

VA/DoD Joint Strategic Plan

Introduction

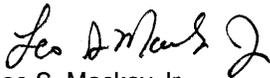
Over the past twenty years, DoD and VA have collaborated to increase the sharing of resources and reduce the cost of operations. A majority of this interaction has occurred in the delivery of health care. Today there are over 600 sharing agreements in place covering over 6,000 health care services.

In 1982, the VA/DoD Health Resources and Emergency Operations Act directed cost effective use of federal health care resources to minimize duplication of services and under use of federal facilities. In 1997, VA's Under Secretary for Health and the Assistant Secretary of Defense (Health Affairs) formed the VA/DoD Health Executive Council (HEC) to establish a high-level program of DoD/VA cooperation and coordination in a joint effort to reduce costs and improve health care for VA and DoD beneficiaries.

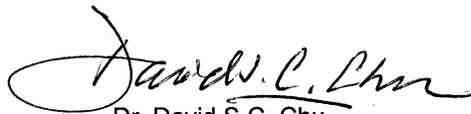
Building on the success of the HEC, in January 2002, VA's Under Secretary for Benefits and the Principal Deputy Under Secretary of Defense (Personnel and Readiness) established a VA/DoD Benefits Executive Council (BEC) to examine ways to expand and improve information sharing and refine the process of records retrieval and identify procedures to improve the benefits claim process.

In February 2002 VA's Deputy Secretary and the Under Secretary of Defense (Personnel and Readiness) convened a joint meeting of the co-chairs of both the Health Executive Council, the Benefits Executive Council and other Senior leaders at DoD and VA to further promote VA/DoD collaboration, provide guidance and policy direction on cooperative initiatives, enhance collaboration in other program areas, and resolve obstacles to sharing. This group was formally established as the VA/DoD Joint Executive Committee (JEC).

In May of 2002 the JEC embarked on a joint strategic planning effort to identify and develop additional sharing opportunities. The VA/DoD Joint Strategic Plan is the culmination of that effort. As co-chairs of the JEC, we the undersigned are committed to overseeing the implementation of this Joint Strategic Plan and achieving our shared *mission "To improve the quality, efficiency and effectiveness of the delivery of benefits and services to veterans, service members, military retirees and their families through an enhanced VA and DoD partnership."*



Dr. Leo S. Mackay Jr.
Deputy Secretary of Veterans Affairs



Dr. David S.C. Chu
Under Secretary of Defense
Personnel and Readiness

VA/DoD Joint Strategic Planning Initiative
4/15/03

Mission:

To improve the quality, efficiency and effectiveness of the delivery of benefits and services to veterans, service members, military retirees and their families through an enhanced VA and DoD partnership.

Vision Statement:

A world-class partnership that delivers seamless, cost-effective, quality services for beneficiaries and value to our nation.

Guiding Principles:

- ♦ *Collaboration*- to achieve shared goals through mutual support of both our common and unique mission requirements
- ♦ *Stewardship* - to provide the best value for our beneficiaries and the taxpayer.
- ♦ *Leadership* – to establish clear policies and guidelines for VA/DoD partnership, promote active decision-making, and ensure accountability for results

Strategic Goals:

Goal 1 Leadership Commitment and Accountability - Promote accountability, commitment, performance measurement, and enhanced internal and external communication through a joint leadership framework.

Goal 2 High Quality Health Care - Improve the access, quality, effectiveness and efficiency of health care for beneficiaries through collaborative activities.

Goal 3 Seamless Coordination of Benefits - Promote the coordination of benefits to improve understanding of and access to benefits and services earned by service members and veterans through each stage of life, with a special focus on ensuring a smooth transition from active duty to veteran status.

Goal 4 Integrated Information Sharing - Enable the efficient sharing of beneficiary data, medical records, and other information through secure and interoperable information management systems.

Goal 5 Efficiency of Operations - Improve management of capital assets, procurement, logistics, financial transactions, and human resources.

Goal 6 Joint Contingency/Readiness Capabilities - Ensure the active participation of both agencies in Federal and local incident and consequence response through joint contingency planning, training, and exercising.

Goal 1 Leadership Commitment and Accountability

Promote accountability, commitment, performance measurement, and enhanced internal and external communication through a joint leadership framework.

VA and DoD will establish a leadership framework to provide the necessary support for a successful partnership, help to institutionalize change, protect efforts from a loss of momentum, and sustain collaboration into the future. This framework will consist of the Joint Executive Council (JEC), the Health Executive Council (HEC), the Benefits Executive Council (BEC), and any other necessary sub councils or boards. Council membership will be comprised of senior leaders of both departments. The JEC co-chairs will develop a joint strategic plan to shape, focus, and prioritize the activities of the partnership, and ensure that clear and measurable performance targets are established. The JEC will oversee the implementation of the strategic plan, be responsible and accountable for the development and implementation of a communication plan to increase the exchange of knowledge and information between agencies and to external stakeholders.

1.1 Formalize the VA/DoD Executive Councils governance structure

1.1.1 Develop charter for the Joint Executive Council (JEC).

- 1.1.1.1** The Joint Strategic Planning Committee shall develop JEC Charter
 - a. Charter will include descriptions of membership, roles and responsibilities, chairmanship; frequency of meetings, decision-making process and staff support
 - i. Target Date: Charter approval: April, 2003
- 1.1.1.2** The JEC will specify charter requirements for HEC and BEC and other councils as determined
 - a. Charters will include descriptions of membership, roles and responsibilities, relationships with other Councils, chairmanship; frequency of meetings, decision-making process, description of the communications process between committees (including tasking) and staff support.
 - i. Target Date: HEC/BEC Charter approval: July 2003

1.2 Oversee the Development and Implementation of a Joint Strategic Plan

1.2.1 Develop and assign accountability for goals, objectives, strategies, and performance targets and maintain the strategic plan.

- 1.2.1.1** The Joint Executive Council shall:
 - a. Develop a Joint Strategic Plan
 - i. Target Date: July 2003
 - b. Review, revise and approve and communicate subsequent strategic plans annually.
 - ii. Target Date: March 2004
 - c. Perform periodic reviews of progress and achievements.
 - iii. Target Date: October 2004 and quarterly thereafter
 - d. Provide an annual report to the Secretaries of the respective
 - iv. Target Date: December 2003

- 1.2.1.2** The Joint Strategic Planning Council shall:
- a. Review strategies and recommend adjustments/updates as necessary
 - i. Target Date: January 2004 and semi-annually thereafter
 - b. Conduct quarterly reviews and make recommendations for corrective actions and improvements and submit recommendations at quarterly JEC meetings
 - i. Target Date: September 2003
 - c. Provide an annual report to the JEC on current status of joint strategic planning
 - i. Target Date: October 2003
 - d. Report on the feasibility of synchronizing the two Departments strategic planning cycles.
 - i. Target Date: January 2004

1.3 Enhance internal and external communication regarding VA/DOD collaboration

- 1.3.1** Develop a joint communications plan to:
- a. Promote VA/DoD collaborative initiatives within each Department
 - b. Educate internal and external stakeholders about joint VA/DoD initiatives
 - c. Provide periodic updates on accomplishments, new initiatives and other activities arising from VA/DoD collaboration
 - i. Target Date: July 2003

Goal 2 High Quality Health Care

Improve the access, quality, effectiveness and efficiency of health care for beneficiaries through collaborative activities.

VA and DoD will expand the use of partnering and sharing arrangements to improve support to all beneficiaries. Collaboration will continue on the development of joint guidelines and policies for the delivery of high quality care and assurance of patient safety. VA and DoD will identify centers of excellence where specialized services can be made available to eligible beneficiaries; engage in joint training in multiple disciplines including ancillary services; and explore opportunities to enhance collaborative activities in Graduate Medical Education. Sharing research and development will be aggressively supported and encouraged. For dual beneficiaries, VA and DoD will seek to ensure that similar services are available and that the two systems are mutually supportive.

2.1 To be recognized as leaders in the development and delivery of innovative clinical processes and programs designed to enhance the quality of care delivered

The Health Executive Council shall develop collaborative processes in:

- 2.1.1 Reporting, training and other activities related to the promotion of patient safety and improved outcomes; and continue to work with other national agencies to assure patient safety and improved outcomes remain a primary focus for health care delivery systems.
 - i. Target Date: Process and implementation plan: October 2003
- 2.1.2 Upgrading clinical practice guidelines, facilitating their communication to the field and monitoring their integration into the care delivery system on a periodic basis.
 - i. Target Date: Process and implementation plan: October 2003.
- 2.1.3 Establish a VA/DoD Centers of Excellence working group to
 - a. Define their nature and use
 - b. Develop an inventory of existing Centers within each Department and the criteria used to establish them
 - c. Identify their advantages and disadvantages
 - d. Identify barriers and obstacles to their establishment and how they may be overcome
 - i. Target Date: Report and recommendations completed: October 2003.
- 2.1.4 Identify and foster opportunities for sharing information and resources between VA and DoD in the areas of deployment health surveillance, assessment, follow-up care, and health risk communication to include
 - a. Pre-deployment health assessments
 - b. Medical environmental and CBRNE surveillance during deployments
 - c. Individual assignments and unit location during deployments
 - d. Post-deployment health assessments and clinical practice guideline data
 - e. Post-deployment briefings on VA benefits and services, particularly for those who served in a combat zone.
 - i. Target date: July 2003

2.2 Actively engage in joint training and sharing of research and development

The Health Executive Council shall:

- 2.2.1 Explore and actively seek out opportunities for shared and/or combined Graduate Medical Education and develop a Pilot Program consistent with the provisions of P.L. 107-314 (National Defense Authorization Act of 2003).
 - a. Develop and Implement Pilot Program
 - b. Target Date: January '04
 - c. Publish and disseminate initial lessons learned from the Pilot
 - d. Target Date: July '04.
 - e. Utilize the findings of the Pilot for the basis for the development of additional collaborative initiatives in joint GME programs.
 - i. Target Date: FY'05 and beyond.
- 2.2.2 Explore and actively seek out opportunities for shared and collaborative research initiatives by establishing criteria through the Deployment Health Work Group responsible to:
 - a. Explore Military and Veteran related health research, to include deployment health issues.
 - b. Identify opportunities for collaborative research and avoidance of duplicative efforts.
 - c. Increase non-federal research funding in support of VA/DoD mission specific research.
 - d. Establish a forum for the sharing of best practices in health research.
 - e. Develop a mechanism to ensure the research outcomes are shared throughout the Departments.
 - i. Target Date: Report on findings and recommendations- January '04

2.3 Encourage continued development of sharing agreements that make the most efficient use of federal resources

The Health Executive Council shall:

- 2.3.1 Quantify and qualify where sharing agreements already exist (to include formal and informal partnership arrangements).
 - i. Target Date: July 2003
- 2.3.2 Identify and disseminate [see 1.3 communications plan] best practices in VA/DoD Resource sharing
 - i. Target Date: September 2003.
- 2.3.3 Establish criteria for administration and management of the Joint Incentive Fund to include:
 - a. Assessing the legal administrative and fiscal implications of the Joint Incentive Fund as directed by P.L. 107-314
 - i. Target Date: July 2003
 - b. Based on assessment above, develop criteria for the management of the Joint Incentive Fund to include the process by which funds will be awarded in support of sharing initiatives

i. Target Date: September 03

- c. Establish targeted goals for increasing VA/DoD health care sharing by identifying additional opportunities for increased DoD/VA sharing activity, establishing targets, and reviewing and updating targeted goals on an annual basis. These goals shall include specific dollar volumes and/or transaction targets obtained through shared workload and bartering activities.
 - i. Target Date: Goals determined by September '03 and updated annually
- d. Establish a business case analysis process to assess the impact of VA/DoD sharing agreements on resource utilization, access to care, patient satisfaction and quality.
 - i. Target Date: Implementation plan: October 2003.

Goal 3 Seamless Coordination of Benefits

Promote the coordination of benefits to improve understanding of and access to benefits and services earned by service members and veterans through each stage of life, with a special focus on ensuring a smooth transition from active duty to veteran status.

VA and DoD will enhance collaborative efforts to improve access to benefits; streamline application processes, eliminate duplicative requirements and correct other business practices that complicate the transition from active duty to veteran status. This will be accomplished through joint initiatives that: ensure wide dissemination of information on the array of benefits and services available to both VA and DoD beneficiaries; enhance educational programming on eligibility criteria and application requirements, increase sites providing Benefits Delivery at Discharge (BDD), improve the physical examination and claim process; and develop interoperable information management systems necessary for the administration and management of beneficiary claims.

This goal includes all benefits available to VA and DoD beneficiaries, including healthcare, educational assistance, home loans, disability compensation, pension, insurance, burial and memorial services.

3.1 Enhance collaborative efforts to educate active duty, reserve, and National Guard personnel on VA and DoD benefits programs, eligibility criteria and application processes.

The Benefits Executive Council shall develop implementation plans to:

- 3.1.1 Ensure wide dissemination of information on the array of Federal benefits and services available to both VA and DoD beneficiaries throughout the military personnel lifecycle with emphasis on active duty personnel at accession and separation.
- 3.1.2 Enhance communication and educational programming for active components on eligibility criteria and application processes necessary to access VA/DoD benefits at accession, periodically during active duty, and at separation.
- 3.1.3 Enhance communication and educational programming for reserve and National Guard personnel on eligibility criteria and application processes necessary to access VA/DoD benefits.
- 3.1.4 Promote participation in Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP) briefings for all separating service members, and explore development of online TAP/DTAP briefings and training on Federal benefits and entitlements in order to provide widest possible access to information and contacts for assistance.
- 3.1.5 Enhance collaboration between VA, DoD, Homeland Security, the Department of Labor and the individual states to ensure a comprehensive packet of information on federal benefits (including eligibility requirements) is provided to all VA and DoD beneficiaries.
 - i. Target Date: Implementation plan: October 2003 with annual reports thereafter.

3.2 Provide for a seamless transition from active duty to veteran status through a streamlined benefits delivery process.

The Benefits Executive Council shall:

- 3.2.1 Conduct an evaluation of the various components of the current BDD program, including an economic analysis, to determine effectiveness of, and recommendations for enhancing the program.
 - i. Target Date: October 2003
 - Suggested Performance Targets
 - (i) Incremental increase from 60% (current rate) to 90%
 - (ii) BDD program to account for 90% of CONUS separations by 2006.
- 3.2.2 Develop a physical examination protocol that is considered valid and acceptable for all Military Service separation requirements and acceptable for VA's disability compensation requirements.
 - a. Provide the JEC an evaluation of current practices, the results of pilot studies, and recommendations regarding broader implementation of a "one physical examination" protocol.
 - i. Target Date: January 2004
 - b. Assess and report on resource requirements for full implementation.
 - c. Target Date: March 2004
 - d. Develop an implementation plan to ensure separating service members undergo a single physical examination that meets service separation requirements and is acceptable for VA's disability compensation requirements.
 - i. Target Date: June 2004
- 3.2.3 Develop an online benefits application process that allows service members to submit applications directly to the appropriate federal agency. This tool should be available to members stationed in CONUS and OCONUS.
 - a. Application tool online
 - i. Target Date: October 2004
 - b. Market on-line application and monitor utilization
 - i. Target Date: FY 2004
 - c. 100% of online applications will have electronic eligibility verification
 - i. Target Date: October 06

3.3 Provide for the seamless transfer of beneficiary data between VA and DoD to expedite all benefit and entitlement processes.

The Benefits Executive Council shall make recommendations to

- 3.3.1 Ensure the timely transfer of complete and accurate benefit eligibility information regardless of media
 - i. Target Date: January 2004
- 3.3.2 Define data requirements for electronic transfer of standardized and validated VA benefit eligibility information target
 - i. Target Date: January 2004
- 3.3.4 Define requirements for electronic availability of future Service Medical Records
 - i. [Placeholder June 2004]

Goal 4 Integrated Information Sharing

Enable the efficient sharing of beneficiary data, medical records, and other information through secure and interoperable information management systems.

VA and DoD will develop an interoperable information technology framework and architecture that will enable the efficient, effective, and secure interchange of records and information to support the delivery of benefits and services. The emphasis will be on working together to reduce redundant applications and procedures and make access to services and benefits easier and faster.

4.1 DoD and VA will improve the interoperability of their enterprise architectures to support sharing of timely, consistent, health, personnel and business data.

The Health Executive Council and Benefits Executive Council shall:

- 4.1.1 Report on the status of current level of interoperability between VA and DoD information systems that support health, personnel and business operations
 - i. Target Date: October 2003.
- 4.1.2 Identify joint information needs and assess current availability of information.
 - i. Target Date: October 2003
- 4.1.3 Develop Implementation plan to attain full interoperability with intermediate milestones, as appropriate
 - i. Target Date:
 - a. Health: October 2003
 - b. Personnel: January 2004
 - c. Business: October 2004
- 4.1.4 Achieve full Interoperability
 - i. Target Date:
 - a. Health: September 2005
 - b. Personnel: September 2008
 - c. Business: September 2008

4.2 Adopt common data standards to facilitate greater interoperability

The Health Executive Council shall

- 4.2.1 Adopt initial set of health data standards
 - i. Target Date March 03 (completed)
- 4.2.2 Adopt additional health data standards and updates as available
 - i. Ongoing

The Benefits Executive Council in coordination with the Health Executive Council, shall:

- 4.2.3 Assess current Military Personnel data standards in support of benefits and entitlement determinations; develop new standards as appropriate; and, implement/use standards.
 - i. Target Dates
 - 1. Assessment by October 2003
 - 2. Establishment of requirements of new standards Jan 2004
 - 3. Implementation by 2nd qtr 2007

The Health Executive Council and Benefits Executive Council shall:

4.2.4 Assess current Business data standards (financial, personnel, logistics) to facilitate interdepartmental business transactions.

i. Target Date: April 2004

4.3 Increase the effectiveness and efficiency with which separating and separated military member data is transferred from DoD to VA.

The Health Executive Council and Benefits Executive Council shall:

4.3.1 Enhance existing technical capability (Federal Health Information Exchange (FHIE)) to transfer separating military members health data from DoD to VA, while maintaining appropriate security

i. Target Date September 03

4.3.2 Demonstrate new technical capability (Clinical Data Repository (CDR)/Health Data Repository (HDR)) to exchange all appropriate health data between DoD and VA while maintaining appropriate security.

i. Target Date: September 05

4.3.3 Design, develop, and test enhancements to existing systems for exchanging separating military data to include creating an environment whereby individual personnel demographic data is shared between DOD's personnel systems and VA's Registration and Eligibility System.

i. Target Dates: October 05

4.4 Create an environment whereby personnel demographic data is shared between DoD and VA to support the delivery of services of both organizations

The Benefits Executive Council shall:

4.4.1 Create a single shared DoD/VA personnel data repository with a bi-directional electronic feed between VA and DEERS Data repositories

i. Target Date: September: 2004 (Prototype)

ii. Target Date: September, 2005 (full implementation)

4.4.2 Create necessary integration points so VA legacy systems are added and that appropriate technologies are in place to migrate to the DIMHRS integration points.

i. Target Date: System Requirement Definitions March 2004

4.5 Develop Plan to Share Information Needed by VA to Support the Claims Adjudication Process

The Benefits Executive Council shall

4.5.1 Establish an Information Sharing Task Force to develop a plan to automate the collection of supporting documentation process so that the necessary information is received in a timely and accurate manner. The plan shall address

a. What information is needed to process a claim

b. Where the information is located

c. How the information is stored

i. Target Date: Establish Task Force July 2003

ii. Target Date: Plan July 2004

4.5 Develop and document the information technology infrastructure to support the Objectives listed above, to include telecommunications interconnections and security, which include individual identification for information access, such as Public Key Infrastructure (PKI) solutions.

The Joint Executive Council shall:

- 4.5.2 Perform an assessment of VA and DoD technology infrastructures
 - i. Target Date: Complete assessment September 2003
- 4.5.3 Develop an implementation plan for VA and DoD to have in place an appropriate technology infrastructure to support the Objectives listed above.
 - i. Target Date: Implementation Plan complete: January 2004

Goal 5 Efficiency of Operations

Improve management of capital assets, procurement, logistics, financial transactions, and human resources.

VA and DoD will enhance the coordination and management of business processes and practices through improved coordination in the planning and managing capital assets; leveraging the Departments' purchasing power; maximizing the recovery of funds due for the provision of health care services; developing complementary workforce plans; and designing methods to enhance the coordination of other key business functions.

5.1 VA and DoD will improve coordination in planning and managing capital assets in order to enhance long-term partnering and achieve cost savings

- 5.1.1 The JEC will establish a Capital Coordination Process that will provide joint policy recommendations and monitoring of capital asset planning to ensure an integrated approach to capital coordination between VA and DoD, to include.
 - a. Identifying high-priority sites that represent the best opportunities for potential VA/DoD partnerships in facility sharing.
 - i. Target Dates
 - 1. Process established: September 2003
 - 2. First Quarterly report to JEC: January 2004

5.2 VA and DoD will improve collaboration in the acquisition of commodities and services related to health care.

The Health Executive Council shall:

- 5.2.1 Conduct an assessment of VA and DoD processes related to the acquisition of goods and services and make recommendations to achieve joint operational and business efficiencies.
 - i. Target Date: October 2003
- 5.2.2 Continue to enhance and implement acquisition and procurement processes to include converting all DoD Distribution and Pricing Agreements (DAPAs) to VA Federal Supply Schedule contracts (FSS)
 - i. Target Date: DAPA Conversion-December 2004
- 5.2.3 Develop a plan to implement standard purchasing of medical/surgical supplies and high-tech equipment, dental, laboratory, x-ray, and prosthetics to leverage joint purchasing power.
 - i. Target Date: January 2004
- 5.2.4 Establish a common electronic catalog for all items under contract
 - i. Target Date: Plan to the JEC-October 2003
 - ii. Target Date: Implementation TBD by the JEC
- 5.2.5 Provide input to the Joint Communications Plan (Goal 1.3.1) to improve communication and education promoting the use of joint acquisition and procurement programs.
 - i. Target Date: July 2003

5.2.6 Evaluate the pilot project involving DoD's use of VA's Consolidated Mail Outpatient Pharmacy Program and make recommendations concerning potential expansion

i. Target Date: July 2003

5.3 VA and DoD will collaborate to improve the efficiency and effectiveness of financial transactions between the two Departments

The Health Executive Council shall

5.3.1 Develop interfaces between the Departments' financial systems, in order to increase standardization and to improve the accuracy and timeliness of payments

i. Target Date July 2004

5.3.2 Enhance collaboration efforts to share collection information in order to reduce duplicate payments and decrease staff time spent on debt management activities.

i. Target Date: July 2004

5.4 VA and DoD will develop methods to facilitate recruitment, retention, and potential sharing of personnel in positions critical to the Departments' complementary missions.

The Health Executive Council and the Benefits Executive Council

5.4.1 Identify the mission-critical positions common to both Departments and the number of staff needed in each of these positions during the next 3 to 5 years.

i. Target Date: Identify positions September 2003

5.4.2 Develop and implement human resource strategies to fill mission-critical positions in both Departments

i. Target Date: January 2004 (plan)

ii. Target Date: TBD by JEC (implementation)

Goal 6 Joint Contingency/Readiness Capabilities

Ensure the active participation of both agencies in support of the VA/DoD Contingency Plan and National Response Plan.

VA and DoD will enhance collaborative efforts in support of the VA/DoD Contingency Plan and the National Response Plan, to include the National Disaster Medical System (NDMS). This collaboration includes coordinating individual agency response plans and supporting local, state, regional, and national incident management systems. VA and DoD will also collaborate in the training and education of health care responders; and identify opportunities to provide medical readiness training and platforms for first responders and military medical personnel.

6.1 The Health Executive Council shall establish a Contingency Response Work Group to:

- 6.1.1 Oversee the Departments' collaborative efforts with respect to incident and consequence management.
 - i. Target Date: July 2003 (establish workgroup)
 - ii. Target Date: ongoing (oversight)
- 6.1.2 Support the development of the National Response Plan through participation in existing national/federal forums to include:
 - a. Catalogue DoD/VA linkages in support of federal incident and consequence management planning
 - i. Target Date: September 2003
 - b. Provide recommendations regarding opportunities for joint actions in support of the National Response Plan
 - i. Target Date: January 2004
 - c. Collaborate with other Federal partners to enhance all components of the NDMS to reflect current and future requirements
 - i. Target Date: Quarterly report October 2003
- 6.1.3 Review and update the VA/DOD Hospital Contingency Plan to reflect current and future requirements to include:
 - a. Review current and future requirements for hospital-based care for casualties returning from a military deployment or for casualties generated as a result of a domestic homeland security incident.
 - b. Assess utilization of TRICARE Network, as it would impact on requirement for VA support of DOD and of the NDMS system.
 - c. Review current medical regulating processes.
 - d. Integrate the Integrated CONUS Medical Operations Plan (ICMOP) into VA/DOD contingency planning, and VA/DOD contingency planning into NDMS planning for support of military casualties.
 - e. Review comprehensive VA involvement in care of selected DOD casualties that would not return to duty.
 - f. Review the portion of the NDMS that supports war- time casualties and its relationship with ICMOP, VA/DOD contingency planning and NDMS operations.
 - i. Target Date: Initial Report January 2004
 - ii. Target Date: Final Report TDB by JEC

6.1.4 Coordinate Departmental directives to implement DoD and VA responsibilities identified in the National Response Plan.

i. Target Date: October 2003

6.1.5 Provide semiannual reports to the Joint Executive Council on the status of joint initiatives in support of the National Response Plan.

i. Target Date: Initial JEC Report October 2003.

6.2 Collaborate in the training and education for incident and consequence management.

The Health Executive Council shall:

6.2.1 Identify common training requirements and joint training opportunities for medical personnel participating in incident and consequence management.

i. Target Date: Status report October 2003

ii. Target Date: Implementation Plan TBD

6.2.2 Develop clinical practice guidelines for incident and consequence management

i. Target Date: Status Report October 2003

6.2.3 Develop continuing education programs and other information products (e.g., satellite broadcasts, pocket guides) to enhance incident and consequence management training and emergency preparedness for DoD/VA personnel involved in contingency response activities and provide an annual report

i. Target Date: Report on joint training initiatives: January 2004