Issue: Many Resources - Little Coordination

Background
Over a decade of combat has placed enormous demands on a generation of Service members, Veterans (SM/Vs), and their families – particularly our wounded, ill, and injured. These individuals require the complex coordination of medical and rehabilitation care, benefits, and other services to successfully transition from active duty to Veteran status, and to optimally recover from their illnesses or injuries. Their well-being is our highest priority and both of our Departments share this common mission. In order to meet these demands and this mission, program offices and staff in both Departments have grown exponentially. While these efforts are well-intentioned, we must now better harmonize our efforts, simplify processes, and reduce confusion for those we serve.

Identified Challenges
Reports from Government Accountability Office (GAO), Inspector General (IG), and focus groups identified several challenges with past care coordination:

- There are excellent services being provided throughout DoD and VA but in an asynchronous and uncoordinated way
- There was no common, integrated comprehensive plan for warriors in transition
  - Sub-optimal visibility of the multitude of plans
  - Sub-optimal transitions in the Continuum of Care
  - No primary point of contact for the recovering Service members and families/caregivers

Solution: One Mission - One Policy - One Plan
To assess and improve Warrior care and coordination, in May 2012 VA Secretary Eric Shinseki and DoD Secretary Leon Panetta established a VA/DoD Warrior Care and Coordination Task Force. In late 2012, the Secretaries signed an intent memo to achieve: One Mission – One Policy – One Plan. Soon after, the Interagency Care Coordination Committee (IC3) was formed under the Joint Executive Committee (JEC). The IC3 is co-chaired by the DoD Principal Deputy Assistant Secretary of Defense for Health Affairs (PDASD) and the VA Assistant Secretary for Policy and Planning.

Goal of Interagency Care Coordination Committee
The goal of the IC3 is to streamline, synchronize, coordinate, and integrate the full spectrum of care, benefits, and services provided to Service Members and Veterans (SM/Vs) and their families as they transition between the two Departments and into the civilian community. IC3 is tasked with developing:

1. A common, interagency, overarching guidance
2. A Community of Practice (CoP), connecting the DoD and VA clinical and non-clinical case managers of recovering SM/Vs
3. A single, shared comprehensive plan for each SM/V
4. The Interagency Comprehensive Plan (ICP) information technology (IT) solution for care coordination to enable data exchange between VA and DoD care coordinators
5. The Lead Coordinator (LC) role to serve as a primary point of contact for SM/Vs and their caregivers during recovery and transition between DoD and VA

The IC3 is built on the foundation of Trust, Teamwork, Adaptability, Accountability, and Outcomes-Focused; participants at every level are expected to work by these guiding principles. All DoD Services and both VA Administrations are fully represented.
**IC3 Structure**

**DoD/VA Joint Executive Committee (JEC)**
- Dr. Linda Schwartz (A/S OPP, VA)
- Dr. Karen Guice (PDASD (HA), DoD)

**DoD/VA Health Executive Committee (HEC)**
- LTC (P) Richard Wilson (DoD)

**DoD/VA Interagency Care Coordination Committee (IC3)**
- Ms. Marina Martin (VA)
- Ms. Jennifer Perez (VA, Clinical)
- RADM Elaine Wagner (DoD, Clinical)
- Mr. Jack Kammerer (VA, Non-Clinical)
- Mr. James Rodriguez (DoD, Non-Clinical)

**Executive Secretariat**
- Ms. Margarita Devlin (VA)
- Mr. Michael Bouchard (DoD)
- Mr. Christopher T. Olson (VA)

**IC3 Videos**

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**How IC3 is Improving Care Coordination**

**Community of Practice (CoP):**
- Strengthen care community across DoD and VA; increase awareness of resources
- Established and facilitated the national CoP for care coordinators, case managers, and other providers from 50+ DoD/VA Wounded Warrior care programs
- Designed, built, and launched the IC3 "Co-Lab" website for care coordinators to learn more about each other’s programs, find each other, work collaboratively, and share best practices
- Creation and implementation of an overarching IC3 communications plan

**Lead Coordinator (LC):**
- Designated care management team member serves as SM/V's primary POC
- Created the LC concept
- Completed the LC implementation feasibility assessment
- Developed the LC Checklist to facilitate transfer of clients

**Electronic Interagency Comprehensive Plan (ICP):**
- Interoperability to track SM/V's care
- Developed the requirements to build online capability for DoD and VA care coordinators to track all care, benefits, and services associated with a SM/V's recovery, rehabilitation, and reintegration

**Policy and Oversight:**
- Updating & synchronizing all DoD and VA policies to direct implementation of new complex care coordination processes across all wounded warrior programs
- On July 29, 2014, DepSecVA and DoD OSD (P&R), signed IC3 MOU between VA and DoD
- Identified 250+ DoD and VA policies; conducted impact analysis of existing policies and identified priority areas for modification, sunset, or creation
- Signed DoD Instruction and VA Directive which provides the overarching policy on complex care coordination as outlined in the MOU

**Measuring IC3 Performance:**
- Show IC3 progress, improvements in complex care coordination and improved outcomes
- Created near and long-term performance metrics to show progress of interagency care coordination

**ACCOMPLISHMENTS**

**NEXT STEPS**

- Expand CoP membership and engagement
- Continue to develop and implement tools to meet the needs of care coordinators
- Implement national LC roll out
- Fully implement the LC checklist
- Socialization of the master paper ICP document, and prepare for the LCs to use the electronic ICP
- Align existing policies with MOU and begin to create new, cascading policies
- Implement IC3 performance management process
- Share metrics and results with leaders and stakeholders, and use to continuously improve processes

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**Updated March 21, 2016**