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DoD and VA kick off new Interagency Coordination of Complex Care Effort ***Synchronized Processes will offer Peace of Mind to Service Members/Families***

WASHINGTON -- The Departments of Defense (DoD) and Veterans Affairs (VA) today announced its ongoing effort to ease the transition for service members who require complex care management as they transition from the DoD system of health care to VA or within each system. The effort is designed to ease the burden for service members and Veterans, who have suffered illnesses or injuries so severe as to require the expertise provided by multiple care specialties throughout both Departments.

"More than a decade of combat has placed enormous demands on a generation of service members and Veterans -- particularly those who have suffered wounds, injuries, or illnesses which require a complex plan of care," said Dr. Karen Guice, Principal Deputy Assistant Secretary of Defense for Health Affairs, and Co-chair of the DoD-VA Interagency Care Coordination Committee (IC3). "These individuals require the complex coordination of medical and rehabilitative care, benefits, and other services to successfully transition from active duty to Veteran status, and to optimally recover from their illnesses or injuries."

"Our collaborative efforts with DOD have improved and enhanced the process of caring for our military members with serious illness, injuries or disabilities, as they recover and return to their communities. Great attention has been made to developing a system which focuses on continuity of care, holistic support services and a 'warm handoff' for Service members and Veterans as they move from and between military, VA and community health care systems. Our care coordinators now have at their fingertips tools and processes that improve and simplify the lines of communication for our wounded, ill, and injured Service members and Veterans who require complex care coordination, their families, and those who provide their care in both Departments," said Dr. Linda Spoonster Schwartz, Assistant Secretary for Policy and Planning for the Department of Veterans Affairs, and Co-chair of the DoD-VA Interagency Care Coordination Committee (IC3). "This process will enhance and improve the quality of care and services for these Veterans and their families now and in the future."

The hallmark of the effort is the implementation of the role of Lead Coordinator. The Lead Coordinator will be a designated member of a service member's care management team who will serve as the primary coordinator for that individual. The Lead Coordinator will offer personal guidance and assist the service member and their families in understanding the benefits and services to which they are entitled. Service members, Veterans, and their families, working with their Lead Coordinator, will have someone to whom they can turn when they have a question or issue as they actively participate in their care. The first phase of Lead Coordinator Training was completed in November. It is expected that a total of 1,500 DoD staff and 1,200 VA staff will serve as Lead Coordinators.

This effort comes as a result of the work of the DoD-VA IC3, established in 2012 to implement a joint, standard model of collaboration for the most complex cases of care that will require a warm handoff from the DoD to the VA system of care, as well as within the Departments, and is based on many of the best practices of collaboration that have been created over the last decade. This effort was enacted as policy by both departments in 2015, aligning more than 250 sub-policies to one, overarching policy that will govern the coordination of complex care cases that transition between the two departments.

Coordination efforts are synchronized through the IC3 Community of Practice (CoP), a group representing more than 50 DoD and VA programs that provide specialty care, including rehabilitation services for the visually impaired and polytrauma centers. It will be the job of the Lead Coordinator to guide service members through the system, ensuring that they receive the care, benefits, and services they both require and to which they are entitled.

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