



PERSONNEL AND  
READINESS

UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

The Honorable Howard P. "Buck" McKeon  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

AUG 28 2014

Dear Mr. Chairman:

The enclosed report responds to section 526 of the National Defense Authorization Act for Fiscal Year 2014 (Public Law 113-66), which requires the Secretary of Defense, in consultation with the Secretary of Veterans Affairs, to conduct "a review of the backlog of pending cases in the Integrated Disability Evaluation System with respect to members of the reserve components of the Armed Forces and a review of the improvements to the Integrated Disability Evaluation System (IDES)."

With respect to the reserve components of the Armed Forces, this report addresses the current number of pending IDES cases; average IDES case processing time; measures to resolve the backlog of IDES cases; resolution date for IDES case backlog; progress to transition IDES to a readily accessible electronic format for Service members; cost estimate of IDES integrated and readily accessible electronic format; and assessment of the feasibility of improving in-transit visibility of pending cases.

A similar letter is being sent to the Chairmen of the Senate Committee on Armed Services and the House and Senate Committees on Veterans' Affairs.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jessica L. Wright", is positioned above the printed name.

Jessica L. Wright

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member



UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

PERSONNEL AND  
READINESS

AUG 28 2014

The Honorable Carl Levin  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

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Enclosure:  
As stated

cc:  
The Honorable James M. Inhofe  
Ranking Member



PERSONNEL AND  
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UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

AUG 28 2014

The Honorable Jeff Miller  
Chairman  
Committee on Veterans' Affairs  
U.S. House of Representatives  
Washington, DC 20515

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Jessica L. Wright

Enclosure:  
As stated

cc:  
The Honorable Michael Michaud  
Ranking Member



UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

PERSONNEL AND  
READINESS

AUG 28 2014

The Honorable Bernard Sanders  
Chairman  
Committee on Veterans' Affairs  
United States Senate  
Washington, DC 20510

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Jessica L. Wright

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As stated

cc:  
The Honorable Richard Burr  
Ranking Member

# Report to Congress



## Review of Integrated Disability Evaluation System

**Required by: Section 526(b) of the National Defense Authorization Act  
for Fiscal Year 2014 (P.L. 113-66)**

Preparation of this report / study cost the  
Department of Defense a total of approximately  
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## EXECUTIVE SUMMARY

In section 526 of the National Defense Authorization Act (NDAA) for Fiscal Year 2014 (P.L. 113-66), Congress requires a report on pending cases in the joint Department of Defense (DoD) – Veterans Affairs (VA) Integrated Disability Evaluation System (IDES) with respect to members of the Reserve Components of the Armed Forces. Congress requested that the Secretary of Defense report on the status of the following issues.

- Current number of pending Reserve Component IDES cases (6,233)
- DoD and VA average time to process Reserve Component IDES cases (*112.5 days (goal: 125 days) for DoD core time) and 247.5 days (goal: 120 days) for VA*)<sup>1</sup>
- Measures to resolve the backlog of IDES cases for Active and Reserve Components (*see pages 10 – 15*)
- Resolution date for IDES case backlog for Active and Reserve Components (*FY 15*)
- Progress to transition IDES to a readily accessible electronic format for Service members
- Cost estimate to develop an integrated and readily accessible IDES electronic format
- Assessment of the feasibility of improving in-transit visibility of pending cases

To address these issues, DoD reviewed pending Reserve Component IDES cases using data from VA's Veterans Tracking Application (VTA) and Military Department input. DoD reviewed past and ongoing IDES case processing improvement measures, including DoD's efforts to standardize and monitor the Military Department disability evaluation quality assurance programs.

DoD improvement measures primarily include changes to disability evaluation policy, processes, staffing support, IT capabilities, senior oversight, and studies to review personnel supporting the IDES, with the primary intent of improving timeliness, satisfaction, and consistency of outcomes for Active and Reserve Component members in the IDES. All improvement efforts, including reducing backlog, are intended to better support all Reserve and Active Component Service members in the IDES.

DoD also investigated existing IT capabilities, with respect to IDES electronic case management and tracking, and future capabilities regarding the development of an improved, electronic IDES case management and tracking system, which would allow Service members to track their progress in the IDES. DoD investigated two options to improve in-transit visibility of pending IDES cases. Option one considered the migration of the IDES module on the VTA to the new Federal Case Management Tool (FCMT); option two investigates a potential DoD-wide IT solution for end-to-end IDES case management, tracking, reporting and electronic case file transfer capabilities. This solution will include leveraging existing IT capability where appropriate, in combination with developing new IT capabilities. This document will refer to this new IT solution as the Joint Disability Evaluation System (JDES).

Additionally, DoD is working with VA to identify areas of continued IDES improvements, which are applicable to the Reserve Component and the Active Component members. These

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<sup>1</sup> As of June 30, 2014.

include continued collaborations with VA and the Military Departments to continue detailed tracking of Reserve and Active Component member cases through the IDES process and to encourage all key IDES stakeholders to share best practices in case processing. The Departments are taking a collaborative, comprehensive approach to address process inefficiencies and to reduce case processing delays. They remain committed to improving the IDES and case processing timeliness for our Nation's Wounded, Ill, and Injured Service members.

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## OVERVIEW

In section 526 of the NDAA for Fiscal Year 2014 (P.L. 113-66), Congress requires a report on pending cases in the joint DoD-VA IDES with respect to members of the Reserve Components of the Armed Forces (Appendix 1).

Congress defined a pending case, in section 526(c) of the law, as “a case involving a member of the Armed Forces who, as of the date of the review ... is within the Integrated Disability Evaluation System and has been referred to a medical evaluation board.”

The statute requires that the Secretary of Defense, in consultation with the Secretary of Veterans Affairs, report the average IDES case processing times of members of the Reserve Components. Congress also asked that the Secretary of Defense describe measures and ongoing efforts designed to reduce IDES case processing times, as well as progress towards improving the tracking and reporting of IDES cases for Active and Reserve Component Service members during each phase and stage of the IDES.

To fulfill congressional requirements, DoD reviewed pending IDES cases; IDES case processing and timeliness improvement efforts; and, information technology (IT) initiatives designed to improve case visibility and tracking for Service members and key IDES stakeholders.

## BACKGROUND

Since 2007, DoD and VA have collaborated to create a jointly administered, integrated, seamless, and transparent Disability Evaluation System (DES). The Departments commenced a pilot process in November 2007, integrating DoD and VA’s disability processes for Service members with serious illnesses or injuries that compromise their ability to perform their military duties. The pilot, later instituted as the IDES process, provided a common framework from which the Military Departments and VA execute the IDES process.

In the IDES process, the Service member receives a single set of physical disability examinations conducted according to VA examination protocols, a proposed disability rating prepared by VA for use by DoD, and simultaneous processing by both Departments to ensure the earliest possible provision of disability benefits for those who must leave military service. The Departments use the common disability examinations and proposed rating results to make their respective determinations. DoD determines fitness for duty and compensates for unfitting, disabling conditions incurred or aggravated by military service, while VA compensates disabled Veterans for all disabilities incurred or aggravated during military service for which a disability rating of 10 percent or higher was awarded and provides certain VA services for those rated 0 percent. In the IDES, DoD completes its determination in a manner that allows both Departments to provide disability benefits at the earliest point allowed under the law. The advantages of IDES, compared to the prior, separate DoD and VA processes, include the dramatic reduction of post-separation wait time for VA disability benefits, plus increased consistency between DoD and VA disability ratings, reduced administrative burden on Service members who undergo a single exam, and abbreviated VA claim paperwork.

Since 2007, DoD and VA have been coordinating and collaborating to improve the IDES, and today DoD refers seriously ill or injured Services members to IDES. IDES accounts for 97 percent of all DoD disability evaluation cases. Through the IDES, the Departments have already made significant improvements in Service member satisfaction, disability benefits timeliness, and rating consistency<sup>2</sup>. However, DoD recognizes the value of continued process improvements in ensuring a better overall disability evaluation experience for Service members.

## **METHODOLOGY**

To inform IDES performance analyses, DoD extracted data from the IDES module of VA's Veterans Tracking Application (VTA)<sup>3</sup>, and combined those data with inputs from the Military Departments regarding their respective numbers of pending Reserve and National Guard (by state) IDES cases as of January 19, 2014. DoD began their analysis by reviewing the number of pending IDES cases, by Reserve Component and Military Department, as well as the average IDES case processing time (November 1, 2013 to January 31, 2014 time period) by IDES phases and stages with an additional focus on the DoD and VA core IDES processes. The IDES is comprised of larger phases divided into smaller stages each of which is executed by DoD or VA staff. DoD and VA each identified "core" portions of the process for which they are responsible and track time required to complete those processes.

DoD also reviewed IDES case processing improvement efforts, from 2008 to present, as well as planned DoD IDES case processing initiatives to improve timeliness and increase efficiencies. DoD also reviewed at the Military Departments' and Military Services' efforts to improve IDES case processing and to meet the established DoD case processing timeliness goals for FY 14 – FY 15.

Lastly, DoD investigated existing IT capabilities, with respect to IDES electronic case tracking, and future capabilities regarding the development of an improved, electronic IDES case tracking system, which would allow Service members to track their progress in the IDES. Related to that, DoD investigated two additional options to improve in-transit visibility of pending IDES cases. Option one considered the migration of IDES module on the Veterans Tracking Application (VTA) to the new Federal Case Management Tool (FCMT); option two investigates a potential DoD-wide IT solution for end-to-end IDES case management, tracking, reporting and electronic case file transfer capabilities.

## **STATUS UPDATE**

This section provides number of pending cases for the Reserve Components, average case processing time by Reserve Component and Service, DoD's IDES process improvements, and DoD's actions to improve case processing timeliness. Additionally, this section discusses DoD's plans to improve case visibility and case tracking for recipients and key IDES stakeholders.

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<sup>2</sup> Department of Defense and Department of Veterans Affairs. Disability Evaluation System Pilot Program Report to Congress, August 31, 2010.

<sup>3</sup> VTA, a VA operated web-based application, tracks Service members' progress through the IDES. VA provides DoD a weekly data extract of IDES data.

## PENDING CASES

### Number of pending Reserve Component IDES cases

DoD adopted the definition of a pending case from Congress' language in section 526 of the NDAA: "a case involving a member of the Armed Forces who, as of the date of the review ... is within the Integrated Disability Evaluation System and has been referred to a medical evaluation board." As of January 19, 2014, there were 6,233 pending Reserve Component IDES cases. Table 1 depicts these pending cases by Military Service and Reserve Component.

**Table 1: Pending IDES Cases by Military Service and Reserve Component as of January 19, 2014**

Military Service			
	Reserve	2,070	<b>5,600</b>
	Guard	3,530	
	Reserve	182	<b>470</b>
	Guard	288	
	Reserve	62	<b>62</b>
	Reserve	101	<b>101</b>
<b>All Services Total</b>	Reserve and Guard		<b>6,233</b>

Appendices 2 and 3 present the number of pending cases for Army and Air Force National Guard members, respectively, by the state in which the Service member drills.

### Average IDES case processing time for Reserve Component

The goal for Reserve Component Service members is to complete the entire IDES process in 305 days. DoD and VA calculate all IDES performance measures in calendar rather than work days.

In addition to tracking overall time to complete the entire IDES, DoD and VA measure the timeliness of their respective core IDES processes (Table 2). DoD's core processing goal is 125 days for Reserve Component Service members. For Reserves, the VA core processing goal is 120 days to include "VA Benefits".

**Table 2: Core IDES Process**

DoD Core IDES Processes (Goal: 125 calendar days)	VA Core IDES Processes (Goal: 120 calendar days)
<ul style="list-style-type: none"> <li>• Referral stage</li> <li>• Medical Evaluation Board (MEB) stage</li> <li>• Informal Physical Evaluation Board (IPEB) stage</li> <li>• Transition phase</li> </ul>	<ul style="list-style-type: none"> <li>• Claim Development stage</li> <li>• Medical Evaluation stage</li> <li>• Proposed Rating stage</li> <li>• VA Benefits (Primarily for Active Component)</li> </ul>

Table 3 depicts the average IDES case processing time, by stage and phase, for Reserve Component Service members during the November 1, 2013 to January 31, 2014 time period. This table also shows whether DoD or VA solely owns or shares an IDES stage or phase.

**Table 3: Average IDES Case Processing Times for Reserve Components  
for the November 1, 2013 to January 31, 2014 time period**

Stage/ Phase Owner	Stage/Phase	Reserve Component Goal Processing Time (in days)	Average Processing Time-Guard (in days)	Average Processing Time-Reserve (in days)	Reserve Component Average Processing Time-Total (in days)
DoD	Referral stage	30	17	14	16
VA	Claim Development stage	30	14	14	14
VA	Medical Evaluation stage	45	36	39	37
DoD	MEB stage	35	43	44	43
DoD/VA	MEB Phase Total	140	111	108	110
DoD	IPEB stage	15	20	24	21
VA	Proposed Rating stage	15	186	183	185
DoD	Formal Physical Evaluation Board (FPEB) stage	30	57	71	64
DoD	FPEB Appeal stage	30	127	68	92
VA	Rating Reconsideration stage	15	87	96	91
DoD/VA	PEB Phase Total	120	230	230	230
DoD	Final Out-processing stage/Transition phase	45	51	58	54
VA	VA Benefits**	30	76	82	79

\* Blue highlight indicates DoD core IDES processes

\* Red highlight indicates VA core IDES processes

\* Grey highlight indicates the sum of the MEB and PEB phases, respectively.

\* Transition phase time excludes permissive temporary duty (TDY) and authorized leave.

\*\* VA Benefits phase is applicable to Active Reserve members.

In the month of April 2014, the Reserve Components DoD Core Processing Time was 112.5 days, a 16 percent improvement over the November 1, 2013 to January 31, 2014 average of 134 days. In the month of April 2014, the Reserve Component VA Core Processing Time was 247.5 days, a 28 percent improvement over the November 1, 2013 to January 31, 2014 average of 345 days.

## Measures to improve IDES performance for Active and Reserve Components

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DoD and VA improvement efforts, including reducing backlog, are intended to better support Reserve Component and Active Component Service members in the IDES. DoD improvement measures primarily include changes to disability evaluation policy, processes, staffing support, IT capabilities, senior oversight, and studies to review personnel supporting the IDES, with the primary intent of improving timeliness, satisfaction, and consistency of outcomes for Active and Reserve Component members in the IDES. The following provides an overview of these improvements since the inception of IDES, noting specific measures to improve timeliness and case processing time for Reserve Component members.

### ***Process Changes***

DoD and VA also have been working to resolve issues regarding the DD Form 214, “Certificate of Release or Discharge from Active Duty,” specifically with regard to the timely transfers of Service members (i.e., either separation from the military or release of active duty service). The Departments are actively working toward resolving data discrepancies and developing strategies for the electronic transfer of DD Form 214 information. Replacing the paper DD Form 214 / 215 with electronic Certified Separation Information (CSI) will allow DoD to control the flow of separation information while reducing costs and maximizing efficiencies. – ***Benefit:*** *DoD’s future vision is to provide VA with an electronic and authoritative source that will allow for the creation of the DD Form 214 data at any time. Additionally, the electronic DD Form 214 will better document periods of active duty for Reserve Component members, providing a more accurate basis for Service-connected disabilities and future compensation.*

### ***Policy Changes***

DoD and VA collaborated to establish the Expedited Disability Evaluation System (EDES) program, which allows Service members who sustain catastrophic injuries or illnesses as a result of combat or combat-related operations to volunteer for an expedited disability evaluation process. EDES provides Service members the opportunity to expedite their disability claim process and allows for the early identification and delivery of the full range of benefits, compensation, and specialty care offered by DoD and VA. – ***Benefit:*** *The accelerated case processing time (anticipated to not exceed 45 days) increases timely transitions for the most seriously wounded Service members.*

DoD also published policy authorizing the Military Secretaries to substitute a psychologist with an appropriate doctoral degree for a psychiatrist on medical evaluation boards for Service members with psychiatric diagnoses. – ***Benefit:*** *This adjustment in the qualifications of personnel required for a MEB enables the Military Departments to constitute additional boards to accelerate IDES medical board decisions.*

DoD authorized the Military Secretaries to reduce informal physical evaluation boards (IPEBs) from three to two members, military or civilian, at the level of major or lieutenant commander, or their civilian equivalent or higher. – ***Benefit:*** *The authorization of two-member IPEBs enables the Military Departments to constitute additional boards to accelerate IDES decisions.*

DoD changed DES policy, via a conforming change, to include the Veterans Affairs Schedule for Rating Disabilities (VASRD) recognized diagnosis of “chronic adjustment disorders.”<sup>4</sup> – **Benefit:** *This conforming change complies with section 1216a of title 10, U.S. Code and aligned DoD policy with the VASRD, resulting in more accurate and consistent discharge dispositions across the Military Departments.*

DoD established a plan to standardize and monitor the Military Departments’ quality assurance programs for medical and physical evaluation boards and physical evaluation board liaison officers (PEBLOs). Several key activities in DoD’s disability evaluation quality assurance plan support quality and process improvements that will have direct effects on Reserve and Active Component members. DoD plans to implement the disability evaluation quality assurance plan over the next two years, understanding that it is an unfunded mandate.<sup>5</sup> – **Benefit:** *Once fully operational, DoD’s oversight of Military Department disability evaluation quality assurance programs will provide additional safeguards that the Military Departments make accurate and consistent decisions throughout the disability evaluation processes and ultimately should result in a better overall disability evaluation experience for Service members.*

DoD also issued policy (Appendix 4 to Attachment 4, 2.b.(2) of Directive-Type Memorandum 11-015) to ensure that “within 5 days of the date the MTF medical care provider referred the case to the IDES: If necessary, request the Service member's commander conduct and provide a complete line of duty investigation and determination.”<sup>6</sup> – **Benefit:** Additional emphasis on timely LOD completion by Reserve Component commanders to reduce excessive delays in the IDES process.

### ***Staffing Support Changes***

DoD increased IDES staff across all Military Departments to improve IDES timeliness. Beginning in FY 12, DoD allocated more than \$400M in additional money from FY 13 to FY 17 to fund these increases. Army increased Medical and Physical Evaluation Board staff by approximately 700 personnel, nearly doubling previous staffing levels. Additionally, the Air Force added Physical Evaluation Board (PEB) manpower to resolve a significant backlog during FY 12 and preclude future backlogs in the IDES PEB performance and timeliness. – **Benefit:** *The increased staff helped the Military Departments reduce the number of cases pending in their portion of the IDES process and contributed to the substantial improvement in DoD IDES performance in 2013.*

In May 2013, DoD provided VA support to address the IDES Army cases at the Seattle Disability Rating Activity Site by approving the temporary duty of 15 Reserve Component Soldiers to complete DoD tasks in support of VA’s IDES tasks. The Soldiers assisting VA’s Seattle Disability Rating Activity Site support DoD responsibilities for the following mission essential tasks:

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<sup>4</sup> Assistant Secretary of Defense (Force Management Policy). Department of Defense Instruction 1332.38, “Physical Disability Evaluation,” November 14, 1996 (Incorporating Change 2, April 10, 2013).

<sup>5</sup> U.S. Congress (112th), National Defense Authorization Act (NDAA) Fiscal Year 2013, H.R. 4310, Section 524, Quality Review of Medical Evaluation Boards, Physical Evaluation Boards, and Physical Evaluation Board Liaison Officers, January 2, 2013.

<sup>6</sup> Under Secretary of Defense (Personnel and Readiness). Directive-Type Memorandum (DTM) 11-015 – Integrated Disability Evaluation System (IDES), December 19, 2011 (Incorporating Change 3, August 6, 2013).

- Assist with the Army Safe Access File Exchange download process by downloading and uploading IDES case files to and from the VA's Seattle Disability Rating Activity Site. This will alleviate the VA from retrieving more than 1,000 files per month.
- Assist with moving and staging the files from the Army to the VA's Seattle Disability Rating Activity Site thus preparing them for the next stage of the IDES process.
- Assist with quality assurance activities related to obtaining missing DoD documents such as, but not limited to, DD Form 214s, Service Treatment Records, and Line of Duty investigations.

Army initially approved support of VA's Seattle Disability Rating Activity Site for 90 continuous calendar days of temporary duty. DoD and VA, in agreement with the Army, extended the approval three times since inception (August 2013, September 2013, and May 2014), and increased the level of support to 21 reservists. The current approval for Army's staff augmentation in Seattle expires on September 30, 2014, but can be extended with the mutual approval of DoD and VA. The Seattle Disability Rating Activity Site is on track to eliminate its backlog of proposed disability ratings by August 2014 and meet timeliness standards by October 2014. – **Benefit:** *The 21 Army Reserve Component members continue to increase efficiencies at the Seattle Disability Rating Activity Site, allowing for more timely rating decisions.*

### ***IT Capability Changes***

In June 2009, tracking for the IDES migrated from the Army Knowledge Online platform to the Veterans Tracking Application (VTA) – a VA owned system jointly used by DoD and VA. The VTA IDES module serves as the single data source for tracking, reporting and oversight of the IDES. VA made multiple enhancements to VTA since the migration. VA's latest VTA enhancements occurred in February 2014, after which point the system was put into a sustainment posture until the IDES module can be migrated to a new platform. – **Benefit:** *This migration to VTA provided more detailed information in the form of new reports, data elements, and updated business rules that better support the business process.*

In April 2012, the Secretary of Defense and Secretary of VA tasked their Departments with implementing a paperless, searchable claims file for the IDES. The Departments jointly selected electronic Case File Transfer (eCFT) as the first step towards this goal. The eCFT system is currently used at two military treatment facilities (MTFs). VA determined that an automated process for document transfer was necessary. – **Benefit:** *eCFT increases efficiencies and timeliness, allowing DoD and VA shared access of IDES claim files.*

In December 2013, DoD completed the first part of the automated connection, between DoD and VA, to eliminate the mailing of paper records. Once VA completes the interface to their Veterans Benefits Management System, it will enable both Departments to process IDES electronically. – **Benefit:** *The ability to process IDES paperwork electronically aims to increase efficiencies and timeliness for DoD and VA.*

In July of 2013 DoD and VA jointly piloted the Joint Legacy Viewer (JLV), an integrated web-based display of the information contained in the Departments' respective primary medical record systems. While still in pilot, the JLV has been shown to be helpful in sharing medical record information to support joint work flows, and the Health Executive Council has recently agreed to expand the pilot to a total of 3500 users. – **Benefit:** *The JLV makes medical record*



*documentation available without the need to create and fax copies. If it can be further developed to include all relevant medical documentation for IDES and integrated into the IDES workflow, the medical document transfer needs would be significantly reduced and delays in retrieving and sending copies eliminated*

### ***IDES Senior Oversight Groups***

DoD established the three working groups: Disability Advisory Council (DAC), DES Improvement Working Group (DIWG), and IDES Senior Leader Council (SLC). – ***Benefit:*** *DoD established these senior-leader groups to ensure a broader DoD perspective on the DES and greater oversight to ensure a fair, equitable process for all Service members in the DES, being mindful of improving timeliness.*

- **Disability Advisory Council (DAC):** Provides oversight and revisions to policy and processes, ensuring consistency and accuracy of the disability evaluation system. The quarterly DAC meetings focus on ensuring the process is equitable, to the fullest extent possible, as Service members progress through the DES. They provide senior leadership oversight to ensure that Service members progress through the DES expeditiously, are knowledgeable about the process, are kept informed of the status of their respective cases, and due process rules are strictly followed.
- **DES Improvement Working Group (DIWG):** Established in March 2010 to identify and analyze performance indicators of the DES and to recommend process improvement opportunities to the DAC with respect to fair and equitable due process.
- **IDES Senior Leader Council (SLC):** Established in March 2013 as a governance body consisting of Military Department Manpower and Reserve Affairs and Surgeons General principals, to focus on oversight and revisions to policy, processes, and IT strategy to ensure consistency and accuracy of the DES. In June 2013, after a complete review of the current IDES IT environment, DoD and the Military Departments agreed to document DoD's business needs and capability gaps for the DES, including gaps in process transparency and case tracking.

### ***IDES Surveys, Reporting, and Studies***

DoD fielded initial customer satisfaction feedback surveys, administered telephonically by DMDC, to Service members at the completion of the three major phases of the IDES process: the MEB, the PEB, and just prior to transition to veteran status. DoD then refined and re-initiated IDES customer satisfaction surveys and reports to address recommendations by the Government Accountability Office<sup>7</sup>. DoD reports outcomes of these surveys to the Assistant Secretary of Defense (Health Affairs), VA, and the Military Departments quarterly. – ***Benefit:*** *These voluntary, confidential surveys provide insight into Service members' perceptions of their IDES experience, fairness of the process, and customer service by DoD and VA IDES case workers. The surveys also provide DoD feedback that identifies areas for continued improvements.*

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<sup>7</sup> United States Government Accountability Office. Military Disability System: Preliminary Observations on Efforts to Improve Performance (GAO-12-718T), May 23, 2012.

DoD also continued to improve oversight and visibility tools by refining IDES performance reporting and by creating a performance and case tracking dashboard. They created the IDES Performance Report (IDPR), comprised of 10 major sections (Table 4). – **Benefit:** *The IDPR provides oversight over all pending IDES cases and informs key DoD, Military Department, and VA stakeholders on IDES performance to drive continuous improvements.*

**Table 4: Description of DoD IDES Report Sections**

Section #	Report Section	Description
1	<b>IDES Case Flow by Component</b>	Counts of IDES cases referred and completed in the reported month and since November 2007
2	<b>DoD IDES Disposition Outcomes</b>	Distribution of final DoD outcomes over the past six months
3 – 7	<b>IDES Total Process – MEB Phase, PEB Phase, Transition, and VA Benefits Phases and Stage-level Performance</b>	(1) average number of days to complete each stage/phase; (2) the percent of cases that met the IDES completion goal of 295 (AC)/305 (RC) days; (3) total inventory of Service members (open cases at end of each month); and (4) IDES inflow and outflow during each month
8	<b>Open Cases Exceeding IDES Stage Goals</b>	(8a) counts and percentage of open cases exceeding stage goals for and the 10 IDES locations in each Service where the most cases exceed goals; (8b-1) histogram of the number of days cases have been in IDES, by stage; and (8b-2) proportion of cases on track, at risk, and exceeding stage goals, and comparisons to steady state inventories
9	<b>Insufficient Exam Reports by Disability Rating Activity Site (DRAS)</b>	(1) counts and percentage of cases that have finished the preliminary rating stage and received an insufficient exam report; (2) the average number of days to identify an exam as insufficient; and (3) the average number of days to correct an insufficient exam report
App.	<b>Total process (I) and Phase (II-V) performance by Component</b>	for each Component (AC/RC): (1) average number of days, (2) case inventory (open cases at end of each month), and (3) inflow and outflow during each month, where outflow includes cases moving on to the next stage/phase
Atch.	<b>IDES Cases Exceeding Goals</b>	Complements Section 8
Atch.	<b>Top 50 Unresolved IDES Cases</b>	Oldest open cases as of the most recent VTA extract date for all DoD and by Service
Atch.	<b>IDES Report Supplement</b>	Individual site data

DoD also completed the first phase of a congressional study, “Current State of the Military Departments’ Management of Physical Evaluation Board Liaison Officers (PEBLOs),” which identified areas of IDES improvement for the Services. All of the Services instituted a more specific training program for PEBLOs and increased their staff to improve ratios of Service members to PEBLOs. The hiring increase doubled total PEBLO positions (from 503 to 1,206), and filled 96 percent of PEBLO authorizations. DoD also completed the second phase of the congressional study, “Final Report on the Military Departments’ Management of Physical Evaluation Board Liaison Officers,” which assessed and determined the DoD recommended PEBLO-to-case ratio as 1:34 for the Military Departments. – **Benefit:** *These studies resulted in personnel increases and training revisions to ensure Service members processing through the IDES have dedicated, well-trained PEBLO support. These studies also identified IDES case complexity factors for Reserve Component that potentially influence PEBLO performance in an effort to develop mitigating strategies and contingency plans.*

Since the inception of the IDES, DoD has continued to work closely with the Military Departments and VA to implement enhancements to improve IDES timeliness and performance. Due to previous IDES process improvements, DoD observed a 86 percent reduction in time (240 days to 34 days) from when disabled Service members leave military service and begin receiving VA disability compensation in the month of April 2014 compared to prior to the implementation of IDES.

Both DoD and the Military Departments actively monitor all cases exceeding stage goals. The Military Departments, in conjunction with DoD, also continue to take steps to improve IDES case processing timeliness. Examples of steps the Military Department are undertaking to improve IDES case processing timeliness and the IDES process include but are not limited to:

- Provided Reserve members to help VA prepare IDES case files and helped VA reduce inventory of Soldiers awaiting disability ratings by 3 percent (8,635 to 8,446)
- Utilize DoD Customer Satisfaction Surveys to inform and improve both the MEB and PEB processes
- Continue appropriate leadership scrutiny and oversight of individual-level processing and of organizational-level resourcing
- Co-located Air Force IPEB/FPEB to optimize efficiencies
- Established video teleconference (VTC) Formal hearings to expedite case processing
- Continuing to analyze MTF performance weekly and work with MTFs whose performance is not in compliance with OSD goals

The Military Departments' "IDES Case Processing and Transition Phase Reporting" (Appendices 4 – 6) specifically delineates how they plan to improve their IDES case processing timeliness for Active and Reserve Components.

#### Resolutions to meet DoD IDES performance goals for Active and Reserve Components

DoD and the Military Departments continue to work diligently to improve the IDES for Active and Reserve Component Service members. The established timeliness target, in calendar days, for the DoD core IDES processes is 105 days for Active Component members and 125 days for Reserve Component members. By the end of 2014, DoD expects to reach the DoD IDES timeliness goals.

The DoD IDES performance is an element of the FY 14 to FY 15 the Office of Management and Budget (OMB) approved priority goal of improving Service members' transition to veteran status. The measure is revised, for this year, to focus on DoD's IDES performance rather than the combined DoD-VA performance. The new DoD-focused measure of IDES performance focuses on the aforementioned DoD core IDES processes, and establishes quarterly performance measure targets (Table 5) based on a weighted combination of Service member survey feedback on their satisfaction with IDES (25 percent) and DoD IDES core processes timeliness (75 percent) within a given quarter.

**Table 5: FY 14 DoD Core IDES Processes Performance Targets**

FY	Performance Measure Targets (by quarter)			
	Q1	Q2	Q3	Q4
FY 14	70%	70%	75%	80%
FY 15	80%	80%	80%	80%

For the first quarter of FY 14, the combined average of the satisfaction and timeliness elements resulted in an overall 77 percent score for DoD IDES performance, exceeding the DoD established 70 percent performance target. With regards to timeliness, 74 percent of Active and Reserve Component Service members met their respective DoD core IDES processes goals. By the end of FY 15, DoD aims to maintain an 80 percent performance measure target. The performance measure targets are officially operational.

## **IMPROVEMENTS TO IDES ELECTRONIC SYSTEMS**

### IDES integrated and readily accessible electronic format

#### **Existing Capabilities**

The Military Departments use VA’s VTA as the primary case tracking mechanism for IDES. DoD and VA IDES case administrators use it to track a case as it progresses through the IDES process and to monitor case timeliness and decisions. PEBLOs, the primary DoD point of contact for Service members in IDES, access VTA to enter data or determine the status of all actions taken on a case by either DoD or VA. However, VTA has some limitations to include lack of automated date tracking, document storage, and workflow.

In addition to VTA’s case tracking capabilities, DoD provides the Military Departments with a comprehensive, case management spreadsheet (“IDES Case Tracker”). Case administrators update this spreadsheet weekly in alignment with the weekly VTA Data Extract. This provides users with case level details about the current status of a case, the case’s performance relative to process goals, missing or pending data, a data dictionary of all VTA data elements, etc. Administrators upload the spreadsheet to VTA Knowledge Center, which is accessible to all Military Departments and VA.

Additionally, the Department of the Army deployed a case tracking tool that enables Line Commanders and Soldiers to directly view the status of the IDES case. Using a Common Access Card, a Soldier can log-in to a web-based application to view the progress of his or her case from start to finish and to estimate his or her case’s completion date based upon Army averages for the remaining steps. The application updates weekly using data from VA’s VTA. Presently, the Army’s tool is the only application that allows IDES-enrolled Service members to view their case status without the help of their PEBLO. For Service members in the other Services, their assigned PEBLO provides them with case statuses.

## Potential Future Capabilities

In January 2014, DoD's Warrior Care Policy office took the first steps toward acquiring a DoD IDES IT capability and labeled this (potential) future IT system the Joint Disability Evaluation System (JDES). The JDES effort is still in the early stages of the acquisition process, and the timeline for deployment is still unknown. However, DoD has near-term milestones to reach within the next year based on Business Capability Lifecycle (BCL) requirements. DoD continues to actively monitor progress towards this goal.

### Cost estimate to develop an integrated and readily accessible IDES electronic format

Although it is premature to generate a cost estimate at this time, DoD anticipates having a cost estimate by June 2015.

### Assessment of the feasibility of improving in-transit visibility of pending cases

In addition to the Army's in-transit case visibility and DoD's IDES Case Tracker application, DoD investigated two long-term options to improve in-transit visibility of pending IDES cases.

- Option 1: DoD investigated the migration of the IDES module hosted on VA's VTA to VA's Federal Case Management Tool (FCMT). VA's FCMT currently supports their Federal Recovery Coordinator Program by automating the care coordination capabilities of intake, referral, and enrollment. It also supports the creation and maintenance of individual case records and treatment plans. VA submitted an unfunded requirement (currently prioritized 58 of 123 unfunded requests by the Veterans Benefits Administration) this fiscal year for migrating the VTA IDES module to FCMT. DoD and VA have ongoing meetings to discuss progress towards this initiative.
- Option 2: DoD investigated a proposed future IT system (i.e., JDES). This is DoD's proposed long-term IT solution for improved case visibility and tracking for DoD IDES stakeholders. As stated previously, this effort is still in the early stages of the acquisition process and will not provide near-term improvement to the IDES.

## SUMMARY

To address congressional concern, DoD reviewed pending IDES cases of members of the Reserve Components of the Armed Forces. DoD reviewed past and current IDES case processing improvements with respect to timeliness, as well as planned future IDES case processing and timeliness initiatives, to include the implementation of a QAP. DoD also reported on the progress towards development of an electronic format that would allow Service members to self-track their progress in the IDES.

DoD has taken deliberate steps to improve IDES performance and to ensure that Reserve Component or Active Component cases are not excessively delayed; such as tracking IDES case processing timeliness through the monthly performance reporting and increasing staffing. Additionally, DoD and the Military Departments continue to work to meet DoD core IDES processing goals. And, in conjunction with VA, DoD continues to work to improve the entire

IDES process for Reserve Component and the Active Component members. Both Departments remain committed to improving IDES performance, and are taking a holistic approach to address process inefficiencies and case processing delays.

Overall, DoD, VA, and the Military Departments maintain awareness of pending Reserve Component and Active Component IDES cases, especially those that are exceeding core, stage, and phase goals. They have worked diligently to develop and support a program that ensures our Nation's Wounded, Ill and Injured Service members receive timely, transparent, and equitable care and compensation for injuries incurred in the line of duty.

## ABBREVIATIONS AND ACRONYMS

BCL	Business Capability Lifecycle
DAC	Disability Advisory Council
DCMO	Deputy Chief Management Officer
DES	Disability Evaluation System
DIWG	DES Improvement Working Group
DoD	Department of Defense
DRAS	Disability Rating Activity Site
DTM	Directive-Type Memorandum
eCFT	electronic Case File Transfer
FCMT	Federal Case Management Tool
FPEB	Formal Physical Evaluation Board
IPEB	Informal Physical Evaluation Board
IDES	Integrated Disability Evaluation System
IDPR	Integrated DES Performance Report
IPEB	Informal Physical Evaluation Board
IT	Information Technology
JDES	Joint Disability Evaluation System
JEC	Joint Executive Committee
LOD	Line of Duty
MEB	Medical Evaluation Board
MTF	Military Treatment Facilities
NDAA	National Defense Authorization Act
OMB	Office of Management and Budget
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
QAP	Quality Assurance Program
SLC	Senior Leader Council
STR	Service Treatment Record
VA	Department of Veterans Affairs
VASRD	Veterans Affairs Schedule for Rating Disabilities
VTA	Veterans Tracking Application

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## Appendix 1: Congressional Wording

### **SEC. 526. REVIEW OF INTEGRATED DISABILITY EVALUATION SYSTEM.**

*(a) REVIEW.—The Secretary of Defense, in consultation with the Secretary of Veterans Affairs, shall conduct a review of—*

*(1) the backlog of pending cases in the Integrated Disability Evaluation System with respect to members of the reserve components of the Armed Forces for the purpose of addressing the matters specified in paragraph (1) of subsection (b); and*

*(2) the improvements to the Integrated Disability Evaluation System specified in paragraph (2) of such subsection.*

*(b) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services and Veterans' Affairs of the House of Representatives and the Senate a report on the review conducted under subsection (a). Such report shall include the following:*

*(1) With respect to the reserve components of the Armed Forces—*

*(A) the number of pending cases that exist as of the date of the report, listed by military department, component, and, with respect to the National Guard, State;*

*(B) as of the date of the report, the average time it takes the Department of Defense and the Department of Veterans Affairs to process a case through each phase or step of the Integrated Disability Evaluation System under that Department's control;*

*(C) a description of the measures the Secretary has taken, and will take, to resolve the backlog of cases in the Integrated Disability Evaluation System; and*

*(D) the date by which the Secretary plans to resolve such backlog for each military department.*

*(2) With respect to the regular components and reserve components of the Armed Forces—*

*(A) a description of the progress being made by both the Department of Defense and the Department of Veterans Affairs to transition the Integrated Disability Evaluation System to an integrated and readily accessible electronic format that a member of the Armed Forces may access to see the status of the member during each phase or step of the system;*

*(B) an estimate of the cost to complete the transition to an integrated and readily accessible electronic format; and*

*(C) an assessment of the feasibility of improving in-transit visibility of pending cases, including by establishing a method of tracking a pending case when—*

*(i) a military treatment facility is assigned a packet and pending case for action regarding a member; and*

*(ii) a packet is at the Veterans Tracking Application and Disability Rating Activity Site of the Department of Veterans Affairs.*

*(c) PENDING CASE DEFINED.—In this section, the term “pending case” means a case involving a member of the Armed Forces who, as of the date of the review under subsection (a), is within the Integrated Disability Evaluation System and has been referred to a medical evaluation board.*

## Appendix 2: Army National Guard Number of Pending IDES Cases by State

*As of January 19, 2014*

State	# of Total Pending Cases
AK	13
AL	120
AR	62
AZ	52
CA	142
CO	23
CT	26
DC	4
DE	27
FL	77
GA	88
GU	9
HI	28
IA	120
ID	36
IL	62
IN	215
KS	58
KY	113
LA	69
MA	35
MD	26
ME	13
MI	158
MN	66
MO	84
MS	123
MT	9
NC	35
ND	2
NE	22
NH	11
NJ	54
NM	51
NV	25
NY	87

State	# of Total Pending Cases
OH	134
OK	138
OR	90
PA	139
PR	149
RI	25
SC	107
SD	19
TN	86
TX	235
UT	35
VA	58
VI	5
VT	45
WA	46
WI	55
WV	10
WY	9
All	3,530

**Appendix 3: Air Force National Guard Number of Pending IDES Cases by State**

*As of January 19, 2014*

State	# of Total Pending Cases
AK	6
AL	8
AR	6
AZ	7
CA	9
CO	3
DC	0
DE	5
FL	10
GA	8
HI	19
IA	0
ID	1
IL	1
IN	3
KS	1
KY	7
LA	1
MA	4
MD	3
ME	6
MI	7
MN	4
MO	11
MS	1
MT	10
NC	3
ND	4
NE	9
NH	1
NJ	1
NM	1
NV	3
NY	3

State	# of Total Pending Cases
OH	1
OK	19
OR	14
PA	8
PR	4
RI	12
SD	14
TN	6
TX	0
UT	1
VA	7
VT	7
WA	4
WI	3
WV	0
WY	1
<b>All</b>	<b>288</b>

## Appendix 4: Army IDES Case Processing and Transition Phase Reporting



DEPARTMENT OF THE ARMY  
OFFICE OF THE ASSISTANT SECRETARY  
MANPOWER AND RESERVE AFFAIRS  
111 ARMY PENTAGON  
WASHINGTON, DC 20310-0111

20140122

SAMR-MP

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS),  
4000 DEFENSE PENTAGON, WASHINGTON, DC 20301-4000

SUBJECT: Integrated Disability Evaluation System (IDES) Case Processing and  
Transition Phase Reporting

1. Thank you for your memorandum of December 12, 2013, subject as noted above. We share your commitment to ensuring that Soldiers process through the IDES in an efficient, streamlined manner and we are dedicated to sustaining the significant improvements in average processing times that we experienced in 2013.
2. We maintain constant awareness at all levels of cases that are exceeding stage goals. We have taken deliberate steps to ensure that no case is unnecessarily stalled and have seen great progress over the last year in reducing the backlogs in Army-controlled stages of the process. Additional actions and recommendations are enclosed.
3. As you are aware, the Army began entering the dates that Soldiers complete their outprocessing activities into the Veterans Tracking Application early in 2013. We will continue to provide this information and analyze it to ensure that Soldiers transition off of active duty in a timely fashion.
4. My POC for this information is COL Priscilla Berry at 703-695-4791 or [priscilla.berry@us.army.mil](mailto:priscilla.berry@us.army.mil).

Encl

  
ANTHONY J. STAMILIO  
Deputy Assistant Secretary of the Army  
(Military Personnel & Quality of Life)

SAMR-MP

SUBJECT: Integrated Disability Evaluation System (IDES) Case Processing and Transition Phase Reporting

### Army IDES Case Processing and Transition Phase Reporting

1. Utilizing a comprehensive strategy of strong leadership emphasis, process and procedure standardization, periodic reviews, site assessment visits, and a concerted effort to ensure adequate staffing was available to increase case processing capacity, the Army has recognized a significant improvement in backlogged cases over the past year.

Top 10 Army Sites	23 Dec 2012	22 Dec 2013
Referral	273	69
MEB Stage	1270	178
PEB Phase	1374	3075
Transition	1963	760

These numbers reflect the number of cases that were reported on the Final IDES Performance Reports as reported by the office of Warrior Care Policy. It is important to note that the PEB Phase numbers are inclusive of the Preliminary Rating Stage where the Veterans Affairs has experienced a dramatic increase in the number of cases that far exceed goal processing time.

While it is easy to assume that the most recent numbers should be even lower than they currently are, a review of the cases at an individual level reveals that there are specific factors that have led to the delay. In the overwhelming majority of cases, delays are not due to a lack of attention or inefficiency of the system but rather factors that are difficult to overcome.

2. Currently, 81% of the cases in the Medical Evaluation Board (MEB) Phase are completed within the established standard processing time. On-going actions that will sustain this level of efficiency include:

a. The utilization of MEB Remote Operating Centers (MEBROC) which has increased case processing capacity while creating a scalable solution for future surges in the number of IDES cases;

b. An increased use of remote Narrative Summary (NARSUM) capabilities which enables case load to be distributed to those sites that have capacity without having to move the Soldier;

c. Use of the Complexity Based MEB model, tailored to the unique needs of the MEB site, which enables streamlined processing of certain cases.

3. Approximately 85% of the cases in the Informal Physical Evaluation Board (IPEB) and Disposition stages are completed within the established standard processing time. On-going actions to sustain these results include:

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SUBJECT: Integrated Disability Evaluation System (IDES) Case Processing and Transition Phase Reporting

- a. Utilization of two-member boards;
- b. Enhanced training at all command levels to promote knowledge of the process and increase standardization of processes and outcomes;
- c. Increased analysis of performance metrics to better inform organizational and structural changes;
- d. Cross-leveling of cases to ensure case load meets capacity;
- e. Information technology (IT) enhancements, to include improvements to Electronic Physical Evaluation Board (ePEB) and continued use of the IDES Dashboard to increase visibility of case status to Soldiers and Commanders;
- f. Ensure resourcing, both short-term and long-term, of adjudicators and administrators at the PEB and Physical Disability Agency to meet case processing demand.

4. We fully support the current Joint Executive Committee goal of processing 80% of the cases within currently established time standards. We are very concerned that attempts to raise this standard to a higher level, to include the 90% rate suggested in the request from OSD, are not in the best interest of the Army or of the Soldier.

- a. An analysis of performance metrics over the last year indicates that the average processing time must be well below standard in order to achieve the 80% compliance rate. Driving the goal even higher will necessitate an increase in the number of resources, and therefore an increase in processing capacity, required to achieve the standard. In this era of constrained resources, we must carefully consider the advisability and feasibility of such actions.

- b. Due to the factors noted above, it will be critical to have a robust IT solution in place that can easily identify those cases that are legitimately delayed in the process. Once such a system is in place, it will be easier to identify those cases that are delayed due to oversight or inefficiency. The Army will remain actively engaged in OSD's efforts to develop a joint IT solution for the disability evaluation system.

- c. Analyzing the percentage of cases over target must be equally balanced with the average number of processing days. When focusing only on percentages, a case that is only a day over goal looks no different than a case that is fifty days over goal. We do not want to create a culture where cases that are under goal are given preference over cases that have already missed processing goals solely to ensure a "good grade" for individual sites.

5. In analyzing cases that exceed stage processing goals, we have identified a number of factors that can delay forward movement of the case or give the perception of the case being backlogged.

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SUBJECT: Integrated Disability Evaluation System (IDES) Case Processing and Transition Phase Reporting

a. Unlike the PEB phase, time for Impartial Medical Review (IMR) and MEB Appeals is not allocated for in the MEB phase. As of November 2013, 17% of Soldiers requested an IMR and 22% requested an appeal of the MEB decision. We fully support the Soldier's decision to exercise these rights and are dedicated to ensuring that sufficient time is available to provide accurate and well founded responses to their requests, even if that means that goal standards are not met.

b. Soldiers that are undergoing administrative or legal proceedings, such as UCMJ actions, cannot progress through the IDES process until key decision points have been reached. Since there is currently no OSD policy regarding the disenrollment or suspension of those cases, they remain enrolled in IDES and give a false impression of being a backlogged case.

c. While additional time is allocated for the processing of Reserve component cases in the early stages of IDES, reaching this geographically dispersed population who are not consistently in an active duty status presents challenges on a regular basis. Delays in reaching the Soldier and in receiving required responses from them are common themes noted in delayed cases. In those cases where it appears that the Soldier is being deliberately non-compliant with the requirements of the process, the actions needed to obtain the Soldier's cooperation are complex and often very time consuming.

d. Obtaining all of the required documentation needed to complete the IDES case file can be challenging in complex cases where the Soldier has received a significant amount of care in the civilian community. Attempts to move the case forward while additional documentation is being obtained can be met with a return of the case from the VA, leading to increased processing time.

e. There are situations where delays are in the best interest of the Soldier. Examples include Soldiers who need medical evaluation to determine if new problems need to be added as potentially unfitting conditions, and Soldiers who are afforded additional time in the transition phase so that their children can finish a school term or can deal with medical issues of their own.

6. An analysis of data in the Veterans Tracking Application (VTA) can lead to a false conclusion that a case is stalled.

a. The Army has engaged with the Disability Rating Activity Site (DRAS) over the last several months regarding inaccuracies in VTA data, specifically the receipt of preliminary and reconsidered ratings and the dates these ratings are completed. Currently there are more than 500 cases where VTA reflects a completed rating but the rating has not been received by the PEB.

b. Because VTA is highly reliant upon manually entered data, errors and omissions can and do occur. Erroneous data leads to erroneous reporting. While the Army strives to prevent and correct these errors, we recognize that implementation of an electronic



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SUBJECT: Integrated Disability Evaluation System (IDES) Case Processing and Transition Phase Reporting

information technology solution is needed to ensure the automatic capture of accurate information and therefore avoid errors in data entry.

c. VTA does not provide a means to capture many of the interim steps of process stages. For example, when a Soldier requests an appeal of an Informal PEB and provides additional evidence, they are afforded a new election period. This activity is not captured in VTA reports. Other examples include the identification of new diagnoses, return of cases to previous steps/stages for rework, and delays that are in the best interest of the Soldier (e.g. application for continuation on active duty).

7. Regarding the Transition Phase, the Army implemented procedures approximately a year ago to record in VTA the date that out-processing activities were completed. A recent analysis of those efforts indicate that more than 93% of the active component cases with a separation date in VTA also had a final outprocessing date entered. We will take action to enable accurate entries on the remaining cases.

## Appendix 5: Navy IDES Case Processing and Transition Phase Reporting



DEPARTMENT OF THE NAVY  
OFFICE OF THE ASSISTANT SECRETARY  
(MANPOWER AND RESERVE AFFAIRS)  
1000 NAVY PENTAGON  
WASHINGTON, D.C. 20350-1000

4 MAR 2014

### MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR WARRIOR CARE POLICY

SUBJECT: Integrated DES (IDES) Case Processing and Transition Phase Reporting

This response is submitted pursuant to your 12 December 2013 memorandum asking the Services to provide their plan to eliminate cases exceeding goal for each IDES Department of Defense (DoD) core processing stage and identify when 90% of their cases would meet the DoD core process stage goals.

The Department of the Navy (DoN) consistently leads DoD in IDES processing timeliness and percentage of Service members who meet goal. For example, data from the December 2013 Final IDES Performance Report show Sailors averaged 217 days with 81% meeting goal and Marines averaged 266 days with 73% meeting goal. A break-down of the DoN processing performance for the first quarter of Fiscal Year 2014 is attached. To support on-going tracking and evaluation efforts, we recommend the Office of Warrior Care Program Division include a section with core processing performance data in the monthly IDES Performance Report.

We believe it is important to note that the DoD goal for percentage of cases completed within processing timeliness standards started at 60% in 2012 and is now 80% for 2014 and beyond. Given the significant effort exerted across DoD under the 80% goal, this new 90% level is not likely to be achieved without costly additional resources or changes to the IDES business model. We, therefore, strongly recommend against its further use.

Since the processing phase and stage goals are mathematical averages, we have always known there would be cases that simply, and appropriately, take more time to complete. Certain delays are often in the best interest of the Service member. This is central to why the 80% threshold was implemented. We, therefore, do not consider these cases to constitute a true backlog as they are not awaiting processing due to DoN IDES resource constraints. Cases that take longer than the established goals are closely monitored and receive heightened scrutiny from leadership to ensure no one "falls through the cracks." The result is that specific Service members taking longer than the set goal in any IDES Stage do not form a static population that can be "eliminated." Given our track record of success vis-à-vis IDES processing goals, our plan is to continue appropriate leadership scrutiny and oversight of individual-level processing and of organizational-level resourcing.

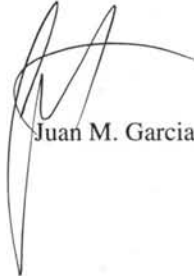
SUBJECT: Integrated DES (IDES) Case Processing and Transition Phase Reporting

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We periodically note differences between our accounting of personnel in each phase and that reported by WCP. Since this often results from the delays associated with data entry for the beginning and ending of phases and dis-enrolling cases from IDES, and since cases pending dis-enrollment continue contributing time to in-phase/stage timeliness, WCP should not include cases that the Services designate for dis-enrollment when making backlog-related calculations.

Your memorandum also asks for our plans concerning reporting within the IDES Transition Phase. While better granularity on administrative events within the phase is intended to allow for the exclusion of non-IDES time, we note that all activities and time taken during this phase are deliberately managed by the Services and needed to support the individual needs of each transitioning member. Since the administrative activities occurring within this phase are not IDES-specific, finer granularity lends little to our understanding of how this improves the IDES process. However, to support this requirement, our personnel headquarters within the Navy and Marine Corps will populate the *Date Final Outprocessing Complete* data field in the Veterans Tracking Application (VTA) to provide better accounting of transition events that specifically benefit Sailors and Marines such as permanent limited duty (PLD), permissive temporary additional duty (PTAD) and leave. Please note this represents another incremental increase to the administrative burden experienced by the Services. Ensuring we have the controls needed to manage the population within this phase will also require shifting responsibility for entering the Date of Separation (DoS) field within VTA from VA to the Services. This action will also better align Transition Phase data responsibilities with the rest of IDES.

My point of contact for this matter is Mr. Robert Gaines, who may be reached at [robert.j.gaines@navy.mil](mailto:robert.j.gaines@navy.mil).

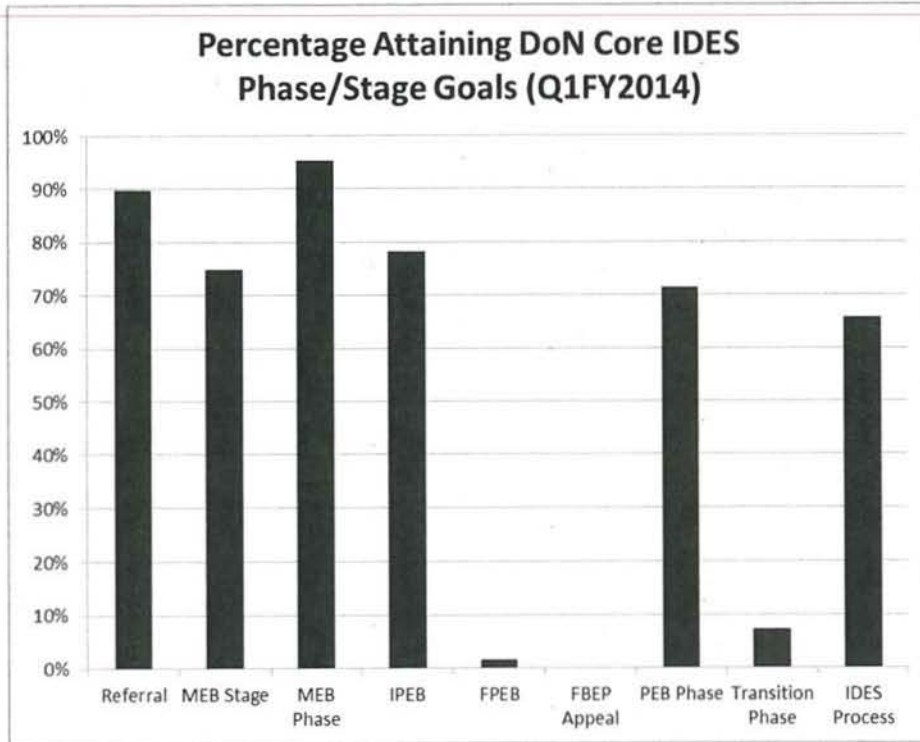


Juan M. Garcia

Attachments:  
As stated

cc:  
CNP  
DC(M&RA)  
CHBUMED  
CORB

Attachment (1)



## Appendix 6: Air Force IDES Case Processing and Transition Phase Reporting



OFFICE OF THE ASSISTANT SECRETARY

DEPARTMENT OF THE AIR FORCE  
WASHINGTON DC

FEB 12 2014

MEMORANDUM FOR DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR  
WARRIOR CARE POLICY

FROM: Principal Deputy Assistant Secretary of the Air Force (Manpower and Reserve Affairs)

SUBJECT: Integrated DES (IDES) Case Processing and Transition Phase Reporting

We appreciate the opportunity to respond to the IDES Case Processing and Transition Phase Reporting memorandum, requesting the Services' plans to eliminate cases exceeding goal for each IDES DoD core process stage, as well as a plan to update data in the Veterans Tracking Application (VTA) to distinguish between required out-processing functions and Permissive TDY and Terminal Leave.

In reference to the initiative to eliminate cases exceeding goal for the referral and Medical Evaluation Board (MEB) stages within the MEB Phase, the Air Force has and will continue to hold performance management meetings with the Medical Treatment Facilities (MTFs) hosted by the Air Force Medical Operations Agency (AFMOA) Commander. The focus of these meetings is to evaluate MTF peer performance and identify best practices that can be shared with other MTFs through the use of the AFMOA Knowledge Exchange website to improve performance. Additionally, AFMS IDES program managers will continue to analyze MTF performance weekly and work with those MTFs whose performance is not in compliance with OSD goals.

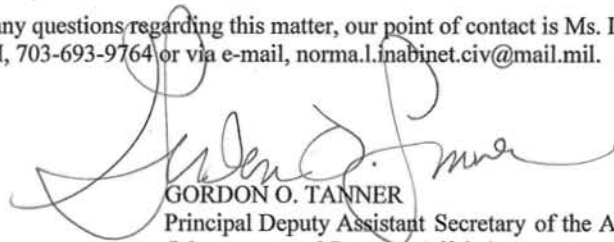
In regard to the Physical Evaluation Board (PEB) stage, we assessed all the Informal PEB (IPEB) and Formal PEB (FPEB) processes and identified improvements eliminate IPEB and FPEB cases that are over stage goals. These improvements efforts led to the Air Force adopting Right Now Technology as a case management system and electronic Case File Transfer as a case file transfer system. All Air Force IDES cases are now electronically transferred from the Physical Evaluation Board Liaison Officer (PEBLO) at the MTF to the IPEB to the FPEB to the Secretary of the Air Force Personnel Council (SAFPC) and back to the PEBLO. Our eight new positions have been filled and all personnel are now fully trained and are able to independently process and adjudicate cases. Most of the other initiatives in the attached plan have already been fully implemented and we are confident we are on track to eliminate the backlog of IDES cases to meet the IDES phase processing timelines for all new cases by June 2014.

The Secretary of the Air Force (SecAF) put special emphasis on ensuring the highest uniformed level of Secretariat review for IDES appeals. This emphasis ensures the SAFPC meets established DoD time standards. To affect this objective, the SecAF authorized the transfer of \$6,000,000 of personnel funding in 2012 to authorize temporary surge medical manpower, including two Reserve medical officers and three State Air Surgeon assets, virtually resolving the backlog of IDES appeals. In addition, the Directors of the Air National Guard and Air Force Reserve each transferred a permanent AGR medical authorization to the Secretariat Review Boards to assist with IDES appeals. These actions resulted in an 80 percent reduction in the average time required to decide IDES appeals.

Moreover, under the leadership of the Director, Air Force Review Boards Agency, we requested and recently completed a manpower study of the long-term medical manpower which will be required to meet DoD IDES appeal standards in a steady-state environment. We anticipate implementation of those standards during CY2014. Failure to do so places us at risk of a recurring "bottleneck" in the IDES process as efficiencies are implemented in the MEB/PEB phases.

Lastly, to improve Transition Phase reporting, the Air Force implemented the attached plan which includes additional Veteran's Tracking Application (VTA) updates by both the Air Force and the VA. These updates will help distinguish between required out-processing functions, Permissive TDY, and Terminal Leave. It is our vision that with proper staffing at all levels within the IDES, the Air Force will meet the needs and demands of our Wounded Warriors and their families and be in compliance with the Department of Defense's standards.

If you have any questions regarding this matter, our point of contact is Ms. Letty Inabinet, SAF/MRM, 703-693-9764 or via e-mail, [norma.l.inabinet.civ@mail.mil](mailto:norma.l.inabinet.civ@mail.mil).



GORDON O. TANNER  
Principal Deputy Assistant Secretary of the Air Force  
(Manpower and Reserve Affairs)

Attachments:

1. IPEB and FPEB Backlog Plan
2. Transition Phase Data Reporting Plan

## USAF PHYSICAL DISABILITY DIVISION (AFPC/DPFD)

### PLAN TO ELIMINATE IPEB AND FPEB BACKLOGS

**PURPOSE:** Provide the Air Force Personnel Center, Disability Division's plan to eliminate cases exceeding the goal for the IPEB and the FPEB stages. By June 2014, the Air Force expects 90% of our IDES cases will meet the DoD core process stage goals.

**MANPOWER:** After a review of the manpower support in the other Services, our top priority has been to ensure the Disability Division manning is right-sized to meet current IDES mission requirements. Based on historical data, we did not have a sufficient number of authorized positions to meet significant increases in workload and complexity due to both the IDES implementation and the post-9/11 ops tempo. Our initial review in 2012 identified a shortfall of 8 full time civilian positions as well as a need for additional Air Reserve Component support. We have been successful with the full-time civilian positions, but still need full-time versus part-time support from the Air National Guard. We have also identified a few additional manpower requirements that are not yet sourced. Specific details are outlined below.

1. **Case Managers:** The PEB case management function required an additional 4 Case Managers for a total of 14. AFPC re-allocated 4 vacant civilian positions from other mission areas in Dec 2012 and SAF/AA approved a waiver to hire against both new GS-07 Case Manager positions. In 2013, all 4 were hired, they have all been trained and, as of Fall 2013, all are independently processing cases. As their proficiency improves, we anticipate workload distribution to improve. With the additional 4 case managers, our case manager to IDES service member ratio has been reduced from 222:1 to 128:1. **Resource Enhancement:** None unless we are unable to meet IDES processing timelines for all new cases by June 2014.
2. **Physician Adjudicators:** The PEB adjudicator function required an additional 2 senior medical officer/physician positions for a total of 6. One of the 6 is an AGR position. AFPC re-allocated 2 vacant civilian positions from other mission areas in Dec 2012 and SAF/AA approved a waiver to hire against both new GP-14 physician positions. In 2013, both were hired, they have been trained, and, as of Fall 2013, they are independently adjudicating cases. As their proficiency improves, we anticipate their daily production to improve. In addition, the AF/SG community fully supports the IDES process in DPDFD by continuing to double billet at least 1 of our active duty physician positions as well as directing the establishment of a GP-14 physician position at DPANM to be shared part-time with DPDFD as DPANM workload allowed. At present, this DPANM civilian physician works with the IPEB (DPDFD) 2-3 days a week and with the IDES pre-screen process (DPANM) 2-3 days a week (see "IDES PRE-SCREENING," below, for additional details). **Resources Required:** Add 2 full time additional civilian GP-14 or active duty physician positions permanently to AFPC/DPDFD or continue to share one GP-14 civilian physician and double billet at least 1 of our active duty physician positions.

3. **Operations Analysis/Quality Assurance Specialist:** The PEB required an analysis/quality assurance position. AFPC re-allocated 1 vacant civilian position from other mission areas in Dec 2012 and SAF/AA approved a waiver to hire against the new GS-09 analysis/quality assurance position. In 2013, the GS-09 was hired, trained, and is now working the DES quality review/control process and works all statistical reporting to AF and DoD Senior Leaders. The analysis position is also working both internal Air Force and DoD IDES IT solutions. **Resource Enhancement:** None unless we are unable to meet IDES processing timelines for all new cases by June 2014.
  
4. **Air Reserve Component (ARC) Support:** The ARC provided tremendous support in the past 10 years for temporary board member and case management processing surge support. It is however, not a permanent solution to ARC manning issues. DPDFD has gained two (USAFR) AGR positions for IPEB and FPEB board membership in recent years and is currently working with the National Guard Bureau to provide full-time assigned support from the Guard. At least 15% of PEB workload consists of AF Reserve and Air National Guard member cases and each of those cases must have at least one board member from the ARC. **Resources Required:** 2 ANG AGR positions - 1 Lt Col physician IPEB board member and 1 enlisted (SSgt/TSgt) Case Manager. (Request outside A1)
  
5. **Continuity:** In 2011, we were successful in acquiring a civilian line officer equivalent IPEB President position (1 GS-301-13). This board member proved so valuable for Board continuity that we requested 1 additional GS-301-13 position to serve as an IPEB President. AFPC re-allocated 1 vacant civilian position from other mission areas in Dec 2012 and SAF/AA approved a waiver to hire against it. In 2013, we hired an additional IPEB President, provided training, and, as of Fall 2013, he is independently adjudicating cases. As his proficiency improves, we anticipate his daily production will increase. That brings us to 3 IPEB Presidents (1 Lt Col 38P and 2 GS-301-13s). To provide the same continuity and production capacity to the FPEB, we propose adding a similar civilian position to the FPEB. Adding a civilian FPEB President position will also help fill the gap as military IPEB and FPEB Presidents turn over during normal summer PCS rotations or through retirement. BCMR and Congressional workload has increased and our designated DES policy position has also had to work very high-visibility programs such as the DoD Mental Health Review, IDES IT upgrades, DoDI reviews, and implementing the Quality Assurance Program. The grade of our current policy position is not sufficient for the kind of work we are asking it to perform. Consequently, we have had to pull IPEB Presidents and Adjudicators off the production line to ensure the Air Force fully supports each of the initiatives with the level of participant DoD and SAF/MR requires. That has hurt the timeliness of IDES case processing. Recommend the current GS-09 policy position be submitted for a position review and upgrade. **Resources Required:** Add 1 GS-301-13 position for the FPEB and review upgrading 1 GS-09 DES policy position.

## TECHNOLOGY

1. **Case Management and Case File Transfer Systems:** To improve both case management and case file transfer capabilities, the Air Force PEB executed the following



strategy to move from a paper/mail driven system to an electronic/paperless system. Through the utilization of Right Now Technology (RNT) for case management/tracking, implemented AF-wide in 2013, and electronic Case File Transfer (e-CFT), currently in initial pilot phase at Tinker AFB Robins AFB and Randolph AFB, the AF PEB was able to reduce case movement timelines. Additionally, the AF PEB created production tracking systems for timely record completion. The Air Force now knows exactly where each case is and how long it has been with each of the key players in the IPEB, in the FPEB, and at SAFPC including the case managers, the physician adjudicators and the PEB Presidents. That helps us surge manpower to wherever it is needed most to focus on moving cases more quickly so that we can meet the phase timeline goals for both the IPEB and the FPEB. The use of RNT as well as eCFT is only a temporary stop-gap until a DoD enterprise-wide solution is developed with full interface capability with Air Force personnel systems (ARMS and MilPDS), Medical Treatment Facility systems, and VA systems. Currently, DoD has contracted with Booz Allen to determine the requirements for each Service as it relates to an enterprise-wide electronic system. In the meantime, the capability of RNT is open architecture and allows quick updates as requirements change; however, it has limited storage space that might require additional resources to increase. Resources may also be required to continue working on form self-population from MilPDS, drop down menus, and additional report capability. **Resources Required:** Funding to expand RNT capability/capacity (cost estimate TBD as specific requirements are defined).

2. **VTC Formal Hearings:** As AF budgets become increasingly tight, the burden on AF units for funding travel for their members who elect a hearing before the FPEB becomes more problematic. Budget realities make it necessary to search for cost-saving options that preserve the service member's right to a full and fair hearing. Secure, recordable VTC technology at the FPEB would offer a low cost alternative to travel, saving approximately \$2K per member. **Resources Required:** \$40K for VTC equipment and installation (AFPC/DPFD will work VTC request through AFPC/FM and contracting).

**IPEB/FPEB CO-LOCATION:** One of the challenges over the past several years has been the ebb and flow of the case load, requiring alternating board member manning surges at the IPEB located at JBSA-Randolph and the FPEB located at JBSA-Lackland. In Sep 2013, the AF PEB completed the co-location of both the IPEB and the FPEB at JBSA-Randolph allowing greater flexibility to respond to changing mission needs between the two boards. Co-location has enhanced consistency of training for board members and offers the potential for optimizing FPEB Case Manager duties with their integration into a combined PEB Case Manager Staff. In addition to relocating the FPEB to JBSA-Randolph, the Office of Airmen's Counsel representing all Airman in the DES appeal process relocated to join the FPEB creating a "one-stop-shop" of services for the service member and reducing TDY expenses from 5 days down to 3 days per hearing. Additionally, service at JBSA-Randolph ensures billeting on-base, base taxi services, and adjacent parking to expedite service member movement. Most recently, we stood up a second FPEB and have been able to run up to 8 hearings per day to expedite moving FPEB cases that are over their IDES phase goal. **Resource Enhancement:** None, complete.

**REORGANIZATION:** The Air Force PEB has been realigned under AFPC's new Airmen and Family Care Directorate (AFPC/DPF) as an effort to combine programs that impact our Wounded, Ill, and Injured Airmen. The new Directorate stood up on 1 Oct 12 and the new alignment has yielded a number of synergies between the PEB process and other offices supporting service members undergoing disability evaluation, such as Airmen and Family Readiness Centers, Casualty Services, the Air Force Wounded Warrior program, and the Air Reserve Component MEDCON program. **Resource Enhancement:** None, complete.



## AFPC/DPF Organizational Chart



**TRAINING:** Training/Competency Sustainment: AF PEB established a comprehensive training plan to include “on-boarding,” in-house VASRD training, and monthly refresher training, all focused on ensuring consistency and accuracy of PEB process. The training also includes cross-training for Case Managers and PEB Presidents/Physician Adjudicators so that they can serve at both the IPEB and at the FPEB as case load requires. **Resource Enhancement:** None, complete.

**QUALITY REVIEW:** Concurrent quality review: The AF PEB executed a pre/post adjudication quality review process aimed at ensuring consistency and accuracy while driving production levels. In FY14, OSD will establish additional review and validation of the Services’ adjudication process. The current QA process is supported by limited Reserve mandays which will expire at the end of FY14. The PEB anticipates a minimum of 2 personnel will be required to maintain the current QA process as well as respond to Congress’ mandate to the Services to validate the consistency and accuracy of PEB adjudication. **Resources Required:** 2 Nurses (active duty, AGR, or Civilian) to execute and sustain QA process long-term.

**IDES PRE-SCREENING:** IDES Pre-Screening is an AF/SG initiative designed to reduce the number of cases referred to the IPEB that are likely to be found Fit for Duty and hence returned

to duty (RTD) by the IPEB. Prior to 2012, approximately 20% of Airmen who were sent through the full IDES process received a RTD determination. AF/SG instituted IDES Pre-Screening in Mar 2012, with the goal to reduce the number of Airmen RTD from the IPEB to < 5%. During the IDES Pre-Screening process, the Medical Retention Standards Branch at AFPC (DPANM) reviews all cases in which an active duty service member's (ADSM's) ability to continue to meet medical retention standards is in question. DPANM determines if the ADSM meets retention standards and hence remain on duty without going through the full IDES process. If Airmen do not meet medical retention standards, DPANM then refers the case to the IPEB via the full IDES process. From Mar 12 – Oct 13, DPANM pre-screened 7,634 cases and only 2.45% of cases referred to the IPEB by DPANM were RTD. This initiative has been completely successful in returning service members to duty more quickly, and reducing the number of cases that enter the full IDES process, thus reducing IPEB workload. To accomplish this initiative, AF/SG resourced DPANM with one (1) Civil Service physician (shared part-time with DPDF as DPANM workload allows), two (2) contract providers to conduct reviews, and one (1) contract technician to assist in managing workflow and to ensure standardization. **Resource Enhancement:** None, complete. However, because of DPANM's critical role in helping the IPEB meet its timeliness goals, this level of additional DPANM manning must be sustained.

**USAF PHYSICAL DISABILITY DIVISION (AFPC/DPFD)**

**TRANSITION PHASE DATA REPORTING PLAN**

**PURPOSE:** To increase IDES Transition Phase data reporting accuracy within the Veterans Tracking Application (VTA) and allow DoD to distinguish between required out-processing functions and Permissive TDY and Terminal Leave that Service Members (SMs) are entitled to or have earned.

**PROCESS:** The AF will capture the actual time a SM is in the Transition Phase; identify the Projected Departure Date/Out-Processing Date and record these dates on the PEBLO page in the VTA.

Air Force Base agencies (to include the Medical Treatment Facility) are provided a list of SMs out-processing and their Projected Departure Date (PDD) by the Force Support Squadron (FSS) at the SM's servicing installation. The dates provided are considered accurate, but can change prior to separation or retirement based on the SM's authorized leave and permissive TDY. The PEBLOs can search the list to see which SMs are departing under the Disability Evaluation System (DES) and use the PDD to update the VTA, but should first confirm with the SM that there have been no changes to their final out-processing date.

To add an additional final check, SMs separating/retiring under DES, will have an action item in their out-processing check list that requires them to provide their final out-processing date to the PEBLO. The specific statement to be added to those checklists AF-wide is in development and will be distributed to all Force Support Squadrons to implement by March 2014. By the end of January 2014, AFPC/DPFD will begin sending out monthly PDD rosters from the Military Personnel Data System to AFMOA. AFMOA can then use this monthly roster as an oversight tool for their PEBLOs at each Military Treatment Facility.

Beginning in January 2014, the Veterans Administration (VA) will receive a report once a month via SAFE from AFPC/DPFD consisting of SSANs (both AC/RC) showing the Date of Separation for each case. Upon receipt of the report, the VA will then enter the identified case with its corresponding Date of Separation into the VTA. **\*Note:** The VA will not issue the Benefit Eligibility Letter until they receive the SM's DD-214.

The initial policy memo with this plan was distributed on 15 Nov 2013 to the VA, SAF/MRM, AFMOA, and AFMSA. It will be updated and re-distributed as soon as each action item is complete.



Transition Phase  
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