• 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.
• 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
• 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
• 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
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
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
• **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

IDES Implementation Oct 2013

Full Implementation May 2014
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 + admins 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
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
• 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?