<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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</table>
| 8:30-8:40| Welcome and Opening Remarks                            | Mr. James Neighbors (DoD)  
Mr. Jack Kammerer (VA)  
Mr. Robert Reynolds (VA)  
Mr. Michael Lincecum (DoD) |
| 8:40-9:30| iEHR & STR Action Item Status Updates (5 min each)     | Action Leads                                                              |
| 9:30-9:40| Break                                                   |                                                                           |
| 9:40-10:30| DD 214, VADIR, & Other Action Item Status Updates (5 min each) | Action Leads                                                              |
| 10:30-10:40| Break                                                  |                                                                           |
| 10:40-11:15| Milestone Tracking Diagram and Recap                   | Facilitator                                                              |
| 11:15-12:15| Lunch Break                                            |                                                                           |
| 12:15-1:15| IDES IT Presentation                                   | Mr. Joe Paiva and Facilitator                                           |
| 1:15-1:25| Break                                                   |                                                                           |
| 1:25-2:25| New Topics/Actions Discussion                          | Facilitator                                                              |
| 2:25-2:35| Break                                                   |                                                                           |
| 2:35-3:25| Discussion and Recap                                   | Facilitator                                                              |
| 3:25-3:30| Way Ahead and Closing Remarks                          | Mr. James Neighbors (DoD)  
Mr. Jack Kammerer (VA)  
Mr. Rob Reynolds (VA)  
Mr. Michael Lincecum (DoD) |
Agenda

- What does this mean for IDES
  - Challenge
  - Our Charge

- Review Background
  - VA’s problem
  - Intersection with interagency care coordination efforts
  - eCRM implementation

- Decision on the way forward
  - Courses of Action
  - Review proposed architecture
The IDES “Big” Picture

The Challenge:

– Integrated Disability Evaluation System (IDES) provides a single disability examination and a single-source disability rating that both Departments use in executing their respective responsibilities for 30,000 transitioning Service members per year.

– The IDES process combines VA and DoD non-clinical care and administrative activities, case management, and counseling requirements associated with disability case processing.

– The goal is consistent evaluations, faster decisions, and timely benefits delivery for those medically retired or separated.

Our Charge:

– Leverage technology to enable a warm handoff from DoD to VA.

– Improve current technology capabilities for case managers in the field to include increased client management, case management, and workload tracking.

– Increase Service member and Veteran transparency of the IDES process through connection with eBenefits self service capabilities.

– Enhance reporting and dashboard capabilities.
Root Cause: VA has over 10 stove piped systems that provide similar case management and care coordination capabilities.

Problem #1: As a result, Veterans and Service members, who may be part of overlapping cohorts within the larger, common population, may receive disjointed and uncoordinated services.

Problem #2: VA cannot afford to sustain, enhance, or integrate all of the redundant systems, as required to meet users and Veteran needs.
Snap shot of the case management environment

107K Service Connected Disabled

49K Wounded Ill/Injured VA Case Managed*

880-4K Severely Ill/Injured

Specialty Case Managed

* IncludesIDES Cases
Highlight: Inventory of a subset of existing care coordination/customer relationship management (CC/CRM) systems; economic environment limits VA’s ability to integrate, enhance, or sustain all these systems

<table>
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<tr>
<th>System Name</th>
<th>System Status</th>
<th>Owned by</th>
<th>Used by</th>
<th># of Active Cases</th>
<th># of Registered Users</th>
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<tbody>
<tr>
<td>Army Warrior Care and Transition System</td>
<td>In Production</td>
<td>Army</td>
<td>Life Insurance Special Outreach Program</td>
<td>47,000</td>
<td>13,400</td>
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<tr>
<td>(AWCTS)</td>
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<td></td>
<td>Federal Recovery Coordination Program (FRCP)</td>
<td>904</td>
<td>44</td>
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<tr>
<td>Federal Case Management Tool (FCMT)</td>
<td>In Production</td>
<td>VA</td>
<td>USMC Wounded Warrior Regiment Recovery Care Coordinators, Air Force Warrior and Survivor Care, and the Recovery Care Coordination (RCC) Program</td>
<td>3,830</td>
<td>255</td>
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<td>Recovery Coordination Program Support</td>
<td>In Production</td>
<td>OSD</td>
<td>Air Force Wounded Warrior Care and the Air Force Wounded Warrior Program</td>
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<td>Not Available - System Still in Development</td>
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<td>Solution (RCP-SS)</td>
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<td>VHA Homeless Veterans Services/Health Care for Homeless Veterans (HCHV) Outreach</td>
<td>90,000</td>
<td>1,200</td>
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<td>Blind Rehab 5.0</td>
<td>In Production</td>
<td>VA</td>
<td>Blind/Visually Impaired</td>
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<td>Care Management and Tracking Application</td>
<td>In Production</td>
<td>VHA</td>
<td>VHA Homeless Veterans Services/Health Care for Homeless Veterans (HCHV) Outreach</td>
<td>90,000</td>
<td>1,200</td>
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<tr>
<td>(CMTRA)</td>
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<td></td>
<td>VHA Management and Social Work Services (OEF/OLC) and Care Management Program and specialty care managers such as Polytrauma, Spinal Cord Injury, and Mental Health, VIST</td>
<td>50,000</td>
<td>3,572</td>
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<tr>
<td>Homeless Operations Management and</td>
<td>In Production</td>
<td>VHA</td>
<td>USMC Wounded Warrior Regiment Call Center and Contact Cells, and the USMC Wounded Warrior Regiment District Injured Support Coordinators</td>
<td>26,589</td>
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<td>Evaluation System (HOMES)</td>
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<td>Marine Wounded Ill and Injured Tracking</td>
<td>In Production</td>
<td>Marines</td>
<td>Women Veterans Program</td>
<td>Not Available - System Still in Planning</td>
<td>Not Available - System Still in Planning</td>
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<td>System (MCWIITS)</td>
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<td>Maternity Care Coordination Tool</td>
<td>In Planning</td>
<td>VA</td>
<td>VHA Safe Harbor (Navy/Coast Guard Wounded Warrior Program)</td>
<td>281</td>
<td>45</td>
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<td>Navy Nondiagnostic Case Management System</td>
<td>In Production</td>
<td>Navy</td>
<td>Suicide Prevention Program</td>
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<td>(NNCMS)</td>
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<td>SPAN</td>
<td>In Production</td>
<td>VHA</td>
<td>VBA OEF/OIF/OND Program, VA Liaison for Healthcare, and the Integrated Disability Evaluation System</td>
<td>41,616 Cases and 33,851 Referrals</td>
<td>2,999</td>
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<td>Veterans Tracking Application (VTA)</td>
<td>In Production</td>
<td>VA</td>
<td>VBA Vocational Rehabilitation (VetSuccess)</td>
<td>112,684</td>
<td>1,500</td>
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<td>Disabled Outreach Tracking System (DOTS)</td>
<td>In Production</td>
<td>VA</td>
<td>Life Insurance Special Outreach Program</td>
<td>7,000</td>
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Consistent with the Joint-Secretaries’ Intent for Warrior Care Coordination memo dated September 27, 2012, VA is implementing an enterprise Customer Relationship Management (eCRM) to help drive a common operating picture developed and shared by both Departments, and visible to the patient, family, and care management team.

The IC 3 findings support the need for a common technology solution to address the following areas:

- Authoritative source / information repository
- Elimination of duplicate data entry into multiple systems
- Scalable interfaces across VA and DoD communities/solutions
VA’s Decision to establish a eCRM

AS IS

IDES/ VTA
FRCP/ FCMT
VRM UD
Additional Case Mgmt Systems

TO BE

VRM
eBenefits
Ch. 63
IDES
OEF / OIF
FRCP
Additional Users

eCRM
The Federal Case Management Tool (FCMT) is a system, built on the eCRM, currently used by VA care and case managers:

- DoD/VA Federal Recovery Coordinators use FCMT to automate case management activities such as intake, referral and enrollment; creation and maintenance of case records, plans, performance reports. This program provides support for the recovery, rehabilitation, and reintegration of severely injured, ill or wounded Service members and Veterans.

- Develops a Service member and Veteran-centric common operating picture by supporting the exchange of shared case management information across various programs.

- Currently migrating additional users to include VHA and VBA case managers with enhanced case management and communication functionality.
FCMT Capabilities

Key Capabilities

- Ability to store and manage Veteran / Service Member and family contacts related to a Case; lookups currently supported from VADIR

- Ability to create and manage a “Case” and associated activities, plans, etc. from start to finish

- Built-in workflow for case creation, case status approvals, notifications, etc. for automation support, where required. Easily extensible based on program business-rules.

- Multiple flexible navigation and reporting mechanisms for a complete view of case management process (Dashboards, Canned / Ad-hoc reporting, “favorites”, etc.)

- Linked to eBenefits for Veteran self-service (view recovery plan)

Case Management Processes Supported

Client Management
- Search for Service Member / Veteran
- Register a new client

Case Management
- Create / Read / Update Case
- Search Case
- Update Case Status
- Maintain Case Locations
- Maintain Medical Information
- Maintain Recovery Plan (Goals, Tasks, etc.)

“My Work”
- Work Assigned Activities
- View Dashboards and Ad-hoc reports

Workload Management
- Case Assignment
- Approvals
- Performance Reports
We work collaboratively with the business to ensure all requirements are fully identified, documented and detailed. Weekly design sessions are held.

- Review existing requirements, pending Change Requests and new requirements such as the Reports RSD.
- Identify and document any requirement gaps.

**Validate High Level Business Requirements**

- Create and validate detailed user stories to capture all migrating and new requirements.

** Decompose into Detailed Requirements**

- Review visualizations of the user stories and provide feedback to the development team.
- Ensure every screen displays correct information.

**Conduct Interactive Design Sessions**

**All durations are estimates only and dependent upon the active engagement and availability of the business stakeholders.**
Courses of Action

- **COA #1:** Develop web services required to “interface” military department system(s) with VA’s eCRM; including services to meet joint requirements (i.e reporting, care plan “CRUD”)

- **COA #2:** Option to migrate; VA will support military interest in migrating to VA’s eCRM

- **COA #3:** Identify minimal VTA enhancements for 1 increment (minimal “reports”, limited system-to-system sharing); focus remaining resources on accelerating user migration to the eCRM platform
What do we need from you…

- Empowered representation
- Time commitment
- Agreement on the way forward
BACKUP SLIDES
2010 and early 2011: The Office of Information and Technology (OI&T) analyzed the non-clinical case management vendor marketplace for tools that would be suitable for the Federal Recovery Care Program (FRCP) needs – and for other potential users.

January 2011: OI&T started presenting these tools with case management groups within VA.

May 2011: The FRC Program formally agreed to be the first pilot users of the new system, called FCMT, leveraging CRM technology being implemented by the Veterans Relationship Management (VRM) Initiative.

June 2011: The VLER Warrior Support team briefed the VTA stakeholders on commencing the planning of the migration of future VTA modules (VBA, VHA and IDES) to MS Dynamics.

Dec 2011: VRM Rollout Pilot, VBA National Call Center (NCC)

June 2012: FRC Program successfully migrated from VTA to FCMT; VTA VHA/VBA migration planning began.

Oct 2012: Completed VHA/VBA Requirements and Prototype needed for migration
VTA was developed by VA as a joint application for use by both VA and DoD in response to the VA need for an authoritative electronic data source to track health care services and benefits ultimately provided for seriously injured or ill Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) SMs and Veterans that originate via theIDES process.

VTA helps meet the pressing need of VA and DoD users to access, document, and track all POC cases within their jurisdictions in accordance with current user roles defined for regular IDES cases.

VTA is currently supported by sustainment funds for FY13.
Highlight: Future Notional Architecture
FCMT Dashboards example

- Management Dashboard visualizes the load on each FRC
- Bars can be used to drill into the details and be re-group by different attributes
- Format is configurable at the user level and charts can be created by end users
• Utilizes standard header throughout application
• General contact information pre-populated by the source system
• Standard forms and web controls added to the form using drag and drop functionality
• Contact screen supports all contact types – Service Members, Family, Legal, Caregivers
Case Management

• Utilizes standard header throughout application
• Container entity that shows all interactions with Client and Client Contacts
• Can be converted into a case of type Assist if the Service Member does not qualify for the program
• Case Log summarizes all interactions between the user and the client
Medical Information Tracking

- Allows user to filter the screen to only show areas they need by clicking injury checkboxes
- Multi-select option boxes allow for easy data entry
- Form has embedded field definitions and quick access to terminology from the form
FIRP Task Creation

- Utilizes tree view control that allows users to traverse through a standard library of recovery tasks
- Tasks in the library can hold default data to decrease the time to create
- Filter allows free text searching in the tree to alleviate clicks
- Alert dates drive stoplights in grids so users know quickly if tasks are becoming due. The dates are configurable by the user.
eBenefits Integration

- Allows Service Members to access to the data through the eBenefits website
- Read-only access today with plans to allow users the ability to manage their own plans in the future

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<th>Start Date</th>
<th>Status</th>
<th>Target Date</th>
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<td>04/19/2011</td>
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<tr>
<td>Schedule appointment with DOL representative</td>
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<td></td>
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<tr>
<td>Contact169 TestName</td>
<td>03/24/2011</td>
<td>Completed</td>
<td>04/27/2011</td>
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Increase career opportunities - Career Counseling

<table>
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<tr>
<th>Maximize family support - Caregiver</th>
<th>Start Date</th>
<th>Status</th>
<th>Target Date</th>
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<tbody>
<tr>
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<td>On Hold</td>
<td>05/20/2011</td>
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<tr>
<td>Determine resources currently being utilized</td>
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<td>Not Started</td>
<td>05/18/2011</td>
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<td>Educate caregiver on resources</td>
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<tr>
<td>Contact169 TestName</td>
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<td>In Progress</td>
<td>05/20/2011</td>
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<tr>
<td>Identify needs</td>
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