaries

During FY 2007, four new EBCPGs were completed Amputation, Chronic Obstructive Pulmonary Disease (COPD), Chronic Kidney Disease, and Low Back Pain Low Back Pain was revised in partnership with the American College of Physicians Ten additional EBCPGs are at different stages of completion Asthma, Acute Stroke, Stroke Rehab, Major Depressive Disorder, Bipolar Disorder, Substance Use Disorder, Chronic Heart Failure, STSegment Elevation MI, Uncomplicated Pregnancy, and Mild TBI Work is progressing on a Suicide Prevention Module to interface with appropriate CPGs

Tools to support evidence-based culture and practice that were developed during FY 2007 include Obesity and Overweight provider and patient-family educational materials, Cardiovascular Disease provider and patient-family educational materials, PDA versions of the Obesity CPG for PALM and Pocket PC, and video broadcast on evidence-based practice emphasizing the "what, how, who, and when" of evidence-based health care

Current EBCPGs were promoted through educational materials exhibits at 11 national and local conferences for civilian and military audiences Additionally, selected individuals were invited as guest speakers for five presentations Topics included advancing Evidence-Based Health Care and the use of CPGs to promote population health

North Chicago Initiative

The North Chicago VAMC (NCVAMC) and the Naval Health Clinic Great Lakes (NHCGL) will merge into one Federal Health Care Facility in 2010, and will serve both VA and DoD beneficiaries In July 2007, the HEC approved a local integrated governance model for the new facility Ground breaking for a new $16 million parking complex occurred in June 2007 with scheduled completion

in the summer of 2008 A contract for the $99 million ambulatory care center is expected to be awarded in the late spring of 2008 with completion in 2010 Six VA/DoD Work Groups are developing detailed operational plans to ensure a smooth transition to the new facility and seamless care for both VA and DoD beneficiaries

Clinical Case Management

The VA/DoD Seamless Transition Clinical Case Management Work Group charter was signed on May 10, 2007 There are three major deliverables accomplished by the Work Group through September 30, 2007, when the group stood down The Work Group derived high-level requirements for VA/DoD integrated Information Management/Information Technology (IM/IT) capability to support clinical case and care management services across the continuum of health care, facilitated the development of clinical and business process flow maps for wounded warrior case management services provided by the DoD Managed Care Support Contractors in the three TRICARE regions, and obtained VA TBI and PTSD training modules for future use by DoD case managers This group's work has continued under the auspices of the SOC Line of Action for VA/DoD Case Management Reform

SECTION 2.3 – EFFICIENCY OF OPERATIONS

VA and DoD worked collaboratively to increase joint management of capital assets, procurement, logistics, financial transactions, and human resources in order to improve cost effectiveness in these areas

Capital Asset Coordination

DoD and VA continue to collaborate on joint capital asset construction projects There are noteworthy capital asset collaboration accomplishments Keesler Air Force Base (AFB) and the Biloxi VAMC have completed an economic analysis on collaboration opportunities and have received approval from DoD and VA leadership to pursue further detailed analysis of the "Centers of Excellence" opportunity This will eliminate all unnecessary duplication of services between the two medical centers The NCVAMC and NHCGL continue on their path toward integration Significant sharing of clinical space currently occurs and DoD funded construction on VA grounds is currently taking place Each Department's capital asset planning staff communicates with each other through a variety of forums, including the JEC's Construction Planning Committee (CPC) The CPC is comprised of individuals with comprehensive knowledge of relevant policy issues within the Departments in the areas of capital asset planning, investment, and management The CPC continues to evaluate VA and DoD capital investment processes and methodologies in an effort to curtail duplication of effort and maximize budgetary resources in meeting the needs of both veterans and Military Health System (MHS) beneficiaries

Acquisition and Medical Materiel Management Work Group (AMMMWG)
For medical and surgical equipment, there were 46 shared contracts in FY 2007 eight joint contracts for radiation oncology, five for imaging maintenance, 31 for radiology, one for vital sign monitors, and one for surgical instruments VA and DoD jointly reviewed 26 proposals for new VA/DoD shared high-technology medical contracts and will equally share the award of subsequent contracts The Defense Supply Center in Philadelphia (DSCP) had sales under these shared contracts just over $102 million through the third quarter of FY 2007

Efforts to further expand VA/DoD joint acquisition strategies continue Reverse Distribution contracts ("pharmaceutical returns") were awarded to six suppliers on August 2, 2007 Annual estimated savings in outdated pharmaceuticals are estimated to be $49 million

Over the last few years, DoD has developed a Medical Surgical Product Data Base (PDB), and within the last year has expanded the PBD to include multiple VA medical surgical product files Both DoD and VA are currently using and benefiting from the VA/DoD PDB, which is a precursor to a joint VA/ DoD electronic catalog The PDB was developed with input from multiple DoD file sources, files from 20 manufacturers, the two major DoD prime vendor distributors and, most recently, VA, creating a powerful data bank with more than 1 5 million medical surgical records Additionally, DoD developed several web-based product pricing and sourcing tools which are being used and deployed to DoD and VA hospital sites DoD is also continuing to work with Health Care Industry standards groups and DoD and VA suppliers with Product Data Utility (PDU) pilots These efforts will enhance the capability of the joint PDB for DoD and VA, via industry adoption of global health care data standards and transition to an industry Health Care PDU network

Accomplishments/Tasks

- The new joint VA/DoD PDB synchronization process has created accurate master item records covering 93 percent ($407 million) of DoD top buys and 57 percent ($323 million) of VA top buys as of this year which will allow for more effective supply chain operations and leveraged purchasing opportunities
- VA/DoD program has incorporated previously developed data synchronization pricing and site data enhancement applications into the VA/DoD PBD process and has maintained and expanded the applications' use to 35 DoD hospital sites and 35 VA sites DoD hospitals have identified $18 5 million in product price reductions over the last few years Twenty VA sites have been trained this year in the use of the tool with the anticipation of $11 million in savings over the next 18 months
- DSCP has developed and is using a manufacturer product catalog entry/ administration web-based portal tool for manufacturers to enter and

maintain product pricing and catalog information This entry portal is also currently being used for uploading VA/DoD synchronized product packaging and item descriptions data into DoD downstream catalog systems and has the potential to be a dual use manufacturer entry portal for VA

- VA/DoD JIF program efforts have developed a web-based tool to access and view medical surgical related data in the PDB which will be deployed to both DoD and VA customers and managers Plans are currently under way for site hosting, training packages/schedules, and customer accounts This tool will provide DoD and VA customers further opportunities to increase supply chain efficiencies and enhanced product sourcing and pricing opportunities
- DoD is conducting a test pilot with a data pool under the GS1 Global Data Synchronization Network to test the potential of an existing industry PDU venue that works in many other retail industries as a potential health care industry PDU solution Test results will directly benefit and enhance the VA/ DoD PDB and process and will eventually be incorporated into the process
- VA/DoD PDB and partnering efforts have been recognized in several recent press releases acknowledging DoD and VA joint efforts and the first DoD and VA Product Data Quality awards to eight medical surgical manufacturers participating in DoD data standardization and synchronization PDU pilots This visibility will increase industry awareness and momentum for transition to an industry operated solution, which will further enhance the capabilities of the VA/DoD PDB to feed off a standard industry health care network

Pharmacy

The VA/DoD Federal Pharmacy Executive Steering Committee (FPESC) improved the management of pharmacy benefits for both VA and DoD beneficiaries Historically, VA/DoD joint contracting for pharmaceuticals has been very successful VA and DoD continued to experience remarkable success awarding joint contracts and unilateral contracts for pharmaceuticals For the first three quarters of FY 2007, there were 77 Joint National Contracts, 16 VA unilateral National Contracts[6], and 45 DoD unilateral Blanket Purchase Agreements for pharmaceuticals The Joint National Contracts resulted in $344 million in cost avoidance and $316 million in purchases for the first three quarters of FY 2007 In FY 2007, VA and DoD awarded 18 VA/DoD joint contracts for pharmaceuticals The Clinical and Joint Contracting Subcommittee Work Groups continued the evaluation of 24 drugs identified as having the potential for a Joint National Contract

[6] It is noteworthy to show that it is not always practical or possible for VA and DoD to utilize a joint contracting strategy to achieve their formulary management/drug therapy objectives

The Shelf Life Extension Program (SLEP) for pharmaceuticals is a DoD/FDA program that VA used to extend the expiration dates on products in its Emergency Pharmacy Service program In FY 2007, VA submitted three different testing cycles consisting of 47 specific lot numbers to the DoD/FDA program for testing Shelf life extensions were granted with an average extension of 22 months and a range of 9 to 30 months All medications were relabeled with the appropriate new expiration date The estimated cost avoidance to VA from SLEP participation in FY 2007 pharmaceuticals was $7,380,721 81

The Departments continued to share a program where the VA Consolidated Mail Outpatient Pharmacy (CMOP) in Leavenworth, Kansas refills outpatient prescription medications from DoD's Naval Medical Center, San Diego, California at the option of the beneficiary In addition, the National Library of Medicine continues to partner with the VA CMOP in Tucson, Arizona in developing a database of images of pharmaceutical products

SECTION 2.4 – JOINT CONTINGENCY/READINESS CAPABILITIES
The goal of VA/DoD joint contingency and readiness coordination is to ensure that scenario based planning, training, and exercise activities support DoD requirements

In FY 2007, VA and DoD began implementing the *VA/DoD Memorandum of Agreement Regarding the Referral of Active Duty Military Personnel Who Sustain Spinal Cord Injury, Traumatic Brain Injury, or Blindness to Veterans Affairs Medical Facilities for Health Care and Rehabilitative Services*, signed on December 13, 2006 The Departments reached agreement on an implementation plan that, when fully adopted, will make significant operational enhancements to the existing nationwide system of patient receiving centers Efforts to expand bilateral training opportunities, develop enhanced readiness indicators for patient receiving centers, and increase opportunities to participate in national-level exercises were initiated in FY 2007

SECTION 3 – INFORMATION TECHNOLOGY ADVANCEMENTS

The goal of integrated information sharing for VA and DoD is to enable the Departments to better share the vast array of beneficiary data and health care information through secure and interoperable information systems The HEC IM/IT Work Group and the BEC Information Sharing/ Information Technology (IS/IT) Work Group made significant progress in achieving these goals

The following reflect VA and DoD health information sharing advancements in FY 2007

Joint Electronic Health Records Interoperability Program
The Joint Electronic Health Records Interoperability (JEHRI) Program is a set of related data sharing initiatives and projects designed to support the implementation of standards, development of shared technical and data architectures, and hardware and software design, and development required to achieve interoperability of electronic health information between VA and DoD JEHRI provides the road map for how VA and DoD will enhance the continuity of care from active duty status to veteran status by enabling a view of health data from VA and DoD medical records JEHRI initiatives are compliant with Federal security and privacy regulations and are based on existing health care data standards or where these are lacking, based on mutually-adopted VA/DoD enterprise reference terminologies JEHRI initiatives generally fall into one of three categories Information Transfer, Information Exchange, or Standards Work

VA/DoD Interagency Health Informatics Initiatives and Cooperative Efforts
DoD and VA continue to be involved in numerous interagency medical informatics activities and are delivering IT solutions that significantly improve the secure sharing of appropriate electronic health information. These initiatives enhance health care delivery to beneficiaries and improve the continuity of care for those who have served our country The following are examples of these joint efforts

When a servicemember separates, DoD supports the monthly transfer of electronic health information to a secure jointly developed repository known as the Federal Health Information Exchange (FHIE) VA providers and benefits specialists access the data in this joint repository daily for use in the delivery of health care and claims adjudication VA clinicians access this data while treating veterans using the Veterans Information Systems and Technology Architecture (VistA)/Computerized Patient Record System (CPRS), VA's electronic health record (EHR) VA benefits specialists access data through the Compensation and Pension Record Interchange system, which supports the adjudication of compensation and pension benefit claims It also facilitates determination of entitlement to vocational counseling, planning, and training as

well as insurance and waiver of premiums for veterans with a 100 percent service connected disability rating The data transferred includes Inpatient and outpatient laboratory and radiology results, outpatient pharmacy data from MTFs, DoD retail network pharmacies, and DoD mail-order pharmacy, allergy information, discharge summaries, admission, disposition, and transfer information, consultation reports, standard ambulatory data record information such as diagnostic codes, primary care physician, treating physician, patient demographic information, Pre-and Post-Deployment Health Assessments (PPDHA) and PDHRA

Monthly data transmissions include deployment health assessments on Reserve and National Guard members who have been deployed and are now demobilized As of September 2007, more than 1 9 million PPDHA and PDHRA forms on approximately 793,000 individuals have been sent from DoD to VA In the first quarter of FY 2007, the inclusion of PDHRA forms in the data sent to VA was initiated PDHRA is designed to identify and address health concerns, with specific emphasis on mental health, that have emerged over time since deployment In the first quarter FY 2007, DoD also started a weekly transfer of PDHRA forms for individuals referred to VA for care or evaluation

As of September 2007, DoD has transferred health information for more than 4 million patients to the FHIE data repository Of these 4 0 million patients, approximately 2 5 million have presented to VA for healthcare or benefits determination The amount of data available to VA continues to grow as health information on recently separated servicemembers is extracted and transferred to VA monthly DoD transfers data to VA in a manner that is compliant with Health Insurance Portability and Accountability Act (HIPAA) privacy regulations

Building on this capability, DoD is also transferring data for VA patients being treated in DoD facilities under local sharing agreements As of September 2007, more than 2 5 million patient messages (i e , laboratory results, radiology reports, pharmacy data, and consults) have been transmitted on VA patients treated in DoD facilities

For patients being treated by both DoD and VA, the Departments developed the Bidirectional Health Information Exchange (BHIE), which enables the bidirectional, real-time sharing of allergy, outpatient pharmacy, inpatient and outpatient laboratory, and radiology reports and demographic data

In July 2007 DoD made electronic health data viewable to VA providers from AHLTA, DoD's EHR The types of data shared through BHIE will be expanded in FY 2008 to include patient problem lists, encounter notes, procedures, vital signs, family history, social history, questionnaires, and other documents At a limited number of sites, images will also be shared Additionally, in October 2007, theater clinical data such as inpatient notes, outpatient encounters including clinical notes, discharge summaries and operative reports, inpatient

and outpatient laboratory and radiology results, and pharmacy data were made viewable by DoD and VA providers on shared patients

In September 2006, the Departments established interoperability between the Clinical Data Repository (CDR) of AHLTA, DoD's EHR, and VA's Health Data Repository (HDR) The DoD/VA Clinical Data Repository/Health Data Repository (CHDR) interface supported the first exchange of interoperable and computable outpatient pharmacy and medication allergy data between the Departments in a live patient care environment The exchange of computable outpatient pharmacy and medication allergy data enables drug-drug interaction checking and drug-allergy checking using data from both Departments This enhances patient safety and quality of care The first VA/DoD site to use CHDR was William Beaumont Army Medical Center (WBAMC), using AHLTA, and the El Paso VA Health Care System (HCS), using VistA, allowing the exchange of computable pharmacy and medication allergy data on patients who receive care from both health care systems DoD's outpatient pharmacy data exchange includes information from MTF pharmacies, retail pharmacies, and mail order pharmacies In December 2006, DoD began deployment and VA continued field testing at Eisenhower Army Medical Center (AMC) and Augusta VAMC and at Naval Hospital Pensacola and VA Gulf Coast HCS During the second quarter FY 2007, CHDR was implemented at Madigan AMC and VA Puget Sound HCS, NHCGL and NCVAMC, Naval Hospital San Diego-Balboa and VA San Diego HCS, and Mike O'Callaghan Federal Hospital and VA Southern Nevada HCS Clinicians at these sites are actively using CHDR and continue to exchange pharmacy and medication allergy data on more than 10,000 patients who receive health care from both systems This functionality is expected to be available for use in all DoD facilities in first quarter FY 2008

In recognition of the VA requirement for inpatient documentation, particularly for severely wounded and injured servicemembers being transferred to VA for care, DoD and VA have collaborated to further increase the availability of inpatient clinical information on shared patients In June 2007, using the BHIE, DoD and VA began making inpatient discharge summaries from MTFs, using the Essentris inpatient documentation system, viewable on shared patients As of September 2007, discharge summaries are available from 13 of DoD's largest inpatient facilities

DoD and VA have also begun coordination on additional sharing initiatives such as medical records scanning In addition to making documentation from Essentris available to VA, the Departments are scanning paper medical record items from three major DoD trauma centers to be sent to the four VA Polytrauma Centers when patients are transferred as inpatients The goal is to make those records available to VA in a digital format One of the key considerations in technical solutions was to index the digitized record in a manner that can be efficiently identified and be viewed by providers

To support the most severely wounded and injured servicemembers, DoD and VA have also begun medical image sharing initiatives DoD sends electronic transfers of radiology images from three major DoD trauma centers to the four VA Polytrauma Centers when patients are transferred as inpatients In addition, in 2006, the El Paso VA HCS and William Beaumont AMC were approved and funded to demonstrate and validate a bidirectional VA/DoD image sharing capability using BHIE The capability was successfully demonstrated and is operational in El Paso The capability will be implemented at additional sites during FY 2008

As DoD continues to work toward image-enabling AHLTA, DoD is working with VA to learn from VA's experiences with the VistA Imaging Viewer Many DoD facilities have commercial imaging systems in place DoD is working with VA to leverage the capabilities of the VistA Imaging Viewer to assist DoD making non-diagnostic level imaging available to providers as a part of AHLTA In turn, the modernized code used by DoD for the AHLTA image viewer will be shared with VA for potential future use

The Inpatient EHR Assessment Project is a joint project by DoD and VA to define and assess the feasibility and alternatives for development of a joint inpatient EHR solution that will ensure high quality clinical care for the servicemember across the continuum of care from the battlefield to VA Instead of addressing the sharing of clinical data between DoD and VA as an add-on to a project, the solution will build in, from the ground up, the ability for DoD and VA clinicians to have access to the clinical information on a patient regardless of where the care is rendered The solution will incorporate national IT and data standards in order to ensure that DoD and VA will be better able to also share information with other clinicians as needed

The project is comprised of two six-month phases The first phase will document and assess DoD and VA inpatient clinical processes, workflows, and requirements It will identify the areas of commonality and uniqueness, as well as determine the benefits and the impacts on each Department's timelines and costs for deploying a common inpatient EHR solution

In the second phase, specific actions will be developed that are based on the information developed during the initial phase The outcome of the second phase, scheduled for completion in July 2008, will be an analysis of alternatives, business case, and a recommendation for achieving a joint inpatient EHR solution with associated cost and schedule

The Inpatient EHR Assessment Project satisfies recommendation P-4 in the *Task Force on Returning Global War on Terror Heroes*, submitted to the President on April 19, 2007

The Laboratory Data Sharing Interoperability Initiative (LDSI) facilitates the electronic sharing of laboratory order entry and results retrieval between DoD,

VA ,and commercial reference laboratories LDSI for laboratory chemistry tests is available for use throughout DoD, and is actively being used daily between DoD and VA at several sites where one Department uses the other as a reference laboratory DoD and VA have completed testing of laboratory anatomic pathology (AP) and microbiology orders (micro) and results retrieval which uses the Consolidated Health Informatics (CHI) approved Logical Observation Identifiers Names and Codes (LOINC) and Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) data standards The AP/micro functionality became operational at Brooke AMC and VA South Texas HCS in May 2007 Either Department may function as the reference laboratory for the other The decision to offer referral testing and to use LDSI to allow electronic orders and results retrieval is based on the results of the local business case analysis For example, a small medical facility, such as an outpatient clinic, may have a laboratory, but the number and types of available tests performed in-house are scaled to match the scope of services offered by the clinic The small lab would not be able to offer the full range of laboratory tests that a laboratory supporting a medical center could perform When a provider orders a test on a patient that can not be performed in-house, laboratory personnel must make arrangements to send that patient's specimen to an outside laboratory for testing The specimen is often sent to a commercial reference laboratory However, in locations where DoD and VA facilities are in close proximity to each other, it may be more cost effective to send the specimen from the smaller VA lab to the larger DoD lab, or vice versa, instead of using a commercial testing facility

LDSI is operational at the following sites

- Tripler AMC and VA Pacific Island HCS
- Naval Medical Center San Diego and San Diego VA Medical System
- NHCGL, Hines VA Hospital and NCVAMC
- William Beaumont AMC and El Paso VA HCS
- Brooke AMC and VA South Texas HCS
- Bassett Army Community Hospital and VA Alaska HCS
- Mike O'Callaghan Federal Hospital and VA Southern Nevada HCS
- North Central Federal Clinic and Wilford Hall Medical Center
- Naval Hospital Pensacola and VA Gulf Coast HCS

The Departments will continue to evaluate and coordinate requests for activation of the LDSI interface from additional sites where a business case exists

DoD continues collaboration with VA to establish the overall policies surrounding the DoD and VA web portals to determine what can and should be standardized across the portals to support a common patient view and provide a smooth transition for servicemembers moving to veteran status Key areas of coordination include standardizing health content, identification of joint portability functional

requirements, collaboration on the design of the Personal Health Record, Role-based Access Control (RBAC), and Role-based Account Administration

TRICARE mil, the MHS secure portal, serves as the central platform for enterprise-wide access to care and E-Health business rules supporting a single, common Internet portal for DoD patients, providers, external support contractors, and managers TRICARE mil is deployed worldwide with more than 528,000 users at 383 MTFs More than 259,000 appointments have been scheduled using TRICARE mil The goal of VA's My HealtheVet (MHV) portal is to provide a comprehensive electronic Personal Health Record for VA patients, their family members, and clinicians to use in a collaborative effort to facilitate patient care At the end of June 2007, more than 431,000 users had registered with MHV, 88 percent of whom identified themselves as veterans Approximately 3,500 new users register weekly MHV offers registered users self-assessment tools, health journals and logs, health education materials, one-stop shopping for VA benefits and services, and online VA prescription refill More than 3 2 million prescriptions have been processed through MHV since August 2005

DoD and VA are committed to continue to evolve and expand the appropriate sharing of health information to enhance care delivery and continuity of care for shared patients

Collaboration on Standards and Architecture between VA/DoD Enterprise Architecture

VA/DoD Military Personnel Data Sharing During FY 2007, VA and DoD continued implementing the VA/DoD Military Personnel Data Sharing initiatives as outlined in Objective 4 1 of the JSP VA and DoD moved forward with a number of accomplishments to support streamlined benefits processing and reductions in operating costs Organizational benefits of the initiative included cost reductions as individual data exchanges are reduced, with the ideal goal of a single bidirectional data exchange, if feasible In addition, data quality was improved as multiple sources of data are consolidated into a single consolidated source and claims processing is streamlined as more data is available more quickly to claims processors Accomplishments over the past year are classified into two broad areas overall VA/DoD personnel data sharing plans and processes, and delivery of specific data sets and improved access to data

Overall VA/DoD Personnel Data Sharing Plans & Processes

During FY 2007, VA and DoD started the required work necessary to facilitate the implementation of the VA/DoD Identity Management plan and strategy document for managing person identity data across both Departments As a result of this effort, VA provided an export of 12 1 million veterans' records to DoD for the Defense Manpower Data Center (DMDC) to establish through the Defense Enrollment Eligibility Reporting System (DEERS) for its Electronic Data Interchange – Person Identifier (EDI-PI) Once analyzed, DMDC successfully

loaded 7 1 million veterans' records providing them their EDI-PI, enabling a robust shared population of individuals that are uniquely identifiable between both VA and DoD

Another important milestone and accomplishment necessary to ensure that those severely injured OEF/OIF combat veterans receive high quality health care and coordinated transition services and benefits as they transition from DoD to VA, was VA and DoD working together to create the VTA VA Social Work Liaisons stationed at ten MTFs now use this new tracking system to communicate the transfer of care for severely injured servicemembers to OEF/OIF points of contact and case managers at the VAMC or VA Regional Office assuming care or responsibility for the servicemember or veteran VTA is deemed to be of value by VHA personnel involved in providing case management and transition services to severely injured OEF/OIF servicemembers VTA is also a valuable tool to VBA Counselors and Regional Office Case Managers The additional information from the combat theater greatly enhances VBA staff's ability to assist the servicemember or veteran with his or her benefit claims and to track the benefit claims process

In FY 2007, VA and DoD began the establishment of a test environment to facilitate the development of an interconnection between the Army Knowledge Online (AKO) Portal, and the Veterans Information Portal (VIP), in order to certify the necessary configurations required to support Enterprise Single Sign-On between DoD and VA The integration of the VIP federated security services and AKO federated security services enables single sign-on capabilities and user registration functions This enables both DoD and VA the capability to streamline application requests and access Subsequently, this effort supported the VTA, National Housing Locator System, and future projects that will require Department level federation security services to be made available

Delivery of Specific Data Sets and Improved Access to Data

Movement toward a single bidirectional data feed between VA and DoD is achieved by incorporating necessary data sets into a data sharing schema and then eliminating legacy feeds Specific data sets incorporated into the VA/DoD data sharing schema in FY 2007 include Reserve/Guard Drill Pay and DoD Retirement and Disability Severance Pay from DoD, and Education Usage and Compensation/Pension (in testing) from VA Additional updates to the data sharing schema include enhancements to Activation and Mobilization and enhancements to Education Eligibility Reserve Education Assistance Program (REAP)

Each reduction in legacy data feeds implies a reduction in maintenance costs, reliance on the authoritative data source, and often a reduction in duplicative data sets Since the inception of the initiative in 2005, distinct VA/DoD personnel data feeds have been reduced as follows

Fiscal Years	Number of Distinct Data Exchanges	
	From DoD to VA	From VA to DoD
2005	31	11
2006	20	8
2007	11	6

In addition to providing VA with computable data via the VA/DoD data sharing schema, DoD also provided VA with on-line access to the Defense Personnel Records Imaging Retrieval System (DPRIS) This single enterprise portal provides enhanced access for VA employees to retrieve document images from the Military Departments' Official Military Personnel File (OMPF) systems

Separating/Separated Military Personnel Data

In FY 2006, the BEC approved a single, consistent set of definitions for Theater of Operations and for Reserve Forces Ordered to Active Duty These definitions have resulted in expediting accurate determinations of eligibility for VA health care and disability benefits among veterans who were deployed, assisting in the preparation of VA reports describing VA health care and benefit activity among veterans who were deployed, and assisting in identifying deployed populations for scientific research

Activities during FY 2007 included an initial six-month review in March 2007 which resulted in four new countries being added for the Global War on Terror (GWOT) and eligible for the GWOT Expeditionary Medal (GWOTEM) Two countries previously listed became eligible for the GWOTEM Formal definitions for current military operations have been incorporated into VA health care eligibility determinations and benefits adjudication procedures, including geographic limits Following this six-month review, the revised and updated definitions were provided to the following VA offices for use in other GWOT and eligibility-related work

- Office of Policy, Planning, and Preparedness (OPP&P)
- *One VA* Registration and Eligibility Program and Reports and Analysis Integrated Project Team (IPT)
- VHA Health Eligibility Center
- VHA Environmental Epidemiology Services
- VBA Enterprise Data Warehouse Program
- VBA, Compensation and Pension, Education, Loan Guaranty, Vocational Rehabilitation and Employment, and Insurance Lines of Business

The JEC agreed at its July 18, 2007 meeting to close out this JSP objective and conduct annual reviews of the set of definitions

SECTION 4 – HEALTH CARE RESOURCE SHARING

Health care resource sharing is a term used to describe a wide spectrum of collaboration between VA and DoD Resource sharing may include the following types of services general and specialized patient care, education and training, research health care support, and health care administration Both Departments provide these services to the other under the auspices of direct sharing agreements between VA and DoD officials, primarily at the local level involving reimbursements or the exchange of services

DoD and VA implemented a new VA/DoD Sharing Agreement Database this year in response to an independent review that concluded that the old database had significant redundancies and data quality issues [7] The new database addresses these issues and quantifies the total number of sharing agreements with much greater accuracy

In FY 2007, 100 VAMCs were involved in direct sharing agreements with 124 DoD medical facilities for a total of 280 direct sharing agreements that covered 148 unique services In addition, most VAMCs were authorized to participate in TRICARE managed care networks and 104 VAMCs reported TRICARE reimbursable earnings The following sections provide examples of VA and DoD sharing initiatives implemented to improve the delivery of health care services to MHS beneficiaries and veterans

SECTION 4.1 – INNOVATIVE VA/DOD RESOURCE SHARING

VA and DoD coordinated health services through several venues direct sharing agreements, TRICARE contracting, joint contracting for pharmaceuticals and medical/surgical supplies, IT collaboration, training cooperation, and joint facilities The following resource sharing activities represent innovations in joint health care delivery

Joint Hospitalist Program

Naval Health Clinic Great Lakes/North Chicago VAMC

NHCGL and NCVAMC started a new joint hospitalist program to enable eligible patients to receive high quality, cost-effective and customer oriented inpatient care at the NCVAMC NHCGL internal medicine providers have been able to increase outpatient productivity by avoiding travel and inpatient rounds time at the NCVAMC The presence of the two hospitalists has enabled internal medicine, primary care, and specialty providers at NHCGL and NCVAMC to increase capacity in the outpatient setting and to recapture and empanel more patients to the clinics

[7] Eagle Group International, *Research, Analysis and Development of Reengineering Processes of VA/DOD Health Care Resources Sharing Agreement Programs for Mr Kenneth Cox Director Special Program Demonstration TRICARE Management Activity/Health Affairs*, September 26, 2000

At NCVAMC, the program has shown a decrease in the average length of stay of patients while maintaining good clinical outcomes The close collaborative working relationship that exists between NHCGL and NCVAMC staffs provides VA and DoD patients with an ease of referral and communication in this comprehensive hospitalist-led inpatient program The hospitalist program established between these two facilities provides for the continuity of inpatient care, post-discharge planning and follow-up, and eliminates the uncertainty of who will be caring for patients on a day-to-day basis Measurements of success for this program are tracking of admissions, discharges, length of stay, patient satisfaction, and provider productivity Current analysis indicates a very successful program for these two facilities

Women's Health Center
Naval Health Clinic Great Lakes/North Chicago VAMC
NHCGL and NCVAMC are jointly working on a multi-specialty Women's Health Center to serve eligible veterans and DoD beneficiaries Mammography services are a key component of this center The joint coordination of services by DoD and VA allows for shared utilization of personnel, space, and acquisition resources By joining forces, the facilities have been able to integrate and optimize available care and eliminate the duplication of services for beneficiaries from both Departments The mammography project includes items highlighted in a report from the Department of Health and Human Services concerning women's health issues such as providing complete breast health care This project recaptures exams that were outsourced to the community and increases the level of continuity of care for the patients The project directly benefits DoD and VA women in the North Chicago area

Master Sharing Agreement for "Centers of Excellence" Model
Keesler AFB/ Biloxi VAMC
In FY 2005, following the requests for supplemental funding due to damage from Hurricane Katrina, the Office of Management and Budget (OMB) asked AF and VA if savings could be realized through the sharing of services in the Biloxi area A joint VA/DoD task force was developed, ultimately resulting in a recommendation for a "Centers of Excellence" model that includes two hospitals, non-duplication of clinical subspecialties, and sharing all resources across a "federal health care system " Keesler AFB and Biloxi VAMC have signed a master sharing agreement that will be used to drive all sharing activities between the two facilities

Expanded Joint Dialysis Program
David Grant Medical Center/VA Northern California HCS (VANCHCS)
The joint dialysis program was expanded using FY 2006 JIF dollars to include ambulatory peritoneal dialysis The expansion of this program involves placing dialysis fluid into the abdomen through a tube or catheter that allows dialysis treatment to occur in the home Prior to starting this service, no program existed at VANCHCS, so veterans had to travel between two-and-a-half and five hours to the San Francisco VAMC for this procedure This project is the

final phase of a joint renal program, which began with an approved FY 2004 JIF hemodialysis program

North Central Federal Clinic
Wilford Hall Medical Center (WHMC)/ South Texas Veterans HCS (STVHCS)
In FY 2004, WHMC and STVHCS proposed a joint VA/DoD clinic in North Central San Antonio to meet the health care needs of veterans and DoD beneficiaries The proposed clinic was approved as a JIF initiative and opened their doors to patients in FY 2007 The primary goal at the North Central Federal Clinic is to establish a world-class partnership that delivers seamless, cost-effective, quality services for both VA and DoD beneficiaries and enhance patient access and customer satisfaction in the San Antonio area The location is ideal for both DoD and VA as it provides for sharing of resources and utilizes the VA/DoD LDSI sharing initiative already in place Clinic services, staff, and enrollment continue to grow, along with customer satisfaction

Clinical and Administrative Collaboration
South Texas Veterans HCS/Brooke AMC (BAMC)
VA and DoD have collaborated to jointly staff and enhance administrative capabilities for the Center for the Intrepid (CFI) at BAMC Lessons learned from the CFI will be applied to VA operations and to the general population to enhance the well-being of the combat wounded amputee, limb salvage, and burn outpatients VA allocates nine full-time equivalents (seven VHA and two VBA) for the CFI These positions are a physical therapist, occupational therapist, prosthetist, prosthetics technician, case manager, seamless transition liaison, veterans benefits counselor, vocational rehab counselor, and seamless transition clerk Having VA and DoD providers work side-by-side resulted in a significant positive impact on patient care and has contributed to a decrease in patient perception regarding differences in the quality of care between VA and DoD systems In addition, having the benefits and vocational rehabilitation services available in-house has been extremely efficient and effective

SECTION 4.2 – VA/DoD HEALTH CARE SHARING INCENTIVE FUND

The JIF was established in FY 2004 to "carry out a program to identify, provide incentives to, implement, fund, and evaluate creative coordination and sharing initiatives at the facility, interregional, and nationwide levels " The original authorization has been extended until September 30, 2010, with each Department contributing $15 million to the fund per year

The VA/DoD Financial Management Work Group has implementation responsibility for the JIF A designated panel reviewed and scored JIF submissions The panel is comprised of representatives from the VHA Resource Sharing Office, the Office of Patient Care Services, the Office of the Deputy Under Secretary for Health for Operations and Management, Office of Health Informatics, TMA's Information

Management, Technology and Research office, the three services, and DoD Health Affairs To date, 64 JIF projects have been approved and funded

Recently, additional contributions were made to the JIF account to fund enterprise level projects to respond to the *President's Commission on Care for America's Returning Wounded Warriors* Two projects have been recommended for funding to support the Commission recommendations to date

The following are some of the more innovative projects initiated in FY 2007

Joint Inpatient Electronic Medical Record Feasibility Study VA/DoD
The proposal will evaluate the best approach for the development or acquisition of a Joint Inpatient EHR The Chief Information Officers for VHA and the MHS have agreed to explore the feasibility and cost-effectiveness of collaborating on a common inpatient solution, conduct an analysis of alternatives, and prepare a recommendation on the best approach Cost $6,223,000

Joint Outpatient Clinic
Lyster Army Health Clinic Fort Rucker/VA Central Alabama HCS
The proposal seeks to renovate the second floor of Lyster Army Health Clinic to establish a VA outpatient clinic to enhance access to care for the population served by the current contracted Dothan Community Based Outpatient Clinic and the VA staffed mental health clinic, both located in the Dothan area It will create an integrated health system by establishing an expanded VA/DoD medical clinic that maximizes the use of existing infrastructure, drastically reduces average patient drive time for VA beneficiaries and provides a coordinated exit physical to improve servicemembers' transition from active duty to veteran's status Cost $2,953,000

Hearing Conservation Program
Madigan AMC/Womack AMC/Portland VAMC
This project will create a multimedia hearing loss prevention program that can be delivered in a hearing conservation program site, primary care, or other medical setting It will expand and modify existing education and training materials of war fighters and includes building three portable booths (kiosks) that provide education and training about hearing loss and tinnitus, measures that can be taken to preserve hearing, self-help to reduce the effects of tinnitus, self-screening of auditory sensitivity, and instruction about hearing protection devices Cost $997,000

Outpatient Mental Health Counseling Services
Moncrief Army Community Hospital (MACH)/20th Medical Group, Shaw AFB (20 MDG)/William Jennings Bryan Dorn VAMC
This initiative proposes to provide outpatient mental health counseling services that will increase capacity to allow the annual recapture of mental health

services referred to the private sector by Dorn, MACH, and 20 MDG The program will focus on providing intensive outpatient mental health treatment with particular emphasis on adjustment issues related to returnees from OEF/OIF in support of GWOT Cost $519,000

Panama City Consolidation
Naval Hospital Pensacola/VA Gulf Coast Veterans HCS
This project will expand dental, psychiatric, audiology, laboratory, and education services, and consolidates existing services and space in three buildings at Naval Support Activity Panama City The expansion will eliminate the lengthy travel required by a population with extremely limited resources as well as significantly reduce current delays in treatment This proposal supports the hiring of a full-time VA audiologist and audiology technician and provides equipment Cost $1,238,000

Cardiovascular Care Center
81st Medical Group, Keesler AFB/VA Gulf Coast HCS
Provides funds to modernize the existing Keesler Medical Center Angiography/ Cardiac Catheterization Suite to serve both DoD and VA patients Cost $3,927,000

Data Synchronization Phase 3
VA/DoD
This JIF proposal is an ongoing initiative focused on the opportunity to build on Phases 1 and 2 achievements and the work to synchronize the medical/surgical catalog data and pricing used by VA and DoD Phase 3 will add commercial benchmarking to further enhance price transparency This additional phase will allow the end user to compare prices with commercial benchmarking for the same medical/surgical product across several Federal sources to obtain the lowest price Cost $6,300,000

SECTION 4.3 - HEALTH CARE RESOURCES SHARING AND COORDINATION

Section 722 of the FY 2003 NDAA mandates the establishment of health care coordination projects between VA and DoD Seven demonstration sites were implemented in the first quarter of FY 2005 The program will evaluate the success of demonstration projects designed to improve the coordination of health care resources between VA and DoD for application elsewhere

In FY 2007, each Department made available $9 million All demonstration projects submitted draft final reports late in FY 2007 The Joint Facility Utilization and Resource Sharing Work Group is reviewing the reports, preparing a consolidated final report, and disseminating lessons learned from the demonstrations to other sharing sites as applicable The co-chairs of the Work Group are conducting close-out visits during the first quarter of FY 2008 to discuss the benefits and accomplishments of the demonstrations with the sites' local

leadership A final report of the demonstration projects is expected in FY 2008 The seven demonstration sites approved by the HEC are as follows

Budget and Financial Management

VA Pacific Islands HCS/Tripler AMC
The goal of this demonstration project was to conduct and execute the findings from studies of four key areas of the joint venture operations revenue cycle (1) Health Care Forecasting, Demand Management, and Resource Tracking, (2) Referral Management and Fee Authorization, (3) Joint Charge Master Based Billing, and (4) Document Management In 2007, numerous manual process improvements from the four key areas were accepted and implemented into local practice In addition, the award and development of a document and referral management commercial over the shelf (COTS) based product that provides automated process improvement solutions was approved Development of the automated management tool continues with user acceptance test and implementation to occur in 2008

Alaska VA HCS/Elmendorf AFB, 3rd Med Group (3MDG)
This project is designed to achieve the following goals (1) evaluate areas of business collaboration as VA moves its operations to the existing joint venture hospital, (2) generate itemized bills to allow both facilities to collaborate on staffing requirements while sharing the cost and risk, and (3) use the existing VA fee program to capture workload and patient specific health information across agency lines In 2007, the Alaska VA and 3MDG continued business planning for joint collaboration to include developing the concept for integrating VA warehouse requirements with 3MDG's existing warehouse space in support of the future VA clinic, and development of a laboratory planning guide for anticipated shared lab operations Also, the implementation of itemized billing for health care services received by VA beneficiaries at 3MDG has led to accurate billing practices and improved capture of VA credited workload in Alaska Processes were implemented to improve clinical documentation practices Ninety-five percent of VA inpatient clinical data is now available for review within the standard of 60 days All goals were met for this project

Coordinated Staffing and Assignment

Augusta VA HCS/Eisenhower AMC
This project was intended to integrate human resources processes and systems for joint recruitment and training The goals of this project were to (1) employ the Augusta VA HCS's successful recruitment initiative to aid DoD in hiring staff for direct patient care positions they have had difficulty filling, (2) coordinate training initiatives so that direct patient care staff may take advantage of training opportunities at either facility, and (3) hire and train a select group of staff that could serve either facility when a critical staffing shortage occurs In 2007, this

project identified numerous barriers to VA/DoD joint recruiting and staffing and has worked on new methodologies and processes to resolve and enhance joint recruiting and staffing issues and initiatives Additionally, joint training initiatives continue and are beneficial to both facilities

Hampton VAMC/Langley AFB, 1st Med Group (1MDG)
The goals of this project were to (1) develop a process to identify agency-specific needs to address staffing shortfalls for integrated services, (2) create a method to compare, reconcile, and integrate clinical services requirements between facilities, (3) determine a payment methodology to support the procurement process, (4) establish a joint referral and appointment process, to include allocation of capacity and prioritization of workload, and 5) maintain an ongoing assessment of issues and problem resolution Accomplishments this year include developing and testing a formal and objective process to identify product lines that are good candidates for sharing The process uses the Air Force/VA data mart tool to identify, extract, manipulate, and report patient and clinical purchased care data The developed processes provide a methodology to validate sharing opportunities that may potentially benefit VA and DoD medical facilities and beneficiaries, and are exportable to any VA or DoD health care facility interested in exploring joint initiatives

Medical Information and Information Technology

El Paso VA HCS/William Beaumont AMC
This project had three major information technology goals (1) implement LDSI, (2) Implement BHIE, and (3) participate in the design, development and validation of sharing of radiology images LDSI for chemistries was initially implemented in FY 2005 LDSI for AP and microbiology laboratory order entry and results retrieval was successfully tested and implemented in FY 2007 The demonstration project team also documented lessons learned and collected and reported on utilization metrics throughout the year

BHIE was initially implemented early in FY 2005 In 2007, the demonstration project installed upgrades to make additional data available to DoD and VA providers, in addition to documenting lessons learned and metrics

A goal added during 2006 was to develop, demonstrate and validate a bidirectional medical image sharing capability that leverages existing enterprise capabilities in both DoD and VA such as Digital Imaging Network - Picture Archiving and Communications System (DINPACS) and VistA Imaging Two iterations of this capability were tested and implemented in FY 2007 The first iteration, demonstrated in the second quarter, enabled the sharing of reference quality x-rays and computed tomography (CT) studies The second iteration of the digital imaging capability enabled sharing of full quality x-rays, CT studies, and magnetic resonance imaging (MRI)

Puget Sound VA HCS/Madigan AMC
The Team Puget Sound (TPS) had three goals (1) implement BHIE and include a capability to exchange inpatient documentation, (2) define requirements for the user interface to view BHIE data, and (3) develop technical documentation to assist in standardizing information exchange In 2007, the BHIE inpatient documentation capability was expanded to include additional data types in a Clinical Document Architecture (CDA) format In FY 2007, this expanded capability was deployed at 12 additional DoD sites that use the Essentris System for inpatient documentation The User Interface Requirements were completed, and the BHIE DoD Architecture Framework (DoDAF) Technical, Operational, and System Views were completed and transitioned to the MHS to support efforts for future VA/DoD IT systems

South Texas VA HCS/Wilford Hall Medical Center/Brooke AMC
This initiative consisted of two projects with the following goals (1) implement LDSI for chemistry laboratory order entry and results retrieval, and (2) test a credentialing interface between DoD's Centralized Credentials Quality Assurance System (CCQAS) and VA VetPro Credentialing system LDSI for chemistries was successfully implemented in late FY 2005 In FY 2007, this capability was extended to support the North Central Federal Clinic, and utilization metrics and lessons learned from that site were added to the demonstration documentation LDSI AP and micro was successfully implemented and tested in the third quarter and continues to be used in a live environment The CCQAS/VetPro interface effort was completed in FY 2006 The credentialing interface demonstration draft final report is under review

SECTION 4.4 - EDUCATION AND TRAINING
At the end of FY 2007, there were 22 VA/DoD agreements involving education and training support, including training for physicians and nurses These agreements typically involve training opportunities in exchange for staffing assistance

Graduate Medical Education
The HEC Graduate Medical Education (GME) Work Group continued to advance inter-Departmental collaboration in GME this past year In FY 2007, the Work Group continued the pilot program for military physician residents placed at VA-affiliated university sites As part of this program, DoD medical residents rotate through VA facilities and provide care to VA patients under the supervision of VA and university faculty The academic cycles of both VA and DoD GME programs were delineated and shared A new pilot program, *Seamless Transition for Trainees*, was initiated, and a site was proposed for selection

Continuing Education and Training
During FY 2007, the Continuing Education and Training Work Group achieved significant progress on collaborative joint continuing education training initiatives including the implementation of a shared training strategic plan including

strategic goals, objectives, and processes for designing, developing, and managing projects, and programs facilitating an increased sharing of continuing education and training opportunities between the two Departments

In FY 2007, a major research assessment of the distributed learning architecture in VHA and DoD was undertaken and completed As a direct result of this research, a plan for maximizing shared training through the efficient use of distributed learning architectures is now being implemented The initial components of the plan address enhanced shared training, data management, and the use of Learning Management Systems (LMS) and Learning Content Management Systems (LCMS) as a means of sharing web-based training Enhanced use of web-based training and streaming video as training modalities and the delivery of training to the desktop is being explored The shift in emphasis with regard to the delivery of training is expected to continue with web-based training and streaming video assuming an increasing role in the delivery of shared training, the delivery of training on an individualized basis, and on-demand being increasingly emphasized Operational elements resulting from the research on the distributed learning architecture include establishment of a committee to manage the identification, vetting, and distribution of shared training programs within DoD and between VHA and DoD, and establishment of a subcommittee to develop and manage strategies for the collection and analysis of shared training data

The Continuing Education and Training Work Group established and managed a VA/DoD Facility Based Educators community of practice to increase communications between and among VA and DoD facility based educators to facilitate increased shared training and to enhance the quality and timeliness of shared training at the facility level in VHA and DoD Additionally, they developed and commenced deploying a toolbox of resources to support the facility-based educator efforts to maximize the volume of shared training at the local level

The continued implementation of the shared training plan resulted in 254 shared programs between VHA and DoD, and represented a 211 percent increase over the FY 2005 base of 120 Shared programs between VHA and DoD resulted in $7,473,287 in cost avoidance, representing a 211 percent increase over the FY 2005 base and 114 percent of the FY 2007 planning target of $6,500,000

SECTION 4.5 – VA/DoD PROMOTION OF HEALTH CARE RESOURCES SHARING

As outlined in the VA/DoD JSP, joint communications efforts are very important to both Departments A Joint Communications Work Group was established under the HEC in March 2007 to facilitate collaboration in communications to beneficiaries, stakeholders, and the public

DoD and VA participated in several conferences together in FY 2007 VA hosted the annual Joint Venture Conference in El Paso, TX This conference provided an opportunity for all current and potential joint ventures to meet together with enterprise-level representatives and share their lessons learned and accomplishments The conference focused on the best practices at each joint venture site and facilitated discussion regarding implementing the best practices in other areas

VA/DoD also gave joint presentations at the 2007 MHS Conference Topics covered included the Great Lakes/North Chicago Federal Health Care Facility, progress made in the area of electronic data sharing, and JIF projects DoD participated in the planning of, and presented at, VA's Seamless Transition Conference in Las Vegas, Nevada DoD experts participated as briefers and as attendees Coordinated VA/DoD sessions were also given at the 2007 Communications and Customer Service Conference

In addition to the joint participation in various conferences, there were several joint interviews given by senior leadership and/or local experts from both DoD and VA that highlighted the many accomplishments in the area of health care resource sharing For example, DoD and VA experts participated in an interview at the Joint Venture Conference about the strides made in sharing electronic information in El Paso, Texas between the local MTF and the VAMC

The DoD/VA Program Coordination web site continued to be updated with web site features on sharing projects [8] Features were written about the JIF project at Tripler AMC to install a new computer-aided design/computer-aided manufacturing (CAD/CAM) system for orthotics and prosthetics and about the Great Lakes/North Chicago Federal Health Care Facility

[8] http //www tricare mil/DVPCO/default cfm

SECTION 5 – NEXT STEPS

Collaboration between VA and DoD has been gaining substantial momentum over the past few years through the strategic planning and reporting process of the JEC. This past year, the SOC further focused collaboration efforts to establish a seamless continuum to meet the needs of our wounded, ill, and injured servicemembers and their families in transition to continued military service or veteran status. The SOC is scheduled to stand down in May 2008, at which time responsibility for all of its programs and policy changes will be assumed by the JEC. The Departments are committed to maintaining the momentum created by the establishment of the SOC. The Departments appreciate all of the external reviews that have helped to define not only the problems in key areas of concerns to our servicemembers, veterans, and their families, but also solid recommendations for improvement. It is the intent of the JEC in the upcoming year to honor this commitment by ensuring that all of the initiatives that were developed in FY 2007 are fully and successfully implemented.

VA/DoD Joint Executive Council
Strategic Plan
Fiscal Years 2008 - 2010

Gordon H Mansfield
Deputy Secretary
Department of Veterans Affairs

David S. C. Chu
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Personnel and Readiness
Department of Defense

November 2007

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Appendix A
Department of Veterans Affairs and Department of Defense Joint Strategic Plan Fiscal Years 2008-2010

MISSION

To improve the quality, efficiency, and effectiveness of the delivery of benefits and services to veterans, servicemembers, military retirees, and their families through an enhanced Department of Veterans Affairs (VA) and Department of Defense (DoD) partnership

VISION STATEMENT

A world-class partnership that delivers seamless, cost-effective, quality services to beneficiaries and value to our nation

GUIDING PRINCIPLES

- ***Collaboration*** – to achieve shared goals through mutual support of both our common and unique mission requirements
- ***Stewardship*** – to provide the best value for our beneficiaries and the taxpayer
- ***Leadership*** – to establish clear policies and guidelines for VA/DoD partnership, promote active decision-making, and ensure accountability for results

STRATEGIC GOALS

GOAL 1
Leadership Commitment and Accountability
Promote accountability, commitment, performance measurement, and enhanced internal and external communication through a joint leadership framework

Goal 2
High Quality Health Care
Improve the access, quality, effectiveness, and efficiency of health care for beneficiaries through collaborative activities

Goal 3
Seamless Coordination of Benefits
Improve the understanding of, and access to, services and benefits that uniformed servicemembers and veterans are eligible for through each stage of their life, with a special focus on ensuring a smooth transition from active duty to veteran status

Goal 4
Integrated Information Sharing
Ensure that appropriate beneficiary and medical data is visible, accessible, and understandable through secure and interoperable information management systems

Goal 5
Efficiency of Operations
Improve management of capital assets, procurement, logistics, financial transactions, and human resources

Goal 6
Joint Medical Contingency/Readiness Capabilities
Ensure the active participation of both agencies in Federal and local incident and consequence response through joint contingency planning, training, and conduct of related exercises

GOAL 1

Leadership, Commitment, and Accountability

Promote accountability, commitment, performance measurement and enhanced internal and external communication through a joint leadership framework.

VA and DoD will maintain a leadership framework to promote successful partnerships, institutionalize change, and sustain momentum and collaboration into the future This framework will consist of the Joint Executive Council (JEC), the Health Executive Council (HEC), the Benefits Executive Council (BEC), and other necessary sub-councils or Working Groups The JEC will be responsible for developing a plan to increase the exchange of knowledge and information between the Departments, as well as with external stakeholders In addition, after several health care and transition issues came to light at the Walter Reed Army Medical Center in February 2007, VA and DoD established the Senior Oversight Committee (SOC), co-chaired by the Deputy Secretary of each Department to address high-priority issues The following Lines of Action (LOAs) were created to address these issues

- Disability Evaluation System
- Traumatic Brain Injury/Post Traumatic Stress Disorder
- Case Management
- VA/DoD Data Sharing
- Facilities
- Clean Sheet Analysis
- Legislation – Public Affairs
- Personnel – Pay Issues

When the SOC finishes its work, any remaining responsibilities will be shifted to the JEC at that time The recommendations of commissions, task forces, advisory committees, and review groups have also been reviewed and where relevant, incorporated into this Joint Strategic Plan (JSP)

OBJECTIVE 1.1 - *Joint Executive Council Structure*
Improve the access, quality, cost effectiveness, and efficiency with which benefits and services are provided to beneficiaries of VA and DoD through increased resource sharing and organizational collaboration.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 1 1
The JEC will provide strategic direction for VA/DoD collaboration with the development and publication of a JSP

(a) The JEC will monitor JSP progress at quarterly meetings

(b) The JEC quarterly meetings will provide a forum for issue resolution between the Departments

(c) The JEC will develop appropriate plans to overcome impediments to meeting stated goals and objectives when specific JSP strategies and initiatives are not met

PM 1.1
Update and complete coordination of VA/DoD JSP for fiscal years 2009 – 2011 by September 30, 2008 VA and DoD will seek JEC co-chair approval by October 31, 2008

OBJECTIVE 1.2 - *Communications Working Group*
Improve stakeholder awareness of sharing and collaboration initiatives, and communicate and promote results and best practices throughout the two Departments and to external stakeholders.

The communications efforts in support of the Joint Strategic Plan also reflect the values, mission, and goals of both the Military Health System (MHS) Strategic Plan and the VA Strategic Plan

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 1 2
The VA/DoD JEC will foster and support clear communications by widely reporting collaborative activities and results each year to members of Congress, the Departmental Secretaries, and internal/external stakeholders

(a) The JEC will foster and support communication of the ongoing collaboration and resulting best practices by using websites and detailing VA/DoD resource sharing initiatives and accomplishments The websites will be updated regularly

(b) All communications efforts will reflect the JEC's priorities
The key messages will be a proactive way to share the goals, accomplishments, and best practices of the JEC, HEC, and BEC
Tailored communications plans will be developed around each of the key messages which correspond with the SOC's lines of action

For fiscal year 2008, the key messages will incorporate the many different task force recommendations and commissions and highlight the areas of most importance to both Departments

(1) DoD and VA are committed to continued emphasis on the sharing of DoD and VA electronic medical records The goal is to enable the Departments to better share the vast array of beneficiary data, medical records, and other health care information through secure and interoperable information systems, which will allow for a seamless continuum of care

(2) There is a new focus on the collaboration in the provision of specialized care to servicemembers and veterans This includes mental health services and care of the severely wounded, particularly those with traumatic brain injury and post traumatic stress disorder

(3) Both Departments have demonstrated that joint operations and resource sharing improve the effectiveness and efficiency of health care services and benefits to veterans, servicemembers, military retirees, and eligible dependents

(4) Both the DoD and the VA are working to improve case management and standardize the delivery of care across the continuum, from illness or injury to recovery and beyond

(5) DoD and VA are working closely to provide a seamless and transparent disability process, one that is jointly administered by both organizations

(6) It is important to ensure the compassionate, timely, accurate and standardized personnel pay and financial support is available for wounded, ill and injured servicemembers

(7) DoD and VA recognize that legislation may be necessary to implement the recommendations of the President's Commission on Care for America's Returning Wounded Warriors, and other task force and commission recommendations

(8) Assessments of all medical hold and holdover facilities will be conducted to identify areas in need of improvement as well as the associated funding This includes the accelerated transition of Walter Reed Army Medical Center services to Bethesda and Fort Belvoir

PM 1.2
An update on the joint communications efforts will be reported to the JEC quarterly

PM 1.2
The execution of the tactics outlined within the individual communications plans, which are developed by the SOC LOAs and the Communications Working Group, will be monitored and reported to the JEC as they are implemented

PM 1.2
Content analysis of news articles will be conducted to identify any changing attitudes reflected over time

GOAL 2

High Quality Health Care

Improve the access, quality, effectiveness, and efficiency of health care for beneficiaries through collaborative activities.

VA and DoD will expand the use of partnering and sharing arrangements to improve services for all beneficiaries Collaboration will continue on developing joint guidelines and policies for the delivery of high-quality care and the assurance of patient safety VA and DoD will engage in joint training in multiple disciplines, including ancillary services, and explore opportunities to enhance collaborative activities in Graduate Medical Education (GME) Sharing in deployment-related health care information, research and development, and care coordination will be aggressively supported and encouraged For dual beneficiaries, VA and DoD will ensure that the two systems are mutually supportive

OBJECTIVE 2.1
Be leaders in developing and delivering innovative clinical processes and programs that enhance the quality of health care.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 2 1 (a) - Patient Safety Working Group
The HEC Patient Safety Working Group will oversee the design, development, and distribution of joint patient safety initiatives, consistent with legal requirements on uses of quality assurance information

(1) The VA National Center for Patient Safety (NCPS) and the DoD Patient Safety Center (PSC) will continue to share information on patient safety alerts and advisories potentially relevant to both health care systems Examples of each shared alert or advisory will be reported in the respective HEC monthly progress report during the month the alert or advisory occurs By June 30, 2008 each agency will provide evidence of the final, approved policy or handbook, containing the language related to sharing of alerts and advisories

(2) Obtain signed DoD/VA Data Use Agreement (DUA) regarding sharing data, information, and analyses on patient safety event categories is required before data sharing may begin Obtain agreement by both Departments by December 31, 2007. The Patient Safety WG will assist in coordination, however these actions are outside the authority of their WG

(3) VA NCPS and the DoD PSC will share data, information, and analyses on the patient safety event category of unintentionally retained surgical items (also referred to as "foreign bodies left in after a surgery or procedure") by January 31, 2008

(4) VA NCPS and the DoD PSC will share data, information, and analyses on the patient safety event category of incorrect surgery or invasive procedures (wrong site, wrong side, wrong patient, etc) by January 31, 2008

(5) VA NCPS and the DoD PSC will share data, information, and analyses on the patient safety event category of patient falls that cause serious injury, i e resulted in fractures, head injuries, etc , by January 31, 2008

(6) VA NCPS and the DoD PSC will share data, information, and analyses on the patient safety event category of inpatient suicides by May 31, 2008

(7) VA NCPS will share information on the patient safety event category of pressure ulcers with the DoD PSC by July 31, 2008

(8) The DoD PSC will request a DoD Scientific Advisory Panel (SAP) Special Study on the topic of pressure ulcers in DoD facilities by November

2007 with study completion, if accepted, by October 31, 2008 DoD will share the information from approved study with VA by November 30, 2008

(9) The DoD PSC and VA NCPS will explore the feasibility of establishing a joint Working Group to share information on usability and other patient safety topics relevant to VA and DoD purchasing and procurement of medical devices

PM 2.1 (a) (2) & (3)
The Patient Safety Working Group monthly progress report for November 2007 will include summary reports related to unintentionally retained surgical items, incorrect surgery, invasive procedure, and falls The summary reports will show analyses of selected subtypes of events, and information on root causes and contributing factors that lead to these types of adverse events in health care systems, as well as examples of interventions implemented in both systems by November 30, 2007

PM 2.1 (a) (5)
The Patient Safety Working Group monthly progress report for August 2008 will include a summary report related to inpatient suicides The summary report will show analyses of selected subtypes of events, and information on root causes and contributing factors that lead to these types of adverse events in health care systems, as well as examples of interventions implemented in both systems by August 31, 2008

PM 2.1 (a) (8)
The DoD PSC and VA NCPS will prepare a report on the feasibility of establishing a joint Working Group to share information on usability and other patient safety topics relevant to VA and DoD purchasing and procurement medical devices that takes into account current capabilities and processes in both Departments by December 31, 2007

STRATEGY 2 1 (b) - Evidence Based Practice Working Group
The HEC Evidence Based Practice Working Group will use clinically diverse and collaborative groups to develop, update, adapt, adopt and/or revise four evidence-based clinical practice guidelines (EBCPGs) annually

(1) For each EBCPG, include recommendations for at least one performance measure that is based on a Level I or Level II-1 evidence (e g Level I includes at least one properly conducted randomized controlled trial and Level II-1 is a well-designed controlled trial without randomization)

(2) For each EBCPG, develop provider education tools no later than twelve months after the EBCPG is issued

(3) The Evidence Based Practice Working Group will formally introduce via

podium presentations, abstracts, or exhibits, two EBCPGs at professional conferences, within six months of their completion date

(4) The Evidence Based Practice Working Group will collaborate with national professional health organizations when judged to be beneficial to VA and DoD to develop individual clinical practice guidelines

PM 2.1 (b)
Achieve National Guidelines Clearinghouse (NGC) approval and recognition on all issued EBCPGs within one year after submission

PM 2.1 (b) (2)
One hundred percent (100%) of EBCPGs will have implementation tools developed within 12 months of issue

PM 2.1 (b) (4)
The four approved EBCPG for each fiscal year will be introduced on the website within six months of their completion date

STRATEGY 2 1 (c) - Mental Health Working Group
By December 31, 2008 the HEC Mental Health Working Group will work together to explore mechanisms to identify individuals with serious mental health issues or who are at risk for suicide in order to insure appropriate assessment and indicated treatment are offered

(1) The HEC Mental Health Working Group will develop processes by December 31, 2008 to assess the extent to which referrals made to Veterans Health Affairs (VHA) resources for mental health evaluation and care at Post Deployment Health Re-Assessments (PDHRA) result in follow-up VHA evaluations and ongoing mental health care

(2) The HEC Mental Health Working Group will explore methods for assessing VA and DoD mental health data to determine whether Post Deployment Health Assessment (PDHA) and/or PDHRA responses are predictive of which returning servicemembers come to VHA for evaluation and care

PM 2.1 (c) (2)
The rate of follow-up for referral 1) evaluation and 2) mental health care will be determined by September 30, 2009

STRATEGY 2 1 (d)
The HEC Mental Health Working Group will coordinate to plan and implement shared training programs to increase the use of evidence-based psychotherapy and pharmacotherapy approaches in both Departments

(1) VA and DoD will continue to offer joint Cognitive Processing Therapy

(CPT) training, a combination of prolonged exposure and cognitive behavioral therapy for Post Traumatic Stress Disorder (PTSD), so that a consistent approach to this therapy is utilized by providers in both Departments

(2) Training in Prolonged Exposure Therapy for PTSD in both VA and DoD will be developed and fully planned for implementation by June 30, 2008

(3) Training for primary care providers in both VA and DoD on appropriate pharmacotherapy for PTSD will be developed and fully planned for implementation by June 30, 2008

PM 2.1 (d)
VA and DoD will report to the HEC on the annual number of trainees for each training program at the end of each fiscal year

STRATEGY 2 1 (e)
The HEC Mental Health Working Group will coordinate or standardize measures and definitions of suicide nomenclature between VA and DoD

PM 2.1 (e)
Both Departments will publish policy memoranda which establish common nomenclature and data or crosswalks between alternative systems for metrics regarding suicide by September 30, 2008

OBJECTIVE 2.2
Actively engage in collaborative GME, joint in-service training, and continuing education activities, which will enhance quality, effectiveness and efficiency of health care.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 2 2 (a) - Graduate Medical Education Working Group
The HEC Graduate Medical Education Working Group will examine opportunities for greater VA/DoD GME collaboration and present findings and recommendations to the HEC

(1) The Graduate Medical Education Working Group will address key issues of the impact analysis and lessons-learned study of the pilot project (placement of military residents into VA affiliated residency programs) in order to try to expand current participation

PM 2.2 (a) (1) (a)
DoD Fifty percent (50%) increase in the number of military obligated trainees applying for positions outside the National Resident Matching Program ("the match") in VAaffiliated university-sponsored residency programs within two academic years (2008 – 2010)

PM 2.2 (a) (1) (b)
VA Annual percentage of DoD applicants placed into VA-affiliated, university sponsored residency programs will be 80% or greater (2008 – 2010) of positions offered

STRATEGY 2 2 (b)
The HEC Graduate Medical Education Working Group will conduct a needs assessment of GME programs which may have been adversely impacted by the Base Realignment and Closure Commission (BRAC) and present a preliminary assessment with recommended VA/DoD actions

(1) Complete a needs assessment of GME programs in the National Capital Area and San Antonio Include list of residency programs in National Capital Area by specialty/sub-specialty area, accreditation sponsor, number of residents per program, potential redundancy or duplication in programs that overlap, rank programs that will likely be adversely impacted by BRAC and report preliminary findings to the HEC no earlier than September 30, 2008 Report semi-annually on progress in merging duplicate programs and in collaborations with VA

STRATEGY 2 2 (c)
The HEC GME Working Group will pilot a Seamless Transition for Trainees Program at one site based on approval of the HEC

(1) Obtain HEC approval (via Executive Decision Memorandum [EDM]) of site by December 31, 2007

(2) Agree on implementation procedures at the pilot site by May 31, 2008

(3) Begin the pilot by July 31, 2008

(4) Evaluate the pilot and report results/recommendations to HEC by June 30, 2009

STRATEGY 2 2 (d) - Continuing Education and Training Working Group
The HEC Continuing Education and Training WG will enhance the existing shared training partnership between VA and DoD to provide additional and improved shared training by optimizing the distributed learning architecture (see Footnote 1 for definition) which supports the sharing of continuing education and in-service training programs for health care professionals in VA and DoD The Working Group will

(1) Refine the written plan for aligning the distributed learning architectures within VA and DoD to support increased shared training between the departments utilizing distance learning modalities while minimizing the additional resources necessary to support shared training by October 31, 2007

(2) Encourage the ongoing use of shared training strategies between VA and DoD and within the uniformed services, taking advantage of the VA and DoD distributed learning architectures and minimizing the resources necessary to share training

(3) Formal DoD and VA approval for a committee to coordinate the identification, vetting and distribution of shared training within DoD and between VA and DoD by September 30, 2008

(a) Establish a committee to conduct a demonstration of how to coordinate the identification, vetting and distribution of shared training within DoD and between VA and DoD by November 30, 2007

(b) Seek formal approval of a committee to coordinate the identification, vetting and distribution of shared training within DoD and between VA and DoD by September 30, 2008

(4) Develop and implement a strategy for utilizing the Learning Management Systems (LMSs) (see footnote 3) to assess the participation of VA and DoD personnel in shared training by September 30, 2010 (Note achieving this objective is dependent upon the successful deployment of the LMS in VA and DoD)

(a) Develop a strategy for utilizing the VA and DoD LMSs to quantify the participation of VA and DoD personnel in shared training by September 30, 2008

(b) Pilot a strategy for utilizing the VA and DoD LMSs to assess the participation of VA and DoD personnel in shared training by September 30, 2009

(c) Implement a fully operational system for utilizing VA and DoD LMSs to quantify the participation of VA and DoD personnel in shared training by September 30, 2010

(5) Determine the feasibility of conducting selected impact evaluations to assess the return on investment (ROI) of shared training by June 30, 2008

PM 2.2 (d)
In fiscal year 2008, maintain the fiscal year 2007 overall volume of shared training which represents a 150% increase over fiscal year 2005 and generate a cost avoidance of $7,000,000 while increasing the amount of shared web based training by 50% over fiscal year 2006 Introduce selected emerging technologies to enhance shared training (e g IP3 based training, streaming video to the desk top and cell phone delivery of training) by September 30, 2008

PM 2.2 (d) (4)
Report to the HEC quarterly on the volume of shared training by individual participants by December 31, 2010

STRATEGY 2 2 (e)
The HEC Continuing Education and Training Working Group will continue to facilitate the development and management of a VA/DoD Facility Based Educators community of practice (see footnote 2 for definition) to increase shared training initiatives between VA Health Care Facilities and DoD Military Treatment Facilities (MTFs)

(1) Establish a VA DoD Facility Based Educators Community of Practice by November 30, 2007

(2) Provide a virtual forum (email group, virtual meeting room, and knowledge management site) for the members of the Facility Based Educators Community of Practice by January 31, 2008 to increase communications and the development of shared training between VA and DoD Health Care Facilities

(a) Establish an email group as part of the virtual forum by November 30, 2007 to support the members of the Facility Based Educators Community of Practice

(b) Establish a Knowledge Management site as part of the virtual forum by November 30, 2007 to support the members of the Facility Based Educators Community of Practice

(c) Establish a virtual meeting room site as part of the virtual forum by January 31, 2008 to support the members of the Facility Based Educators Community of Practice

(3) Identify local VA and DoD facility based educators and begin providing them with in-service training in the area of shared training by May 31, 2008 utilizing the virtual forum developed in Strategy 2 2 (e) (2)

(4) Launch special training initiatives for selected high priority clients (see footnote 4) which can benefit from shared training by September 30, 2008

(a) Develop a strategy for providing shared training to high priority clients by November 30, 2007 utilizing the VA/DoD Federal Health Care Facility – North Chicago, joint venture site as the pilot

(b) Complete a pilot of a strategy for providing shared training to high priority clients by March 31, 2008 utilizing the VA/DoD Federal Health Care Facility – North Chicago, joint venture site as the pilot.

(c) Begin providing all joint venture sites with shared training upon request based on the lessons learned at the VA/DoD Federal Health Care Facility – North Chicago, joint venture site by September 30, 2008

(5) Develop and implement a strategy for the joint VA and DoD identification and/or development of training programs to meet the needs of high priority clients in VA and DoD by September 30, 2008

(a) Develop a strategy for identifying and/or developing training programs for high priority clients by March 31, 2008 utilizing the VA/DoD Federal Health Care Facility – North Chicago, joint venture site leaders and managers as the target population for the pilot

(b) Conduct a pilot joint program development exercise for high priority clients by March 31, 2008 utilizing the VA/DoD Federal Health Care Facility – North Chicago, joint venture site leaders and managers as the target population

(c) Begin providing training to joint venture site leaders and managers by September 30, 2008 as requested based on the data gathered from the pilot at the VA/DoD Federal Health Care Facility – North Chicago, joint venture site

(6) Develop enhanced methods and procedures utilizing LMSs for collecting shared training data at the local level in VA and DoD by September 30, 2010

(a) Develop a strategy for utilizing LMSs to assess the participation of VA and DoD personnel in local shared training by September 30, 2008

(b) Pilot a strategy for utilizing LMSs to assess the participation of VA and DoD personnel in local shared training by September 30, 2009

(c) Implement a fully operational system for utilizing LMSs to assess the participation of VA and DoD personnel in local shared training by September 30, 2010

PM 2.2 (e) (1)
Establish a VA/DoD community of practice which incorporates all of the members of existing facility based educator communities of practice in VA, DoD and the uniformed services by November 30, 2007

PM 2.2 (e) (2)
Provide a virtual forum composed of an email group, virtual classroom and knowledge management site to the VA/DoD facility based educators' community of practice by January 31, 2008

PM 2.2 (e) (3)
Commencement of an in-service training program in the area of shared training for local VA and DoD facility based educators by May 31, 2008

PM 2.2 (e) (4)
Implementation of special training initiatives for selected high priority clients which can benefit from shared training by September 30, 2008

PM 2.2 (e) (5)
Implementation of a fully operational system for utilizing LMSs to assess the participation of VA and DoD personnel in local shared training by September 30, 2011

PM 2.2 (e) (6)
Development and implementation of a strategy for the joint identification and/or development of training programs to meet the needs of high priority clients in VA and DoD by September 30, 2008

(*Footnote I For the purpose of this report Distributed Learning Architecture is defined as the hardware and software necessary to convey training between the partners the operational methods and procedures to manage the shared training venture and to assure the timely and effective sharing of training, and the commitment of leaders responsible for training in both agencies to the success of the venture)

(*Footnote II for the purpose of this report community of practice will be defined as being composed of facility based educators in VHA and DoD possessing similar professional needs and interests who also share a common mission and who work in similar ways to accomplish that mission)

(*Footnote III LMS as used in this context is a web based training tracking system used to collect and report education and training data Many Federal agencies including DoD the uniformed services and VA are in various stages of implementing their respective LMSs Due to variability of implementation and platforms, there are a number of technical requirements that will need to be met before the LMS systems can be used to generate reports on participation in shared training)

(*Footnote IV High priority client as used in this context refers to learners designated by VHA or DoD leadership as having special training needs which are essential in meeting the VHA and or DoD health care mission)

OBJECTIVE 2.3 - *Deployment Health Working Group*
The HEC Deployment Health Working Group shall identify and foster opportunities for sharing information and resources between VA and DoD in the areas of deployment health surveillance, assessment, follow-up care, health risk communication, and research and development.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 2 3 (a)
The HEC Deployment Health Working Group will identify opportunities to share information between DoD and VA on health surveillance of military populations, including identification of cohorts with specific exposures or diseases

(1) Annually review DoD's identification of cohorts who participated in the testing of chemical and biological warfare agents from 1942 to 1975, DoD's ongoing provision of data to VA, and VA's outreach efforts to these cohorts

(2) Annually review DoD's identification of servicemembers who were injured in combat or non-combat incidents and who have embedded

fragments, DoD's provision of data to VA on these individuals, and VA's medical follow-up activities

(3) Annually review DoD and VA efforts related to traumatic brain injuries (TBI), including DoD and VA efforts to identify servicemembers and veterans who were diagnosed with TBI, to establish a joint database on this cohort, and to jointly track the health of the cohort over time

(4) Annually review the deployment health-related data from the Millennium Cohort Study

PM 2.3 (a) (1)
Provide an assessment to the HEC on the adequacy of the DoD and VA sharing efforts on identification and outreach to cohorts exposed to chemical and biological warfare agents from 1942 to 1975 by September 30, 2008

PM 2.3 (a) (2)
Provide an assessment to the HEC on the adequacy of the DoD and VA sharing efforts on the identification and surveillance of the embedded fragment cohort by September 30, 2008

PM 2.3 (a) (3)
Provide an assessment to the HEC on the adequacy of the DoD and VA sharing efforts on the identification and surveillance of the TBI cohort by September 30, 2008

PM 2.3 (a) (4)
Provide an assessment to the HEC on the adequacy of the DoD and VA sharing efforts on the deployment health-related data from the Millennium Cohort Study by September 30, 2008

STRATEGY 2 3 (b)
The HEC Deployment Health Working Group will identify opportunities to share information between DoD and VA on the assessment and screening of deployed populations

(1) Review DoD and VA reporting mechanisms from screening of servicemembers and veterans for Traumatic Brain Injury

(2) Review DoD's reporting mechanisms from Pre-Deployment Health Assessments, PDHAs, and PDHRAs

PM 2.3 (b) (1)
Provide an assessment to the HEC on the adequacy of DoD and VA sharing of TBI screening data by September 30, 2008

PM 2.3 (b) (2)
Provide recommendation to the HEC on the optimal ways that data from DoD's deployment related health assessments can be shared with VA by September 30, 2008

STRATEGY 2 3 (c)
The HEC Deployment Health Working Group will identify opportunities to share information between DoD and VA on follow-up medical care of deployed populations

(1) Annually review the medical follow-up of individuals in the embedded fragment cohort

(2) Annually review the medical follow-up of individuals in the TBI cohort

(3) Facilitate the development of the identification of servicemembers (active-duty and retirees) diagnosed with amyotrophic lateral sclerosis (ALS) in the DoD medical system and the transfer of that information to VA for inclusion in the VA National ALS Registry

PM 2.3 (c) (1)
Develop recommendation for the HEC on the adequacy of the medical follow-up of individuals with embedded fragments by September 30, 2008

PM 2.3 (c) (2)
Develop recommendation for the HEC on the adequacy of the medical follow-up of individuals with TBI by September 30, 2008

PM 2.3 (c) (3)
Report to the HEC on the adequacy of a DoD system to include all current and past servicemembers diagnosed with ALS in DoD in the VA National ALS Registry by September 30, 2008

STRATEGY 2 3 (d)
The HEC Deployment Health Working Group will compare and foster research initiatives on military and veteran-related health research to include deployment health issues

(1) Conduct an annual inventory and catalog current research on deployment health issues in each Department by September 30th of each year

(2) Maintain a continuing VA/DoD forum to share findings of deployment health related research

(3) Develop an analysis of the ongoing deployment health-related research on an annual basis

PM 2.3 (d) (1)
Report to the HEC on all DoD and VA deployment health-related research by September 30, 2008

PM 2.3 (d) (2)
DoD and VA will provide an ongoing forum on a routine basis at Deployment Health Working Group meetings for subject matter experts to share deployment health-related information, including research outcomes and progress

PM 2.3 (d) (3)
Report to the HEC on all DoD and VA deployment health-related research by September 30, 2008

STRATEGY 2 3 (e)
The HEC Deployment Health Working Group, through its Health Risk Subcommittee, will develop joint health risk communication products related to deployment health (fact sheets, information papers, pocket cards, and web site documents)

(1) On a quarterly basis, identify emerging health-related concerns, and develop joint health risk communication strategies, messages, processes, and products related to deployment and other aspects of military service

(2) On a quarterly basis, coordinate health-related risk communication products to ensure consistency among DoD, VA, the Department of Health and Human Services, and other agencies, as appropriate

PM 2.3 (e) (1)
Report to the HEC that documents emerging health-related concerns and summarizes joint risk communication products that were developed by September 30, 2008

PM 2.3 (e) (2)
Report to the HEC that documents the deployment related health risk communication products that have been coordinated among federal agencies by September 30, 2008

GOAL 3

Seamless Coordination of Benefits

Improve the understanding of, and access to, services and benefits that uniformed service members and veterans are eligible for through each stage of their life, with a special focus on ensuring a smooth transition from active duty to veteran status.

VA and DoD will enhance collaborative efforts to streamline benefits application processes, eliminate duplicative requirements, and correct other business practices that complicate the transition from active duty to veteran status This will be accomplished through joint initiatives that ensure the wide dissemination of information on the array of benefits and services available to both VA and DoD beneficiaries, enhance educational programming on eligibility criteria and application requirements, and increase the participation in cooperative separation process/examination at Benefits Delivery at Discharge (BDD) sites This goal encompasses benefits available to VA and DoD beneficiaries, to include health care, educational assistance, home loans, vocational rehabilitation and employment, disability compensation, pension, insurance, burial, and memorial services

OBJECTIVE 3.1 - *Communicating VA/DoD Benefits Working Group*
Enhance collaborative efforts to educate active duty component, Reserve, and National Guard personnel on VA and DoD benefits programs, eligibility criteria, and application processes.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 3 1
The BEC will further expand on efforts to disseminate information on benefits and services available to uniformed servicemembers and VA and DoD beneficiaries throughout the military personnel lifecycle

(1) Continue to perform established outreach such as letters to Physical Exam Board participants, distribution of A Summary of VA Benefits pamphlets to new recruits at Military Entrance Processing Stations (MEPS) and to graduating cadets and midshipmen at military academies (including Coast Guard)

(2) By December 31, 2007, engage each service branch to identify key accession and service transition points for distribution of A Summary of VA Benefits pamphlets

(3) By October 31, 2007, coordinate with VA Office of Policy and Planning to align with the required VA national survey to measure awareness of VA's benefits among servicemembers and veterans

(4) Explore additional opportunities to support Senior Oversight Committee (SOC) initiatives relating to communication of benefits to servicemembers and veterans

PM 3.1
Expand the distribution of the information about VA benefits through the addition of key accession and training service points by at least 10% each year through September 30, 2010

OBJECTIVE 3.2 - *Benefits Delivery At Discharge Working Group*
Reach disabled servicemembers eligible to file a claim for VA disability compensation at any of the 130 BDD intake sites with a Memorandum of Understanding (MOU). DoD and VA will increase their efforts to get those service members to file their claim through the BDD Program 180-60 days before separation, retirement, or release from active duty.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 3 2 (a)
The BEC will redefine how to determine annual participation rate metric for usage at 130 BDD sites with MOUs by December 16, 2007

STRATEGY 3 2 (b)
The BEC will develop a plan to increase servicemember knowledge and awareness of the BDD program at the 130 BDD intake sites with MOUs by March 28, 2008

STRATEGY 3 2 (c)
The BEC recommends the JEC amend the National MOU between VA and DoD, to allow servicemembers going through the Medical Evaluation Board (MEB)/ Physical Evaluation Board (PEB) process to file a disability compensation claim at any of the 130 BDD sites as long as they meet all requirements for filing a claim under the BDD program

PM 3.2
Once the BDD Working Group redefines the annual participation rate for usage at the 130 BDD sites with MOUs, they will submit the "new" definition to the BEC for approval Once approved, the BDD Working Group will develop appropriate performance measures by March 28, 2008

Target
The BDD Working Group will develop and submit new targets to the BEC for approval by March 28, 2008 Once approved, the BDD Working Group will establish performance measures for fiscal year 2009 and 2010

OBJECTIVE 3.3 - *Medical Records Working Group*
Enhance collaborative efforts to resolve issues and improve military paper Health Treatment Record (HTR) processes and facilitate their seamless transfer from DoD to VA for benefits processing in support of servicemembers, veterans, and deployed National Guard and Reserve personnel.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 3 3
The Medical Records Working Group will operate under the authority of the BEC The Medical Records Working Group will review paper HTR business processes within DoD and VA to foster improvement in the processes until the paper HTR is decommissioned The Medical Records Working Group will also ensure coordination between the DoD, VA, and National Archives and Records Administration (NARA) to address paper HTR issues and facilitate recommended solutions

(1) Review and discuss changes necessary for improvement and propose potential recommendations to resolve HTR issues in a timely manner Key aspects include

- Military HTR disposition, and
- Implementation of improved paper military HTR business processes

(2) Propose milestones and obtain BEC approval for implementation of applicable business process changes

(3) Review updated regulatory guidance and businesses processes and recommend changes as needed

(4) Develop Department specific and individual component/organization (e g , Department of the Army and VA Records Management Center [VA RMC]) specific guidance and procedures with internal controls and accountability

(5) Monitor execution of the implemented processes to ensure effective resolution of the identified issues

PM 3.3
Obtain consensus for a common terminology and definition for paper based health treatment and associated medical and dental record terminologies by December 31, 2007

PM 3.3
Finalize update of the Memorandum of Agreement (MOA) between DoD and VA relating to transfer and maintenance of military HTRs for benefits processing and obtain approval and signatures by February 29, 2008

PM 3.3
Draft, update and finalize DoD and VA policies to include HTR forms and document contents, management, and transfer by June 30, 2008

PM 3.3
Draft and finalize the records disposition schedule for the military HTR and obtain NARA approval and signatures by August 31, 2008

PM 3.3
Implement internal control and accountability mechanisms within both Departments by December 31, 2008

PM 3.3
Track metrics long term with respect to completeness of the HTRs transferred from DoD to VA by December 31, 2008

OBJECTIVE 3.4 - ***Federal Recovery Coordination Program***
Improve the delivery of proactive, high-quality, and timely care to servicemembers, veterans and their families through the continuous and integrated provision of clinical and non-clinical case management services in both the DoD and VA systems.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 3 4
The Federal Recovery Coordination Program (FRCP) will promote optimal health outcomes and quality of life for servicemembers, veterans and their families from recovery, through rehabilitation and ultimately reintegration to the community

(1) DoD and VA, in collaboration with Public Health Service (PHS) per the MOU with the Department of Health and Human Services, will create the FRCP to ensure that all wounded, injured, or ill servicemembers and their families receive the clinical and non-clinical case management they need

(2) The FRCP, with the support of an advisory committee and program development consultation from the PHS officer(s) assigned, will provide general guidance to DoD and VA clinical and non-clinical case management programs with regard to definitions and nomenclature, standards of practice, joint data sharing, joint training standards, roles and responsibilities and competencies, and program evaluation strategies

(3) The FRCP will produce a comprehensive electronic Resource Directory of national clinical and non-clinical case management resources to equip case managers with easy access to the widest range of services available to serve the wounded, injured, or ill servicemember, veteran and family, by April 30, 2008

(4) The Federal Recovery Coordinator (FRC) will be assigned to the wounded, injured, or ill servicemembers and families, based on the following criteria. in acute care at an MTF, and a diagnosis of spinal cord injury, burn, amputation, visual impairment, TBI/PTSD, and high severity/acuity level, and at risk (psychosocial and family assessment), and high potential for life long care needs, and willingness to participate (self or family), and/or patient self referral or command referral based on ability to benefit from the services provided FRCs will initially be stationed at MTFs currently receiving a high number of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/ OIF) severely wounded, injured, or ill servicemembers

(5) The FRC will oversee the creation of the patient-focused Federal Individual Recovery Plan (FIRP) to ensure the servicemember, veteran and family receives the needed and designated care through clinical and non-clinical case management at the right time and place by the right provider The FRC will continue oversight of the FIRP as the servicemember transitions across inpatient/outpatient, treatment/rehabilitation facilities or any site for care, and ultimately to community reintegration The FRC will be responsible for ensuring that the FIRP is updated regularly in response to the changing needs and goals of the servicemember, veteran and their family

PM 3.4
Provide DoD/VA FRCP annual report by September 30, 2008, 2009, and 2010, to include, among other subjects

- Evaluation of the operation of the FRCP including process and outcome measures associated with quality care and recovery for the servicemember, veteran and family
- Hiring, training and functional assessment of FRCs
- Development and use of the FIRP
- Use of an electronic Resource Directory of national clinical and non-clinical case management resources
- Survey of the experiences and satisfaction of participating servicemembers, veterans and families
- Dissemination of lessons learned and recommendations for changes to policy, regulations legislation and practices

PM 3.4
Minimum of 10 FRCs will be hired, trained, and fully functioning by June 30, 2008

PM 3.4
Eighty percent of veterans (and their respective families) will indicate they are "very satisfied" or "highly satisfied" with the support of their FRC by September 30, 2008, 2009, and 2010

PM 3.4
Eighty percent of veterans (and their respective families) will indicate they are "very satisfied" or "highly satisfied" with their FIRP by September 30, 2008, 2009, and 2010

GOAL 4

Integrated Information Sharing

Ensure that appropriate beneficiary and medical information is visible, accessible, and understandable through secure and interoperable information management systems.

VA and DoD will utilize interoperable enterprise architectures and data management strategies to support timely and accurate delivery of benefits and services The emphasis will be on working together to store, manage and share data, and streamline applications and procedures to make access to services and benefits easier, faster, and more secure

OBJECTIVE 4.1 - *Information Sharing/Information Technology Working Group*
VA and DoD will utilize their enterprise architectures to foster an environment to support secure sharing of timely, consistent, personnel-related data to enhance service delivery in both Departments.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 4 1
The BEC Information Sharing/Information Technology Working Group will collaborate in developing net-centric solutions for the enhancement of services and benefits delivery to servicemembers and veterans, and reduce legacy data feeds between the two Departments

(1) Support current and future task force recommendations, while further aligning the HEC and BEC data sharing efforts, to streamline information sharing across the DoD and VA for the delivery of benefits and health care

(2) Explore other opportunities in support of SOC decisions to leverage data and information in developing a tracking application to support an end-to-end process management for seriously injured servicemembers and servicemembers going through the disability evaluation process while transitioning from active duty status to veteran status

(3) Complete the implementation of the Identity Management Common Military Population Strategy and Work Plan in order to begin facilitating unique identification, access management, and on-line self service which will assist the delivery of benefits to servicemembers and veterans as well as the management of patients in DoD/VA shared medical facilities by September 30, 2008

(4) Continue expanding and developing shared servicemember/veteran-centric strategies for DoD and VA web portals leveraging Defense Knowledge Online (DKO) and Army Knowledge Online (AKO) solutions, and develop service oriented architectures for enhancing services and benefits in both Departments

PM 4.1
Reduction in the number of distinct personnel data exchanges between VA and DoD to one from DoD and one from VA by September 30, 2008

OBJECTIVE 4.2 - *Health Architecture Intragency Working Group*
VA and DoD will structure their health enterprise architectures to support sharing of timely, consistent health data.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 4 2 (a)
The DoD/VA Health Architecture Interagency Group (HAIG) will continue participating in and contributing to standards related organizations such as Healthcare Information Technology Standards Panel (HITSP) and Health Level 7(HL7) in order to improve the availability of shared health information in support of consumer-driven health care and interoperable health information for DoD/VA beneficiaries

(1) The HAIG will analyze and report to the HEC Information Management/ Information Technology (IM/IT) Working Group on current processes and opportunities to promote health care quality and efficiency through information sharing to empower our beneficiaries by June 30, 2008

STRATEGY 4 2 (b)
The DoD/VA HAIG will examine the activities in the VA and DoD health architectures that further evolve the areas of provision of health care delivery

(1) Define, analyze and report to the HEC IM/IT Working Group on VA and DoD health architectural models and specific components that support the shared health architecture in such areas as

- Case Management by June 30, 2008,
- Disability Determination by June 30, 2008, and
- Health Continuity of Care for our wounded warriors by June 30, 2008

(2) Identify, analyze and report to the HEC IM/IT Working Group on DoD and VA common services framework to facilitate the secure use of shared architectures by June 30, 2008

(3) Define version 1 of a Joint Common Services Framework by September 30, 2008

OBJECTIVE 4.3
Facilitate the adoption of Health Information Technology (HIT) standards for greater interoperability between health systems.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 4 3
VA and DoD will exhibit leadership in the national and Government-wide HIT standards harmonization and implementation arena by participating in the development of health standards, and when mature and available, jointly utilizing health information technology systems and products that meet recognized interoperability standards

(1) Review national HIT standards recommended for implementation by September 30, 2008 and as health information technology is implemented, acquired, or upgraded, jointly utilize, when available, health information technology systems and products that meet recognized interoperability standards

(2) Report to the HEC IM/IT Working Group on incorporating recognized interoperability standards into targeted DoD and VA shared technology profile(s), by September 30, 2008

OBJECTIVE 4.4
Enhance the effectiveness and efficiency of VA access to the electronic health data on separating and separated Military members, and VA and DoD access to electronic health information on shared patients, and support the health IT requirements in the President's Commission on Care for America's Returning Wounded Warriors report.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 4 4 (a)
The HEC IM/IT Working Group will continue sharing electronic health information at the time of a servicemember's separation, while maintaining appropriate security, and support the electronic bidirectional sharing of health information in real-time for shared patients between VA and DoD which will meet the President's Commission requirements for making all essential health data viewable within 12 months

(1) In coordination with JSP Strategy 4 1(3)VA and DoD will continue to work with the Defense Manpower Data Center (DMDC), Defense Enrollment Eligibility Reporting System (DEERS) to ensure VA patients treated in DoD facilities have DoD Electronic Data Interchange Person Numbers (EDI_PN_IDs) to facilitate matching patients and sharing electronic health information on shared patients by September 30, 2008

(2) Begin providing viewable patient health data from theaters of operation to DoD and VA providers on shared patients at fixed facilities to include theater inpatient notes, outpatient encounters, and ancillary clinical data, such as pharmacy data, allergies, laboratory results, and radiology reports by October 31, 2007

(3) VA and DoD will be able to share viewable ambulatory encounters/ clinical notes, procedures, and problem lists in real-time and bidirectional for shared patients among all sites by December 31, 2007

(4) Begin development of business processes, business rules and requirements validation to automate activation of active dual consumer patients by February 29, 2008

(5) VA and DoD will be able to share viewable vital signs data in real-time and bidirectional for shared patients among all sites by June 30, 2008.

(6) Implement the automated activation of active dual consumer patient capability by September 30, 2008

(7) VA and DoD will be able to share viewable family history/social history/ other history, questionnaires and forms in real-time and bidirectional for shared patients between all sites by September 30, 2008 – pending funding for both VA and DoD to begin work

STRATEGY 4 4 (b)
The HEC IM/IT Working Group will support joint efforts to identify areas of convergence regarding personal health records (PHRs)

(1) Complete implementation of education objects for MyHealtheVet (MHV) and TRICARE Online (TOL) by December 31, 2007

(2) Complete business and technical requirements for authentication and registration portability for MHV and TOL by December 31, 2007

(3) Complete a white paper on health information portability between TOL and MHV by December 31, 2007

(4) Document a joint VA/DoD alignment strategy for the delivery of MHV and TOL PHRs by December 31, 2007

(5) Begin collaboration on a joint performance measurement framework for PHRs in concert with the American Health Information Community by December 31, 2007

(6) Submit a draft PHR white paper to the HEC IM/IT Working Group by March 31, 2008

STRATEGY 4 4 (c)
The HEC IM/IT Working Group will support the Education and Training Working Group through the use of e-learning capabilities

(1) Complete business rules for the sharing of e-learning educational objects between VA and DoD by June 30, 2008

(2) Implement shared e-learning educational objects between VA and DoD by June 30, 2008

STRATEGY 4 4 (d)
The HEC IM/IT Working Group will support the electronic sharing of images for shared VA/DoD patients

(1) DoD will report annually to the HEC IM/IT Working Group on plans to leverage the code in the VA's Imaging System Viewer to support digital imaging within the Military Health System (MHS)

(2) VA/DoD will develop a plan to leverage lessons learned and knowledge gained from the National Defense Authorization Act (NDAA) demonstration projects in El Paso, Texas in conducting a bidirectional pilot test of digital image sharing between six DoD and five VA sites, pending the availability of funds, by June 30, 2008

(3) VA and DoD will develop a plan for interagency sharing of essential health images (e g , radiology studies) between VA and DoD by October 31, 2008

STRATEGY 4 4 (e)
The HEC IM/IT Working Group will support an approach for developing a common DoD and VA inpatient information technology capability

(1) DoD will begin sharing viewable discharge summaries from Landstuhl Regional Medical Center with the VA providers on shared patients by June 30, 2008

(2) VA/DoD will define which inpatient data is required to be shared between DoD and VA on shared patients for clinical use as historical reference of a previous inpatient admission by June 30, 2008

(3) VA/DoD will define which inpatient data is required to share between DoD and VA for clinical use for an inpatient to inpatient inter-Departmental transfer of a shared patient by June 30, 2008

(4) VA/DoD will define Department-unique and Joint Inpatient Electronic Health Record functional requirements for potential joint application as identified in an operational model (business architecture) at a level sufficient to support subsequent Analysis of Alternative efforts by June 30, 2008

(5) VA/DoD will provide a report on the Analysis of Alternatives and recommendations for the development and/or procurement of a Joint VA/ DoD Inpatient Electronic Health Record by September 30, 2008

STRATEGY 4 4 (f)
The HEC IM/IT Working Group will provide additional support for implementation of requirements of the President's Commission on Care for America's Returning Wounded Warriors by

(1) Establishing an information technology plan that will support the use of a recovery plan by the Recovery Coordinator, and will integrate essential clinical and non-clinical aspects of recovery of seriously ill and injured

servicemembers and veterans by November 1, 2007

(2) Developing a plan to execute a single Web portal to support the needs of the wounded, ill, and injured servicemembers and veterans by December 31, 2007

PM 4.4
Monitor information sharing metrics and report progress to the HEC IM/IT Working Group and to the HEC and JEC as requested Metrics will include, but not be limited to

- The number of DoD servicemembers with historical data transferred to VA,
- The number of patients flagged as "active dual consumers" for VA/DoD electronic health record data exchange purposes,
- The number of Pre-and Post-Deployment Health Assessment (PPDHA) forms and PDHRA forms transferred to VA,
- The number of individuals with PPDHA and PDHRA forms transferred to VA,
- Number of chemistry and anatomic pathology/microbiology laboratory tests processed using the Laboratory Data Sharing initiative,
- The number of patients for which digital images have been transmitted electronically from Walter Reed Army Medical Center, National Naval Medical Center Bethesda and Brooke Army Medical Center to VA Polytrauma Centers at Tampa, Palo Alto, Richmond and Minneapolis, and
- The number of patients for which medical records have been scanned and sent electronically from Walter Reed Army Medical Center, National Naval Medical Center Bethesda and Brooke Army Medical Center to VA Polytrauma Centers at Tampa, Palo Alto, Richmond and Minneapolis

OBJECTIVE 4.5
VA/DoD will foster secure computing and communications infrastructure for electronic patient data sharing.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 4 5 (a)
The HEC IM/IT Working Group will facilitate the development and implementation of a trusted network security and communications partnership in support of electronic health data sharing

(1) VA/DoD will conduct a map and gap analysis of network security and communications policies which impact the secure transmission of health data between the Departments by March 31, 2008

(2) VA/DoD will brief the HEC IM/IT Working Group on draft recommendations to influence or change network security and communications policies by June 30, 2008 Where applicable, recommendations will be made to the Department of Commerce/National Institute of Standards and Technology (NIST), The Office of Management & Budget (OMB), and the Department of Health and Human Services for proposed incorporation of findings into Government-wide policy and implementation of policy

(3) VA/DoD will draft a trusted network security and communications partnership implementation plan for consideration by Office of the Secretary of Defense (OSD) Networks and Information Integration (NII) and VA Office of Cyber Security by September 30, 2008

(4) VA/DoD will implement a secure network to support health data exchange and provide redundancy by June 30, 2009

STRATEGY 4 5 (b)
In alignment with and in support of the Office of the National Coordinator (ONC) Nationwide Health Information Network (NHIN) initiative, VA and DoD will study infrastructure interoperability with commercial health care providers to foster infrastructure interoperability that would be accomplished through participating in NHINConnect Federal Consortium VA and DoD will submit a White Paper to ONC summarizing the results of the study by December 30,2009.

(1) Begin an in-depth analysis to identify communications data sharing requirements among managed care support contractors, the VA and DoD by March 31, 2009

(2) Monitor the HITSP and HL7 for information on the maturity of electronic health record infrastructure, to include security standards, and report to the HEC IM/IT Working Group by January 31, 2009

GOAL 5

Efficiency of Operations

Improve the management of capital assets, procurement, logistics, financial transactions, and human resources.

VA and DoD will enhance the coordination of business processes and practices through improved management of capital assets, leveraging the Departments' purchasing power, maximizing the recovery of funds due for the provision of health care services, developing complementary workforce plans, and designing methods to enhance other key business functions

OBJECTIVE 5.1 - *Construction Planning Committee*
The VA/DoD Construction Planning Committee (CPC) will implement a pilot core group process to develop collaborative capital investment opportunities at three sites based upon capital needs and requirements identified by both Departments.

STRATEGIES AND PERFORMANCE MEASURES (PM)

The previous strategies regarding the CPC [Strategy 5 1(a) and Strategy 5 1(b)] have either been incorporated into Objective 5 1, Strategy 5 4 (e) or will be reevaluated after the SOC LOA #5 Facilities work has been completed Therefore the CPC initiative to develop a nation-wide survey tool of both past and present VA/DoD capital investment collaboration ventures has been suspended.

OBJECTIVE 5.2
Leverage joint purchasing power in the procurement of pharmaceuticals, prosthetics, medical/surgical supplies, high-tech medical equipment and dental and laboratory supplies.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 5 2 (a) Acquisition and Medical Material Management Working Group
The HEC Acquisition and Medical Material Management (A&MMM) Working Group will assess VA and DoD processes related to the acquisition of goods and services and make recommendations to achieve joint operational and business efficiencies

(1) Review regulatory and policy impediments that prevent further collaborations and report results to the HEC by December 31, 2007, with requests for regulatory changes as needed

(2) Pursue additional opportunities for joint purchasing consolidation during each calendar year and report to the HEC by December 31st each year for the previous fiscal year

(3) Pursue VA/DoD Joint Incentive Funding (JIF) to support contractual services to determine measurement of effectiveness of the joint contracting process

(4) Increase collaborative logistics and clinical participation in standardization programs across DoD and VA Share standardization business processes and identify any opportunities for DoD/VA standardization

(a) Analyze and develop new programs and criteria on a continuing basis

(b) Share spend analysis in areas with opportunities for VA/DoD standardization
(c) Involve clinical participation from VA and DoD in regional and national standardization programs, trials, and processes, as appropriate

STRATEGY 5 2 (b)
The HEC A&MMM Working Group will increase the value of joint contracts, targeting commonly used manufacturers for joint contract initiatives and continuing to seek new opportunities for joint contracts

(1) The A&MMM Working Group will track the number and dollar value of joint contracts and provide joint contract sales

PM 5.2 (b) (1)
Increase joint acquisition sales realized from the joint procurement of high cost medical equipment by $20 million annually beyond the 2006 baseline level of $150 million

- Fiscal Year 2007 – $170 million
- Fiscal Year 2008 – $190 million
- Fiscal Year 2009 - $210 million
- Fiscal Year 2010 - $230 million

PM 5.2 (b) (1)
The VA National Acquisition and Logistics Center and the Defense Logistics Agency will report dollars expended within their programs, showing by percent of total expenditures and by dollars, quarterly expenditures in joint contractual vehicles

STRATEGY 5 2 (c) Pharmacy Working Group
The HEC Pharmacy Working Group will identify pharmaceuticals and commonly used products and manufacturers for potential joint contracting action and continue to seek new joint contracting opportunities

(1) Evaluate 100% of all brand-to-generic conversions (loss of patent exclusivity) within the top 25 drugs as measured by acquisition dollar volume and report the status of the reviews to the HEC on an annual basis, at the first meeting after the end of the first quarter

(2) Evaluate 100% new molecular entities used in the ambulatory setting for contracting opportunities and report the status of the reviews to the HEC on an annual basis, at the first meeting after the end of the first quarter

(3) Evaluate 100% of all expiring joint national contracts and report the total dollar value of the contracts over the life of the contract and the total dollar value for the previous year to the HEC on an annual basis

(4) The HEC Pharmacy Workgroup will evaluate the number and estimated dollar value of purchases for both existing and newly established joint contracts and report the previous fiscal year's data to the HEC on an annual basis, at the first meeting after the end of the first quarter of the new fiscal year

PM 5.2 (c)

Award a specified number of joint contracts each year

Fiscal Year 2008	8
Fiscal Year 2009	8
Fiscal Year 2010	10

PM 5.2 (c) (1)

Maximize Joint National Contract Prime Vendor Purchases as percentage of Total Prime Vendor Purchases *

	VA	DoD
Fiscal Year 2008	5 9%	2 5%
Fiscal Year 2009	6 1%	2 6%
Fiscal Year 2010	6 5%	2 7%

PM 5.2 (c) (4)

Maximize Joint National Contract Prime Vendor Purchases expressed as dollar volume (millions) *

	VA	DoD
Fiscal Year 2008	$201M	$48M
Fiscal Year 2009	$211M	$49M
Fiscal Year 2010	$229M	$50M

*Footnote

• The following factors may decrease Pharmaceutical Prime Vendor (PPV) purchases

- Between calendar year 2007 and calendar year 2012, drugs with a total commercial value of approximately $99 billion have the potential to become generic
- In June 2006, simvastatin (Zocor) became generic VA's drug with the highest volume and highest total expenditures In the year prior to becoming generic (fiscal year 2005) simvastatin PPV purchases were approximately $196M In fiscal year 2006 simvastatin purchases were approximately $173M ($93M PPV purchases and $73M direct purchases) With increasing competition in the simvastatin generic market VA anticipates purchases to drop to approximately $23M annually
- Of VA's top 15 drugs based on total PPV purchases 2 became generic between calendar year 2004 and calendar year 2005 with current PPV purchases totaling approximately $117M per year
- Of VA's top 15 drugs based on total PPV purchases approximately 8 have the potential to become generic between calendar year 2007 and calendar year 2012 with current PPV purchases totaling approximately $596M per year
- Molecular entity patent expiration does not necessarily guarantee the drug will be marketed Other issues such as formulation patents exclusivity on going litigation and final FDA approval may delay generic competition These issues may affect the price and availability of product in sufficient quantity
- DoD's prime vendor purchases are decreasing by estimated 2% each year The decrease is a result of several widely used and expensive products becoming generically available and increase in the number of products moved to 3rd tier which make them unavailable at the MTF

- The following factors may increase PPV purchases
  - There were 27 new biological and oncology drugs approved and marketed since 2004
  - In 2004 these drugs accounted for $1 6M PPV purchases and in 2006 these drugs accounted for $30M annual purchases Most of the new products are in specialty distribution and are not part of the PPV contract
  - Cholinesterase Inhibitors The use of these items has increased over the years In fiscal year 2004 VA purchased approximately $51M and in fiscal year 2006 VA purchased $89 million
  - Platelet Aggregation Inhibitors The use of these items has increased over the years In fiscal year 2004 VA purchased approximately $148M and in fiscal year 2006 VA purchased $202 million

OBJECTIVE 5.3 - *Acquisition And Medical Material Management Working Group*

Establish a common electronic catalog for Medical Surgical items under contract by both Departments by October 31, 2008.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 5 3 (a)
The HEC A&MMM Working Group will work with industry on uniform identification codes for medical surgical products and strive for consensus between industry and federal partners on a standard format for naming or labeling through A&MMM Working Group

STRATEGY 5 3 (b)
The HEC A&MMM Working Group will provide methods at the national and facility level to automatically identify the lowest contracted price on medical surgical items

OBJECTIVE 5.4 - *Financial Management Working Group*

VA and DoD will collaborate to improve business practices related to financial operations.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 5 4 (a)
The VA/DoD Federal Health Care Facility – North Chicago will be integrated to the point of having only one financial management system Consequently, a reimbursement methodology must be developed which takes into account the unique organizational structure. The HEC Financial Management Working Group will assist in the development of the financial allocation/reconciliation methodology to be implemented at the VA/DoD Federal Health Care Facility – North Chicago, determine a mechanism to transfer funds and any legislation required to support funds transfer

(1) Identify and coordinate legislative action to support funds transfer, if required, by December 31, 2007

(2) Analyze data and refine methodology between January 1, 2008 and September 30, 2009

(3) Test methodology by September 30, 2010

(4) Fully implement by September 30, 2011

(5) Document lessons learned as progress continues for future similar organizations between October 1, 2006 and September 30, 2011

STRATEGY 5 4 (b)
The HEC Financial Management Working Group will continue to solicit and recommend JIF projects to the HEC, and will monitor and report the progress of approved projects quarterly

Develop criteria and methodology to measure the percent of JIF projects progressing at an acceptable rate by December 31, 2007

PM 5.4 (b)
Report the percent of JIF projects meeting a minimum 85% acceptance rate to the HEC on a quarterly basis starting March 31, 2008

PM 5.4 (b)
Report to the HEC by September 30th of each year on percent of completed JIF projects that result in new MOAs for project sustainment

STRATEGY 5 4 (c)
The HEC Financial Management Working Group will review the MOA and scoring criteria for the JIF to ensure proper emphasis is given to corporate direction, task force/review group recommendations, and new legislation for fiscal year 2008 Initial review was completed in September, 2007 Further review to be completed when authorization and appropriation bills are finalized

STRATEGY 5 4 (d) - Joint Facility Utilization and Resource Sharing Working Group
The HEC Joint Facility Utilization and Resource Sharing Working Group will oversee VA and DoD efforts to jointly implement the NDAA Demonstration Projects in budget and financial management, coordinated staffing and assignment, and medical information and information technology management

(1) Conduct demonstration project site visits and assist with completion of final report, transition plans, and lessons learned

(2) Disseminate lessons learned to VA and DoD staff Lessons learned will be presented in a VA/DoD breakout session at the MHS Conference in January 2008

PM 5.4 (d)
Report to HEC on completed projects by March 31, 2008

PM 5.4 (d) (1)
HEC Joint Facility Utilization and Resource Sharing Working Group co-chairs will conduct final closeout site visits by December 31, 2007

PM 5.4 (d) (1)
Provide preliminary integrated Demonstration Projects report by June 30, 2008.

PM 5.4 (d) (1)
Provide final integrated Demonstration Projects final report by July 31, 2008.

PM 5.4 (d) (2)
Post project lessons learned on the DoD/VA Program Coordination Office or other identified DoD/VA websites by June 30, 2008

STRATEGY 5 4 (e)
The HEC Joint Facility Utilization and Resource Sharing Working Group, through its Ad Hoc Joint Market Opportunities Working Group, will assess additional health care markets serving large, multi-Service, DoD and VA populations

(1) Review and analyze joint venture models and issues identified in Phase I Report to JEC by October 31, 2007

(2) Identify Phase II multi-market areas with potential for sharing and develop site visit schedule by December 31, 2007

(3) Conduct Phase II site visits January 1, 2008 – April 30, 2008

(4) Report Phase II findings and recommendations to JEC by June 30, 2008

PM 5.4 (e)
Analyze data from Phase II multi-market areas and develop sharing strategies between May 1, 2008 and June 30, 2008

PM 5.4 (e)
Report to JEC by June 30, 2008.

GOAL 6

Joint Medical Contingency/Readiness Capabilities

Ensure the active participation of both Departments in Federal, State, and local incident and consequence response through joint contingency planning, training, and conduct of related exercises.

VA and DoD will collaborate to ensure that plans and readiness capabilities adequately support DoD combatant command contingency requirements and national emergency situations This collaboration will include the following planning, training, and exercise activities

- Joint planning to ensure VA support of DoD contingency requirements,
- Collaborative training and exercise activities to enhance joint contingency plans, and
- Improvement of joint readiness capabilities

OBJECTIVE 6.1 - *Contingency Planning Working Group*
Ensure that joint contingency and scenario-based planning supports VA and DoD requirements.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 6 1 (a)
The HEC Contingency Planning Working Group will develop Departmental plans to support the revised VA/DoD MOA and Contingency Plan and ensure that all VA and DoD Primary Receiving Centers (PRCs) complete local plans to support the VA/DoD MOA and Contingency Plan by March 1, 2009

(1) Military Departments and VHA provide Service level program implementation guidance to support the VA/DoD Contingency Plan by September 30, 2008

(2) Report to the HEC the percentage of PRCs that have completed their local plans beginning February 1, 2009

(3) All PRCs develop local plans by March 1, 2009

STRATEGY 6 1 (b)
The HEC Contingency Planning Working Group will complete the first annual review of joint contingency readiness capability activities seeking inclusion of VA capabilities and capacities and report findings to the HEC no later than September 30, 2008

OBJECTIVE 6.2
Collaborate on training and exercise activities that support the VA/DoD Contingency Plan.

STRATEGIES AND PERFORMANCE MEASURES (PM)

STRATEGY 6 2 (a)
In order to establish a unified frame of reference for planning and training, the HEC Contingency Planning Working Group will review common training requirements and joint training opportunities for personnel involved in joint VA/DoD contingency operations The HEC Contingency Planning Working Group will also facilitate development of a MOA between selected VA and DoD training organizations to ensure funding agreements and space allocation for VA personnel involved in DoD contingency operations

(1) The HEC Contingency Planning Working Group/Education and Training Subgroup will identify common training requirements for personnel involved in joint VA/DoD contingency operations by October 31, 2007 The identification of such training requirements will include the

subjects and topics to be trained, the types and numbers of personnel to be trained, as well as frequency of training

(2) Validate the catalog of existing joint training opportunities, identify any shortfalls with the Military Departments, OSD, and VA, and provide recommendations for any additional courses by October 31, 2007

(3) Provide the HEC a report identifying available courses using satellite training resources and a plan to increase awareness of these courses by December 31, 2007

(4) By July 31, 2008, complete a MOA between DoD and VA permitting individuals from each Department to attend contingency plans and operations training courses without the payment of course fees Travel and per diem costs will be borne by the parent Department

(5) Develop a reporting mechanism to track the number of DoD and VA personnel receiving training outside their Department by August 31, 2008

STRATEGY 6 2 (b)
The HEC Contingency Planning Working Group/Exercise sub-group will review the Chairman of the Joint Chiefs of Staff Exercise Program to ensure that joint tasks (e g patient movement within the continental United States) are included in at least one National Level Exercise annually

(1) Report to the HEC on outcome of the next review of the Joint Staff Exercise Program by September 30, 2008

(2) Report to the HEC on joint exercise participation by January 31st of each year.

STRATEGY 6 2 (c)
The HEC Contingency Planning Working Group/PRC Readiness Indicators Sub-group will develop readiness indicators for PRCs by January 31, 2008 Mechanisms to report readiness to VA and DoD will be included

STRATEGY 6 2 (d)
The HEC Contingency Planning Working Group will facilitate one tactical joint patient movement/reception or disaster response exercise at each VA and DoD PRC every three years beginning in October 2009 Initiate processes within each Department to ensure each PRC is provided $50K at least once every three years

(1) Submit funding requests by January 31, 2008

(2) Coordinate exercise schedules by March 31, 2009

Appendix B
Memorandum of Understanding: VA/DoD Health Care Resources Sharing Guidelines, July 1983

MEMORANDUM OF UNDERSTANDING BETWEEN THE VETERANS ADMINISTRATION AND THE DEPARTMENT OF DEFENSE VA/DoD HEALTH CARE RESOURCES SHARING GUIDELINES

ARTICLE I

INTRODUCTION

1-101 Purpose This agreement establishes guidelines to promote greater sharing of health care resources between the Veterans Administration (VA) and the Department of Defense (DoD) Maximization of sharing opportunities is strongly encouraged Greater sharing of health care resources will result in enhanced health benefits for veterans and members of the armed services and will result in reduced costs to the government by minimizing duplication and under use of health care resources Such sharing shall not adversely affect the range of services, the quality of care, or the established priorities for care provided by either agency In addition, these guidelines are not intended to interfere with existing sharing arrangements

1-102 Authority These guidelines are established by the Administrator of Veterans Affairs and the Secretary of Defense pursuant to "The Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act," Public Law 97-174, § 3, 96 Stat 70, 70-73 (1982) (codified at 38 U.S C §5011)

ARTICLE II

DEFINITIONS

2-101 "Actual Cost" means the cost incurred in order to provide the heath care resources specified in a sharing agreement

2-102 "Reimbursement Rate" means the negotiated price cited in the sharing agreement for a specific health care resource This rate will take into account local conditions and needs and the actual costs to the providing facility or organization for the specific health care resource provided For example, actual cost includes the cost of communications, utilities, services, supplies, salaries, depreciation, and related expenses connected with providing health care

resources Excluded from the reimbursement rate are building depreciation, interest on net capital investment and overhead expenses incurred at management levels above the medical facility or other organization providing the health care resources (e g , Pentagon and Central Office overhead) Equipment depreciation is a component of actual cost to be considered in establishing a reimbursement rate, but facilities are strongly encouraged to exclude it This rate will be used for billing purpose by the providing medical facility or organization

2-103 "Beneficiary" means a person who is a primary beneficiary of the VA or DoD

2-104 "Primary Beneficiary" (1) with respect to the VA, means a person eligible under title 38, United States Code (other than under sections 611(b), 613, or 5011 (d)) or any other provision of law for care or services in VA medical facilities, and (2) with respect to DoD, means a member or former member of the Armed Forces who is eligible for care under section 1074 of title 10

2-105 "Direct Health Care" means health care provided to a beneficiary in a medical facility operated by the VA or DoD

2-106 "Head of a Medical Facility" (1) with respect to a VA medical facility, means the director of the facility, and (2) with respect to a medical facility of DoD, means the commanding officer, hospital or clinic commander, officer in charge, or the contract surgeon in charge

2-107 " Health Care Resource" includes hospital care, medical services, and rehabilitative services, as those terms are defined in title 38 U S C §601 (5), (6), (8), any other health care services, including such health care education, training, and research as the providing agency has authority to conduct, and any health care support or administrative resource or service

2-108 "Medical Facility" (1) with respect to the VA, means facilities over which the Chief Medical Director has direct jurisdiction, and (2) with respect to DoD, means medical and dental treatment facilities over which DoD, or its organizational elements, or the component Services, have direct jurisdiction

2-109 "Providing Agency" means (1) the VA, in the case of care or services furnished by a facility, or organizational elements, of the VA, or (2) DoD, in the case of care or services furnished by a facility, or organizational elements of DoD, or its component Military Services.

2-110 "Sharing Agreement" means a cooperative agreement authorized by Public Law 97-174, § 3, 96 Stat 70, 70-73 (1982) (codified at 38 U S C § 5011 (d)) for the use or exchange of use of one or more health care resources

ARTICLE III

SHARING AGREEMENTS

3-101 Approval Process Before a sharing agreement may be executed and implemented, the heads of the medical facilities involved shall submit the proposed agreement to (1) the Chief Medical Director, through the appropriate Department of Medicine and Surgery channel, in the case of the VA, (2) the Assistant Secretary of Defense (Health Affairs), or his or her designees, through the appropriate chain of command, in the case of DoD The agreement shall be effective in accordance with its terms (A) on the 46th calendar day after receipt of the proposed agreement by the designated Department of Medicine and Surgery office on behalf of the Chief Medical Director for the VA, and the next higher organizational element within the chain of command for DoD, unless earlier disapproved by either agency, or (B) if earlier approved by both agencies on the day of such approval An office that disapproves a sharing agreement shall send a copy of the agreement and a written statement of its reasons for disapproval to the VA/DoD Health Care Resources Sharing Committee

3-102 Acquiring or Increasing Resources A head of a medical facility may request permission to acquire or increase health care resources that exceed the needs of the facility's primary beneficiaries but that would effectively serve the combined needs of both agencies Justification for acquiring or increasing resources may be based on the projected workload from a sharing agreement Such requests will be considered in the usual planning and budgeting processes Consideration of such requests will necessarily take into account many factors governing resource allocation Agreements will not be submitted until permission to increase existing resources or to acquire new resources has been obtained

3-103 Eligibility. Agreements may permit the delivery of health care resources to primary beneficiaries of one agency at facilities of the other agency Direct health care to primary beneficiaries of the agency requesting services should be on a referral basis Delivery of health care resources will not (as determined by the head of the facility of the providing agency) adversely affect the range of services, the quality of care, or the established priorities for care provided to beneficiaries of the providing agency

3-104 Reimbursement and Rate Setting Reimbursement for the cost of health care resources provided shall be credited to funds that have been allotted to the facility or organization that provided the care or services The medical facility or organization providing the resources shall bill the recipient facility or organization directly Billing frequency shall be established in the agreement Reimbursement shall be forwarded to the providing medical facility in a timely

manner Heads of medical facilities and other organizations may negotiate a reimbursement rate that is less than actual cost to the providing facility or organization to account for local conditions and needs (See definitions of "actual costs" and "reimbursement rate" in section 2-101 and 2-102) The reimbursement rate many not be more than the actual cost to the providing facility or organization of the resources provided

3-105 Scope of Agreements The head of a medical facility or organization of either agency may agree to enter into a proposed sharing agreement with the head of a medical facility or organization of the other agency in accordance with these guidelines Sharing agreements involving more than one medical facility of each agency may be developed The Chief Medial Director and the Assistant Secretary of Defense for Health Affairs may agree to enter into regional or national sharing agreements Sharing agreements shall identify the health-care resources to be shared Exchange of resources without billing is permitted if costs are specified in the agreement

3-106 Education, Training, and Research Sharing Agreements

1 Education and Training – Situation-specific sharing is encouraged at the local, regional, and national levels Continuing education, formal technical training, and professional education, are areas to be emphasized To facilitate educational sharing the Office of Academic Affairs, Department of Medicine and Surgery, VA, and the Office of the Assistant Secretary of Defense for Health Affairs will

a Initiate an educational "clearing house" process to exchange information on potential sharing opportunities This process will encourage the development of timely and effective sharing of educational and training resources

b Encourage an ongoing dialogue between those responsible for education and training at all levels – local, regional, and national.

2 Biomedical Research – To encourage more collaboration, an information exchange will be established The Assistant Secretary of Defense for Health Affairs and the Chief Medical Director will designate representatives to establish such an exchange In joint projects or protocols involving human subjects, each agency's procedures for approval of "human studies" protocols will be followed However, at a minimum, the Department of Health and Human Services Guidelines will be complied with Sharing agreements involving "human studies" protocols will not be considered without approval of the protocol by both agencies

3-107 Modification, Termination, Renewal Each agreement shall include a statement on how the agreement may be modified and terminated Proposed changes in the quality and quantity of resources delivered, in actual costs, and in the performance in delivering the resources are grounds for modification or termination Sharing agreements shall provide for modification or termination in the event of war or national emergency Agreements may exceed one year, provided necessary cost adjustment amendments are included and a statement is included in the agreement to the effect that if the contract period extends beyond the current fiscal year, the sharing agreement is subject to the availability of appropriations for the period after the first September 30 during which the agreement is in effect Each party to the sharing agreement shall annually review the agreement to make certain that the resources being provided are in accordance with the agreement Sharing agreements may be renewed in accordance with procedures to be established by each agency

3-108 Reporting Requirements The VA/DoD Health Resources Sharing Committee will retain copies of agreements for an annual report to Congress, which is required by the law A copy of each agreement entered into or renewed will be sent by the medical facilities or organizations entering into the agreements to the VA/DoD Health Care Resources Sharing Committee It is the VA/DoD Sharing Committee's responsibility to prepare the annual report to Congress which the Secretary of Defense and the Administrator will submit

ARTICLE IV

AGENCY PROCEDURES

4-101 Agency Guidance Each agency will issue implementing and operating guidance to their organizational elements and medical facilities

4-102 Review Both agencies agree to refer existing policies, procedures, and practices relating to sharing of health-care resources between the agencies to the VA/DoD Health Care Resources Sharing Committee for its review, which is as required by 38 U S C §5011 (b) (3) A

4-103 Quality Assurance Agency medical facilities shall maintain utilization review and quality assurance programs to ensure the necessity, appropriateness, and quality of health care services provided under this agreement The content and operation of these programs shall, at a minimum, meet the requirements and guidelines set forth in the most recent editions of the Joint Commission on Accreditation of Hospitals accreditation manuals

ARTICLE V

EFFECTIVE DATE, MODIFICATION, AND TERMINATION OF GUIDELINES

5-101 Duration This memorandum becomes effective on the date of the last signature Either party may propose amending these guidelines, but both must agree for amendments to take effect Either party may terminate these guidelines upon 30 days written notice to the other party

_____/s/_____
Harry N Walters
Administrator, Veterans Administration
July 1, 1983

_____/s/_____
Casper W Weinberger
Secretary, Department of Defense
July, 29 1983

Appendix C
Cost Estimate to Prepare Congressionally Mandated Report

TITLE OF REPORT: *VA/DoD 2007 Annual Report*
Report Required by Public Law 108-136, National Defense Authorization Act

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

Direct Labor Cost	$65,126
Contract(s) Cost	0
Production and Printing Cost	$12,500
Total Estimated Cost to Prepare Report	$77,626

Brief explanation of the methodology used to project cost estimate

The estimated number of total direct labor hours expended was multiplied by the U S Office of Personnel Management's calendar year 2007 hourly rate structure for the metropolitan Washington, DC area The calculated net labor costs were multiplied by the fiscal year 2007 fringe benefit amount of 23% The reported information in the cost statement reflects the sum of direct labor hour costs and fringe benefits

Glossary of Abbreviations and Terms used in the VA/DoD FY 2007 Annual Report

BEC - Benefits Executive Council
BHIE - Bi-directional Health Information Exchange
CM - Case Management
CBO - Community Based Organizations
DES - Disability Evaluation System
DoD - Department of Defense
Dole/Shalala - President's Commission on Care for America's Returning Wounded Warriors
FHIE - Federal Health Information Exchange
HEC - Health Executive Council
JEC - Joint Executive Council
JIF - Joint Incentive Fund
FRC - Federal Recovery Coordinator
GWOT - Task Force on Returning Global War on Terror Heroes
JSP - Joint Strategic Plan
LMS - Learning Management Systems
MEB - Medical Evaluation Board
MTF - Medical Treatment Facility
PEB - Physical Evaluation Board
PM - Performance Measures -- outcome-based measures of effectiveness
PTSD - Post Traumatic Stress Disorder
SI - Seriously Injured
SOC - Senior Oversight Committee
SW - Social Worker
TBI - Traumatic Brain Injury
VA - Department of Veterans Affairs
VA Clinics - VA Community Based Outpatient Clinics
VAMC - VA Medical Centers
VDBC - Veterans Disability Benefits Commission
VSI - Very Seriously Injured
VA OEF/OIF PM - Operation Enduring Freedom/Operation Iraqi Freedom Program Managers
VA Poly CM - VA Polytrauma Case Managers
VA Vet Centers - VA Community Based Vet Centers
WII - Wounded, Ill, and Injured Servicemembers