



# DBQ Referral Clinic

- Majority of DBQs can be completed by the DBQ Referral Clinic
  - Specialty evaluations however are complex and dependent on availability of specialty resources and clinical disciplines
    - DBQs not suitable for completion at DBQ Referral Clinic include:
      - Workups for undiagnosed conditions requiring diagnostic tests and evaluations (Sleep Apnea, PFTs, etc)
      - Medical opinions
      - Unemployability
      - Gulf War
      - POW
      - Traumatic Brain Injury
- Once DBQs are completed, they will be entered into VHA's electronic health record and available to VBA.





# DBQs and Private Docs

- **Early concept: Allow Veterans to take DBQs to their own private docs. Some assumed that private docs would find DBQs easy to use**
- **This assumption was wrong – here is why:**
  - DBQs require training to use properly (ex. ROM)
  - DBQs take time – more than a busy doctor can allow if other patients are waiting
  - Government gives no financial reimbursement. Veteran may be charged
  - Role of Office of Management and Budget (OMB)
  - Potential for fraud
  - May be seen as shifting program cost to the Veteran



# DBQs and VHA Primary Care

- **Early concerns from VHA primary care community to complete DBQs, because:**
  - Primary Care appointments not long enough to complete DBQs (Keeps other Veterans waiting)
  - Primary Care may not be qualified to complete some DBQs (new diagnosis of TBI and / or PTSD), audiograms, etc.
  - DMA encourages primary care clinicians to complete as many DBQs as possible



# DBQs and Mental Health Claims

- Policy **discourages** completion of DBQs by mental health clinicians who have a therapeutic role by using the “No Wrong Door” philosophy through the DBQ Referral Clinics



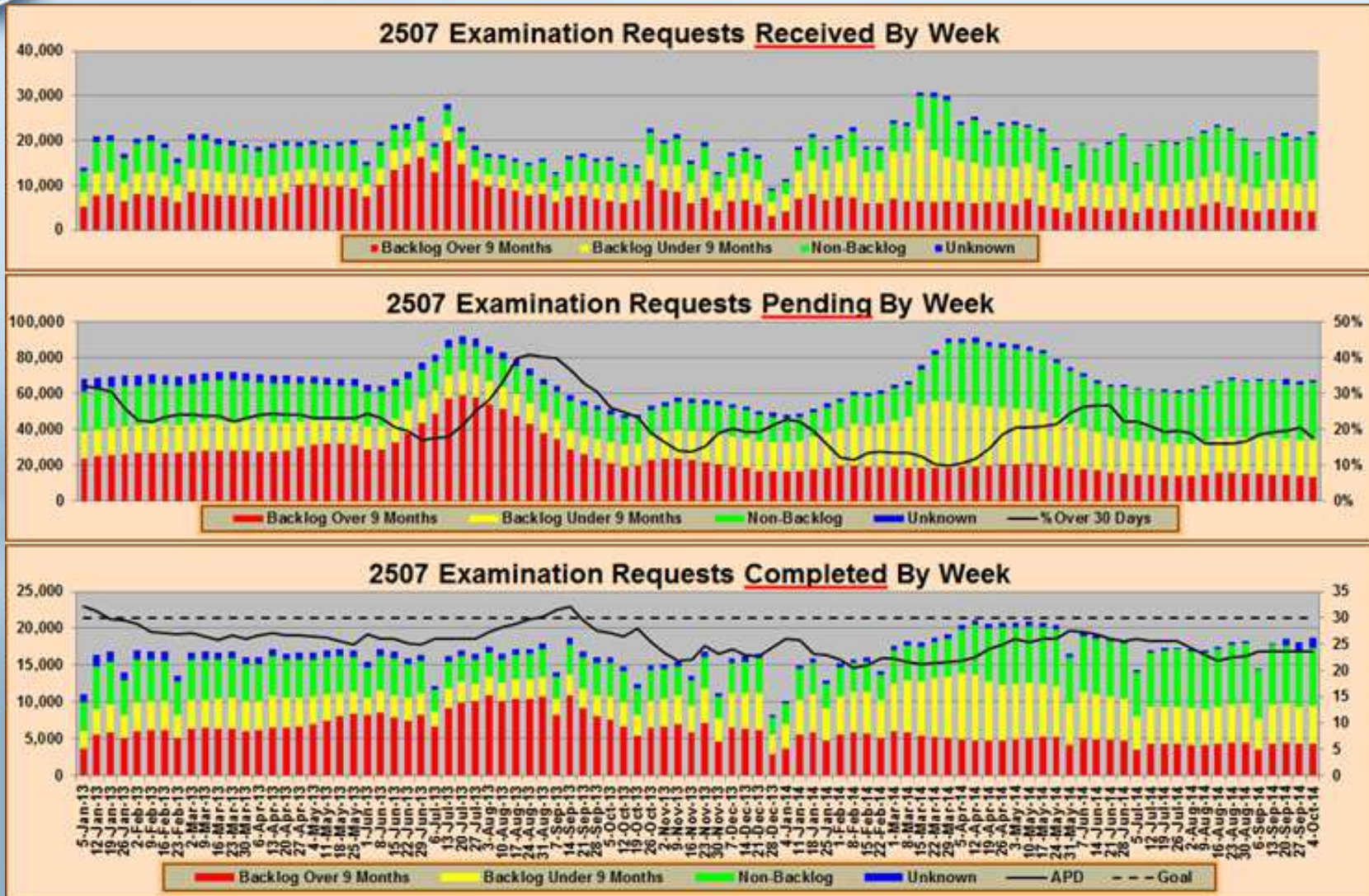
# DMA and VBA

- Co-sponsored Weekly Calls
  - War Room
    - USB & USH participation
  - National Noon Calls
- Monthly discussions with PDUSB
- Case Reviews
- DBQ refinement
- IDES and Insufficient exam issues
- IT Issues
  - National Work Queue
  - VBMS





# VHA/VBA War Room - Monitoring Exam Performance by Age of Claim





# DMA and VBA

## Providers at ROs

### VBA/VHA Personnel Exchange

- VHA providers at ROs and the two IDES Disability Rating Activity Sites (DRAS)
- Reduce time and insufficient reports
- Provide examination clarifications
- Allow for training points





# DMA and DoD

## DBQs

- DoD *initially* declined to accept DBQs for IDES
- DMA and VBA worked with DoD on concerns
- DMA implemented the use of DBQs in IDES evaluations on October 1, 2013
- Remaining DoD concern is exam insufficiency.
  - 40% related to lack of Mitchell criteria on DBQs
  - DMA has addressed this by allowing clinicians at the ROs to address insufficiencies
  - DMA is working with VBA to add Mitchell criteria to musculoskeletal DBQs (includes 11 DBQs)





# DMA and DoD

- **SHA—Separation Health Assessment Summary**
  - The SHA Program will help improve disability claims processes
    - Aligns with *VA/DoD JEC Strategic Plan Fiscal Years 2013-2015* Objective 3.7.A to “Improve coordination and sharing of Service member and Veteran health information between VA and DoD...”
  - DoD and VA templates for SHA report in pilot use now
  - Working to solve information sharing between Departments
  - DoD and VA are on track for full implementation of the joint SHA program by the end of calendar year 2014





# SHA Discussion

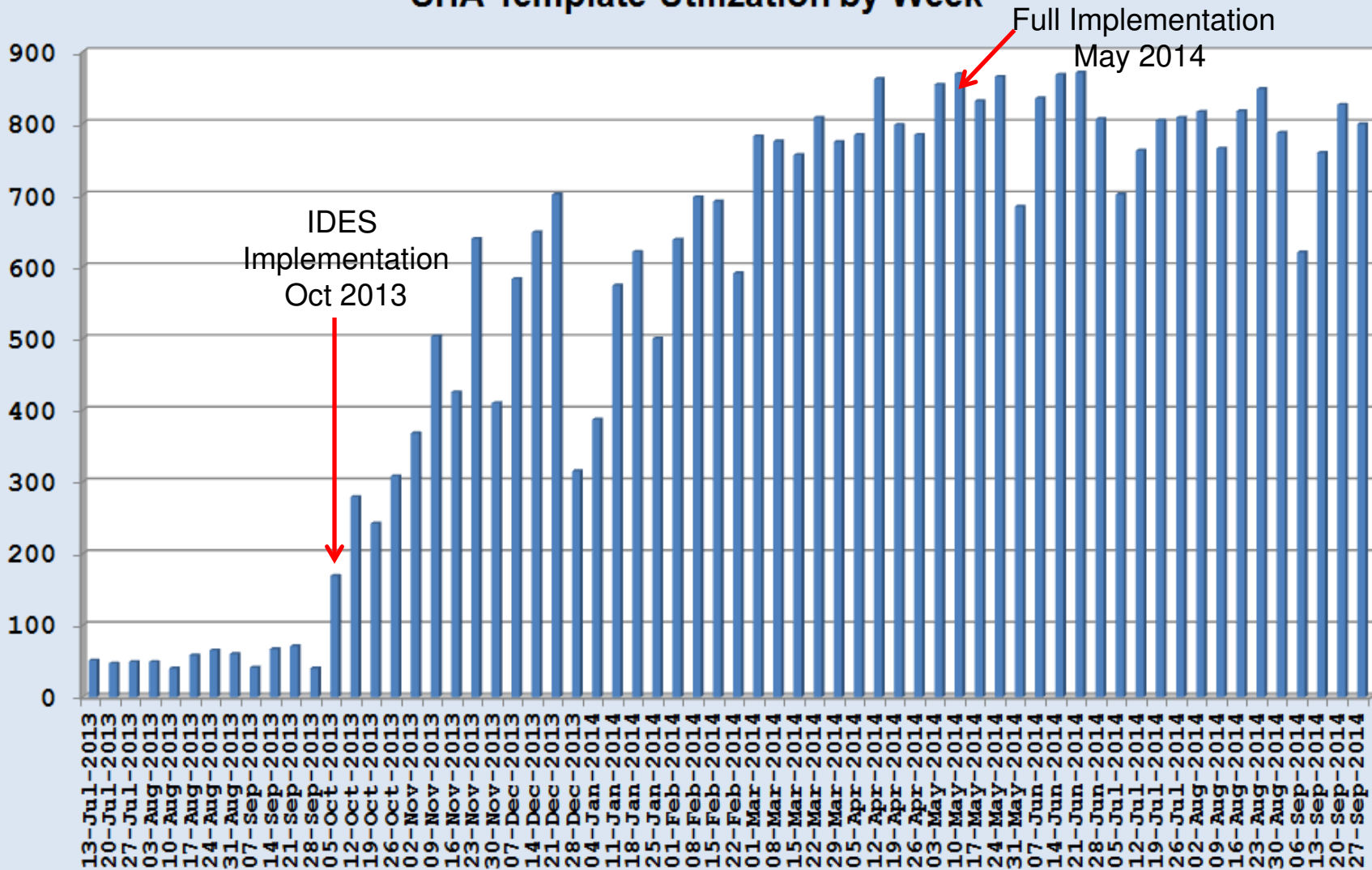
- **Discussion**

- The SHA program will ensure consistent, standard separation assessments in support of VA claims processes
- 20K separations monthly, many exams done by the VA prior to the Service Member's separation
- VA to use a standard, comprehensive separation disability benefits questionnaire (DBQ)
- DoD to use an AHLTA template
  - Or place form 2808 in HAIMS for those not done within Military Treatment Facilities
- DoD and VA Transition Assistance Program scripts updated
- DoD's TRICARE On Line and VA's eBenefits in support
- Joint and Department level implementation work groups active



# VHA Clinicians' SHA DBQ Template Usage

### SHA Template Utilization by Week





# DMA and DOD

## IDES

- The Integrated Disability Evaluation System (IDES), a joint VA/DoD program examinations in support of those in uniform undergoing disability processing
  - national exam goal of 45 days
  - As of this month, VHA is averaging 33 days (2 days admin)
  - The national IDES program goal for medical examinations + admin time has been met consistently for 40 months.
- Examinations are critical in assisting the Services in determining fitness for continued military service
  - VBA has 2 centers processing IDES
  - Providence and Seattle





# DMA and DOD

## VOW Act

- What is it?
  - Veterans Opportunity to Work (VOW) legislation approved by Congress
  - Key VA interest: requires a mandatory TAP for all separating or retiring Servicemembers.
  - Expect result of significantly increased claims
  - Mandatory TAP began Nov 2012

**\*VOW = Veterans Opportunity to Work**



# How is ACE Used?

- Acceptable Clinical Evidence (ACE)
  - A joint VHA/VBA initiative
  - ACE process allows medical professionals to use extent medical evidence to prepare a Disability Benefits Questionnaire (DBQ), instead of requiring some Veterans to be examined in person
    - Veteran's claims file
    - Veteran's VA records on file (CPRS)
    - Supplement with a telephone interview if necessary
- Should additional information be required: ACE process will not be used
- Veteran will be scheduled for an in-person medical examination or telehealth examination



# Strategic Issues \*

- No requirement that Veteran demonstrate an actual loss of earnings.
- Most working age Veterans who receive disability benefits are employed
- No time limit to apply for VA disability
- # of Veterans receiving disability rose 55% from 2000 and 2013, (2.3M to 3.5M)
- In 2013 disability compensation = to \$54B in 2013 (adjusted to 2014 dollars)
- Adjusted for inflation, annualized disability payment was \$12,900 in 2013
- 2013: 16% of Veterans received disability benefits
- 2013: top disability categories: musculoskeletal 36%, hearing 13%, skin related 11%
- Can be rated as 100% disabled by VA, but still working full time
- No age limit for Veteran to first obtain IU (individual unemployability)
- 2% of individual disabilities rated at 100%, but 10% of disabled Veterans have composite rating of 100%
- Recent Veterans getting 5.4% disability determination versus 3.6% for Vietnam and 2.4% for Veterans of WWII and Korea
- Current policy, no re-examination for Veterans over age 55, those who have not improved over 5 years

\* From Congressional Budget Office, August 2014 (<http://www.cbo.gov/publication/45615>)





# What questions do you have?

