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BEFORE THE

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SEAMLESS TRANSITION

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Mr. Chairman and distinguished members of the committee, thank you for the opportunity today to discuss the myriad initiatives and programs ongoing both within the Department of Defense (DoD), and in coordination with the Department of Veterans Affairs (VA) through the Joint Executive Committee structure to improve the transition process for Service members and their families. I will discuss some of the noteworthy programs DoD has already put in place to meet the needs of our Service members and families as they transition from Uniform Service back to civilian life. I also want to add, though, that we are aware that the process can be improved. DoD is committed to continuing collaborative efforts with VA to refine each Department's respective seamless transition programs to create a single continuum that encompasses and integrates all of the steps involved in transitioning from the battlefield to a Military Treatment Facility (MTF) veteran status and eventually back to the community.

The Department is working hard with seamless transition initiatives and programs to provide improved care for our injured and ill service members who have bravely served our Nation in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). These programs support the recommendations made in the Report of the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans and can be categorized in three general areas: 1) medical care and disability benefits, 2) transition to home and community, and 3) sharing Service member personnel and health information.

Medical Care

First, I want to highlight four key programs related to medical care in which DoD is working jointly with VA. The Army Liaison/VA PolyTrauma Rehabilitation Center

Collaboration program is a "Boots on the Ground" program stood up in March 2005 to serve severely injured service members who need a long recovery and rehabilitation period. These individuals are transferred directly from an MTF to one of the four VA PolyTrauma Centers, in Richmond, Tampa, Minneapolis, and Palo Alto. These Centers provide rehabilitative services for patients with traumatic brain injuries, amputations and other serious injuries. A non-commission officer is assigned to each of these four Centers, with an Army Office of the Surgeon General program manager detailed to the VA Office of Seamless Transition. The role of the Army liaison is primarily to work along with VA personnel in providing support to the family and the service member through assistance and coordination with a broad array of issues, such as travel, housing, and military pay. The liaisons have also played a critical role in the rehabilitation process by promoting resiliency in service members.

The next program is the DoD/ VA Joint Seamless Transition Program, established by VA in coordination with the Services, to facilitate and coordinate a more timely receipt of benefits for injured Service members while they are still on Active Duty. There are VA social workers and benefit counselors assigned at eight MTFs that serve the highest volumes of severely injured service members. This includes Walter Reed Army Medical Center, and the National Naval Medical Center in Bethesda, and six other DoD facilities. VA staff stationed at these MTFs brief service members about the full range of VA benefits including disability compensation claims and health care. They coordinate the transfer of care to VA Medical Centers near their homes, and maintain follow-up with patients to verify success of the discharge plan, and ensure continuity of therapy and medications. These VA case managers also refer patients to Veterans Benefits

counselors and Vocational Rehabilitation Counselors. As of August 2005, more than 3,900 patients have received VA referrals at the participating military hospitals.

The third area related to medical care entails the numerous initiatives within DoD designed to promote and provide treatment for the mental well being of all soldiers, sailors, airmen and Marines in the active, Reserve and National Guard components, as well as their families. Leadership, community programs, and dedicated helping professionals in garrison and in operational theaters form the core of mental health support for our service members and their families. This support is a continuum from community-based services, including buddy care, non-medical support resources, and chaplains; to command level involvement, monitoring morale, improving living conditions and supporting quality of life initiatives; to the full spectrum of clinical care and patient movement of the Military Health System for those with a need for more intensive support.

Some Service members, a minority, may develop chronic mental health symptoms. Experts from the Department of Veterans Affairs and Department of Defense co-developed clinical practice guidelines for acute stress, post traumatic stress disorder, depression, substance abuse disorders, medically unexplained symptoms, and general post-deployment health concerns. Local military or TRICARE providers (a benefit extended for up to 180 days post-deactivation for Reservists) treat affected Service members. VA also provides mental health services to OEF and OIF veterans who are no longer on active duty.

Service members are screened for mental health problems when they complete a preventive health assessment as part of DoD's overall Health Surveillance program—the

fourth key medical care program. Service members are also screened before they deploy, and before returning home from deployment, members complete a Post-Deployment Health Assessment. This assessment includes questions about acute stress, post traumatic stress disorder, depressions, substance abuse, and unexplained symptoms. Additionally, each of the Services is now in the process of implementing a Post-Deployment Health Reassessment to be conducted 3-6 months after returning home. Our experience has taught us that problems are not always apparent at the time service members are immediately returning home, but they may surface a few weeks or months later. We want to catch these problems, and help.

Transition to Home and Community

The second area in which DoD is working closely with VA involves those activities that occur at the point in the process where the actual transition takes place. I want to speak about three of these programs.

First is the Transition Assistance Program/Disabled Transition Assistance Program (TAP/DTAP). As an integral part of the pre-separation counseling program, VA counselors advise separating Service members on VA health care, compensation, VA home loans, Montgomery GI Bill, and Veterans' Group Life Insurance benefits. Additionally, the Department of Labor (DOL) provides employment workshops usually two and a half days in duration. This program has been successful at providing much needed information to Service members separating from Active Duty. However, the Department, as noted in the GAO report, "Military and Veteran's Benefits; Enhanced Services Could Improve Transition Assistance for Reserves and National Guard," recognizes there are inconsistencies in the delivery of VA Benefits Briefings for the

Guard and Reserves, and these inconsistencies vary from installation to installation. To ensure we have continuous improvement and meet the needs of our Reserve component, DoD established an Interagency Demobilization Working Group to address the numerous and complex issues associated with the TAP/DTAP. The working group is currently considering several policy changes including the impact of mandating attendance at VA benefits briefings.

Next, in November 2004, the Joint Executive Council signed a Memorandum of Agreement (MOA) to provide overarching implementation guidance for cooperative procedures for physical examinations for military separation and for VA determination of disability. This agreement streamlines the physical examination process without compromising the gathering of information that is critical for each department. This cooperative procedure also addresses the disadvantages of the previous procedures, in which a Service member might be required to unnecessarily undergo two physical examinations within months of each other, when separating from the military and when filing for VA disability compensation. Under this MOA, Service members can begin the claims process with VA up to 180 days prior to separation through VA's Benefits Delivery at Discharge (BDD) program. The MOA also delegates responsibility for implementing the program to the regional VA and DoD facilities. This policy is clear that the service member's convenience is to be considered in the evaluation of which entity has the available medical resources to conduct examinations. Since November 2004, 91 agreements to implement the cooperative procedures have been signed between VA and nearby military treatment facilities.

To enhance the Seamless Transition effort, the Military Severely Injured Center (MSIC), established in February 2005, operates a hotline center which functions 24 hours a day, seven days a week. The Center's mission is to assist injured service members and families achieve the highest level of functioning and quality of life by providing advice on the full spectrum of benefits, putting them in contact with these resources, and solving problems. Service members or family members can call a toll free number and speak to a care manager, who becomes their primary point of contact over time. The Center is working to coordinate outreach and referral services with Service-specific programs—the Army Disabled Soldier Support (DS3), the Navy Safe Harbor program, the Air Force Helping Airmen Recover Together (Palace HART) program, and Marine4Life. As of September 2005, care managers were working more than 1200 active issues. The most frequent request for assistance is related to financial and employment concerns. The DOL REALifelines program has been an integral component at MSIC in addressing employment issues. The second most frequent request is related to family services, such as travel arrangements or family counseling. DoD personnel are augmented by detailed employees from VA and the Transportation Security Administration.

Information Sharing

Mr. Chairman, the third key area that the Department of Defense is working in earnest with VA is in the transfer of Service member personnel and medical information. Information sharing between the two departments is absolutely critical to an effective and transparent transition process. In this vein, DoD and VA signed an MOA governing the sharing of Protected Health Information (PHI) and other individually identifiable information in June 2005—the so-called "HIPAA MOA."

DoD and VA are also pursuing several information management and technology initiatives to significantly improve the secure sharing of appropriate health information. These initiatives will enhance health care delivery to beneficiaries and improve the continuity of care for those who have served our country. The Bidirectional Health Information Exchange (BHIE) enables near real-time sharing of allergy, outpatient prescription and demographic data, and laboratory and radiology results between DoD and VA for patients treated in both DoD and VA. BHIE is operational in the Seattle, WA area, El Paso, TX and Eisenhower Army Medical Center, Augusta, GA. Deployment to additional sites in FY 2006 is being coordinated with the Service and the local DoD/VA sites. Site selection was based on support for severely wounded members of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), number of visits for VA beneficiaries treated in DoD facilities, number and types of DoD medical treatment facilities, local sharing agreements, retiree population, and local site interest. In 2005, DoD plans to expand this capability to the Naval Hospital Great Lakes in Chicago, IL, the Naval Medical Center in San Diego, CA, the National Capital Area, the Landstuhl Regional Medical Center in Germany and to other DoD medical treatment facilities as well. DoD and VA can now facilitate care of the same Service member returning from OEF and OIF by sharing patient information.

Next is the Clinical Data Repository/Health Data Repository, which establishes interoperability between DoD's Clinical Data Repository and VA's Health Data Repository. The Departments successfully tested the exchange of computable outpatient pharmacy and allergy data in a laboratory environment in September 2004. This test

demonstrated the ability to do drug-drug and drug-allergy checking using outpatient pharmacy and allergy information from both Departments. VA and DoD are currently working to implement Phase 2 of the work between the Clinical Data Repository and Health Data Repository in a production environment. Like the prototype, Phase 2 CHDR also will support the exchange of outpatient pharmacy and allergy information, and drug-drug and drug-allergy checks in each other's next generation health information systems for DoD and VA, CHCS II and Health*e*Vet-VistA.

DoD has also successfully added the capacity to add electronic pre- and post-deployment health assessment information to the monthly patient information being sent to the VA. DoD completed an historical data pull in July 2005 that resulted in approximately 400,000 pre and post deployment health assessments being transmitted to the data repository at the VA Austin Automation Center. We expect to begin transmitting electronic pre and post deployment health assessment data monthly to the data repository in September 2005. VA is scheduled to have the capability to retrieve the data in November 2005. DoD has begun activities to add post-deployment health reassessment information to the data being sent to VA.

Finally, DoD is providing contact information on Service members when they separate. DoD began routinely providing VA rosters on Recently Separated OEF/OIF Veterans—Active Duty and Reservist Components in September 2003. The VA noted that some 12,000 of the initial 70,000 were still on active duty. Originally, proxy pay-files were used to identify individuals who were potentially deployed to OEF/OIF combat

theaters. In June 2004, a new process that more accurately identified those who deployed to OEF/OIF combat theaters and then separated from active duty was instituted, but that new process lost the ability to differentiate which individuals were OEF from those who were OIF. DoD continued to work closely with VA to get the rosters back on line and improve their usefulness. Since January 2005, the VA Office of Environmental Hazards reports that the accuracy of the DMDC OEF/OIF veteran rosters being provided is excellent, although theater specificity is still not available. The rosters for the VA will continue to be reviewed and are a regular agenda item at the DoD/VA Deployment Health Working Group.

The next step to close the gap between DoD benefits and VA benefits is to provide rosters to VA earlier in the transition process. To this end, DoD is developing a policy and specific business rules that will result in sharing the member's name, social security number, unit ID, current location, contact information, and a brief explanation of their medical condition via two rosters on OEF/OIF Service members. The first roster will contain information on Service members for whom a Medical Evaluation Board has referred them to a Physical Evaluation Board. The second roster will contain information on Service members who have been medically classified as Seriously Ill or Injured (SI), Very Seriously Ill or Injured (VSI), Special Category (SPECAT)—patients with loss of sight or limb, and/or paralysis, and lastly, Enabling Care Patients who have suffered amputations, traumatic head injury, eye injury, and post traumatic stress disorder. Sharing this information with the VA at a point earlier in the transition process will result in the expedited delivery of benefits to transitioning Service members and reduce the chance for anyone to fall through the cracks. By establishing the necessary information

sharing electronic structure we shall further ensure a seamless transition service for those we serve.

Mr. Chairman, this concludes my statement. I thank you and the members of this committee for your outstanding and continuing support of America's heroes--our Nation's Service members, veterans and their families.