

Advisory Committee on Disability Compensation (ACDC/the Committee) Meeting

Tuesday, May 22, 2023 – Wednesday, May 23, 2023

9AM – 12PM Eastern

EXECUTIVE SUMMARY

Transcription Services: Provided by Jamison Professional Services

Veterans Benefits Administration (VBA) Staff Present:

- Jadine Piper, Designated Federal Officer (DFO) for the ACDC, Chief, Program Implementation, Compensation Service (CS), Veterans Benefits Administration (VBA)
- Lisa Lotts, Alternate DFO, ACDC, Program Analyst, CS, VBA
- Claire Starke, Alternate DFO, ACDC, Program Analyst, CS, VBA
- Beth Murphy, Executive Director, CS, VBA
- Jelessa Burney, Program Specialist, Advisory Committee Management Office, VBA
- Nicole Dumas, Acting Assistant Director, VASRD Program Office, VBA
- Olumayowa Famakinwa, Chief, VASRD Implementation, VBA
- Dr. Neil Evans, Acting Program Executive Director, Electronic Health Record Modernization Office
- Tonita Cannon, Management Analyst, Budget & Shared Services, CS, VBA
- Lashana Tatem, Director, HR Program Management Operations, VBA
- Carla Ryan, Assistant Director, Military Exposures Team (MET), VBA
- Jackie Imboden, Action Officer, MET, VBA
- Ken Gareau, Acting Assistant Director Pre-Discharge Program, Compensation Service, VBA
- Pamela Miller, Assistant Director of Acquisitions and Budget element within Medical Disability Examination Office (MDEO)
- Erin Gittins, Acquisitions Chief, MDEO
- Ivo Kistic, Operations Chief, MDEO
- John Detty, Assistant Director over Operations and Data, MDEO
- Jocelyn Moses, Senior Principal Advisor, CS, VBA
- Becky Lindstrom, Assistant Director, Office of Production Optimization
- Matt Braiotta, Assistant Director, Office of Benefit Automation

ACDC Members Present:

- Evelyn Lewis, Chair
- Bradley Hazell, Vice Chair
- Al Bruner

- Patt Maney
- Eloisa Taméz
- Frank LoGalbo

The committee met in an open, public session on Tuesday, May 22, 2023 and Wednesday, May 23, 2023.

Meeting Minutes

Purpose: The purpose of the Advisory Committee on Disability Compensation is to provide advice to the Secretary of Veterans Affairs on establishing and supervising a schedule to conduct periodic reviews of the VA Schedule for Rating Disabilities (VASRD).

The purpose of the meeting is for the Committee to receive presentations on various topics relating to their job as a committee, as well as discuss the submitted biennial report and future meetings.

Rules of Engagement: Jadine Piper, DFO for the Advisory Committee on Disability Compensation, conducted rules of engagement, and indicated that the meeting is open to the public and being recorded.

Tuesday, May 22, 2023

Opening Remarks

Ms. Claire Starke, Alternate Designated Federal Officer (DFO), called the Committee to order at 9:00 a.m. Role was called and five committee members were present. Dr. Eloisa Tamez joined the call during Member Introductions portion for a total of six members present on Tuesday, May 22, 2023. Steven Wolf was not present.

Ms. Jadine Piper, DFO for Advisory Committee on Disability Compensation, welcomed the Committee to the meeting and reviewed the rules of engagement for speaking. She then turned the meeting over to the Committee's Chair, Dr. Evelyn Lewis.

Chair Lewis thanked the Committee for attending the meeting and welcomed staff and guests who were also attending. She then invited each Committee member to introduce themselves.

Member Introductions

After self-introductions by members, Ms. Piper shared that normally public comments would be given at this time. However, none were received before the meeting began, and she

welcomed the public to submit any comments for the next day's meeting, and that there would be time at the end of the next day's meeting if the public wished to speak at the meeting rather than submit a comment.

As the meeting was ahead of schedule, a short break commenced until it was time for the first speaker to begin.

Compensation Service Updates – Beth Murphy, Executive Director, Compensation Service

Ms. Piper introduced Beth Murphy, Executive Director of Compensation Service. Ms. Murphy expressed that she would be sharing some high-level talking points with the Committee. She shared that they are all still working on returning to in-person meetings, as well as return-to-office strategies as they continue to serve Veterans and their families, caregivers, and survivors.

Ms. Murphy explained that in Fiscal Year (FY) 2022, they set a record in claims production at VBA with 5 percent more rating claims completed, with 1.7 million claims completed in total. The claims backlog was reduced by 100,000, and the average pending claim time dropped over 20 days. In FY22, over \$120 billion was paid in disability compensation to nearly 6 million recipients. There were almost 361,000 new to the roles for compensation and dependency indemnity compensation (DIC) recipients.

One focus of Ms. Murphy's team was a robust review of character of discharge determination cases. They worked to have those determinations go through pre-decisional reviews before automatic denial and are working through regulatory actions for character of discharge OTH (other than honorable). She shared that collectively in FY22, 14,000 character of discharge cases were reviewed before decision to deny, and overall accuracy was 98 percent of those cases as being done correctly. She noted that in FY20 and FY21, the accuracy was lower at around the mid- to high-90 percent range.

Much of the work her team has also been working on through FY22 was the lead up to the passage of the PACT Act in August 2022. She expressed how it was all hands-on deck in Compensation Service to be ready for when legislation was finalized. They prepared a policy letter to begin processing while the regulations were being worked on, as well as training procedures including "train the trainer" to ensure the field was equipped with what they needed to process the claims. Ms. Murphy and her team also visited Regional Offices to have round tables with employees about processing the pact act cases. She shared that the claims processors had a higher comfort level in April versus January 2023 when they first began to process the cases and that it will take time to continue to be comfortable with new claims for PACT Act. The quality of claims processing is trending upward as the claims processors have more time to acclimate.

Ms. Murphy went on to explain that 28 to 29,000 were newly hired in FY22, with the majority being in Veteran Service Centers to handle influx of cases from PACT Act. She then

shared how they had created VIP training, or Virtual and In-Person Progression training, which has three primary segments. The first segment involves compensation service delivering IWT (In-Person Web-Based Training) for e-case work, sample cases, and upfront training. The second and third involved the Regional Offices giving classroom training, case work, mentoring, and individual assessment. In FY21, only 867 IWTs were conducted, while FY22 had over 4,200, with FY23 projecting to have over 5,000. Regional offices allow IWT to be done more frequently by compensation service. They are working to flex and expand to marry up with PACT Act training.

In addition to the expanded hiring efforts, Compensation Service has increased throughput with the WARTAC (Warrior Training Advancement Course) with Department of Defense (DoD), which resulted in new claims processors being trained while still on active-duty and transitioning to civilian life. 500 active-duty is year are projected to be trained.

Virtual site visits to Regional Offices done by Ms. Murphy and her team have continued until March 2023, and are now being done mostly in person. 19 site visits have been conducted to date, with a blended model of in-person and virtual being reviewed going forward.

Ms. Murphy listed the body systems still being reviewed for changes in the VA Rating Schedule, sharing that there are four body systems left before all have been reviewed: Respiratory, ear, nose, and throat are having the final rule being reviewed by her with 127 pages in her inbox; mental disorders are moving forward through VBA to VA; digestive system is in the final rule stage and is currently the furthest along in concurrence progress; and neurological is in the proposed rule stage. She shared that they are hoping to be finished by end of 2024. Nicole Dumas, Acting Assistant Director of the VASRD team, will be giving a presentation later in the meeting with more information.

The nomination for Assistant Director of VASRD as a permanent position is being worked on, with a job offer being sent out soon.

Ms. Murphy moved on to discuss how they are implementing new VSignals, or Veteran Signals, to gauge feedback from Veterans filing disability claims. In April, surveys were sent out for the overall disability compensation program, with 800 surveys already being received back from Veterans at the time of the meeting.

Ms. Murphy changed the topic to the latest updates for hiring in Compensation Service. She shared that they have a new team in Compensation Service, the Military Exposures Team. Andrew Wilson is the new assistant director over the Pre-Discharge Team in Compensation Service, with May 22 being his first day. The assistant director over System Support and Operational Review, James Smith, was accepted into the newest class for the Senior Executive Service Candidate Development Program (SESCDP). Teria Dowdy is standing in as Deputy Director for Compensation Service, previously being an Assistant Director at the Indianapolis Regional Office.

Having concluded her presentation and with no questions pending, Ms. Murphy thanked the Committee for their time and turned the floor back over to Ms. Piper.

Federal Advisory Committee 101 Briefing – Jelessa Burney

Ms. Piper introduced Jelessa Burney, Program Specialist, Advisory Committee Management Office (ACMO), to give her briefing.

Ms. Burney shared that the briefing is an annual requirement that her office provides to new and recurring members of VA advisory committees. She reviewed the Department of Veteran Affairs Federal Advisory Committee Act (FACA) management program, which requires that her office act as a point of contact within VA regarding the FACA guidelines and best practices for the 26, soon to be 27, Advisory Committees currently under purview.

The purpose doing so is to coordinate with the Committees to get advice and recommendations for the President or agency official (currently the Secretary of VA) on issues or policies within the scope of the agency official's responsibility to ensure Congress and the public remain informed on VA's federal advisory committee's purpose, membership activities, and costs.

Ms. Burney continued explaining FACA and how it governs behavior of federal advisory committees with special emphasis on open meetings, chartering, public involvement, and reporting through a process that promotes openness, transparency, and accountability to regulate the number and duration of federal advisory committees. These rules apply to all groups with at least one non-federal employee established or utilized by the agency to obtain vital recommendations, unless an exemption applies.

The requirements for each committee include having a signed charger, designated federal officer, public meetings with an agenda, balanced membership, and maintained records. The role of the Designated Federal Officer is to run meetings, having been trained to do so by FACA. A DFO must be present at all times, or the meeting cannot continue. Meeting logistics include being in-person, virtual, or hybrid; public stakeholders must have same access to the meetings as the Committee members; and quorum must be present in order to hold the meeting at all.

In order to hold closed meetings, the advisory committee must either be discussing classified information, reviewing proprietary data submitted in support of a federal grant application, or deliberating with consideration of personal privacy such as Veteran PII or Medical Center tours. For a closed meeting to take place, the Committee would speak to their DFO would in turn speak to the ACMO office, who would review the request. If ACMO concurs on need for meeting to be closed, the request would be forwarded to the Office of General Counsel (OGC) who would have the final word on if the meeting request met requirements for a close meeting. However, one or more Committee members can meet privately if gathering to discuss information, gather research, analyze issues and facts, prep for the meeting, do administrative work or calls, or for subcommittee meetings. During a

private meeting, the members are not allowed to engage in discussing reports or recommendations.

Ms. Burney moved on to the next topic, which was if members were allowed to testify or speak on behalf of Committee members. She shared that they could do so if called to testify in front of a legislative body or interview with the press, however, only as a private citizen. If asked to testify or give an interview, the member must notify their DFO, who will notify ACOM, who will notify the OGC, Ethics, and FACA team. At that time, a 30-minute phone call will be set up and OGC will give the member a list of left and right boundaries but will not advise on what to say as they cannot be biased. The member, when giving testimony or interview, must say that they are either speaking based on experience, as a private citizen providing their own knowledge, or through their personal opinions.

The next point that Ms. Burney made involved best practices for the Committees. These include mastering the calendar, knowing their role, having a copy of the Committee Charter to review, also having a copy of the Committee Member Handbook for guidance on left and right boundaries, ethics, and VA Advisory Committee Objectives and Guidelines. She also encouraged cross Committee collaboration.

With this, Ms. Burney concluded her review and, with no questions, Chair Lewis thanked Ms. Burney for her thorough presentation.

VASRD Status Update – Nicole Dumas

Ms. Piper introduced Nicole Dumas, Acting Assistant Director VASRD Program Office, to give a status update on the VASRD changes.

Ms. Dumas explained that VA's goal for updating VASRD and rating schedule continues to be committed to ensuring disability rating criteria aligns to current medical science to ensure that disability evaluations more closely align to current medical science in order to compensate Veterans accurately. She reminded the Committee of 38 USC 1155, outlining two important points in the law: the Secretary shall from time to time readjust a schedule rating in accordance with experience, and ratings shall be based as far as practical upon average impairment of earning capacity resulting from injuries in civil occupation.

She noted that Oral and Dental body systems are finished and claims are being processed based on the new guidelines. The goal is to have a continuous project management and maintenance process to move remaining five body systems through concurrence. She also shared that the mental disorder body group is having eating disorders added as a mental disorder to be more accurate to current medical science. The diagnostic codes for ears are now being changed to ear, nose, and throat.

Ms. Dumas went on to review the future of VASRD updates, reiterating the importance of aligning the rating schedule to current medical science. She shared that the goal is to finish this first iteration of updating the entire rating schedule by the end of FY2023, and that

iteration 2 is projected for FY24 through 2028. Iteration 2 will review all 15 body systems again, with potential to use earnings/loss data gathered from iteration 1 in order to update iteration 2. She then opened the floor for questions.

Chair Lewis shared her concern about some body systems using data that is 5 or more years old to update the rating schedule. She felt the pace that medical information and technology changes too quickly and was concerned that the Veterans were not getting the best ratings if the information was that old and could potentially always take years to make it through concurrence after reviewing medical data.

Ms. Dumas agreed that the process does not happen quickly, but that once a body system is in concurrence, no changes can be made until the next iteration. She did assure Chair Lewis that the goal is to update the body systems that had the oldest information as quickly as possible when iteration 2 commences. She noted that every part of the process had notes being taken and lessons learned that would help improve the process moving forward, and that making rules smaller can speed up the process. Chair Lewis thanked Ms. Dumas and requested the Committee be kept up to date as progress is made.

Al Bruner asked which part of the process takes the longest time, and if research had been made on how to expedite the process by removing unnecessary steps. Ms. Dumas answered that they had been reviewing and making notes along the way on how to expedite the process in the future but since the update is the first full review since 1945, everything has been taking time.

Chair Lewis shared her experience with not only Veterans but also leaders in the community using the term PTS (post-traumatic stress) instead of PTSD (posttraumatic stress disorder), dropping the "D" in order to attempt to reduce stigma. She asked if Ms. Dumas had any knowledge of if there would be any changes to the term for PTSD. Ms. Dumas agreed that she had also experienced this and shared that they are currently doing reviews but want to continue to align with current medical science. However, she shared that they are working with VHA (Veterans Health Administration) to help reduce stigma around PTSD and other mental disorders for Veterans.

There were no further questions, but Dr. Eloisa Tamez concurred with and thanked Chair Lewis for her questions and suggestions.

Earnings/Loss Study (ELS) Update – Olumayowa Famakinwa

Ms. Piper introduced the next speaker, Olumayowa Famakinwa, Chief, VASRD Program Implementation, to give an update on the ELS.

Mr. Famakinwa began by outlining how the VA gathers information for the ELS, starting with the Veterans Benefits Administration, to the VASRD team, to working with a contracting team to get data from PA&I (Performance Analysis & Integrity), who gets information from the VA Office of Enterprise Integration and the Census Bureau, who provides information

from Social Security and Internal Revenue Service (IRS). This data is then used to revise the rating schedule.

He emphasized the importance of basing compensation benefits on the reduction of earning capacity caused by Veterans disabilities, which is why ELS exists. He then reviewed the past versions of ELS, beginning with ELS 1 in 2017, which was used and created as a proof of concept. ELS 2 pursued additional data, got access to data, and refined methodology to get actual accurate numbers. ELS 3, the current version, is a multi-year contract which is making estimates of earning losses for diagnostic codes, pursuing additional data, and refining methodology for more accurate numbers.

ELS 3.0 made estimates of the 100 most prevalent diagnostic codes, produced data on 92, and presented in a pseudo panel and panel model. A panel model observes the same Veteran over a number of years, while a pseudo panel model observes a Veteran at one point of time, estimating the impact their earnings have had over a number of years. ELS 3.0 concluded end of FY22.

ELS 3.1 estimated an additional 163 diagnostic codes, with 161 of those having enough data found to produce results. Mr. Famakinwa noted the importance of estimates because they incorporate the rating level and not just the overall disability for the Veteran. 44 of the 163 diagnostic codes provided estimates at each rating level of the particular diagnostic code. He noted that more improvements were made to the model, and that they are pursuing more data sources like clinical data and administrative earning data for Veterans. He then shared a chart with the Committee which outlined the formula of finding estimates. For the 44 diagnostic codes, the model for finding estimates for each rating level were based on five data points per time interval.

Mr. Famakinwa shared detailed analysis plans for how to determine and communicate ways to revise methodology, increase accuracy and precision, and adding additional dimension to earning loss and utilizing data sources. He noted that the week prior, ELS 3.1 data had provided more rating level estimates and they were currently testing how to use the data to revise diagnostic codes, as well as researching what it means when estimates overlap or do not follow expected patterns. He also shared that they were conducting a pseudo panel to assess Veterans whose source of income is self-employment, continuing to analyze the impact of presumptive service connection, testing quality of earning losses for conditions of shared rating criteria, and assessing the effect of federal government hiring preferences. With no further information to present, Mr. Famakinwa opened the floor for questions.

Mr. Bradley Hazell noted that in ELS 2, the comparison group for earning capacity was non-Veterans. He asked if ELS 3 is only focusing on comparing earning capacity to other Veterans. Mr. Famakinwa confirmed that was the case.

Mr. Hazell asked if the second ELS was used in revisions to the current version of the VASRD, and if results of the study would be made public, or public to the Committee? Mr. Famakinwa shared that there was yet to be a revision to VASRD based on earning loss

data, and that he would make a note to get back to him about sharing the results with the Committee.

Chair Lewis expressed her concern that the data had not yet been shared with the Committee, and that she had not seen any continuity in data being shown, analyzed, and results. She reiterated the request for a follow-up on the data being presented to the Committee and asked that in the next presentation given to the Committee, someone who has researched and gathered the data should also be present to help answer these specific questions.

Mr. Al Bruner agreed with Chair Lewis and shared his confusion on what the purpose of the ELS was. He asked what the value was in not including education in the data, as he felt that would be important for the overall calculations of earnings loss. Mr. Famakinwa answered that they did not take higher education into account because the analysis was based on average Veterans, not individuals. Chair Lewis requested that the education question be brought up at a future presentation specifically to give more discussion so the Committee can have a better understanding of how ELS doesn't take it into consideration.

With no further questions, Mr. Famakinwa finished his presentation and thanked the Committee for their time.

Electronic Health Record Modernization Project Update – Dr. Neil Evans

Ms. Piper introduced the final speaker of the day, Dr. Neil Evans, Acting Program Executive Director, Electronic Health Record Modernization Integration Office.

Dr. Evans shared that the goal for modernizing electronic health records in VA is to have a single, common electronic health record that would follow a service member through the entire period of their enlistment and active-duty, and then into the VA healthcare system. He noted that the DoD is over 80 percent complete with rollout of integrating their records system with VA, and the goal is for them to be 100 percent complete by March 2024. DoD calls the process HMS Genesis, but it is also referred to as Federal Health Record, or Electronic Health Record Modernization. He shared that the Coast Guard and National Oceanic and Atmospheric Administration also are included in the records modernization.

While 10,000 VA staff currently are using the new system on a daily basis, Dr. Evans noted that the VA has put a pause on modernization from their end in order to focus on getting details correct for the five points using the new system currently before moving forward and adding more. However, VA will be pursuing a joint go-live for the system with DoD in March 2024. The goal is for a joint health information exchange, which is a big part of modernizing. The VA wants to not only deploy EHR but also expand significantly.

More than 2,000 hospitals in private sector are already exchanging data with joint health information exchange, as well as 800 health centers, 8000 pharmacies, and 33,000 clinics. They are exchanging data with 65 percent of US hospitals, as well as the Commonwealth Health Exchange Network, E-Health Exchange, and are soon adding care quality network of

exchange partners which will significantly increase health information exchange between the VA health system and private sector. Mr. Evans projected over 80 percent of the private sector would be sharing system with the VA by the end of the project. He shared that a lot of commercial data would also be available to VA and DoD as part of routine delivery of care, and that there are currently 131 million inbound documents per month as part of the joint health information exchange.

With his presentation concluded, Dr. Evans opened the floor for questions.

Chair Lewis asked why there had been such a start and stop with integration of records on the VA side. Dr. Evans responded that EHR was critical for the use of tens of thousands of employees to use as their primary application every day to do work. It was scaled to be the largest implementation of such an integration anywhere in the world and was deployed in a complex environment. At the foundational level, the system needs to be up all the time with all parts working and user performance great. At the time, they are not seeing adequate technical performance to build EHR based on current experience, and there are many configuration choices to make. Therefore, there needed to be a break from integration in order to ensure the application was working as needed.

With no further questions, Dr. Evans thanked the Committee and turned the floor back to Ms. Piper.

Meeting Wrap-Up

Ms. Piper reminded the Committee that surveys would be sent out about the day's meeting and asked the members to please complete the surveys so she would know what to improve for future meetings.

Final Thoughts and Adjournment

Chair Lewis thanked Ms. Piper and the presenters, and with no questions from the Committee members, she adjourned the meeting until the next day at 9am EST.

Wednesday, May 23, 2023

ACDC Members Present:

- Evelyn Lewis, Chair
- Bradley Hazell, Vice Chair
- Al Bruner
- Patt Maney
- Eloisa Taméz
- Frank LoGalbo
- Steven Wolf

Opening Remarks

Lisa Lotts, Alternate Designated Federal Officer, called the Committee to order at 9:00 a.m. Role was called and 7 members were present.

Ms. Piper then welcomed everyone to the meeting and reviewed the rules of engagement and turned the floor to Chair Lewis.

Committee Member Introductions

Chair Lewis thanked Ms. Piper and the Committee and other participants for coming to the meeting. She and the other members then introduced themselves again for anybody not present at the previous day's meeting.

Financial Review – Tonita Cannon

Ms. Piper introduced Tonita Cannon, Management Analyst, Budget & Shared Services Staff, Compensation Service. Ms. Cannon reminded the Committee members to sign their letters for the daily consultation fee, and then email them and CC her as soon as possible but no later than five business days after the meeting.

HR Program Management Operations Report – Lashana Tatem

Ms. Piper then introduced Lashana Tatem, Director, HR Program Management Operations for Human Capital Services (HCS), VBA. Ms. Tatem shared that her office overviews HR for VBA regarding mission critical occupations (MCOs) such as veteran claims representative, call center representatives, and veteran service representatives. In the last two years, they had focused on hiring to keep up with the growing need for people to help process claims due to toxic exposure, military environment exposure, and the PACT Act.

She shared some statistics with the Committee, including how they had hired over 5,800 MCOs in FY22, mostly for processing claims to do with the PACT Act. In FY23, they had hired 7,800 MCOs already, also to help address the PACT Act. They have been able to achieve such a high number by keeping a constant hiring process going, as well as utilizing

vendor and human resources centers where they have been able to cut down the full process, which was previously several months from start to finish.

Ms. Tatem pointed out how they were already on their eleventh hiring event for the year, and in February 2023 alone they held eight hiring fairs. During one hiring fair in Waco, Texas, over 600 people attended and were able to check their resumes to see if they qualified for the job. If qualified, they went straight into an interview panel, and if selected, they would be offered the job that same day and fingerprinted for the job. Her office is also able to do expedited hiring events which are invite-only, working with applicants who had already applied for a job and deemed qualified and referred on a certificate, where they would do interviews and decide same-day for the applicant. Ms. Tatem opened the floor for questions.

Mr. Hazell asked if the hiring fairs were done with specific locations in mind, or if they were hiring for any location no matter the area the fair was being held. Ms. Tatem answered that, since the vacancies advertised are locations specific and the selecting officials are there for that location's Regional Office, the fairs are held where the jobs would be performed. Mr. Hazell then asked if the jobs are remote for Rating Veteran Service Representatives (RVSR) or Veteran Service Representatives (VSR). Ms. Tatem said no, but they are telework eligible. However, call center jobs at the national call center are full time remote. Mr. Hazell wondered how many current job vacancies were open for RVSRs. Ms. Tatem answered that the number depends on the area, but they are trying to hire six to eight thousand for all MCOs within VBA.

Mr. Bruner asked if Ms. Tatem had an accompanying brief with her comments that they could review. She did not, but she assured him she would send one to be shared with the Committee. Mr. Bruner then asked where the information and announcements for job fairs are publicized, and how someone would get that information if he wanted to pass it on? Ms. Tatem shared the types of marketing they were doing for the job fairs, including marketing fliers, working with public affairs specialists, posting on the VA website and social media pages, and depending on the location, the fair could be marketed locally through news stations, military installations, website of the local Regional Office, and communications with Veteran Service Officers (VSOs).

Mr. Bruner's final question was if any of the job fairs were held virtually. Ms. Tatem informed him that they have done virtual information sessions, but for legal admin full time remote jobs, if enough interest was generated from non-local applicants, then interviews would be done remotely and virtually.

Mr. Frank LoGalbo asked if there were any projected staffing numbers for FY24. Ms. Tatem said not yet, and that those numbers would come from the Office of Field Operations. Mr. LoGalbo then asked if Ms. Tatem's office was integrating with WARTAC to hire Veterans as well. Ms. Tatem assured him that yes, they were absolutely working with them as well as communicating with outreach partners in VBA. These outreach partners also give her team information on if there is a specific group that needs to be marketed to in the community, so

they are not only focusing on people external to VA but also forgotten populations or those who don't get enough attention. Her group also attends when the outreach partners at VBA have information sessions.

Chair Lewis asked what the attrition rate was for hiring. Ms. Tatem informed the Committee that the attrition rate was mostly internal because the positions being hired for are feeder positions. Once an employee masters one position, they are moved on to another job to master.

With no further questions, Ms. Tatem thanked the Committee for having her and assured them she would send some points she had discussed to the organizer to be shared with them.

Military Exposure Team Report – Carla Ryan and Jackie Imboden

Ms. Piper introduced the next speakers, Carla Ryan (Assistant Director, MET) and Jackie Imboden (Action Officer, MET).

Ms. Ryan began by giving an overview of the PACT Act, and how once it was signed on August 10, 2022, they began processing claims early for terminally ill Veterans on December 12, 2022. All PACT Act claims officially began being processed on January 1, 2023. The PACT Act expands eligibility for Veterans with toxic exposures, adds several new presumptive conditions, adds a requirement for Veterans to receive initial toxic exposure screening with a follow-up screening every five years, and gives appropriate education and training for staff regarding the new policy. They are also urging all Veterans who may qualify to apply for benefits as soon as possible, because if they apply before August 10, 2023, their effective date would be the same as when the Act was signed, August 10, 2022.

Ms. Ryan also shared that they were working on regulations to the PACT Act, with one regarding radiation being the first completed regulation in effect. She then asked if the Committee had any questions.

Mr. LoGalbo asked when the next regulatory update would be coming. Ms. Ryan answered that they had several updates in process, but the next is due around September 2023. Ms. Imboden confirmed the date, and that they were working through several packages at the time.

Judge Maney suggested Ms. Ryan and her team bounce the data of those who are in the burn pit registry versus claims filed, as he keeps hearing from people who were not informed about the PACT Act involving burn pits as well. Ms. Ryan agreed.

Mr. Hazell shared with the Committee that there was new information recently released regarding VA Survivor Benefits and the PACT Act, informing how VA would be contacting survivors who were previously denied DIC benefits and may be newly eligible under the PACT Act, but that they do not need to wait for the VA to contact them to submit a claim.

He asked Ms. Ryan if DIC claims were part of PACT Act effective dates, and she answered that the DIC benefits fall under a different line within VBA.

With no further questions, Ms. Ryan and Ms. Imboden thanked the Committee for their time.

Integrated Disability Evaluation System and Benefits Delivery at Discharge Review – Ken Gareau

Ms. Piper introduced Ken Gareau, Acting Assistant Director Pre-Discharge Program, Compensation Service, who oversees the joint VA/DoD Integrated Disability Evaluation System (IDES).

Mr. Gareau began by introducing himself and sharing that he had been with IDES since its inception in 2009. He explained that IDES helps transitioning service members who are sick, ill, or injured, and potentially being discharged from active-duty due to disabilities. In the past, DoD would do the examinations for these service members and give an estimate on what disability rating they would have, then once medically discharged, the Veteran would have to find a VA on their own and go through the examination and rating process again. In many cases, the rating estimates would be different between the DoD and VA, which was also confusing to the Veteran.

Now, the Veteran is referred, and the VA does the exams instead of the DoD. The VA then prepares a proposed rating for DoD to review after the examinations are completed, with a benefit estimate letter sent to the Veteran. The proposed rating is then used by DoD if they agree, and the Veteran is medically retired. The DoD then sends the DD-214 to the VA, who provides the final rating and issues benefits within 30 days of discharge if possible. Mr. Gareau shared that currently, the average is within 28 days of discharge.

Mr. Gareau opened the floor to questions. Mr. Bruner didn't have a question but wanted to praise IDES's work and shared how it is a poster for how two executive level departments can work closely together and keep service members and Veterans in mind while doing so.

With no further questions or comments, Mr. Gareau moved on to speaking about the BDD (Benefits Delivery at Discharge) program. He shared how it is a voluntary program available to all separating service members to apply within 180 to 90 days before discharge. If they apply after the 90 days before discharge, the BDD would not have time to fully process their claims to be able to get their benefits to them by the time of discharge, so there is a BDD Excluded program if the Veteran is unable to meet all of the requirements for applying before they are discharged from service.

With the BDD program, anything diagnosed during the examinations given before discharge is automatically service connected. There is also a new separation health assessment part of the process which ties into PACT Act and exposures. There are currently 40,000 cases per year with the goal to continue growing. In the fourth quarter of FY23, an electronic bidirectional capability to get treatment records will be implemented so a Veteran no longer

needs to get the records on their own to submit to BDD. His presentation complete, Mr. Gareau asked if the Committee had any questions.

Mr. Wolf shared that the VA still is not accepting records if submitted by the Veteran and still sends a request which puts a hold on BDD for the service member. He also noted that he had been told the new assessment form, being 15 pages long, had strange questions that the service members didn't understand and found confusing, and that the BDD timeframe was often missed because of service members being busy with TAPP. Mr. Gareau thanked Mr. Wolf for the feedback.

Mr. Hazell asked if Mr. Gareau had seen an influx of what would have been BDD claims turn into BDD Excluded because of SHA not being submitted or completed in time. Mr. Gareau stated that he had not, but that he also hadn't looked in detail at the comparison. However, they have looked at how many cases that SHA was available prior to exams happening, and it was 94 percent of cases for IDES, and 60 percent of cases for BDD that were happening right away. Mr. Hazell then inquired if Veteran's medical records would be uploaded prior to discharge, or after. Mr. Gareau shared that the goal is prior, though the process will be implemented in the future; when the claim is established in the system, the notification would be sent to DoD, who sends to the services to generate request to transfer records to VBMS.

With no further questions, Mr. Gareau thanked the Committee and turned the floor back to Ms. Piper.

Medical Disability Examination Office Presentation – Pamela Miller, Erin Gittens, Ivo Kistic

Ms. Piper introduced the next presenters: Pamela Miller, Assistant Director of Acquisitions and Budget element within Medical Disability Examination Office (MDEO); Erin Gittens, Acquisitions Chief, MDEO; Ivo Kistic, Operations Chief, MDEO; and John Detty, Assistant Director over Operations and Data, MDEO.

Ms. Gittens began the presentation with an overview of examination contracts. She shared that there are four prime vendors: VES, Loyal Source Government Services, Optum Serve Health Services, and QTC. Between the prime vendors, there is coverage for regions one through four (the continental U.S.A.) for pre-discharge, including examination schedule requests, as well as international contracts, allowing examinations to occur for both pre-discharge active-duty service members and Veterans who are living overseas.

She continued, outlining some of the current updates and achievements for MDEO. She shared that there had been 1 million exam scheduling requests (ESRs) so far this year, faster than any previous years, with a focus on PACT Act and TERA (Toxic Exposure Risk Activity) claims. There are two contractors overseas who provide examinations so they are able to now provide C&P examinations worldwide, even without a prime vendor in the area to do the examinations.

Ms. Gittens shared that they are also continuing to expand, focusing on Native American and rural Veterans and working with claims clinics and outreach. They have been partnering with Office of Tribal and Government Relations as well as Regional Offices across the country in order to reach as many Veterans as possible. She also explained that they are sunsetting COVID-19 policies, allowing vendors to go by local laws regarding temperature checking and masks. MDEO is also working with prime vendors to utilize new technology, such as booth less audiology exams.

She went on to explain that they are working to ensure that Veterans are not forced to travel over 50 miles for a C&P examination unless they expressly consent via documentation. MDEO has been conducting monthly audits to ensure that this rule is being followed by the vendors. For travel, there is a special modes of transportation portal where the vendor can make a request if the Veteran needs a wheelchair van or other special transportation to their exam. This also covers incarcerated and housebound Veterans in need of C&P examinations.

MDEO has also been focusing on increased production while maintaining customer satisfaction, quality, and timeliness. Ms. Gittens shared that vendors were being held accountable for underperforming by not being eligible for monetary incentives if they fall below the performance metric at the gateway level for any of the performance requirements. The performance factors being measured are: timeliness, average days to complete and average pending; quality, which was expanded to include margin of error; and customer satisfaction based on performance scores from an independent third party contractor that measures customer satisfaction.

Mr. Kistic continued the presentation, sharing some production trends and operational slides. He shared that vendors were producing at all-time highs, with timeliness increasing and being met with the complexity of PACT Act claims. Currently, there are 21 mobile units being used by the vendors, who own and build the mobile units with equipment needed to do examinations. This provides an encompassing all in one unit that can travel and provide services available in most C&P examinations, including specialties. He shared that the mobile units are evolving and improving and can sometimes provide examinations the same day the Veteran files a claim, if during a claim clinic event.

Mr. Kistic then opened the floor to questions. Mr. Bruner began with a group of questions. He asked what TERA stood for and was told it stands for Toxic Exposure Risk Activity. Mr. Bruner asked if PACT Act examinations have precedence or if all claims are treated the same. The answer was that PACT Act examinations are not made priority, but if a PACT Act examination is needed on one of VA's priority indicator examinations (such as terminally ill, over 75, homeless, et cetera) then those examinations are priority.

Mr. Bruner asked if VA uses DHA (Defense Health Agency) resources to do exams through a TRICARE agreement. He was told that the contracts are eligible to subcontract with whoever they need to, and there is no specific agreement between DHA/DoD and VA. That ability to subcontract as needed is VA wide.

Mr. Bruner then asked if the virus backlog has been taken care of. The answer was no, not completely, but there is finite detailed data on each exam marked as a pandemic concern. The list was up to 250,000 plus at one point, but at the time of the meeting there were maybe 1,500 left in various stages that are holdovers from pandemic concern messages.

Mr. Bruner's final question was how timeliness for the vendors conducting examinations was calculated. He was told that the clock starts when the examination is submitted to vendor and acknowledged. The clock runs the entire time, measuring all appointments necessary. It stops when the last DBQ is transmitted to VBA and results available package is sent. However, days can be removed if vendors are waiting on the VA for clarification, or if there are extenuating circumstances such as extreme weather.

Chair Lewis informed the MDEO team that the main reason the presentation had been requested by the committee was information noted in the last report completed August 2022 which found that VBA governance and accountability for contract medical disability examination program centered around exams and reports not being done correctly. Some of these errors were due to training and no accountability being held to actually do the training that was provided. She asked how they are holding vendors accountable for ensuring their providers are properly trained.

Ms. Gittens shared that with the incentives and five performance metrics, quality is one of those. The vendors are eligible for negative or positive incentives based on their quality score. The loss of monetary incentives dries behavior to do better and is a way to hold accountability for quality scores. They have also revamped the quality process and gateway targets regarding quality, with vendors now performing at above acceptable levels with some getting monetary incentives for high quality scores. In addition, the training has been revamped. The training has always been mandatory, not optional, and has always been the same training as given to their VA counterparts regarding C&P exams. However, there had not been a system (Learning Management System) that they could pull reports from to ensure that the vendors were having their providers actually take the training.

Chair Lewis responded that she was informed that the contracted providers had always been using the same training as VHA. Ms. Gittens informed her that it had previously been a "train the trainer" program. Ms. Miller shared that the new program offers independent validation and PHF third party vendor that validates information. Chair Lewis asked if the processes are in place, will they be doing the same type of accounting for them participating, addressing, or completing the training? She also requested that the Committee be given a report or presentation in the next meeting regarding training. Ms. Miller said they could at a minimum provide information that speaks to the ability to validate that the vendors and contractors are doing the training.

Mr. Bruner asked if they could get a brief on MDO quality program and results, and Ms. Piper said she would follow up with that after the day's meeting.

With no further questions, the Committee took a 15-minute break before the next speaker.

Military Sexual Trauma (MST) Claim Processing Update – Jocelyn Moses

Ms. Piper introduced the next speaker, Jocelyn Moses, Senior Principal Advisor, Compensation Services.

Ms. Moses began by sharing that she had received questions in regard to MST claims processing initiatives that are underway, as well as metrics and who is owning what. She shared an OIG report from 2018, and a follow-up report from 2021, both on MST claims. The VA has taken action to have oversight, as well as many entities within VA in addition to VBA to improve the claims process for MST applicants.

A triad group of executive directors has been created, including Willie Clark, Deputy Under Secretary for Field Operations; Cheryl Rawls, Executive Director Outreach, Transition and Economic Development (OTED); and Ms. Beth Murphy, Compensation Service Executive Director. They meet bi-weekly and roll up activity and engagement in regard to MST claims. This triad has been happening for a year and a half at the time of the meeting, which is very beneficial as it ensures there is clear communication across VBA. Willie Clark also has Kanisha Britton, who is VBA's representative with VA for MST related activities, working with them. They are gaining consistency to what is changing and telling the impact on various operation spaces.

They had previously designated claims processors for MST claims but have now changed to narrowing down to specific Regional Offices to specify the workloads. Ms. Moses emphasized the importance of training claims processors specifically for MST claims, as the MST workload is very sensitive. She shared that some prerequisites for hiring for this job include having to pass training to certify they were SMEs (subject matter experts) in this area, had foundational knowledge, met quality standards, had refresher training, and completed training within a certain timeline.

Ms. Moses also shared that they have a new approach which is qualitative as opposed to quantitative, which takes into account how the Veterans felt through the process and what their emotional perception was. They are working on a human centered design after reaching out for experience about the processing process and created a journey map. They have created working groups to make various process improvements based on journey maps, revised the fact sheet about MST claims on VA.gov, are focusing on trauma informed sensitivity, and re-reviewing denied MST claims to ensure they were done correctly.

She noted there would be an MST symposium in June with the joint executive committee working with DoD and VHA on a journey map. They are working with the sexual assault prevention reporting office (SAPRO) and have a new agreement so that SAPRO can provide data fields of records that are unrestricted which saves time and adds efficiency. There is also an annual special focus review (SFR) being created.

Ms. Moses went on to explain there is also an MST IPT (integrated project team) consisting of members from VBA, VHA, and OGC, which is working on an MST claims coordination act. This would improve coordination between VBA and VHA, help to create a warm handover to VHA if the Veteran needs more medical assistance, and will help inform how to let Veterans know about the resources available to them. There is also the Dignity for MST Survivors Act, and Veteran's Crisis Line staff are also implementing programs. The MST workload as of May 19, 2023, was 28,000 cases, with 17,000 pending over 125 days.

Ms. Moses opened the floor for questions. Mr. LoGalbo asked why the forms 0781 and 0781a were being combined. Ms. Moses said she was not the person to speak to about specific changes, but she would get draft copies to send to the Committee. She shared that the intent of combining was so that the Veteran doesn't deal with confusion on figuring out which form they need to fill out.

With no further questions, Ms. Moses took her leave, and the Committee took a five-minute break until the final presentation.

Claims Automation Update – Becky Lindstrom, Matt Braiotta

Ms. Piper introduced the final speakers for the day: Becky Lindstrom, Assistant Director, Office of Production Optimization; and Matt Braiotta, Assistant Director, Office of Benefit Automation.

Ms. Lindstrom began the presentation by sharing that prior to April 2023, there were 56 automation eligible diagnostic codes in production. This was increased to 57 at the end of April with the addition of tinnitus. Of the 57, 26 of them are PACT Act eligible diagnostic codes. The latest update had over 170,000 claims utilizing automation, with up to 31,000 claims being completed as of May 23.

She shared that the workload for automation had been segregated into eight prototype Regional Offices for proof of concept to review the workload to ensure accuracy. They receive feedback from users and quality reviews on a continuous improvement loop. After work sits with the prototype sites, they check criteria to include quality feedback. If no current significant changes are pending, then diagnostic codes go through one more review for quality before being rolled out to what they call pilot regional offices Regional Offices

As of May 22, they have rolled out to eight pilot Regional Offices for a few contentions or diagnostic codes including hypertension and gastro pancreatic cancer. Additional quality reviews and gating criteria is done to make sure everything is 100 percent, or near 100 percent, compliance. The automation for that process is then sent to national regional offices Regional Office criteria is met.

Ms. Lindstrom then defined with automation means for VBA, which is where claims or diagnostic codes run through rules logic and determines if a claim is ready for a decision, if an examination is necessary, or if there is not enough sufficient evidence. If not ready for a decision, the claim is kept in an open status. The process is done completely through

technology and removes administrative task that users would have to spend time doing. They are also having automation create and upload an ARSD (automated review summary document) which is like an index that identifies all pertinent medical evidence and eligibility for claims processor to review and go directly into the folder.

A new item was added recently to automation claims, called the health data repository. It takes data within CAPRI and creates another index or summary document with the medical information and uploads that to the e-folder. This is done automatically with automation and saves approximately 10 minutes per claim, in addition to making sure that duplicate files are not included in the index or summary document. As of April 11, 100,000 Health Data Repositories (HDR) were generated, saving 25 FTE (Full Time Employee) by automation. This e-file is also available to anyone to view if they have access to VBMS, so they don't have to navigate to CAPRI. The claims processors love this addition because of the time reduction.

Mr. Braiotta spoke about automated data ingestion (ADI), which is a browser-based expansion that automatically ingests DBQ metadata. This automatically populates the rating calculators, which saves time, so the rater doesn't have to manually take information from Disability Benefits Questionnaire (DBQ) and input through the VBMS-R rating calculator. There is also more consistency without human error. He shared that vision and skin body systems are at the prototype station, that they would be releasing hypertension respiratory by end of May, and that scars would be added in June 2023. Overall, this has reduced the number of manual inputs needed and increased quality and consistency in VBMS-R calculators.

Ms. Lindstrom reviewed e-folder modernization, also called Claims Evidence User Interface (UI). She shared that VBMS is going through multiple modernization efforts and is over 10 years old at this point so it needs to be brought up to 2023 standards. The majority of claims processing in VBMS need additional functionality and speed given by modernization, and one item going through the modernization process is the e-folder. There is no loss of functionality for end users, allows more functionality after modernization, and has a slightly more modernized view with filtered features, search features, and sorting features within the e-folder.

She noted that it also helps with VBMS smart search, which will be coming at the end of June 2023. This is an additional tool or search tool that users can use within VBMS. Currently, you have to open one document at a time and ctrl+F to find items. The modernization will have phase one at the end of June, with multiple phases planned for the future.

Mr. Braiotta shared information about the automation of VBMS-R import evidence tab. It automatically takes in information from the Veteran's e-folder and helps populate the rating decision. Currently there are 145 document types being automated, which is 22 percent overall of documents utilized by VSRs. This covers service personnel records, service treatment records, forms, lay statements, and other government files. There will be an

additional 60 types of documents deployed at the end of FY23. They are also introducing information to OAR (Office of Administrative Review) to start utilizing this feature. The initial release was done April 2, 2023, with future deployments coming to add additional document fields.

Their presentation complete, Ms. Lindstrom and Mr. Braiotta opened the floor for questions. James Ridgeway asked in the chat, does de-duplication remove records from VBMS, or does it generate a new version without duplicates as part of the index? The response was that it does not remove records and only generates a new version without duplicates for the document. Mr. Ridgeway also asked if the new VBMS UI smart search is related to case flow file viewer used by Board of Veterans Appeals (BVA)? Will they be able to easily adopt improvements? The answer was that the process is separate from the case flow file viewer, but anybody with access to VBMS will be able to use the smart search and new UI with e-folder, as it is not tied to permissions.

Mr. Wolf suggested that a great addition to automation would be paragraph 29 and 30 benefits, which are surgeries on service-connected conditions and hospitalizations for service-connected conditions. Mr. Braiotta assured Mr. Wolf that they were working on automating the hospitalization for service-connected conditions already and that it is on their agenda.

Mr. LoGalbo asked if the integration with electronic health medical records that VHA is working on affects with automation is doing. Ms. Lindstrom said that records that have ERHM or Cerner records are off-ramped out of automation as the integration with Cerner records is being worked on. They hope to integrate sooner rather than later but don't currently have a date for that.

Mr. Hazell asked, with automated data ingestion, screening DBQs, putting into evaluation builder, is it doing analysis of free text the doctors write on DBQs? The response was that the ADI portion is not, but there is an effort led by MEDO that will do validation of DBQs before being sent to ADI. They are also checking to make sure all fields are filled out. The validation check is not smart enough to see if comments are sufficient enough for rating purposes at this time. Mr. Hazell also asked if the evidence import tab would have a marker annotation to distinguish which documents were reviewed by automation versus manually. He was told that all evidence reviewed is still done by humans. The automation is only to highlight documents that should be reviewed.

With no further questions, Ms. Piper thanked Ms. Lindstrom and Mr. Braiotta for their time.

Final Thoughts and Adjournment

There being no public comments to review, Ms. Piper reminded the Committee that surveys would be sent out for that day's meeting as well and to please fill out and return them to her so they can improve future meetings. She also reminded them that the next virtual meeting

would be June 27 and 28, 2023. She then turned the floor over to Chair Lewis for any final remarks and adjournment.

Chair Lewis thanked Ms. Piper. She expressed her appreciation for everybody joining and participating with questions. She wanted to underscore the importance of asking questions after the presentations to ensure clarity around what was said and to make sure they are addressing what the Committee had questions about, as well as how it relates to the work the Committee are charged to do as they move through the year and get to the point of having to file and write recommendation reports. She thanked them all again for their time and attention and adjourned the meeting at 12:00 p.m.

Elizabeth Alice Roy
Jamison Professional Services
Preparer of the Executive Summary

Jadine Piper, Committee DFO

A handwritten signature in cursive script, appearing to read "Evelyn Lewis".

Evelyn Lewis
Committee Chair