



UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

PERSONNEL AND  
READINESS

NOV 20 2014

The Honorable Harold Rogers  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

This is the final report in response to House Report 112-78, page 148, accompanying H.R. 1540, the National Defense Authorization Act for Fiscal Year 2012, which requested the Department of Defense (DoD) to report on the feasibility, propriety, and cost of implementing a consolidated DoD Disability Evaluation System (DES). The House Armed Services Committee expressed concerns about inconsistent disability ratings, and requested DoD conduct research to determine if consolidation would resolve perceived or real problems with disparate ratings. DoD sent an interim report on April 18, 2013.

DoD outlined several options for consolidating the DoD stages of the DES across the Military Departments in the interim report. Two options were determined to be feasible and maintain the propriety of the Integrated DES sought by Congress, but time did not permit DoD to fully address several limitations identified in this study. DoD then launched a broad, comprehensive study on how to best implement appropriate strategic reforms. In the enclosed report, DoD identified that consolidation of the DES is feasible, and that cost would not materially sway support for or against consolidation of the DES. However, DoD also identified several areas in a consolidated DES where current levels of propriety would be diminished from both an institutional and individual perspective.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter has been sent to the Chairpersons of the other congressional defense committees.

Sincerely,

  
Jessica L. Wright

Enclosure:  
As stated

cc:  
The Honorable Nita M. Lowey  
Ranking Member



**UNDER SECRETARY OF DEFENSE**  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

**PERSONNEL AND  
READINESS**

The Honorable Howard P. "Buck" McKeon  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

NOV 20 2014

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Jessica L. Wright

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member



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WASHINGTON, DC 20301-4000

PERSONNEL AND  
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NOV 20 2014

The Honorable Barbara A. Mikulski  
Chairwoman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

Dear Madam Chairwoman:

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Jessica L. Wright

Enclosure:  
As stated

cc:  
The Honorable Richard C. Shelby  
Vice Chairman



UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

PERSONNEL AND  
READINESS

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

NOV 20 2014

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Sincerely,

  
Jessica L. Wright

Enclosure:  
As stated

cc:  
The Honorable James M. Inhofe  
Ranking Member

# Report to the Congressional Committees



## Assessment and Recommendations Report: Consolidation of the Disability Evaluation System

**In response to: House Committee Report 112-78, to accompany H.R. 1540  
The National Defense Authorization Act for FY 2012**

The estimated cost of this report or study for the Department of Defense is approximately \$860,000 for the 2014 Fiscal Year. This includes \$770,000 in expenses and \$90,000 in DoD labor.

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## Executive Summary

**Background:** On 18 April 2013, the Department of Defense (DoD) submitted a report to Congress on the Consolidation of the Disability Evaluation System (DES). The report responded to requirements identified in the House Armed Services Committee (HASC) Report 112-78 accompanying H.R. 1540, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2012.

In the HASC Report, Congress expressed concern that “Service members with similar disabilities are receiving disparate disability ratings because of different standards, policies, and procedures used by the Physical Evaluation Boards operated by the military departments.” The report conveys the committee’s belief that “achieving consistent disability ratings regardless of service is an important objective that will ensure Service members are treated equitably.”

The HASC Report continues “that one method for ensuring such consistent outcomes is to operate a consolidated disability evaluation system within the Department of Defense.” In addition, it directed the Secretary of Defense to *report on the feasibility, propriety, cost, and recommended legislation to implement a consolidated disability evaluation system*. This Assessment and Recommendations Report contains the Department’s response to the issues raised above.

In response to the above Congressional requests, on 18 April 2013, DoD delivered a Report to Congress entitled “Consolidation of the Disability Evaluation System.” In this report, six options were considered for potential consolidation. Of the options presented, DoD determined only two options were feasible:

- **Regional Medical Evaluation Board (MEB) and Consolidated Physical Evaluation Board (PEB)** with DoD Determinations and DoD Disability Board of Review
- **Centralized DoD Disability Evaluation Adjudication Agency (DEAA)** with DoD Final Determination and Disability Board of Review

DoD determined that further study was required before a decision could be made on the consolidation of the DES. This report is the outcome of that follow up study and further evaluates issues raised by the prior report, including:

- Determining if consolidation would resolve any perceived or real problems with disparate ratings
- Confirming that any undesirable impacts to the Service member are considered
- Determining the role of the Service Secretaries in making the final determination of fitness
- Conducting a more complete cost analysis to determine the resource impacts on the Military Departments

**Constraints/Assumptions:** The follow up study did not assess the stages of the IDES process managed by the Department of Veterans Affairs (VA). This is important to note as the primary points of integration of the IDES process are the single set of VA examinations and the single source of disability rating which is now determined by VA to promote more consistency and transparency between departments. Therefore, consistency in IDES outcomes cannot be fully addressed through consolidation of just DoD areas of responsibility within the IDES without addressing areas of other potential inconsistency managed by the VA.

**Methods/Approach for findings:** In developing this report, DoD identified elements of inconsistency or variability within DES which may be driving undesired outcomes, and assessed methods to address this variability. DoD defined the origins, desirability, frequency, magnitude, and potential impact of variability on IDES outcomes, and used this analysis to inform subsequent study.

DoD also conducted a feasibility assessment and a cost benefit analysis of implementing two organizational consolidation options. The feasibility assessment more clearly defined feasibility with a focus on required resources and timelines. A workshop of stakeholders (Military Departments Manpower and Reserve Affairs (M&RA), Physical Evaluation Board (PEB), and Surgeon General (SG) representatives) developed, defined, and weighted decision attributes (readiness, due-process, resources, flexibility, controlled variability, unity of effort, family member engagement) to determine feasibility. Concurrently, a costing model for both options was developed to identify spikes, separate variable and fixed costs, and identify common costs.

Using these selection criteria, DoD reviewed the two organizational consolidation options above. Next, DoD developed process maps of the two options and compared them to current IDES processes. This comparison identified additional considerations and potential shortfalls. Concurrently, DoD evaluated the costing models for each option.

**Considerations:**

- 1) *Identify if consolidation would resolve any perceived or real problems with disparate ratings.* Using analytical hierarchy process (AHP) methodology, DoD assessed organizational consolidation as not substantively or positively impacting disparate ratings. This assessment was made given unique Service operating environments, cultures, and existing VA disability rating authorities. The DoD portion of the IDES process operates under DoD policies and instructions and is executed by Military Services in accordance with unique missions. Finally, identified factors that contribute to current undesirable variability within the DoD pieces of the IDES can be addressed through new and existing policy and process improvements.
- 2) *Identify and consider any undesirable impacts to the Service member and stakeholders.* Beyond studying sources of process variability and disparate ratings, DoD identified potentially real or perceived undesirable impacts on Service members. These impacts arise from increased Service member identification with organizations that would decrement organizational consolidation (i.e., Soldier for Life, Marines for Life, etc.) and their perceptions of: sufficiency of “due process;” integrity of the IDES process; Service member expectations; and communications, lack of messaging to stakeholders arising from more centralized support and potentially a timeliness concern.
- 3) *Identify the role of the Service Secretaries in making the final determination of a Service member’s fitness.* DoD identified several areas where the current levels of propriety would be degraded from both an institutional and individual perspective if the authority of final fitness determination was taken away from the Military Department Secretaries. DoD analysis determined that one option will likely lead to more processing and lost efficiency by convoluting due-process and final determination. Consolidation would degrade a Service members/Military Department’s ability to maintain flexibility for balanced rehabilitation, integration and readiness.
- 4) *Conduct a more complete cost analysis to determine resource impacts on the Military Departments.* DoD determined both options for consolidation initially meet the minimal requirements for DES with significantly fewer personnel than the Military Departments are currently investing in IDES. However, at best, the actual costs of operating a consolidated DES would be cost neutral compared to the current investment levels of the Military Departments. Deeper analysis revealed that any savings potentially enjoyed would likely be decremented over time by the Military Departments re-building (or retaining) of administrative or specialty capabilities to interact, track and process cases to a consolidated DES organization.

**Conclusion**

Given that an organizational consolidation of the DoD portion of the DES will not directly address the issue of disparate ratings, the identified potential for negative impacts on the Service member experience through both an organizationally consolidated IDES process and subsequent transition from military service, and impact on current performance of the DoD portion of IDES, DoD does not recommend organizational consolidation of the DoD stages of the DES.

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## 1. Overview

### 1.1 Background

When the Career Compensation Act of 1949 created the basic structure of the Department of Defense (DoD) Disability Evaluation System (DES), the process remained relatively unchanged until November 2007. The “legacy DES,” as this process is now known, consisted of two separate disability evaluation processes. These processes were managed separately by DoD and the Department of Veterans Affairs (VA), which often resulted in long wait times within each department. Service members were evaluated and compensated by DoD only for their service-disqualifying medical conditions. They would then separate and file a claim with VA in order to be evaluated and compensated, as applicable, for other (non-service-disqualifying) medical conditions. This process could take one to two years to accomplish.

In 2007, DoD and VA estimated that disabled Veterans faced a 240-day gap between exiting Military Service and receiving VA benefits. That year, public and Congressional concern erupted after reports of inadequate conditions for wounded warriors at Walter Reed Army Medical Center (WRAMC). The Joint DoD and VA Senior Oversight Committee (SOC) then chartered a “DES pilot” designed to create a more Service member-centric, seamless, and transparent disability program.

The DES pilot – launched at three selected Military Treatment Facilities (MTFs) in the National Capital Region (NCR) on 21 November 2007<sup>1</sup> – created an integrated process that was designed to deliver DoD and VA benefits as soon as possible following release from Active Duty. This integrated process significantly reduced the gap in benefits that existed in the previous system.

DoD and VA piloted the Integrated Disability Evaluation System (IDES) in 2007 within the limits of current law as a joint process. Under IDES, DoD determines fitness for duty and both Departments determine eligibility for disability compensation and benefits for wounded, ill, or injured Service members. On 31 December 2010, the DES Pilot officially ended and the first IDES site became operational. This marked the completion of a three-year phased implementation process of the system across the Military Services.

IDES streamlines the disability process so Service members receive a single set of physical disability examinations. The examinations are conducted according to VA protocols and disability ratings prepared by VA. DoD and VA share the examination results and ratings to relieve Service members of the burden of redundant examination requirements and divergent ratings for the same disability.

Under Title 10 authority, DoD determines fitness for duty and compensates for unfitting conditions incurred in the line of duty. Under Title 38 authority, VA compensates for disabilities resulting from disease or injury incurred or aggravated in line of duty for which a disability rating of 10% or higher is awarded. It also determines eligibility for other VA benefits and services.

IDES permits both Departments to provide disability benefits at the earliest point allowed under their respective United States Code (U.S.C.) Titles. Service members who separate or retire (non-disability) may still apply to VA for Service-connected disabilities and compensation by VA at a later time. This joint process eases the transition to civilian life for ill or injured Service members by allowing them to find out what benefits they will receive from both agencies before they leave the military.

The IDES design addressed Congressional commission and task force recommendations to improve timeliness and consistency of disability benefit decisions. IDES mandates that DoD and VA work together for the benefit and convenience of Veterans during and after their transitional process. This integration includes DoD providing housing and supporting VA medical providers and administrative staffs within the MTFs. Service members are rated for conditions and receive appropriate compensation and benefits within 30 days of separation from military service.

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<sup>1</sup> Walter Reed Army Medical Center, National Naval Medical Center, Bethesda, and Malcolm Grow Air Force Medical Center

## 1.2 Report Requirements

Although encouraged by improved performance times since full IDES implementation was achieved in 2011, the House Armed Services Committee (HASC) expressed concerns in its Report 112-78, to accompany H.R. 1540, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 12. The HASC specifically stated that **“Service members with similar disabilities are receiving disparate disability ratings because of different standards, policies, and procedures used by the DoD Physical Evaluation Boards.”**

The House report further stated **“that one method for ensuring such consistent outcomes is to operate a consolidated disability evaluation system within the Department of Defense, and requested the Secretary of Defense submit a report on the feasibility, propriety, cost, and recommended legislation to implement such a consolidated disability evaluation system to achieve more consistent disability outcomes.”**

In response to the above Congressional requests, on 18 April 2013, DoD delivered a Report to Congress entitled “Consolidation of the Disability Evaluation System.” In this report, six options were considered for potential consolidation. Of the options presented, DoD determined only two options were feasible:

1. **Regional Medical Evaluation Board (MEB) and Consolidated Physical Evaluation Board (PEB)** with DoD Determinations and DoD Disability Board of Review
2. **Centralized DoD Disability Evaluation Adjudication Agency (DEAA)** with DoD Final Determination and Disability Board of Review

DoD determined that further study was required before a decision could be made on the consolidation of the DES. This report is the outcome of that follow up study and further evaluates issues raised by the prior report, including:

- Determining if consolidation would resolve any perceived or real problems with disparate ratings
- Confirming that any undesirable impacts to the Service member are considered
- Determining the role of the Service Secretaries in making the final determination of fitness
- Conducting a more complete cost analysis to determine the resource impacts on the Military Departments

Before addressing each of the issues above, the DoD first examined consistency and variability in the IDES process. A better understanding of these aspects of IDES enabled a focus on what drives disparate outcomes and how to address it.

## 2. Consistency and Variability in IDES Process

The HASC Report stated that “Achieving consistent disability ratings regardless of Service is an important objective that will facilitate Service members are treated equitably.”<sup>2</sup> As noted above, Congress has expressed concern that Service members with similar disabilities are receiving disparate disability ratings. Given that different standards, policies, and procedures used by the DoD PEBs might drive these disparate ratings, DoD conducted an examination of the sources of consistency and variability in the IDES Process.

<sup>2</sup> <http://www.gpo.gov/fdsys/pkg/CRPT-112hrpt78/pdf/CRPT-112hrpt78.pdf>

The original HASC report included two primary statements:

- **Statement 1:** Service members with similar disabilities are receiving disparate disability ratings because of different standards, policies, and procedures used by the Physical Evaluation Boards operated by the Military Departments.
- **Statement 2:** The Committee believes that one method for ensuring such consistent outcomes is to operate a consolidated disability evaluation system within the Department of Defense.

DoD reviewed the two statements in sequence.

- **Review of Statement 1:** In reviewing the statement that Service members are receiving disparate disability ratings due to different standards, policies, and procedures within the Military Department PEBs, DoD identified four premises within this statement, that provide explanations for Statement 1.
  - *Premise 1: Inconsistencies maybe drive by diagnostic variance and error.* Errors made in medical diagnosis are not part of the disability evaluation process. IDES begins once a diagnosis has been determined to require a Medical Evaluation Board (MEB). This determination may be the result of misdiagnosis. Additionally, if errors are made during the IDES process (for example, an MEB physician's failure to adequately consider conditions that may cause or contribute to unfitness), the impact on outcome are again erroneous and not inconsistent. Further, the different standards, policies, and procedures across the different Military Departments' PEBs reflect the different Service-specific standards for fitness and retention. These differences are driven by the Services' operating environments and platforms. However, the perception of inconsistency in the IDES process and outcomes may not necessarily be erroneous. Where it does it exist, DoD will address it using the DoD DES Quality Assurance Program..
  - *Premise 2: The definition of consistency is not in and of itself consistent.* DoD defined consistency in the context of DES. More commonly to DES, "consistent" indicates an appropriate outcome for a given situation, but not necessarily the same outcome for all situations. For example, an injured Soldier with a particular condition may not receive the same fitness determination as a Sailor with the same condition due to different Service retention standards required to operate in a different environment. Some also use consistency to mean consistency in disability rating which indicates that a particular Service member going through IDES would receive the same rating regardless of who reviewed his or her file. If medical, legal, ethical, and regulatory considerations are adhered to appropriately and consistently (*ceteris paribus*), the outcomes will be consistent, but not necessarily identical due to different Service requirements for fitness and retention.
  - *Premise 3:* Since DoD uses VA as its rating agency, disparate ratings between DoD and VA has been eliminated. Additionally, standardizing exams by using the VA as the examination agency, the secondary outcome of the IDES process is the disability ratings being determined by the VA's Rating Veterans Service Representative (RVSR) at the Disability Rating Activity Site (DRAS). In the collaborative process that occurs between the PEB fitness decision and the VA rating decision, inconsistencies may arise. For example, DoD often finds that a condition existed prior to service (EPTS) based on DoD regulations, manuals, and directives. However, VA RVSRs must consider all of the evidence and determine if the condition, for VA purposes, rebutted the presumption of soundness upon entry into the Armed Forces. If so, a medical opinion may be further required to determine if the condition was aggravated by military service beyond the normal progression of the condition. Thus, the final combined DoD ratings vs combined VA rating may be perceived as inconsistent. Given the process, any real or perceived disparity in VA IDES ratings would not be addressed through consolidation of the DoD core stages of IDES alone but would require consolidation of all

cabinet-level/governmental DES (DoD, VA, Social Security, Office of Personnel Management, etc.) laws, regulations and processes to effect true consistency.

- **Review of Statement 2:** DoD reviewed the statement that a centralized or consolidated organization would lead to more consistent results within IDES. DoD identified three premises bearing on Assumption 2. First, that consolidation would eliminate or minimize the Service differences in fitness and retention standards. Second, that standardization can only be achieved by organizational consolidation. And third, that organizational consolidation would result in enhanced IDES governance.
  - *Premise 1: Differences in Service requirements impacting IDES outcomes can be addressed by consolidation.* Service-specific fitness and retention standards are driven by the operational environments and military duties of Service members. The Services' fitness and retention standards are not driven by the IDES process but by organizational missions as reflected in Title 10. Examination of the current standards does not suggest that a core set of standards can be established across the Services without significant impact on other aspects of personnel management and operational readiness.
  - *Premise 2: Standardization achievable only with consolidation.* The HASC observed in the treatment/pre-screening, MEB, and PEB phases of IDES that the Services have processes where errors or different standards, policies, and procedures may lead to inconsistent disability outcomes. Organizational consolidation would standardize the process to reduce inconsistencies. Through observation at select MTFs, DoD identified many areas where standardization could be achieved across the Services in the MEB and PEB phases. Without organizational consolidation there are still opportunities to improve within existing DoD and Service authorities to include:
    - Implementation of robust and standardized IDES staff training
    - Consistent personnel and staffing management (e.g. standardized position descriptions and pay scales)
    - Enhanced knowledge management (e.g. development and dissemination of standard tools and templates)
    - Information technology (IT)/data management (e.g. standard use of electronic case file transfer system)

These and other process improvements to the IDES can enhance consistency in the process without the requirement of establishing a consolidated disability agency. As described later in this report, such an organizational consolidation will disrupt current IDES processes and performance.

- *Premise 3: Consolidation Improves Governance.* Organizational consolidation of DES may improve some aspects of IDES governance but will also open new required areas of coordination between a consolidated IDES organization and the Services. As described later in this report, the internal advantages in IDES Governance would be undercut by new and added processes. Instead of an organizational solution, DoD has determined that continuing improvements to DoD IDES governance structure can improve many aspects of the IDES. Expected improvements will include quality, accuracy, Service member experience in the IDES, and responsiveness to changes in the IDES case load borne by the Services.

After DoD conducted an examination of the sources of consistency and variability in the IDES as portrayed in the initial report to Congress, Based on analysis of stakeholder input, DoD adopted broader concepts of variability as an assessment of inconsistency and disparity in the IDES process. For this report, variability is a neutral term that includes positive, negative, and neutral sources of variance in the system, process, and outcomes. Some of these contribute to inconsistencies and/or disparities in the IDES and some are normal system attributes. Others points of variability have offered opportunities for improvements as local best practices and have been shared as a by-product of this report.

DoD has identified and classified the major potential sources of variability in the IDES process (see detail in Appendix C). These sources were classified into three categories, according to their origin (structural, procedural, or clinical). The potential magnitude and frequency of variability was then ranked as low, medium, or high. The sources of variability were then classified according to whether they had the potential to impact IDES outcomes (either fitness decision or indirectly, VA ratings), and then classified as to whether they were by nature desirable, undesirable, or neutral. For brevity, specific examples of variability are classified according to these areas, as shown in Appendix D.

DoD then assessed whether the consolidation of the DES would contribute to a reduction in undesirable variability in the areas noted above. Through analytical hierarchy process utilizing computer-aided pair-wise comparison techniques, IDES stakeholders adjudicated that consolidation would likely increase variability, not reduce it.

### 3. Results

#### 3.1 Areas of Consideration

DoD collected the following results as a summary of the analysis and assessment of organizational consolidation of the DES process.

- **Determining if consolidation would resolve any perceived or real problems with disparate ratings:** DoD has eliminated real inconsistency of ratings by using a single rating agency/source (VA) so consolidation of DoD organizations will not substantively impact disparate ratings. The DoD portion of the IDES process operates under DoD policies and instructions and is executed by Military Services with unique missions. Identified factors that contribute to undesirable variability can be addressed through new and existing process improvement initiatives. These initiatives have the potential to enhance consistency and reduce undesirable variability in the DoD portion of the IDES process. Additionally, these initiatives will not encroach on desired variability. Improved communication would help eliminate Service member perception of disparate ratings. Consolidation would not substantially improve this and would delude communication by removing the Military Services' decision process between the consolidated agency and the Service members.
- **Confirming that any undesirable impacts to the Service member are considered:** Beyond studying sources of process variability and disparate ratings, DoD identified potential undesirable impacts on Service members. These undesirable impacts arising from organizational consolidation include:
  - Sufficiency of “due process”
  - Integrity of the IDES process
  - Service member expectations
  - Communications and messaging to stakeholders
  - Current Service support to the Service member

These areas and others were assessed to examine undesirable impacts on the experience and outcome of Service members going through the IDES process.

- **Determining the role of the Service Secretaries in making the final determination of fitness:** In a consolidated DES, current Title 10, Chapter 61, Service Secretary Authorities over final determination will require revision. Currently, execution of DoD IDES policy is accomplished by Service Secretaries with sufficient staff support. Organizational consolidation requires that final determination be accomplished in one of two ways:
  - 1) *Service Secretary retains “final determination”* – The final recommendation for Return to Duty (RTD) or separation made by a consolidated DES organization would be returned for final Secretary decision. Services would retain staff structure to coordinate and review IDES cases before final determination. This may add to processing time and reduce

realization of savings. The Service member's chain of command would be less capable of assisting the Service member with, and intervening in, a joint process over which it had no authorities.

- 2) *Consolidated Organization assumes "final determination"* – After revision to Title 10, Chapter 61, the consolidated organization would require a DoD leader to assume the responsibility of final determination for IDES cases. No current leadership positions are readily identifiable with sufficient seniority. Additionally, a consolidated organization would not be responsible for other aspects of the Service member's daily life. Capabilities to integrate and coordinate the navigation of the Service member through a consolidated DES with the rest of the Service member's day-to-day activities would be reduced. This includes ongoing medical care.
- **Conducting a more complete cost analysis to determine the resource impacts on the Military Departments:** DoD developed two cost models to evaluate options for consolidation. The models thoroughly accounted for costs associated with standing up and operating a consolidated DES. These estimated costs were compared to an estimated baseline of resources currently dedicated to IDES. DoD determined that both options for consolidation meet the demand for DES with fewer personnel than the Military Departments are currently investing in IDES. However, DoD acknowledges that the requirements to implement either option may be understated.

### 3.2 Response to HASC Report 112-78 Requirements

#### 3.2.1 Feasibility

In the follow-up study, the aspect of time in the integration of activities included an examination of:

- Time in the overall IDES process
- Current "as is" IDES performance
- Ongoing DoD initiatives to improve performance over time
- Timing and phasing of a transition to a new DoD IDES organization
- Expected and desired processing time that could be mapped for a future consolidated DES "to be" state

DoD determined that consolidation of the DES is feasible, provided appropriate levels of resources, personnel, funding, governance, coordination of timing and phasing, and legislative authority are realigned and sustained by the Military Departments. The feasibility analysis includes these observations.

- **Current DoD guidance to reduce headquarters.** The 31 July 2013 Deputy Secretary of Defense (DEPSECDEF) memorandum provided guidance for DoD to achieve a 20% reduction in headquarters across the Department. This reduction is expected to impact staff Headquarters overseeing IDES. At the same time, IDES personnel currently functioning within MTFs will likely not be subject to those planned reductions at Headquarters.
- **Establishment of joint activities.** The establishment of joint activities within the DoD can take a significant period of time. Authorities and responsibilities must be determined and agreed upon, then sufficiently resourced to facilitate mission success. Given the 20% reduction goal for Headquarters, and general reduction in resources across the DoD, there are inherent risks in establishing a new joint activity. Specifically, risks in funding and obtaining the adequate quantity and quality of manning. Additionally, under joint activities, military personnel are administratively attached to their parent Service while serving on the joint activity. Service members being processed through a consolidated agency will be under the adjudicating authority of the agency while the adjudication staff will not be equally under this authority. While a consolidated solution is feasible, DoD assessed that likely solutions would also impact the propriety of fitness determinations under this joint activity.

- **Development of a phased transition to any future consolidated process.** Given the ongoing processing of current IDES cases, the transition to a new consolidated process would generate additional process steps and transition points between organizations. The transition to a consolidated DES will require significant staff action and attention. The ongoing processing of residual legacy DES and temporary disability retirement list (TDRL) cases suggest that even with the successful establishment of a consolidated DES, the Services will be required to maintain both existing IDES capabilities and staffing while also contributing to the stand up and establishment of a consolidated DES.

PEB Staff Quality
Currently the majority of PEB adjudicators have served as Commanders within their Service before being assigned to the PEB. Besides the feasibility of obtaining continued high-quality assignments to an agency, the risks and consequences of not meeting similar staffing qualities would have an impact on the propriety of an envisioned consolidated DES.

Finally, DoD recognizes that adoption of IDES was a multi-year undertaking. A similar period of time will be required in establishing an organizationally consolidated DES. While there would be transition of personnel and capabilities from the Services to a consolidated organization, the details of timing and the impact on required resources, while feasible, will require a considerable amount of leadership attention, supervision, and coordination across the DoD during the transition.

- **Interaction between Services and a consolidated DES.** The establishment of a consolidated DES will still require interaction between the Service member, the Service’s manpower and medical staffs, VA, and the consolidated organization. It is likely the establishment of informal and formal liaison processes will increase staffing requirements. Where these go unfilled, a negative impact on IDES processing times in a consolidated system may occur.

In analyzing the history of other joint organizations, DoD anticipates the Services will have to establish a coordinating office or component to represent Service equities and requirements within the consolidated DES.

Finally, the current implementation of IDES has led, both formally and informally, to the engagement and alignment of MTF commanders to the administration of IDES operations at local MTFs. The establishment of a consolidated DES would likely reduce the authority of MTF Commanders, as well as their ability to influence IDES activities of their local Service members.

### 3.2.2 Propriety

The concept of propriety in the DES includes the expectations and values of a variety of stakeholders. Since there is no generally accepted DoD or joint definition of “propriety,” DoD further refined the concept in response to stakeholder inputs and qualitative analysis.

Evaluation of “propriety” is limited to qualitative analysis and the subjective perspectives of stakeholders. Several process steps have been incorporated into IDES to enable propriety. These include the Impartial Medical Review (IMR), options for appeal, rating reconsideration, and option for a formal PEB.

To evaluate these process steps in more detail, DoD conducted extensive questioning during site visits to select MTFs, met with the Service Manpower and Reserve Affairs (M&RA) and PEB leadership and staff, reviewed existing policies and procedures, and analyzed the results of the recently restarted IDES Customer Satisfaction Surveys.

DoD identified several aspects for consideration, including the concept of due process, the integrity of the DES process, fairness and equity, consistency of determinations, reference to historical precedence, and being judged by one’s peers.

Propriety
Suitable and appropriate for Service members and stakeholders in the expectations and correctness of the underlying concepts, processes, experiences and outcomes any DES.

- **Concept: IDES due process:** IDES Stakeholders interviewed and assessed during the Study clearly



understand the requirement to provide the Service member adequate opportunities for due process throughout IDES. DoD routinely identified stakeholder adherence to due process, along with the recognition that these additional steps added to processing times. Transparency in the process, and support of a Service member's access to reviews and second opinions throughout, is considered by most IDES stakeholders as one of two top priorities in IDES. Willingness to support due process, to the benefit of the Service member and at the expense of processing times, is a generally accepted priority throughout.

- Concept: Integrity of the IDES process:** DoD also observed during site visits and interviews the widely held view that IDES stakeholders need to have a reasonable component of skepticism while being respectful of claims of disability. This means that the IDES staff has an obligation to remain objective in assembling and reviewing the facts of each case. Furthermore, experienced providers distinguish between the goals of patient care, in which they assess and treat the permanent and stable aspects of the Service member's condition, and understand the administrative nature of IDES processes. The opportunity for IDES stakeholders to have access to peer review, mentoring, and second opinions is an important component of maintaining the integrity of the process.
- Experience: Fairness and equity throughout IDES process:** Service members expect and deserve a fair and equitable consideration throughout IDES. Currently, the majority of Service members report in surveys that they do receive this consideration, but a small number report varying degrees of dissatisfaction with the process and their treatment therein. While some element of this dissatisfaction is irreducible in any DES, the ability to execute consistent messaging from key leaders and provide mechanisms for rapid command intervention on behalf of the Service member is essential. There is an inherent alignment of responsibilities and authorities from the Service Secretary to the most junior individual in IDES.
- Experience: Being judged by one's peers:** DoD observed a consistent theme of the importance of Service members' perception that their case is reviewed by their Service-specific peers. This included interactions with providers who understood the physical demands of Military service along with the specific specialty skills needed to meet fitness and retention standards. Additionally, the method by which the PEB communicates the fitness decision to the Service member is considered critical and must be done in a considerate manner to reflect the impact of that decision.
- Outcome: Consistency of determination:** The Services invest considerable resources in internal staff coordination to determine the fitness of an individual once a medical assessment concludes the presenting medical condition is "of a permanent nature and stable." Beyond the requirements of office, grade, rank, and rating, each Service further assesses fitness for deployment requirements and the specifics of the operating environments with regards to the specific medical condition of the Service member. This assessment involves frequent coordination with Service personnel commands to confirm requirements for future duty assignments. DoD determined that Services make a reasonable effort to enable the Service member to continue to serve until completion of their obligated duty. Occasionally, the results of the fitness determination can appear inconsistent when observed by individuals unfamiliar with the context of Service culture, organizational missions, expected operational environments, deployment patterns, and institutional knowledge of performance standards for occupational fields.

#### Service Member Process

IDES is widely regarded by IDES supporting staff as a Service member-centric process and experience. While the Service member is engaged in the IDES process, he or she remains within their military Service - assigned to a base and unit, serving alongside fellow Service members, receiving military medical care, using recreational facilities, subject to military discipline, and more. A widely reported concern of IDES staff is that entry into a consolidated/joint IDES process will diminish a Service members' sense of connection to the service in which he or she joined and served.

The business case analysis, which included comparison of the processes proposed in the two consolidation options, identified several areas where the current levels of propriety would be diminished from both an institutional and individual perspective:

- The challenges of maintaining due process between a Service and a consolidated DES were identified as likely to reduce the achievement of due process in any consolidated system.
- The integrity of a consolidated system would be diminished by moving control of IDES cases from the Services to a consolidated joint agency. The majority of Service members typically function administratively within a Service culture even while assigned to a joint organization, and this would remain in place in a consolidated system. Removing the determination of fitness from the Services is an undesirable experience for a Service member who is wounded, ill, or injured, and faced with the premature ending of their military career.
- The Service member’s chain of command would be less capable of assisting the Service member with, and intervening in, a joint process over which it had no authorities. Conversely, a consolidated DES process or entity is not responsible for other aspects of the Service member’s day-to-day existence (for example: work, housing, medical/dental care, training, pay and allowances, and recognition). Therefore, the navigation of the Service member through a consolidated DES will be challenging as it requires coordination with day-to-day activities, to include medical care. DoD assessed that maintaining consistency of authority over both the execution of processes and the experience of the individual Service member is likely to provide better IDES outcomes and experience.

Local Commander Role and Impact on IDES
<p>DoD observed consistent displays of both commanders and their staffs actively managing the IDES process. For both “line” and medical commanders, it is notable that these officers and their staffs have access to local service resources on an “as required” basis which a consolidated MEB or PEB outside of service authorities and tasking may not have. These local commanders are well-positioned and accountable to drive the Service member experience in general, and within IDES in particular, through access to other local resources to include administrative and legal staff, base housing, medical staff and care, local veteran service organization support, engagement of the PEB on behalf of the Service member, and more. These opportunities for Service member engagement would be far less accessible to staff serving in a consolidated DES at a distance from the Service member.</p>

**3.2.3 Cost**

Before conducting analysis on the potential costs of each DES consolidation option, DoD conducted an analysis of the total resources currently dedicated to IDES in the Military Departments. The predominant source for IDES resources is the Defense Health Program (DHP). Overseas Contingency Operations (OCO) funds were leveraged to support IDES and are captured in the DHP execution data.

The Service Headquarters also incurred costs associated with IDES, including legal representation and support for Service members, policy development, and program oversight; however, these costs were difficult to distinguish from other management functions performed by the headquarters staff, as these resources were not assigned exclusively to IDES.

The Services provided FY13 DHP execution data and estimates for future year funding FY14-20. The Program Objective Memorandum (POM) estimates are pre-decisional, un-inflated, and do not include any unfunded requirements. DoD evaluated FY13 DHP execution levels and compared these to the out-year funding estimates to identify funding trends. Of note, the Services expressed concern with the availability of supplemental funds to support IDES operations. Additionally, DoD funded \$1.180 million in FY14 money to support the DES Quality Assurance Program initial operating capability.

Through initial review of the IDES resource estimates within the DHP, DoD determined that Navy and Air Force out year funding estimates appear to be in line with FY13 execution rates; however, the Army’s funding pattern shows significant reductions in out-year funding estimates.

Following completion of the current state analysis, DoD developed costing models to estimate the costs of requirements identified in each of the two options for organizational consolidation of the DES. DoD determined through this cost modelling that both options for consolidation meet the demand for DES with significantly fewer personnel than the Military Departments are currently investing in IDES. However, DoD acknowledges that the requirements to feasibly implement either option may be understated. The models accounted for costs, less facilities, associated with standing up and operating a consolidated DES.

DoD compared these estimates with the analysis of DoD resources currently dedicated to IDES. It is probable the actual costs of operating a regional MEB/centralized PEB will be cost neutral compared to the current investment levels of the Services. It is also probable the savings identified in the consolidated agency option will be decreased because of the Services standing up or retaining capability that is lost in the consolidated agency proposal. Additionally, these savings would be realized in multiple appropriations across the Military Departments and Office of the Secretary of Defense (OSD) agencies.

DoD conducted the cost estimations based on information provided by the Military Departments. Cost factors were used to estimate cost elements where actual costs did not exist or data was not available for engineering build-up estimation. Personnel costs are based on Full Time Equivalents (FTEs) and pay grades submitted by the Military Departments. These costs are based on DoD Composite rates for Active Duty Service members and Office of Personnel Management (OPM) rates for civilian employees.

### 3.2.4 Recommended Legislation

If the DES were to be consolidated within the DoD, comprehensive revisions to applicable portions of U.S. Code Title 10 and Title 32 would be required. Currently, individual Military Departments hold discharge authorities. In a consolidated DES, that authority would be reassigned to the Secretary of Defense, who in turn would delegate that authority to an appropriate leader within the DoD. This individual would most likely be the Under Secretary of Defense for Personnel and Readiness (P&R). Additionally, a significant number of existing DoD Policies and Instructions will require administrative revision, as well as several joint DoD/VA agreements and Memorandums of Understanding/Agreement (MOUs/MOAs).

## 4. Review of Current IDES Performance

Continuous improvement of the disability evaluation processes to provide a faster, smoother transition for wounded, ill, and injured Service members is a priority for the DoD. Improved process efficiencies have reduced the number of Service members in the MEB and PEB pipelines, which enables the DoD to improve readiness within current end strength and fiscal constraints.

Service members in the IDES continue to not meet the integrated processing time goal of 295-days despite increased DoD/VA collaboration in the IDES. In order to meet this goal, all DoD and VA stakeholders must meet goal. It is noteworthy that DoD is well under its core process goal of 105 days. During the drafting of this report in September 2014, DoD registered 92 days core processing time for the Active component. **Table 1** below illustrates the current performance of IDES cases across the DoD. As of September 2014, there are 29,222 Service members enrolled in the IDES with an average processing time of 326 days for the Active component and 398 for the Reserve component.

	Total Cases	RTD (Average)	TDRL	Average Days (Goal 295)
Army	20,964	4%	20%	336
Air Force	3,267	4%	19%	297
Navy	2,238	8%	37%	292
Marine Corps	2,753	3%	34%	321
<b>DoD Totals</b>	<b>29,222</b>	<b>4%</b>	<b>22%</b>	<b>326</b>

**Table 1: Current IDES Performance (August 2014)**

### 4.1 Performance Measures

DoD assigned goal times to each stage and overall phase within the IDES, which DoD tracks and reports monthly to OSD. These data points feed the primary performance report released to each

Service and Subordinate Command. From IDES full operating capability (FOC) in 2011, the Services integrated the four-phased, 52-step DoD IDES process by adding Service-specific steps that continue to leverage local innovations. Each Service operates applying identified efficiencies in due process, operations, quality assurance and control, communications, and IT solutions; these innovations are evident when performance data is compared across the Services.

In some cases, consolidating the DoD stages of the DES may reduce the number of process steps; however, the innovations of the IDES process identified by the Services will be lost, resulting in immeasurable transition costs. As an alternative, DoD identified areas of potential collaboration between the Services and external stakeholders, including VA, which would enable the Services to meet or exceed current performance standards.

#### 4.2 Process Improvements

In the past decade, the complexity of injuries experienced by Service members have required more sophisticated treatment methods and enhanced coordination of care. To create a balance between patient-centric and Military Department-centric care, the DES has become a system centered on defining and improving the capabilities of a Service member, rather than focusing on the transition of a Service member to Veteran status. Since 2011, DoD has implemented a variety of improvements, removed IDES policy impediments, and enhanced oversight and assistance to the Services. Examples of these improvements include:

- Reducing minimum informal PEB staffing requirements from three members to two members
- Authorizing doctoral level psychologists to sign medical evaluation boards
- Allowing Military Departments to process initial trainees through the DES Legacy system
- Working with VA to improve training and case management software
- Implementing a common paperless standard for electronic transfer of files
- Developing integrated electronic record file sharing methods to enhance efficiency of the IDES

IDES delivers a Service member-centric design. As a simpler process, it delivers more consistent evaluations and compensation, easier transition to Veteran status, and case management advocacy. Through increased transparency with Service members and their families, any real or perceived gap between separation from Military Service and receipt of VA benefits is reduced.

#### 4.3 Other Initiatives and Studies

Other ongoing studies within DoD are focused on specific aspects of DES, to include:

- **Quality Assurance Program (QAP) Study:** This study details the disability evaluation quality assurance program and the implementation schedule to standardize the program across the Military Department.
- **PEBLO Study:** This study responds to Congressional requirements to determine the adequacy of current staffing levels of Physical Evaluation Board Liaison Officers (PEBLOs).
- **DES IT Study:** This study assesses the feasibility of establishing a DoD/VA joint disability evaluation IT system.

The inputs, analysis, and outcomes of these studies did not directly impact the approach or process of the study, nor did the information obtained through these studies contribute to any difference in outcomes or conclusions.

### 5. Conclusion

Upon extensive review and assessment of the areas of undesirable variability within the IDES process, and given that an organizational consolidation of the DoD portion of the DES will not directly address the issue of disparate rating's, the identified potential for negative impacts on the

service member experience through both an organizationally consolidated IDES process and subsequent transition from military service, and impact on on-going improvements to the DoD portion of IDES, DoD does not recommend organizational consolidation of the DoD stages of the DES.

**Appendix A: Sources of Information**

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Wright, Jessica L. *IDES Report to the Congressional Committees – Consolidation of the Disability Evaluation System*. Rep. N.p.: n.p., n.d. Print.

**Additional Resources:**

- Veteran's Tracking Application (VTA) Data
- Army Manpower Report and Personnel Rosters
- Warrior Care Policy Office (WCPO) IDES Performance Report (IDPR) (September 2013 – March 2014)
- Integrated Disability Evaluation System (IDES) Customer Satisfaction (January-December 2011)
- Integrated Disability Evaluation System (IDES) Customer Satisfaction Survey Fiscal Year (FY) 2013 Quarter (Q4) Report Results
- IDES Service Process Maps – MEB/PEB Stages
- IDES Report to the Congressional Committees – Consolidation of the Disability Evaluation System (18 April 2013)
- DoD Recovering Warrior Task Force (RWTF) 2012-2013 Annual Report (03 September 2013)
- Veteran's Tracking Application (VTA) Data
- Army Manpower Report and Personnel Rosters

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- Warrior Care Policy Office (WCPO) IDES Performance Report (IDPR) (September 2013 – March 2014)
- Integrated Disability Evaluation System (IDES) Customer Satisfaction (January-December 2011)
- IDES Service Process Maps – MEB/PEB Stages
- House Armed Services Committee (HASC), Report to accompany H.R. 1540, the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2012

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**Appendix B: Acronyms**

<b>Acronym</b>	<b>Definition</b>
AF	Air Force
AFB	Air Force Base
AHLTA	Armed Forces Health Longitudinal Technology Application
BAMC	Brooke Army Medical Center
C&P	Compensation and Pension
CDES	Consolidated Disability Evaluation System
CONUS	Continental United States
DAWG	Deployment Availability Working Group
DBQ	Disability Benefits Questionnaire
DEAA	Disability Evaluation Adjudication Agency
DEPSECDEF	Deputy Secretary of Defense
DES	Disability Evaluation System
DHP	Defense Health Program
DoD	Department of Defense
DoDI	Department of Defense Instruction
DPANM	Medical Retention Standards Branch
DRAS	Disability Rating Activity Site
EPTS	Existed Prior to Service
FOC	Full Operating Capability
FTE	Full Time Equivalent
FY	Fiscal Year
GAO	Government Accountability Office
HASC	House Armed Services Committee
IDES	Integrated Disability Evaluation System
IDPR	IDES Performance Report
IMR	Impartial Medical Review
IPR	In-Process Review
IT	Information Technology
JAG	Judge Advocate General
JBSA	Joint Base San Antonio
M&RA	Manpower & Reserve Affairs
MACH	Martin Army Community Hospital
MEB	Medical Evaluation Board
MMC	Medical Management Center
MOA	Memorandum of Agreement
MOS	Military Occupation Specialty



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Acronym	Definition
MOU	Memorandum of Understanding
MRDP	Medical Retention Decision Point
MTC	MRDP Transition Cell
MTF	Military Treatment Facility
NARSUM	Narrative Summary
NCR	National Capital Region
NDAA	National Defense Authorization Act
NH	Naval Hospital
NMC	Naval Medical Center
OCONUS	Outside Continental United States
OGC	Office of General Council
OMB	Office of Management and Budget
OPM	Office of Personnel Management
OSD	Office of the Secretary of Defense
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
POM	Program Objective Memorandum
PDRL	Permanent Disability Retirement List
QAP	Quality Assurance Program
QTC	VHA contracted physicians
RTD	Return to Duty
RVSR	Rating Veterans Service Representative
RWTF	Recovering Warrior Task Force
SG	Surgeon General
SOC	Senior Oversight Committee
TDRL	Temporary Disability Retirement List
TDY	Temporary Duty Yonder
USMC	United States Marine Corps
USC	United States Code
VA	Department of Veterans Affairs
VBA	Veterans Benefit Administration
VHA	Veterans Health Administration
VTA	Veterans Tracking Application
WCPO	Warrior Care Policy Office
WRAMC	Walter Reed Army Medical Center

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## Appendix C: IDES Variability Analysis

IDES Variability Analysis		
Origin	Definition	Example
Structural	This type of variability is related to the resource structure of the current IDES system	<ul style="list-style-type: none"> <li>• Levels of case review</li> <li>• Composition of review boards</li> <li>• Degree to which legal counsel is utilized</li> </ul>
Procedural	This type of variability can be directly linked to Service differences in the IDES step-by-step process	<ul style="list-style-type: none"> <li>• Differences in appeal options across Services</li> <li>• Frequency and timing of quality control processes</li> </ul>
Clinical	This type of variability derives from differences in clinical (medical examination and analysis) processes	<ul style="list-style-type: none"> <li>• Diagnostic differences</li> <li>• Different interpretation of symptoms in combination</li> <li>• Use/non-use of contracted medical professionals and noted differences in quality of assessment conducted</li> </ul>
Magnitude	Definition	Example
Low	The variability introduced by this factor has/can have little impact on the effectiveness and outcome of DES processing across the Services.	<ul style="list-style-type: none"> <li>• Difference in process used to transfer case files</li> <li>• Different interpretation of conditions in combination</li> <li>• Requirements for the composition of informal and formal PEBs</li> </ul>
Medium	The variability introduced by this factor has/can have a medium impact on the effectiveness and outcome of DES processing across the Services.	<ul style="list-style-type: none"> <li>• Difference in level of communication/coordination with other MTF staff and IDES staff is observed</li> <li>• Handling of remote cases does not appear to be standardized</li> <li>• Frequency of quality control and assurance processes varies across sites</li> </ul>
High	The variability introduced by this factor has/can have significant impact on the effectiveness and outcome of DES processing across the Services.	<ul style="list-style-type: none"> <li>• Standards for the creation of the Narrative Summary (NARSUM)</li> <li>• Use of contract providers for VA Compensation &amp; Pension (C&amp;P) Exams</li> <li>• Service-specific retention standards</li> <li>• MEB composition</li> </ul>
Frequency	Definition	Example
Low	The variability introduced by this factor occurs at insignificant frequency.	<ul style="list-style-type: none"> <li>• Mis-categorization of a Service member's medical condition as existing prior to military service</li> <li>• Failure to accurately consider all conditions that cause or contribute to unfitness</li> <li>• Different interpretation of conditions in combination</li> </ul>
Medium	The variability introduced by this factor occurs at moderate frequency.	<ul style="list-style-type: none"> <li>• Flexibility in communications and interactions with the legal teams</li> <li>• Guidance and standards for fitness decision process that includes offering</li> </ul>

IDES Variability Analysis		
		<ul style="list-style-type: none"> <li>different appeal and review options</li> <li>• Handling of remote cases does not appear to be standardized</li> <li>• Difference in process used to transfer case files</li> </ul>
High	The variability introduced by this factor occurs at fundamental and frequent intervals.	<ul style="list-style-type: none"> <li>• Standards for the creation of the NARSUM</li> <li>• Use of contract providers for VA C&amp;P Exams</li> <li>• Difference in level of communication/coordination with other MTF staff and IDES staff is observed</li> <li>• Service-specific retention standards</li> </ul>
Impact to IDES Outcomes	Definition	Example
Potential Impact	This source of variability has the potential to affect the IDES outcome for the Service member. Unless addressed, disability evaluation will not be standardized or consistent across Services and can have effects as serious as misdiagnosis or incorrect benefit result.	<ul style="list-style-type: none"> <li>• Standards for the creation of the NARSUM</li> <li>• Handling of remote cases does not appear to be standardized</li> <li>• Service-specific retention standards</li> </ul>
No Potential Impact	This source of variability does not directly affect the IDES outcome, but may affect other aspects of the process and represents an inconsistency across Services.	<ul style="list-style-type: none"> <li>• Difference in process used to transfer case files</li> <li>• Difference in level of communication/coordination with other MTF staff and IDES staff is observed</li> <li>• MEB composition</li> </ul>
Nature	Definition	Example
Desirable	Though this factor represents variability, it does not represent a threat to the integrity or consistency of the IDES process. Variability may demonstrate different approaches to issues that should be examined to determine the best way forward.	<ul style="list-style-type: none"> <li>• Service-specific retention standards</li> <li>• Military Occupational Specialty (MOS)-specific retention standards</li> </ul>
Undesirable	This type of variability poses a threat to the consistency, standardization and ultimate effectiveness of fair disability evaluation across the DoD. This type of variability should be examined and addressed.	<ul style="list-style-type: none"> <li>• Difference in process used to transfer case files</li> <li>• Difference in level of communication/coordination with other MTF staff and IDES staff is observed</li> <li>• Use of contract providers for VA C&amp;P Exams</li> </ul>
Neutral	Effects from this variability factor are neither positive nor negative.	<ul style="list-style-type: none"> <li>• MEB composition</li> <li>• Different requirements for the composition of their informal and formal PEBs</li> <li>• Frequency of quality control and assurance processes</li> </ul>

**Appendix D: IDES Variability Matrix**

Variability Identified	Desirable/Neutral/Undesirable	Phase	Structural / Procedural / Clinical	Site Example	Frequency	Magnitude	Potential to Impact IDES Outcomes?	Outcomes Impacted (If Applicable)	Mitigated by Consolidation?
Potential for overlapping symptomatology that can lead to diagnostic differences during treatment	Undesirable	Treatment	Clinical	Potential across all MTFs	Low	Medium	Y	Could lead to incorrect/insufficient diagnosis	N
Mis-categorization of a Service member's medical condition as existing prior to military service	Undesirable	Treatment	Clinical	Potential across all MTFs	Low	Low	Y	Could lead to incorrect/insufficient diagnosis and/or impact to fitness determination and/or disability rating	N
Failure to accurately consider all conditions that cause or contribute to unfitness	Undesirable	Treatment	Clinical	Potential across all MTFs	Low	Medium	Y	Final diagnosis could be misrepresented/insufficient, and result in inappropriate or insufficient treatment	N
Establishment of a pre-IDES preparatory phase (such as the MRDP Transition Cell [MTC] at Fort Hood, or DAWG within the AF) serves to advance the visibility of Service members who may enter IDES before formal admittance. Levels of pre-work vary greatly across locations	Undesirable	Treatment	Structural / Clinical	<ul style="list-style-type: none"> <li>Ft. Hood has developed and utilizes the MRDP Transition Cell (MTC) to anticipate and prepare for IDES cases entering the pipeline</li> <li>Navy sites such as NMC Portsmouth report that "no</li> </ul>	Medium	High	N	<ul style="list-style-type: none"> <li>Increases speed and expediency of developing the NARSUM; enables more deliberate coordination and local staff to prioritize referrals so that the record is complete should</li> </ul>	Possible - would be a significant coordination enhancement

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Variability Identified	Desirable/ Neutral/ Undesirable	Phase	Structural / Procedural / Clinical	Site Example	Frequency	Magnitude	Potential to Impact IDES Outcomes ?	Outcomes Impacted (If Applicable)	Mitigated by Consolidation?
and may contribute to variance in processing times and case file completeness. Standardizing prep work under a consolidated system could increase process efficiency				<p>pre-work (collection of records, etc.) is done prior to referral into IDES”</p> <ul style="list-style-type: none"> <li>• Fort Benning reports MACH used to complete a full physical exam prior to Soldier’s entry in the IDES process. They say this should be avoided as it can be considered a “pre-MEB process”</li> <li>• At Robins AFB, Pre-IDES medical evaluations include a full work-up by the primary care or MTF physician and completion of preliminary NARSUM, which are both sent to the DPANM, where it is determined whether a case will proceed through the MEB or the Service member is</li> </ul>				<p>the Service member enter IDES</p> <ul style="list-style-type: none"> <li>• At Robins AFB, the process improvements have eliminated the backlog of cases, reduced the RTD to less than 1%, and reduced time spent in all MEB stages</li> </ul>	

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Variability Identified	Desirable/ Neutral/ Undesirable	Phase	Structural / Procedural/ Clinical	Site Example	Frequency	Magnitude	Potential to Impact IDES Outcomes ?	Outcomes Impacted (If Applicable)	Mitigated by Consolidation?
				returned to duty					
Misidentification of potentially unfitting conditions, unintentional or otherwise, which creates the possibility for medical and physical evaluation boards to exclude disabling conditions from consideration	Undesirable	MEB	Clinical	Potential across all MTFs	Low	Medium	Y	Could lead to incorrect/insufficient diagnosis	N
Standards for the creation of the NARSUM vary across the Services, with differences including the author (physician), details included, writing time required, and length of report	Undesirable	MEB	Procedural	<ul style="list-style-type: none"> <li>Lackland AFB: using same physician allows for continuity and enhances the consistency of NARSUMs</li> <li>Fort Benning reported that differences in physician style/dedication to completeness causes significant variation in time for NARSUM development.</li> </ul>	High	High	Y	Degree of detail in report could contribute to variance in outcomes at PEB for similar conditions	Possible
Use of contract providers (QTC) for VA C&P Exams leads to variance in quality and thoroughness of C&P exam	Undesirable	MEB	Clinical	<ul style="list-style-type: none"> <li>Some sites report collocation with VA QTC Providers, which may help with coordination but not necessarily</li> </ul>	High	High	Y	Variance in quality of exams/contractors can lead to difference in diagnosis/outcome	N

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				with quality of exams <ul style="list-style-type: none"> <li>Fort Benning reporting having difficulties with quality of QTC exams</li> </ul>					
VA DRAS was noted as the "biggest variance" in IDES at many sites	Undesirable	PEB	Procedural	<ul style="list-style-type: none"> <li>JBSA PEB noted biggest determinant of variance in outcome occurs at VA DRAS</li> <li>Fort Benning observed many variances resulting from VA portion of IDES</li> </ul>	High	High	N	A determination of unfitness may result in an undesirable outcome	N
Air Force PEB serves as informal consult to DPANM prior to submission of IDES case; individual determination dependent on independent determination	Undesirable	PEB	Procedural	AF process only	Medium	Low	N	Informal PEB consult can be made in a vacuum without input from other members of PEB	Y
Difference in process used to transfer case files (Army/AF transmit electronically; Navy transmits paper files)	Undesirable	Process-wide	Structural / Procedural	<ul style="list-style-type: none"> <li>NMC Portsmouth uses paper-only; does not currently use an electronic case file transfer system. Will be a significant but necessary hurdle for consolidation</li> </ul>	Medium	Low	N	Ease of transferring files impacted when disparate systems are in use; paper-only is significantly more time-consuming and may	Y, if necessary technological capabilities were put in place

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				<ul style="list-style-type: none"> <li>• Still experiencing issues with electronic transfer at some sites - i.e. due to network issues at the MTF which require the PEBLOs to manually scan large case files page by page at Robins AFB</li> </ul>				contribute to delays in process	
Difference in level of communication/coordination with other MTF staff and IDES staff is observed	Undesirable	Process-wide	Structural	<ul style="list-style-type: none"> <li>• BAMC, JBSA PEB staff made this observation during site visit</li> <li>• Could better improve coordination between other groups that manage wounded warriors (e.g. Warrior Transition Brigade) and Medical Management Centers in the Army</li> </ul>	High	Medium	N	Command support and coordination with IDES staff is crucial for the process; should be standardized to the degree possible, though slight differences will always exist	Y, If appropriate tools and processes are developed and applied, consolidation could improve this aspect of variability though relationships between IDES and Command will be unique per site
Handling of remote cases does not appear to be standardized, and could cause significant variance across sites for that population	Undesirable	Process-wide	Structural / Procedural	<ul style="list-style-type: none"> <li>• AF appears to have more established procedure</li> <li>• BAMC/JBSA reports the quality</li> </ul>	Medium	Medium	Y	Service members undergoing the IDES process via remote locations may be at a disadvantage for a full and fair	Y

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				varies greatly in C&P (remote) exams, which could lead to diagnostic variance				diagnosis	
Service-specific retention standards are not equivalent across DoD	Desirable	MEB	Procedural	Differences present across Services	High	High	Y	Retention standards are unique to every Service and cannot feasibly be consolidated	N
MOS-specific retention standards are not equivalent across Services	Desirable	MEB	Procedural	Differences present within Service-specific MOS	High		Y	Retention standards are unique to every MOS within each Service and should not be consolidated, outside of a baseline minimum standard	N
When the physician must categorize conditions that are not unfitting individually but may be unfitting in combination or in combined effect	Neutral	MEB	Clinical	Potential across all MTFs	Low	Low	Y	Could lead to incorrect/insufficient diagnosis	N
MEB composition varies across the Services	Neutral	MEB	Structural	Differences present across Army, Navy, and AF MEBs	High	High	N	Possibility of inconsistent evaluations and outcomes	Y
Navy/USMC/Air Force do not have MEB Physicians specifically	Neutral	MEB	Structural	<ul style="list-style-type: none"> <li>Camp Lejeune has 3 FTE MEB physicians</li> </ul>	High	Low	Y	May not be consistent with outcomes from	Y

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assigned to only process MEB cases uniformly across MTFs. Some do exist at certain locations however (NH Camp Lejeune, Lackland AFB 59th Medical Wing DO have MEB physicians)				<p>focused on the administrative work separate from those treating physicians; stated it was preferable to have MEB Physicians working separately from treating physicians</p> <ul style="list-style-type: none"> <li>• Most AF sites (e.g. Robins AFB) may not have sufficient IDES-specific workload to feasibly establish this role</li> </ul>				other Services using MEB-specific physicians	
Each Military Service authors its own procedural guidance and standards for this fitness decision process that includes offering different appeal and review options	Neutral	PEB	Procedural	Differences present across Services	Medium	High	Y	Since ease and opportunity for appeals and reviews differs across Services, process timing and outcomes across Services will differ as well	N
Each Service has different requirements for the composition of their informal and formal PEBs	Neutral	PEB	Structural	Differences present across Service PEB	High	Low	Y	Lack of standardization could lead to different outcomes for similar conditions and situations	Y

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Although Military Department PEBs are based on the same legislation and DoD policy, the existence of five PEBs across the three Military Departments presents inherent challenges to maintaining consistency	Neutral	PEB	Structural	Differences present across Service PEB	Low	Low	N	Inconsistencies and lack of standardization are inherent in this model	Y
Frequency of quality control and assurance processes varies across sites	Neutral	Process-wide	Procedural	<ul style="list-style-type: none"> <li>Fort Benning reports "Quality Assurance is embedded throughout the IDES Process – each case is checked multiple times"</li> <li>At several sites, unclear what (if any) quality assurance processes are in place</li> </ul>	High	Medium	Y	Varying degrees of quality monitoring are in place, versus a standard and/or regular process	Y
Participant satisfaction measurements (i.e. usage of formal surveys) appear inconsistent across sites and Services	Neutral	Process-wide	Procedural	<ul style="list-style-type: none"> <li>Ft. Benning reports soldier satisfaction with the IDES process is not tracked through a survey (discontinued several years ago due to questions of validity).</li> <li>Mostly rely on</li> </ul>	High	Low	N	Without a uniform way to measure user satisfaction, the ultimate success of the system cannot be accurately measured or reported from Service member standpoint	Y (if user survey developed and deployed as a Standard Operating Procedure)

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				anecdotal evidence for satisfaction assessment					
Flexibility in communications and interactions with the legal teams may be creating variance in extension requests/timing, as well as due process	Neutral	Process-wide	Structural	<ul style="list-style-type: none"> <li>Randolph AFB and Portsmouth reported strong communications with the legal teams</li> <li>Ft. Hood reports that "physical access to legal advice and support accelerates processing times and Service member participation, and increases quality of inputs throughout the process"</li> <li>NMC Portsmouth said legal counsel is "an important advocate for Service members, but does not always result in increased Service member engagement in the process;" this could be examined further</li> </ul>	Medium	Low	N	<ul style="list-style-type: none"> <li>As noted at Ft. Hood, in person/regular access to legal advice and support appears to accelerate process times and increases quality of inputs</li> <li>Adversely, lack of physical access to legal support can detract from due process</li> <li>Access to legal counsel should be standardized for consistent and fair outcomes</li> <li>Some sites recommend a mandated visit to legal at the onset of IDES for each Service member.</li> </ul>	Y (baseline/standard expectations for legal counsel involvement in IDES process can be established and applied)

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				and standardized • On- versus off-base legal team location at Fort Benning may deter Service members from seeking face-to-face counsel, although geographic separation of legal counsel/JAG on base is a beneficial separation for the Service member to facilitate confidentiality and impartiality					