

STATEMENT OF
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U.S. DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
SUB-COMMITTEE ON NATIONAL SECURITY, HOMELAND DEFENSE AND
FOREIGN OPERATIONS
May 4, 2011

Chairman Chaffetz, Ranking Member Tierney, and Members of the Subcommittee, good morning and thank you for the opportunity to testify before you today. My name is John Medve, Executive Director of the Department of Veterans Affairs (VA)/Department of Defense (DoD) Collaboration Service for VA's Office of Policy and Planning. I am pleased to be joined by Acting Principal Deputy Under Secretary (Personnel and Readiness) Simpson from DoD and provide the Subcommittee with an overview of collaboration between VA and DoD to ensure a seamless transition of our wounded, ill, and injured Service members from Active Duty to Veteran status. Much has been accomplished in the wake of the problems identified at the Walter Reed Army Medical Center in 2007 to improve the DoD disability process. The focus of my testimony is VA and DoD's joint efforts to make improvements and to create an integrated disability process for Service members who are being medically separated. Currently we are in the process of implementing the Integrated Disability Evaluation System (IDES); the

process used to transition the wounded, ill, and injured who are unfit for continued service, from Service member to Veteran. I will also provide information on other key VA programs that support and assist Service members throughout the transition process.

In early 2007, VA partnered with DoD to make changes to the DoD's existing Disability Evaluation System (DES). A modified process called the VA/DoD DES Pilot Model was launched in November 2007, and was intended to simplify and increase the transparency of the DES process for the Service member while reducing the processing time and improving the consistency of ratings for those who are ultimately medically separated. Authorization for the pilot was included in the National Defense Authorization Act (NDAA) 2008 and further energized our efforts for improving DoD's DES. From the outset, the Departments recognized that the VA/DoD DES Pilot Model was preceded by a maligned DoD legacy process that was, in some cases, cumbersome and redundant. The DES Pilot Model was launched originally as a joint VA/DoD process at three operational sites in the National Capital Region (NCR) and was recognized as a significant improvement over the legacy process. As a result and to extend the benefits of the Pilot Model to more Service members, VA and DoD expanded the Pilot. The Pilot Model started in the fall of 2007 with the original 3 pilot sites in the NCR and ended in March 2010, covering 27 sites and 47 percent of the DES population. In July 2010, the co-chairs of the Senior Oversight Committee (SOC) agreed to expand the pilot and rename it IDES. Senior leadership of VA, the Services, and the Joint Chiefs of Staff strongly supported this plan and the need to expand the benefits of this improved DES Pilot Model to all Service members. VA and DoD are

now working together to launch IDES enterprise-wide. As a result, in October, 2010 we started the transition from the existing legacy DES to IDES using the DES Pilot Model process. Currently there are 77 IDES sites operational nationwide (which includes the original 27 Pilot Model sites) and when fully implemented in October 2011 there will be a total of 139 sites. Through the implementation of IDES, the Departments hope to create a more transparent, consistent, and expeditious disability evaluation process for Service members being medically retired or separated and provide a more effective transition for Service members as they move from DoD to VA. We believe that through the implementation of the DES Pilot Model we have largely achieved that goal. There were challenges and lessons learned, but VA worked with its DoD partners. To explain, in contrast to the DES legacy process, the Pilot Model provides a single disability examination and a single-source disability rating that are used by both Departments in executing their respective responsibilities. This results in more consistent evaluations, faster decisions, and timely benefits delivery for those medically retired or separated. As a result, VA benefits can be delivered in the shortest period allowed by law following discharge thus eliminating the “pay gap” that previously existed under the legacy process, i.e., the lag time between a Service member separating from DoD due to disability and receiving his or her first VA disability payment.

The DoD/VA integrated approach has also eliminated much of the sequential and duplicative processes found in the legacy system. Overall processing time for the delivery of DoD disability benefits was reduced from an average of 540 days to 295 days, while simultaneously shortening the period until the delivery of VA disability benefits after separation from an average of 166 days to approximately 30 days (the

shortest period allowed by law).

Despite the overall reduction in combined processing time achieved to date, there remains room for significant improvement in IDES execution. VA and DoD recognized that as we expanded outside of the NCR, we did not have robust business processes in place to certify each site's preparedness before it became operational. Through these efforts, and our analysis of lessons learned, we have developed Initial Operating Capability (IOC) readiness criteria that stress quality over expedience to ensure that future sites are operationally ready for IDES. For a site to be deemed ready it must: (1) be able to provide exam coverage through either the Veterans Health Administration (VHA), Veterans Benefits Administration (VBA) contracted services, or DoD; (2) have sufficient space and equipment for VA and DoD personnel; (3) meet VA information technology requirements; and (4) have local staff who have completed IDES training. If any of these criteria are not met, then IDES cannot operate at that proposed site.

In preparing for the implementation of IDES VA and DoD have hosted three joint training/planning conferences to date that set the stage for the roll-out of IDES sites. The conferences have resulted in improved communications between VA and DoD at each site, individual site assessment analyses and evaluations, and development of joint local plans to meet IOC requirements.

As the Departments continue to move forward, we are aware of the concerns and recommendations of the Government Accountability Office (GAO) in its December 2010 report entitled "Military and Veterans Disability System: Pilot has Achieved Some Goals but Further Planning and Monitoring Needed." VA agreed with the GAO

recommendations and has developed processes to improve IDES performance.

VA and DoD are committed to supporting our Nation's wounded, ill, and injured warriors and Veterans through an improved IDES. As such, VA believes that its continued partnership with DoD is critical and is nothing less than our Service members and Veterans deserve.

In addition to IDES there are several other programs VA would like to highlight that contribute to our goal of seamless transition. These programs include case management initiatives, online resources, and transition education.

TRANSITION PROGRAMS

Federal Recovery Coordination Program

The SOC established the Federal Recovery Coordination Program (FRCP) in October 2007, as a joint VA and DoD program designed to coordinate access to Federal, state, and local programs, benefits, and services for severely wounded, ill, and injured Service members, Veterans, and their families. The SOC maintains oversight of the FRCP. The program was specifically charged with providing seamless support from the time a Service member arrived at the initial Medical Treatment Facility (MTF) in the United States through the duration of care and rehabilitation. Services are now provided through recovery, rehabilitation, and reintegration into the community. Federal Recovery Coordinators (FRCs) are Masters-level prepared nurses and clinical social workers who provide for all aspects of care coordination, both clinical and non-clinical. FRCs are located at both VA and DoD facilities.

FRCs work together with other programs that serve the wounded, ill, and injured population including both clinical case managers and non-clinical care coordinators.

FRCs are unique in that they provide their clients a single point of contact regardless of where they are located, where they receive their care, and whether they remain on Active Duty or transition to Veteran status.

FRCs assist clients in the development of a Federal Individual Recovery Plan (FIRP) and ensure that resources are available, as appropriate, to assist clients in achieving stated goals. More than 1,300 clients have participated in the FRCP since its inception. Currently, the FRCP has more than 700 active clients in various stages of recovery. There are currently 22 FRCs with an average caseload of 33 clients. A satisfaction survey conducted in 2010, reported that 80 percent of FRCP clients were satisfied or very satisfied with the program.

National Resource Directory

Also established by the SOC, the National Resource Directory (NRD) is a comprehensive, Web-based portal that provides Wounded Warriors, Service members, Veterans, and their families with access to thousands of resources to support recovery, rehabilitation, and reintegration. NRD is a collaborative effort between the U.S. Departments of Defense, Labor, and Veterans Affairs and has more than 13,000 Federal, state and local resources which are searchable by topic or location. NRD's success has resulted in more than 3,000 visitors per day to the Web site. NRD is continuously improving and implementing enhancements to the Web site that were identified during recent usability testing. In April 2011, the NRD launched a mobile version of the site.

Benefits Delivery at Discharge (BDD) and Quick Start

The BDD and Quick Start programs are elements of the Veterans Benefits Administration's (VBA) strategy to provide transitional assistance to separating or retiring Service members and engage Service members in the claims process prior to discharge. VBA's goal is to ensure that every Service member separating or retiring from Active Duty who wishes to file a claim with VA for service-connected disability benefits will receive timely and effective assistance.

Participation in the BDD program is open to Service members who are within 60 to 180 days of being released from Active Duty and who are able to report for a VA examination prior to discharge. BDD's single cooperative examination process meets the requirements of a military separation examination and a VA disability rating examination. There are currently 96 BDD memoranda of understanding (MOUs) between VA and the Services covering 131 military installations throughout the Continental United States, Germany, Italy, Portugal, Azores, and Korea. The MOUs facilitate the collaboration between local VA Regional Offices (VARO) and local military installations. The BDD program goal is to provide disability compensation benefits within 60 days of discharge or retirement from Active Duty. The national average for processing is 92.3 days.

VA introduced the "Quick Start" pre-discharge claims process in July 2008. This provides Service members within 59 days of separation, or Service members within 60-180 days of separation who are unable to complete all required examinations prior to leaving the point of separation, with dedicated and expedited assistance in filing their disability claim. Since 2010, the VAROs in San Diego and Winston-Salem process all

Quick Start claims. In FY 2010, there were 54,733 claims received at MOU sites. VA and DoD are collaborating to improve the marketing and awareness strategies to increase participation in both programs.

Transition Assistance Program

The Transition Assistance Program (TAP) is conducted under the auspices of a MOU between the Departments of Labor, Defense, Homeland Security, and VA. The Departments work together scheduling briefings and classes on installations to best serve the Service members. The Departments meet quarterly to discuss marketing and improving TAP. VA's Military Service Coordinators (MSC) lead regularly scheduled TAP briefings at military installations throughout the country and at overseas locations. VA has streamlined and updated the VA portion of TAP, and in July 2011, an updated online version of the presentation will be available via eBenefits, the VA and DoD benefits information portal. In addition, VBA provides benefits transition briefings to Service members retiring, separating, and residing overseas, as well as demobilizing Reserve and National Guard members (most demobilization briefings are conducted by VHA). In FY 2010, approximately 207,000 Active Duty, Reserve, and National Guard Service members participated in over 5,000 transition briefings. For the period October 1, 2010 through March 2011, over 83,000 Active Duty, Reserve, and National Guard Service members participated in over 2,000 transition briefings.

Disabled Transition Assistance Program

The Disabled Transition Assistance Program (DTAP) provides Service members with information about VA's Vocational Rehabilitation and Employment (VR&E) program. DTAP briefings provide additional information to Service members and

Veterans who have or think they may have a service-connected disability or injury or illness that was aggravated by service. During FY 2010, over 37,000 Service members participated in 1,748 DTAP briefings around the world. Over 19,000 Service members participated in 874 DTAP briefings during the period October 1, 2010 through April 22, 2011.

eBenefits

The eBenefits online web-portal is a joint VA and DoD service that was launched in May, 2010 to provide resources and self-service capabilities to Service members and Veterans with a single sign-on. eBenefits is evolving as a “one-stop shop” for benefits applications and information, and access to personal information. VA and DoD collaborate in quarterly releases to provide users with new self-service features. Service members and Veterans can access official military personnel documents and generate civil service preference letters using the portal. Additional features allow users to apply for benefits, view the status of their disability compensation claims, update direct deposit information for certain benefits, and obtain a VA guaranteed home loan Certificate of Eligibility.

In June 2011, VA will enhance eBenefits to allow Service members to participate in TAP online. As of March 31, 2011, there were over 278,000 registered eBenefits users. Between July 1, 2010, and March 31, 2011, there were over 2 million unique visits to the eBenefits portal.

In addition to the Transition Programs just described, VA has several Transition Assistance activities designed to assist Service members during transition.

TRANSITION ASSISTANCE

VA Liaisons for Health Care

VA has a robust system in place to transition severely ill and injured Service members from DoD to VA's system of care. Typically, a severely injured Service member returns from theater and is sent to a military treatment facility (MTF) where he or she is medically stabilized. A key component of transitioning these injured and ill Service members and Veterans are the VA Liaisons for health care, who are either social workers or nurses. These VA Liaisons are strategically placed in MTFs with concentrations of recovering Service members returning from Iraq and Afghanistan. After initially having started with one VA Liaison at two MTFs, VA now has 33 VA Liaisons for health care stationed at eighteen MTFs to transition ill and injured Service members from DoD to VA's system of care. VA Liaisons facilitate the transfer of Service members and Veterans from the MTF to the VA health care facility closest to their home or the most appropriate facility that specializes in services their medical condition requires.

VA Liaisons are co-located with DoD Case Managers at MTFs and provide onsite consultation and collaboration regarding VA resources and treatment options. They also educate Service members and their families about VA's system of care, coordinate the Service member's initial registration with VA, and secure outpatient appointments or inpatient transfer to a VA health care facility as appropriate. VA Liaisons make early connections with Service members and families to begin building a positive relationship

with the VA. VA Liaisons coordinated 7,150 referrals for health care and provided over 26,825 professional consultations in fiscal year 2010.

Military Service Coordinators (MSCs)

MSCs and VBA liaisons are located at key MTFs and VA medical facilities to meet with injured Service member deployed to Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) when medically appropriate. MSCs educate Service members regarding VA benefits and services as well as additional benefits such as Social Security. MSCs assist Service members and Veterans in completing benefits claims and gathering supporting evidence to facilitate expedited processing. VBA has approximately 120 MSCs and/or liaisons providing benefits information and assistance at approximately 250 military installations.

VBA OEF/OIF/OND Coordinators

VBA places a high priority on ensuring the timely delivery of benefits to Service members and Veterans seriously injured in OEF/OIF/OND. Each VARO has a dedicated OEF/OIF/OND case manager who is responsible for overseeing the OEF/OIF/OND workload and outreach initiatives. Case managers' responsibilities include working closely with National Guard and Reserve units to obtain medical records and coordinating expedited medical examinations.

These case managers work with MTFs to ensure timely VA notification of new OEF/OIF/OND casualty arrivals and scheduling inpatient visits by VA representatives. Procedures are coordinated at the local level between VARO and MTF staff.

VARO employees contact Service members as quickly as possible to provide claims assistance and complete information on all VA benefits. Some benefits such as

home and automobile adaptation grants may be used prior to a Service members' release from Active Duty.

VHA OEF/OIF/OND Care Management

As Service members recover from their injuries and reintegrate into the community, VA works closely with VA Liaisons, FRCs, and DoD case managers and treatment teams to ensure the continuity of care. Each VA Medical Center has an OEF/OIF/OND Care Management team in place to coordinate patient care activities and ensure that Service members and Veterans are receiving patient-centered, integrated care and benefits. Members of the Medical Center's OEF/OIF/OND Care Management team include: a Program Manager, Clinical Case Managers, and a Transition Patient Advocate (TPA). The Program Manager, who is either a nurse or social worker, has overall administrative and clinical responsibility for the team and ensures that all OEF/OIF/OND Veterans are screened for case management. The severely injured are provided with a case manager and others may be assigned a case manager as indicated by a positive screening assessment or upon request. Clinical Case Managers, who are either nurses or social workers, coordinate patient care activities and ensure that all clinicians providing care to the patient are doing so in a cohesive and integrated manner. The TPA helps the Veteran and family navigate the VA system by acting as a communicator, facilitator, and problem solver. VA case managers maintain regular contact with Veterans and their families to provide support and assistance to address any health care and psychosocial needs that arise. The OEF/OIF/OND Care Management program now serves over 54,000 Service members and Veterans including over 6,300 severely injured. The current caseload each case

manager is managing on a regular basis is 54. In addition, they provide lifetime case management for another 70 Veterans by maintaining contact once or twice per year to assess their condition and needs. This is a practical caseload ratio based on the acuity and population at each VA health care facility.

VA developed and implemented the Care Management Tracking and Reporting Application (CMTRA), a Web-based application designed to track all OEF/OIF/OND Service members and Veterans receiving care management. This robust tracking system allows case managers to specify a case management plan for each individual Veteran and to coordinate with specialty case managers such as Polytrauma Case Managers, Spinal Cord Injury Case Managers, and others. CMTRA management reports are critical in monitoring the quality of care management activities throughout VHA.

OEF/OIF/OND Care Management team members are actively supporting outreach events in the community including annual Welcome Home events which are held in the community and serve as outreach to Veterans and extended family members. OEF/OIF/OND team members also participate in demobilization, Yellow Ribbon Reintegration, Post Deployment Health Reassessment events, and Individual Ready Reserve annual screening musters held to update personal information and enhance readiness. OEF/OIF/OND staff is actively making presentations to community partners, Veterans Service Organizations, colleges, employment agencies, and others to collaborate in providing services and connecting with returning Service members and Veterans.

CONCLUSION

VA remains fully committed to meeting the needs of our Nation's heroes and their families. VA and DoD continue to work together diligently to resolve transition issues while aggressively implementing improvements and expanding existing programs. These efforts continue to enhance the effectiveness of support for Wounded Warriors and their families. While we are pleased with the quality of effort and progress made to date with our joint collaboration, we fully understand our two Departments have a responsibility to continue these efforts. Through IDES, our goal was to create a less complex process, which was more transparent to the Service member, and eliminated the "pay gap" for the delivery of VA benefits. Our case management programs are designed to provide seamless support through the duration of care and rehabilitation and are constantly being improved. We continue to explore ways to expand the availability and comprehensiveness of online resources and transition education to provide Service members and Veterans direct access to the information and benefits they need.

Thank you again for your support to our wounded, ill, and injured Service members, Veterans, and their families and the opportunity to appear before you today. Chairman Chaffetz, Ranking Member Tierney, this concludes my testimony. I will be happy to respond to any questions that you or other Members of the Subcommittee may have.

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Mr. John Medve is Executive Director, VA-DoD Collaboration Service at the Department of Veteran Affairs. The Office of VA/DoD Collaboration facilitates the development of joint policies and programs between VA and DoD, working with DoD to produce better outcomes in health care and benefit delivery for Veterans, service members, and eligible dependents through enhanced collaboration and coordination.

He recently served as the Director of Preparedness focused on disaster management. He led a team that drafted the first comprehensive doctrinal publication for the Department of Homeland Security and was part of a team developing Federal Inter-agency Concept Plans. He has over 20 years experience as a thought leader in a doctrine based organization. He has extensive experience in the development and application of doctrine to drive transformational change in organizations. Mr. Medve was recognized by senior Army leaders for his successful use of a doctrine based process to transform a key training organization to produce mentally agile graduates able to adapt to the challenges of a complex and changing strategic environment. He also developed an executive-level training program curriculum for U.S. Army general officers focusing on strategic leadership, congressional relations and media relations to assist in Army transformation efforts. Mr. Medve has significant strategic planning experience and served as the team lead for the keystone strategic planning document for the United States Army. He has corporate experience in change management and is trained in Lean Six Sigma. He is a recognized expert in the U.S. Federal System of government and was appointed from 1988-1991 as an Assistant Professor of Political Science at the United States Military Academy.

Mr. Medve has extensive local government experience. He was elected in 2002 to a four year term as a Town Council member for Mount Airy, Maryland. In 2003 he was selected to serve as President of the Town Council. Mr. Medve served on the Board of Directors and a member of the Legislative Committee for the Maryland Municipal League. He also served as a member of the 2008-2009 Presidential Transition Agency Review Team for the Department of Veteran Affairs. In 2009 he was appointed as a Commissioner to the Maryland Military Monuments Commission by Governor O'Malley.

He is married to the former Stacey Anne Crep. They have two sons Jac and Patrick.