



**Wounded Warrior Coordination
Interagency Care Coordination Committee (IC3)**

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A Focused Approach to a Persistent Challenge

- Past studies and evaluations have looked at discrete elements of the challenges in warrior care coordination, but did not provide a comprehensive approach. We have begun a process that will address all current issues with focused approach for the long-term.
- Our conclusions:
 - Senior leadership engagement is critical, and oversight must be sustained in a disciplined, ongoing manner.
 - Effective interagency action requires truly collaborative, interagency teams at all levels.
 - Our infrastructure and approach must be agile; capable of continuous learning and able to adopt / adapt tools to meet the needs for the broad community we serve.

Warrior Care Coordination – Joint Task Force

- Department of Veterans Affairs (VA) Secretary Shinseki and Department of Defense (DoD) Secretary Panetta established a joint task force in May 2012 to assess and improve warrior care coordination.
- A dedicated group of senior leaders from across VA and DoD, representing both clinical and non-clinical disciplines, were assembled to address the on-going stakeholder concerns regarding warrior care coordination.
- A common and recurring area of concern was confusion created by multiple, asynchronous case management services across various providers and programs; and gaps in guiding transitions between providers or agencies or back to a civilian community.

Task Force Findings (2012)

- There are dedicated personnel throughout VA and DoD providing excellent services...but in an asynchronous, uncoordinated way.
- Collective efforts have been well-intentioned, but we must now better synchronize efforts, simplify processes, and reduce confusion for those we serve.
- Lack of governance and oversight of this issue with fixed responsibility and accountability.
- No common, integrated comprehensive plan for warriors in transition:
 - Sub-optimal visibility into the multitude of plans for both SM/V and staff;
 - Sub-optimal transitions in the continuum of care; and
 - No single point of contact for SM/V and families and caregivers at any given time.

Task Force Outcomes (2013)

- Create an overarching program which includes VA and DoD programs with common mission, language, and processes to improve warrior care coordination
- Provide concrete recommendations to synchronize care and services delivery and information for recovering Servicemembers / Veterans (SM/V) and their families and caregivers
- Minimize patients' and families' confusion with the number of VA and DoD staff who manage and coordinate the delivery of care and benefits

————— Desired Outcome —————

One Mission – One Policy – One Plan with the following characteristics:

- ✓ Whole Person
- ✓ Client / Family Centric
- ✓ Continuity of Care
- ✓ Lead / Support Roles
- ✓ Teamwork
- ✓ Life-Long Individual and Program Sustainability
- ✓ Data Informed / Evidence Based

Overall Vision

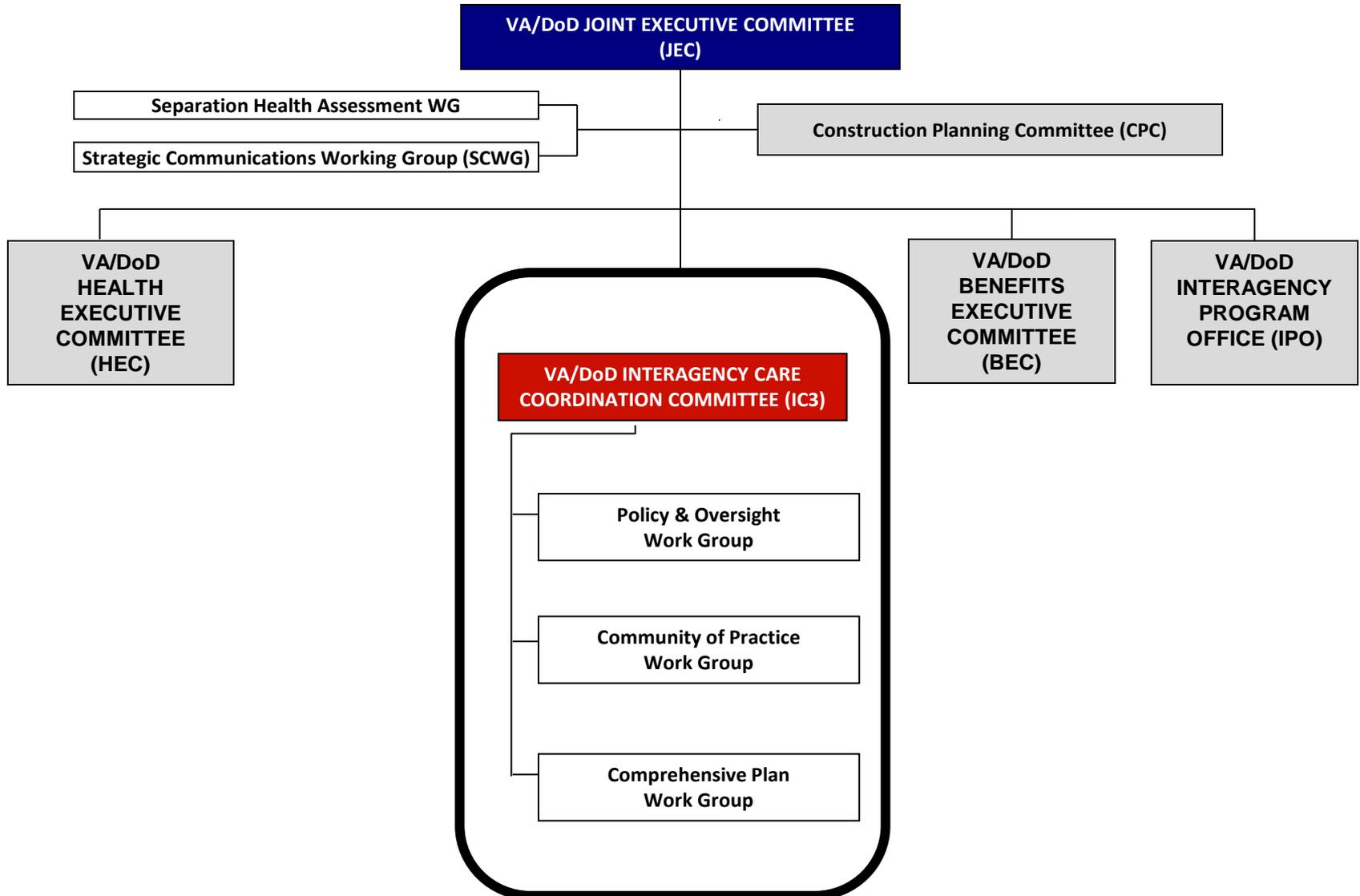
The **Joint-Secretary's Intent for Warrior Care Coordination** Memo communicates the following vision, signed by Secretary Shinseki and Secretary Panetta in January 2013



Roadmap - Interagency Care Coordination Goals

	2012	Near Term (2013- 2014)	Longer-Term
Single Interagency Comprehensive Plan	Nonexistent – multiple program-specific recovery plans	Single, common document used by care team, SM/V, family/caregiver to guide recovery, rehabilitation, reintegration	An interagency, common operational picture of the SM/V and his/her care, benefits, services
Interagency Community of Practice	Dispersed and not connected, 48 programs across the Departments	A single, borderless, interagency community of practice that connects staff to enhance communication, use shared tools, empowers and drives cultural change toward a common operational picture	A data informed interagency community, implementing evidence based best practices globally
Interagency Governance and Oversight	No single point of accountability between VA and DoD; 127 policies; not synchronized	One entity within JEC structure responsible for WII Warrior care and coordination of health, benefits, and services communities, in collaboration with the HEC and the BEC.	Based in single interagency policy: an enduring structure that enables data-informed performance outcomes and drives effective and efficient programming
Integrated Technology Support	15 IT systems operating independently of each other	Single repository and document (shared electronically via interfaces with all case management/care coordination systems)	An interagency care and coordination technology that facilitates the common operational pictures for SM/V and interfaces with sources of authoritative data
Synchronized Resource Support	Diffused, individual Department, Service, and Administration driven	\$16.5 M (IT) (<i>through FY 14</i>) \$1.0 M (Logistics)	Data informed governance allows synchronized interagency resourcing, eliminates gaps and minimizes overlaps
Strategic Communication Strategy	Execution of a Deliberate Communication Strategy (Provide Awareness, Execute Change Management, Drive Cultural Change)		

Interagency Care Coordination Committee (IC3) Governance



Major Initiatives

- Establish a Common Operational Picture of the SM/V across the Departments through the following key initiatives:
 - Cultivate a nationwide **Community of Practice**
 - Establish an overarching **Interagency Policy**
 - Introduce an **Interagency Comprehensive Plan**

Cultivate a Nationwide Community of Practice

- The Community of Practice is an opportunity to come together in a structured, permanent manner to solve problems.
- The Lead Coordinator model provides a **single point of contact** for the recovering SM/V their families and caregivers during their recovery, rehabilitation and transition.
- Lead Coordinator (LC):
 - Functions may be preformed by clinical or non clinical member of the team.
 - Whenever possible, the LC will be physically located with the SM/V.
 - Assignment may transition from one LC to another as the site and/or level of care changes.
 - Lead Coordinators are not new positions: Lead Coordinator functions are formalized responsibilities conducted by an existing member.

Establishing an Overarching Interagency Policy

One Mission – One Policy – One Plan

Interagency Case / Care Coordination Model

Establish a Single Interagency Model of Case Management and Care Coordination.

Overarching Interagency Guidance

Develop overarching, interagency guidance that will use common terms, definitions and language.

Policy Inventory & Crosswalk

Advise IC3 on policy compliance and provide recommendations to policy owners.

IC3 Metrics Development

Develop monitoring and evaluation tools to support program oversight.

Introducing an Interagency Comprehensive Plan

- IC3 has created an Interagency Comprehensive Plan (ICP) that will serve as one care plan for a given SM/V which stays with them (rather than each program creating their own).
- Created an interim, immediately available tool (paper) to help SM/V and their families or caregiver consider and avail themselves of the full breadth of care, benefits, and services options across both Departments – particularly during handoffs between Lead Coordinators.
- Will migrate to long-term solution with fewer stand-alone systems and interface capabilities across VA and DoD.
- VA/DoD Team collaboratively established a VA/DoD Lead Coordinator Checklist.

Next Steps for 2014

- Community of Practice is operational, and community is using tools and resources.
- Lead Coordinator concept is evaluated – and expanded or adapted.
- IC3 Performance Measurement - develop metrics across the IC3.
- Formalize the Overarching Guidance MOU into a single, overarching policy that is recognized and reinforced by each Department.
- Complete the central inventory of VA/DoD programs that link programs to members of the care management team.
- Continue matching cases between different systems in the Community of Practice to identify gaps and overlaps.

Questions