



**Telephone Survey of Ill or Injured
Service Members Post-Operational
Deployment
Briefing to the
Recovering Warrior Task Force
(Survey Results Through 65th Month- FY12 Q4)**

April 3, 2013

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Today's Presentation

- Respond to RWTF Data Request, 19 Dec 2013, follow-up of Feb 2012 briefing
- Provide overview of the Ill or Injured survey results to date relevant to data request

RWTF Data Request

- Provide data pertaining to Service members in **Medical Hold/Holdover/Warrior Transition Unit status [including MEB/PEB ratings]**.
 - Since briefing results of the survey in February 2012 (key results through FY11 Q3)
 - Provide results for the items listed below using the following breakouts for each fiscal year, starting with FY2009:
 - Service by Component (AC/RC results nested within Service)
 - Pay grade
 - Question areas:
 - Medical Hold/Holdover/WTU: Support to family caregivers: Q8 and rating of overall experience with Wounded Warrior Units/Programs: Q11b
 - Disability Evaluation System: MEB: Q9 and PEB: Q9.1B
 - Transition from DoD to VA and records availability: VA4 and VA5
 - Present both the N counts of each group, the percent of responses to each survey question (the RWTF will collapse and suppress results, as necessary, understanding some of the estimates may not be reportable due to small sample sizes);
 - In addition, provide significance tests between groups for FY2012. Specifically:
 - Differences between AC and RC within Service (e.g., AC Army v. USAR v. ARNG)
 - Differences between Services overall (e.g., Army v. Navy)
 - Differences between pay grades overall (e.g., E1-E4 v. O1-O3)
 - Significance tests over time as well.
 - Include a summary of the rules used to determine statistical (i.e., level of confidence) and practical significance (e.g., at least a two point difference).

Overview: Survey Sample & Returns

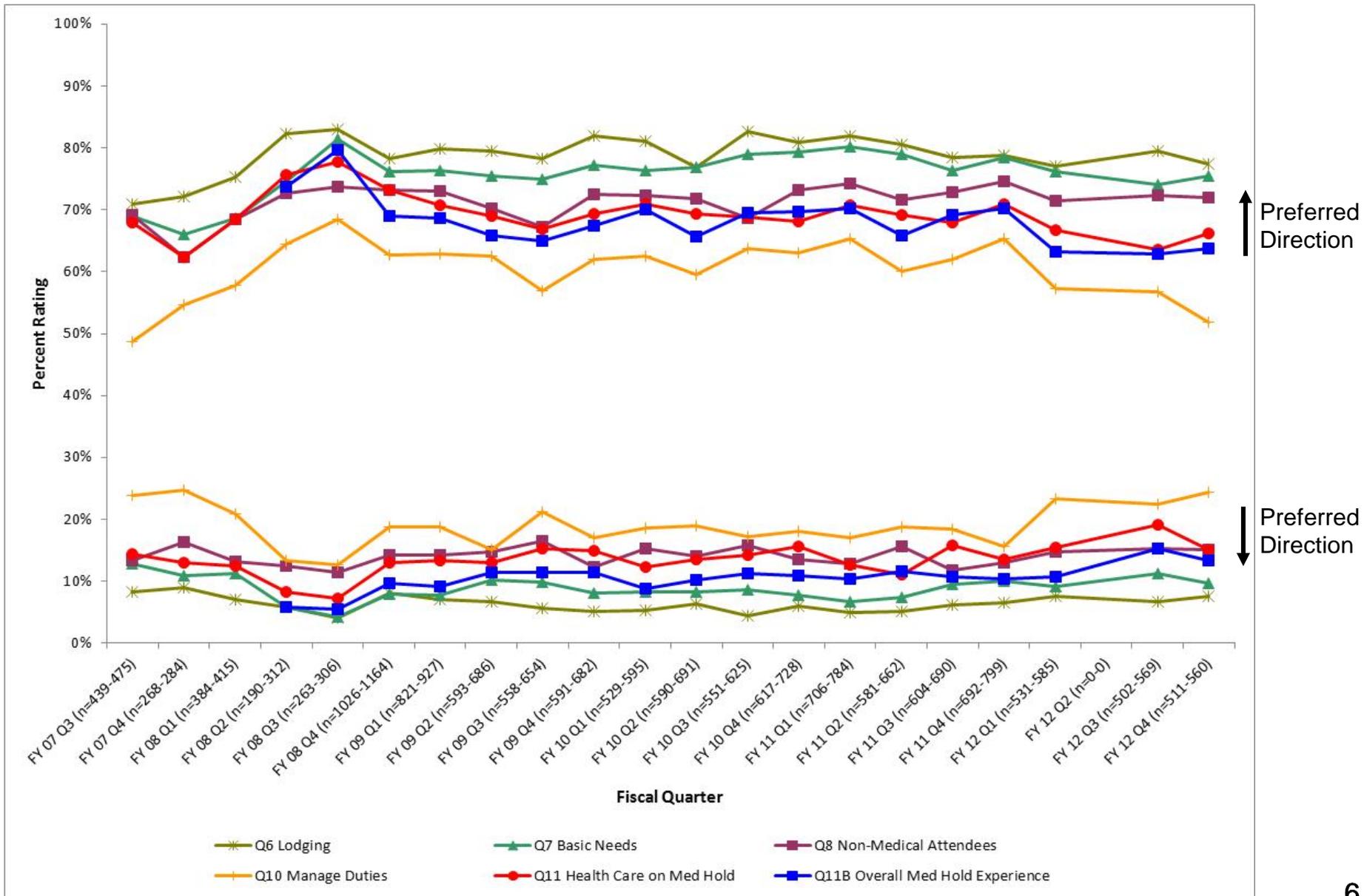
- **Survey Methodology:** Census survey of five cohorts of Service members who have (1) been operationally deployed (Operations Enduring Freedom, Iraqi Freedom, and New Dawn); (2) not in inpatient, incarcerated or returned to deployed status, (3) have a medical condition requiring treatment and (4) have received treatment in the Military Health System (MHS) since departing theater:
 - **Aeromedical evacuees**
 - **Follow-ups Aerovacs one year later**
 - **VA Referrals:** Service members referred by DoD to the VA for care.
 - **Post Deployment Health Assessments (PDHA)-** Completed approximately one year prior to survey month, with provider recommendation for care/counseling.
 - **Post Deployment Health Reassessments (PDHRA)-** completed approximately one year prior, with provider recommendation for care/counseling.
- **Core survey domains:** Medical Hold, Disability Evaluation System, outpatient/mental health care received, support for Veterans Administration care, current and prior health status; with periodic supplemental questions such as pain management, Case Management.
 - **Rating scales:** “1” (poor) to “5” (outstanding) scale for most questions, some followed by open-ended question: “why give this rating?”
- **Responses:** Since May 2007, over 80,000 completed surveys from over 200,000 surveyed, eligible Service members returning from operational theater.
 - **Response rate:** 41 percent (monthly range between 35 and 52 percent).
 - **Service response rates:**

	Army	Navy	Marines	Air Force	CGuard	AC/RC
Sample	77%	4%	8%	11%	.1%	70%/30%
Returns	79%	5%	6%	10%	.1%	70%/30%

Overview: Key Results Through 65th Month

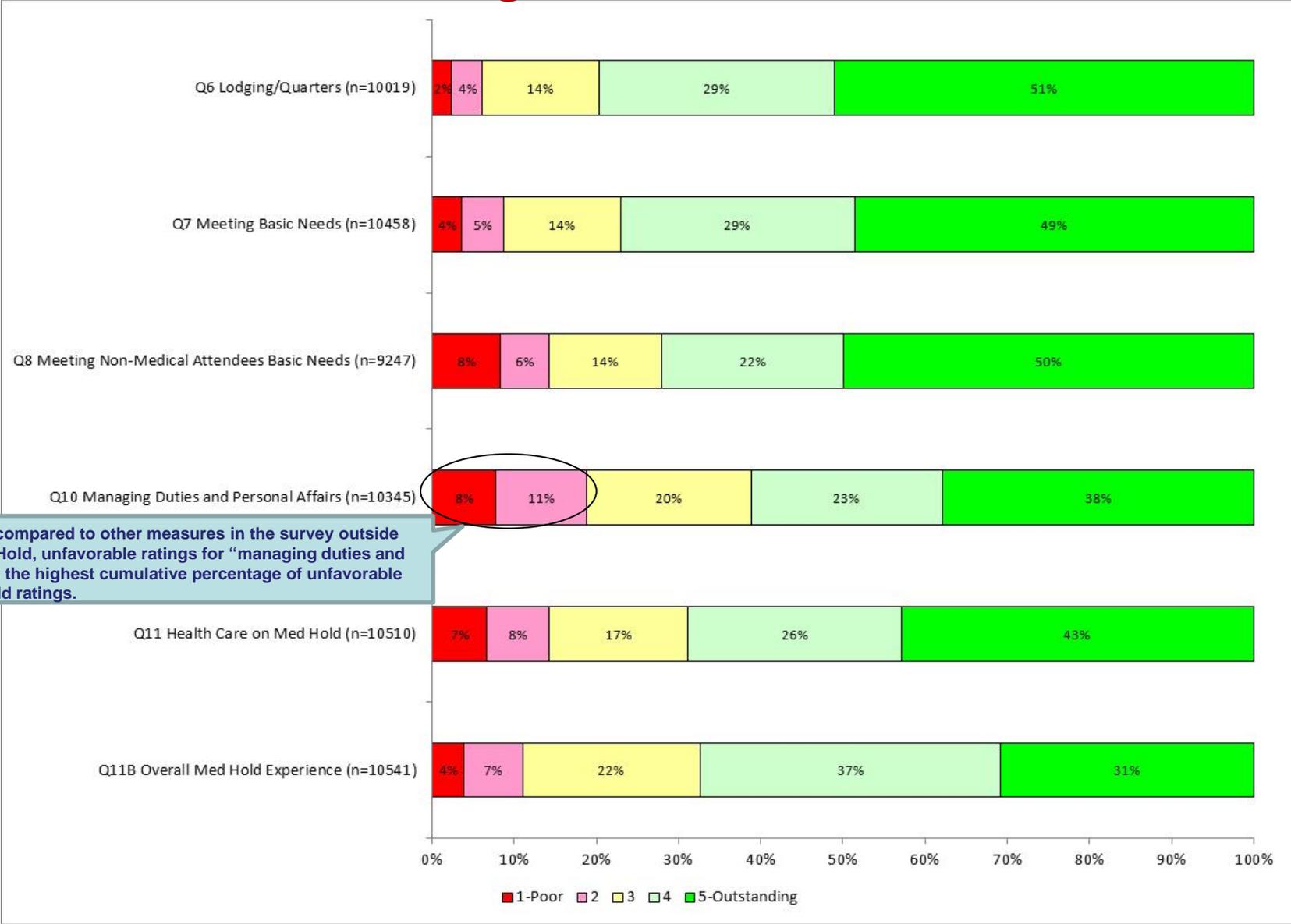
- **Reporting:** results are from Q4 FY 2008 to Q4 FY 2012.
- **Favorable Findings:** Through the most current quarter of surveying Service members have favorably rated most aspects of *medical hold*, outpatient health care, and support services, including DoD support for care in Veterans Affairs facilities
- **Areas needing improvement:** Two areas continue to challenge the Military Health System: the *Disability Evaluation System (DES)* and access to outpatient care.
 - **DES or Integrated DES (IDES):** This metric has the highest proportion of unfavorable ratings and lowest proportion of favorable ratings compared to other areas of health care measured in the survey.
 - **Medical Evaluation Board:** Current unfavorable ratings of the “MEB experience” are at 24% (a “1” or “2” on 1-5 scale) and favorable ratings are at 51% (a “4” or “5” on same 1-5 scale.)
 - Most negative comments about MEBs reflect concerns about the process being slow and time consuming, and insufficient or unclear communication; these comments are common not only in the current quarter, but also in cumulative results.
 - Those who have received results tend to rate their MEB satisfaction higher, compared to those still in the process.
 - **Physical Evaluation Board:** Ratings of the PEB experience are better than the MEB ratings
 - Unfavorable comments reflect the same concerns with timeliness and communication.
 - **Ambulatory care:** Unfavorable ratings for certain aspects of access to care have increased since Q4FY2008 (“getting an appointment as soon as needed” and “access to providers”), while favorable ratings have also decreased. Additionally, three other outpatient care measures have seen favorable ratings significantly decrease in the same time-frame.

Ratings of Medical Hold Over Time



Cumulative Medical Hold Results

Aug '08 – Jul '12



Statistical Analysis of Medical Hold Measures

- Statistical trending is assessed through regression analysis using all data points from Q4 FY 2008 to present, examining for statistically significant variation from a slope of 0.
 - Not a comparison between the first and last data points, but including all data points
 - Betas indicate the rate of change, positive or negative, in the scores over time, inclusive of all (monthly) data points
 - The trend rate (beta) is considered statistically significant if the p-value is ≤ 0.05
 - Positive Beta values for Top 2 scores show improvement (more favorable ratings)
 - Negative Beta values Bottom 2 scores show improvement (lower proportion of unfavorable ratings)
- The significant trend rates for Medical Hold ratings over FY12 are shown below:
 - FY12 trend rates for almost all medical hold metrics are not statistically significant. Given that ratings have remained stable and high/low respectively for T2 and B2, this trend of almost zero change indicates a stable program with similar, mostly positive experiences over time
 - T-2 ratings of “meeting basic needs” were statistically improved (increased) from Q4 FY 2008 through Q1 FY 2012, but that trend did not continue through the rest of FY 2012

	FY12 Q1		FY12 Q2		FY12 Q3		FY12 Q4	
	T2	B2	T2	B2	T2	B2	T2	B2
Q6 Lodging	--	--	--	--	--	--	--	--
Q7 Basic Needs	0.09%	--	--	--	--	--	--	--
Q8 Meeting needs of attendees	--	--	--	--	--	--	--	--
Q10 Manage duties	--	--	--	--	--	--	--	--
Q11 Medical Hold health care	--	--	--	--	--	--	-0.07%	--
Q11b Entire Medical Hold experience	--	--	--	--	--	--	--	--

	FY08 Q4 T2	FY12 Q4 T2
Q8 Meeting needs of attendees	72.96%	72.02%
Q11 Health care on Medical Hold	70.75%	66.19%
Q11b Entire Medical Hold experience	68.72%	63.75%

	FY08 Q4 B2	FY12 Q4 B2
Q8 Meeting needs of attendees	14.25%	15.07%
Q11 Health care on Medical Hold	13.33%	15.11%
Q11b Entire Medical Hold experience	9.17%	13.39%

Statistical Analysis of Medical Hold Ratings by Demographics

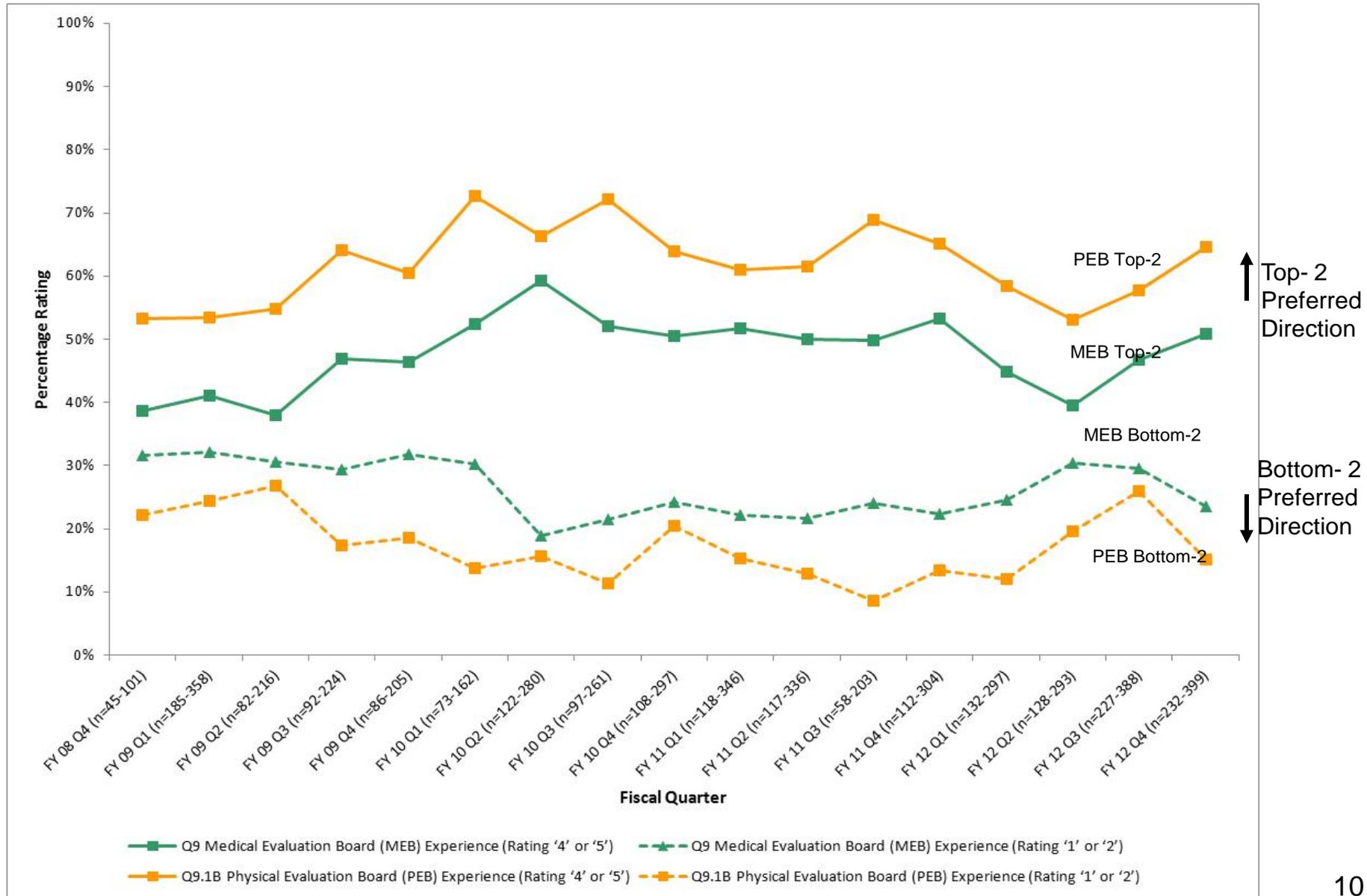
- Statistical testing of satisfaction by demographics is done quarterly with chi-square analysis
 - Top 2 and Bottom 2 scores are analyzed for each metric measured on a 1-5 scale where 1 is 'poor' and 5 is 'outstanding' and viewed cumulatively over time.
 - Significance for Top 2 ratings is tested as values of 4&5 versus 1,2,3;
 - Significance for Bottom 2 ratings is tested as values of 1&2 versus 3,4,5
 - Significance is defined as a chi-sq p-value less than or equal to 0.05
- Significant findings from cumulative data (through FY12 Q4): Differences in Service affiliation, survey cohort, and component appear to be more consistently related to favorable and unfavorable ratings, while age group, gender and pay grade differences only appear for some measures.

	MED HOLD/WTU	GENDER		SERVICE		COHORT		AGE GROUP		PAY GRADE		COMPONENT	
		Top 2	Bottom 2	Top 2	Bottom 2	Top 2	Bottom 2	Top 2	Bottom 2	Top 2	Bottom 2	Top 2	Bottom 2
Q6	LODGING			X	X	X	X	X					
Q7	BASIC NEEDS	X		X	X	X	X		X	X	X	X	X
Q10	MANAGE DUTIES	X		X		X	X			X	X	X	X
Q11	MH HEALTH CARE	X		X	X	X	X	X				X	X
Q11B	ENTIRE MED HOLD EXPERIENCE	X		X	X	X	X					X	X

- Focusing on FY12 data and two specific measures per RWTF request, we find similar differences similar to cumulative findings: by Service and not by pay grade. In FY12 no difference in component is seen. Component for RWTF is intra-Service AC/RC differences. Cumulative reviewed overall AC/RC differences.

	MED HOLD/WTU	SERVICE	PAY GRADE	COMPONENT
		T2	T2	T2
Q8	MEETING NEEDS OF ATTENDEES	X		
Q11B	ENTIRE MED HOLD EXPERIENCE	X		

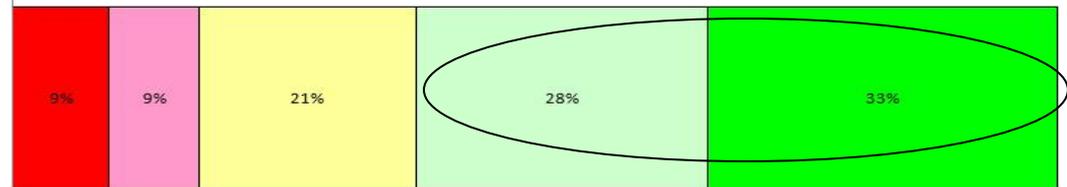
Disability Evaluation System Ratings Over Time



Disability System Ratings

Cumulative Results Aug '08 – Jul '12

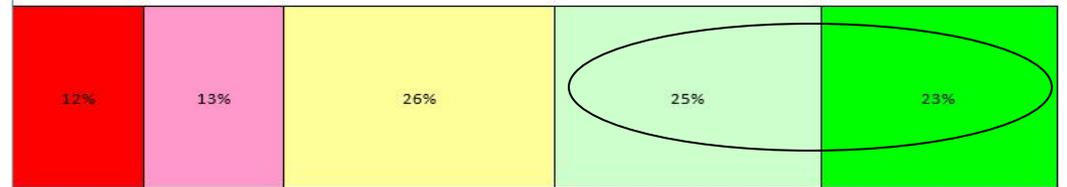
Q9.1B Physical Evaluation Board (PEB) Experience (n=2014)



About 60% of PEB ratings are in the “Top-2”, with ratings of “4” or “5” on the 1-5 scale.

Almost 50% of MEB ratings are in the Top-2.

Q9 Medical Evaluation Board (MEB) Experience (n=4670)



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ 1-Poor ■ 2 ■ 3 ■ 4 ■ 5-Outstanding

Most IDES who are surveyed AFTER MEB referral, indicate involvement in an MEB.

Calendar Year	% of Survey to VTA matches with MEB Survey responses: survey AFTER MEB referral
2007	67%
2008	85%
2009	80%
2010	82%
2011	76%
2012	47%
Total	75%

Statistical Analysis of Survey DES Measures

- Statistical trending is assessed through regression analysis using all data points from Q4 FY 2008 to present, examining for statistically significant variation from a slope of 0 (as in Medical Hold and all other measures).
- The significant trend rates for DES ratings over FY12 are shown below
 - Overall, MEB/PEB ratings today are numerically higher/lower (respectively for T2 and B2 ratings) than they were in FY08; however, the trend lines for both measures are not significantly different than zero due to high variation in the ratings.

	FY12 Q1		FY12 Q2		FY12 Q3		FY12 Q4	
	T2	B2	T2	B2	T2	B2	T2	B2
Q9 MEB Experience	0.35%	-0.33%	0.23%	-0.27%	--	-0.17%	--	--
Q9.1B PEB Experience	0.30%	-0.35%	--	-0.32%	--	-0.23%	--	--

	FY08 Q4	FY12 Q4
	T2	T2
Q9 MEB Experience	41%	51%
Q9.1B PEB Experience	54%	65%

	FY08 Q4	FY12 Q4
	B2	B2
Q9 MEB Experience	32%	24%
Q9.1B PEB Experience	24%	15%

Statistical Analysis of DES Ratings by Demographics

- Statistical testing is same as for Medical Hold and other measures.
- Significant findings from cumulative data (through FY12 Q4) are:
 - For MEB ratings, there are no statistically significant differences by gender or age group, but there is a difference by Service affiliation, component, cohort, and pay grade. There are differences in PEB ratings depending on Service affiliation, survey cohort, age group, and pay grade.

	DES	GENDER		SERVICE		COHORT		AGE GROUP		PAY GRADE		COMPONENT	
		Top 2	Bottom 2	Top 2	Bottom 2	Top 2	Bottom 2	Top 2	Bottom 2	Top 2	Bottom 2	Top 2	Bottom 2
Q9	MEB				X	X	X			X			X
Q9_1B	PEB				X	X	X		X	X	X		

- Focusing on both measures using FY12 data per RWTF request, reflect differences in pay grade similar to cumulative findings:

	DES	SERVICE	PAY GRADE	COMPONENT
		T2	T2	T2
Q9	MEB		X	
Q9_1B	PEB		X	

Meaningful Differences (RWTF Request)

- Per RWTF request, what are the meaningful differences in ratings for those on Medical Hold/holdover/Warrior Transition Units?
- Overall results across Medical Hold and DES ratings are generally stable over time, and reflecting expected quarterly variation.
- Fewer statistical differences in FY 2012 than cumulatively:
 - For the two questions in Medical Hold (meeting needs of family/attendees and rating of entire medical hold experience), the only statistical differences in FY 2012 were due to Service affiliation.
 - For DES ratings, the only statistical difference was in Pay grade for both “MEB experience” and “PEB experience” ratings.
 - For the two questions related to DoD support for VA care, only one question area was statistically different (“DoD support for VA care”) and then only between Army Active and Reserve Components, however, the numbers are small and may not be meaningful.



Questions



Backup Slides

RWTF Requested Data

Medical Hold/Holdover/WTU: Support for Family or Friends (i.e. attendees)

Results of Top 2 Satisfaction scores (4 or 5 on a 1-5 scale) for those currently in Medical Hold, Holdover, on Medical Extension Status, or Awaiting a Medical Board

Q8. The next question is about how the system met the needs of those who [are helping/helped] you through the process during your time [STATUS], using a scale of 1 to 5, with 1 being POOR and 5 being OUTSTANDING, how would you rate the system in meeting the needs of those who [are helping/helped] you?

Service by Component

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
Army - Active	72.3%	71.4%	75.3%	70.1%	
(n)	828	704	728	491	
Army - Guard/Reserve	70.3%	72.3%	72.8%	72.1%	
(n)	495	567	563	226	
Total Army	71.6%	71.8%	74.2%	70.7%	
(n)	1323	1271	1291	717	
Navy - Active	75.9%	81.3%	71.4%	50.0%	
(n)	29	16	21	22	
Navy - Guard/Reserve	52.2%	64.3%	41.7%	50.0%	
(n)	23	14	12	8	
Total Navy	65.4%	73.3%	60.6%	50.0%	
(n)	52	30	33	30	
Marine Corps - Active	72.8%	72.8%	73.1%	80.2%	
(n)	81	81	119	86	
Marine Corps - Guard/Reserve	62.5%	79.2%	81.8%	75.0%	
(n)	32	24	22	8	
Total Marine Corps	69.9%	74.3%	74.5%	79.8%	
(n)	113	105	141	94	
Air Force - Active	73.2%	82.9%	69.8%	68.0%	
(n)	41	41	53	50	
Air Force - Guard/Reserve	62.8%	69.0%	61.0%	86.7%	
(n)	43	29	41	15	
Total Air Force	67.9%	77.1%	66.0%	72.3%	
(n)	84	70	94	65	
Total DoD	71.1%	72.3%	73.4%	71.1%	72.1%
(n)	1572	1476	1559	906	5513

Paygrade

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
E1-E4	70.4%	72.8%	73.8%	71.3%	
(n)	1014	998	1065	634	
E5-E9	71.8%	72.3%	74.3%	72.1%	
(n)	436	365	373	204	
O1-O3	75.9%	57.6%	75.0%	74.3%	
(n)	58	59	56	35	
O4-O6	71.2%	71.8%	57.8%	51.9%	
(n)	52	39	45	27	
W1-3	75.0%	93.3%	70.0%	83.3%	
(n)	12	15	20	6	
Total	71.1%	72.3%	73.4%	71.1%	72.1%
(n)	1572	1476	1559	906	5513

Medical Hold/Holdover/WTU: Overall MH Experience

Results of Top 2 Satisfaction scores (4 or 5 on a 1-5 scale) for those currently in Medical Hold, Holdover, on Medical Extension Status, or Awaiting a Medical Board

Q11b. The next question is about your ENTIRE EXPERIENCE WHILE [STATUS] including billeting, pay, duties, health care, and everything else. Using a scale of 1 to 5, with 1 being POOR and 5 being OUTSTANDING how would you rate all your experience while [STATUS]?

Service by Component

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
Army - Active	67.4%	68.3%	65.6%	60.6%	
(n)	925	796	814	546	
Army - Guard/Reserve	71.8%	71.9%	73.2%	66.5%	
(n)	585	629	641	245	
Total Army	69.1%	69.9%	68.9%	62.5%	
(n)	1510	1425	1455	791	
Navy - Active	74.2%	63.2%	54.5%	40.0%	
(n)	31	19	22	25	
Navy - Guard/Reserve	32.1%	55.6%	56.3%	30.0%	
(n)	28	18	16	10	
Total Navy	54.2%	59.5%	55.3%	37.1%	
(n)	59	37	38	35	
Marine Corps - Active	58.8%	61.1%	67.4%	62.6%	
(n)	85	90	129	91	
Marine Corps - Guard/Reserve	45.9%	70.4%	62.5%	75.0%	
(n)	37	27	24	8	
Total Marine Corps	54.9%	63.2%	66.7%	63.6%	
(n)	122	117	153	99	
Air Force - Active	68.9%	66.7%	73.2%	63.6%	
(n)	45	48	56	55	
Air Force - Guard/Reserve	48.1%	47.1%	41.9%	38.9%	
(n)	52	34	43	18	
Total Air Force	57.7%	58.5%	59.6%	57.5%	
(n)	97	82	99	73	
Total DoD	67.0%	68.6%	67.9%	61.3%	66.8%
(n)	1788	1661	1745	998	6192

Paygrade

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
E1-E4	65.1%	68.9%	65.4%	60.0%	
(n)	1137	1124	1187	698	
E5-E9	71.8%	69.5%	71.7%	65.9%	
(n)	507	410	413	223	
O1-O3	69.7%	60.3%	75.7%	59.5%	
(n)	66	68	70	42	
O4-O6	61.3%	72.1%	86.3%	55.2%	
(n)	62	43	51	29	
W1-3	62.5%	56.3%	66.7%	83.3%	
(n)	16	16	24	6	
Total	67.0%	68.6%	67.9%	61.3%	66.8%
(n)	1788	1661	1745	998	6192

Medical Hold/Holdover/WTU: MEB Experience Rating

Results of Top 2 Satisfaction scores (4 or 5 on a 1-5 scale) for those currently in Medical Hold, Holdover, on Medical Extension Status, or Awaiting a Medical Board

Q9. Now, think about your MEDICAL EVALUATION BOARD or M-E-B experience. Using a scale of 1 to 5, with 1 being POOR and 5 being OUTSTANDING, how would you rate your experience with the M-E-B process?

Service by Component

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
Army - Active	40.0%	54.7%	49.1%	47.7%	
(n)	325	287	344	325	
Army - Guard/Reserve	43.2%	50.0%	58.8%	40.0%	
(n)	132	80	119	75	
Total Army	40.9%	53.7%	51.6%	46.2%	
(n)	457	367	463	400	
Navy - Active	42.9%	50.0%	20.0%	27.8%	
(n)	14	6	5	18	
Navy - Guard/Reserve	40.0%	.0%	100.0%	.0%	
(n)	5	4	1	1	
Total Navy	42.1%	30.0%	33.3%	26.3%	
(n)	19	10	6	19	
Marine Corps - Active	30.4%	48.9%	65.1%	61.2%	
(n)	46	45	43	49	
Marine Corps - Guard/Reserve	28.6%	60.0%	33.3%	50.0%	
(n)	14	5	3	4	
Total Marine Corps	30.0%	50.0%	63.0%	60.4%	
(n)	60	50	46	53	
Air Force - Active	40.9%	42.9%	38.5%	50.0%	
(n)	22	21	26	26	
Air Force - Guard/Reserve	17.4%	40.0%	33.3%	16.7%	
(n)	23	10	12	6	
Total Air Force	28.9%	41.9%	36.8%	43.8%	
(n)	45	31	38	32	
Total DoD	38.9%	52.0%	51.4%	46.8%	46.9%
(n)	581	458	553	504	2096

Paygrade

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
E1-E4	39.0%	56.0%	50.7%	50.5%	
(n)	395	334	408	378	
E5-E9	40.9%	39.8%	54.9%	40.6%	
(n)	149	103	113	101	
O1-O3	31.3%	50.0%	46.7%	21.4%	
(n)	16	12	15	14	
O4-O6	31.3%	37.5%	50.0%	12.5%	
(n)	16	8	12	8	
W1-3	20.0%	100.0%	40.0%	.0%	
(n)	5	1	5	3	
Total	38.9%	52.0%	51.4%	46.8%	46.9%
(n)	581	458	553	504	2096

Medical Hold/Holdover/WTU: PEB Experience

Results of Top 2 Satisfaction scores (4 or 5 on a 1-5 scale) for those currently in Medical Hold, Holdover, on Medical Extension Status, or Awaiting a Medical Board

Q9.1b. Using a scale of 1 to 5, with 1 being POOR and 5 being OUTSTANDING, how would you rate your experience with the Physical Evaluation Board or P-E-B determination process?

Service by Component

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
Army - Active	63.3%	68.1%	63.9%	58.8%	
(n)	90	94	108	177	
Army - Guard/Reserve	62.5%	65.9%	65.0%	60.5%	
(n)	56	44	40	38	
Total Army	63.0%	67.4%	64.2%	59.1%	
(n)	146	138	148	215	
Navy - Active	37.5%	60.0%	50.0%	35.3%	
(n)	8	5	2	17	
Navy - Guard/Reserve	100.0%	25.0%	.0%	.0%	
(n)	2	4	0	0	
Total Navy	50.0%	44.4%	50.0%	35.3%	
(n)	10	9	2	17	
Marine Corps - Active	48.0%	66.7%	59.3%	62.9%	
(n)	25	27	27	35	
Marine Corps - Guard/Reserve	40.0%	40.0%	100.0%	66.7%	
(n)	5	5	1	3	
Total Marine Corps	46.7%	62.5%	60.7%	63.2%	
(n)	30	32	28	38	
Air Force - Active	.0%	80.0%	60.0%	75.0%	
(n)	4	5	5	8	
Air Force - Guard/Reserve	37.5%	100.0%	.0%	100.0%	
(n)	8	2	2	2	
Total Air Force	25.0%	85.7%	42.9%	80.0%	
(n)	12	7	7	10	
Total DoD	57.6%	66.1%	62.7%	58.9%	61.0%
(n)	198	186	185	280	849

Paygrade

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
E1-E4	63.2%	69.8%	62.8%	64.9%	
(n)	144	139	145	211	
E5-E9	45.2%	51.3%	64.7%	44.4%	
(n)	42	39	34	54	
O1-O3	42.9%	80.0%	50.0%	22.2%	
(n)	7	5	4	9	
O4-O6	20.0%	66.7%	50.0%	40.0%	
(n)	5	3	2	5	
W1-3	.0%	.0%	.0%	.0%	
(n)	0	0	0	1	
Total	57.6%	66.1%	62.7%	58.9%	61.0%
(n)	198	186	185	280	849

Medical Hold/Holdover/WTU: DoD Support for VA Care

Results of Top 2 Satisfaction scores (4 or 5 on a 1-5 scale) for those currently in Medical Hold, Holdover, on Medical Extension Status, or Awaiting a Medical Board

QVA4. Using the scale of 1 to 5 where 1 is POOR and 5 is OUTSTANDING how would you rate the support the Department of Defense provided you in transitioning from the Department of Defense to the VA health care system?

Service by Component

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
Army - Active	76.8%	71.4%	80.6%	81.4%	
(n)	69	49	62	59	
Army - Guard/Reserve	76.9%	64.2%	74.1%	55.9%	
(n)	52	53	58	34	
Total Army	76.9%	67.6%	77.5%	72.1%	
(n)	121	102	120	93	
Navy - Active	100.0%	66.7%	100.0%	75.0%	
(n)	4	3	1	4	
Navy - Guard/Reserve	60.0%	75.0%	100.0%	.0%	
(n)	5	4	1	1	
Total Navy	77.8%	71.4%	100.0%	60.0%	
(n)	9	7	2	5	
Marine Corps - Active	87.5%	100.0%	83.3%	68.8%	
(n)	8	9	18	16	
Marine Corps - Guard/Reserve	100.0%	100.0%	.0%	50.0%	
(n)	2	2	0	2	
Total Marine Corps	90.0%	100.0%	83.3%	66.7%	
(n)	10	11	18	18	
Air Force - Active	66.7%	66.7%	60.0%	66.7%	
(n)	3	3	5	6	
Air Force - Guard/Reserve	75.0%	100.0%	.0%	66.7%	
(n)	4	1	2	3	
Total Air Force	71.4%	75.0%	42.9%	66.7%	
(n)	7	4	7	9	
Total DoD	77.6%	71.0%	76.9%	70.4%	74.2%
(n)	147	124	147	125	543

Paygrade

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
E1-E4	78.6%	80.8%	77.3%	75.8%	
(n)	103	78	110	91	
E5-E9	73.7%	60.0%	71.4%	55.2%	
(n)	38	35	28	29	
O1-O3	100.0%	40.0%	75.0%	60.0%	
(n)	1	5	4	5	
O4-O6	75.0%	25.0%	100.0%	.0%	
(n)	4	4	4	0	
W1-3	100.0%	50.0%	100.0%	.0%	
(n)	1	2	1	0	
Total	77.6%	71.0%	76.9%	70.4%	74.2%
(n)	147	124	147	125	543

Medical Hold/Holdover/WTU: DoD Medical Records Available to the VA

Results of those answering 'yes' for Service members currently in Medical Hold, Holdover, on Medical Extension Status, or Awaiting a Medical Board who were referred to the VA for care by the DoD.

QVA5. Were your health care records available to the VA staff when you began treatment?

Service by Component

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
Army - Active	70.0%	53.3%	82.6%	93.8%	
(n)	20	15	23	16	
Army - Guard/Reserve	61.7%	73.0%	82.1%	80.8%	
(n)	60	37	39	26	
Total Army	63.8%	67.3%	82.3%	85.8%	
(n)	80	52	62	42	
Navy - Active	100.0%	.0%	100.0%	100.0%	
(n)	2	0	1	2	
Navy - Guard/Reserve	66.7%	25.0%	.0%	66.7%	
(n)	3	4	0	3	
Total Navy	80.0%	25.0%	100.0%	80.0%	
(n)	5	4	1	5	
Marine Corps - Active	62.5%	100.0%	83.3%	87.5%	
(n)	8	1	6	8	
Marine Corps - Guard/Reserve	33.3%	.0%	.0%	100.0%	
(n)	3	2	0	1	
Total Marine Corps	54.5%	33.3%	83.3%	88.9%	
(n)	11	3	6	9	
Air Force - Active	100.0%	.0%	.0%	80.0%	
(n)	1	0	0	5	
Air Force - Guard/Reserve	71.4%	66.7%	50.0%	75.0%	
(n)	7	3	2	4	
Total Air Force	75.0%	66.7%	50.0%	77.8%	
(n)	8	3	2	9	
Total DoD	64.4%	62.9%	81.7%	84.6%	72.5%
(n)	104	62	71	65	302

Paygrade

	FY09	FY10	FY11	FY12	
	W18-29	W30-41	W42-53	W54-65	
E1-E4	63.6%	71.9%	85.5%	84.2%	
(n)	55	32	55	38	
E5-E9	69.0%	57.7%	71.4%	87.0%	
(n)	42	26	14	23	
O1-O3	50.0%	.0%	100.0%	66.7%	
(n)	2	2	1	3	
O4-O6	50.0%	100.0%	.0%	100.0%	
(n)	4	1	0	1	
W1-3	.0%	.0%	.0%	.0%	
(n)	1	1	1	0	
Total	64.4%	62.9%	81.7%	84.6%	72.5%
(n)	104	62	71	65	302

Medical Hold/Holdover/WTU: Statistical Testing for FY 2012

Statistical testing for FY12 data: Top 2 satisfaction scores for Service members currently in Medical Hold, Holdover, on Medical Extension Status, or Awaiting a Medical Board

The chi-sq p-value and Fisher's exact test need to be less than or equal to 0.05 to be significant.
The Fisher's exact test is used when cell counts are small

Q8 nonmedical attendees								
	Chi-Sq	p-value	Significant					
<i>Within Services</i>								
Army AC vs. GRD	0.32	0.57	No					
Navy AC vs. GRD	0	1*	No	*Fisher exact test instead due to small cell counts				
Air Force AC vs. GRD	2	0.20*	No	*Fisher exact test instead due to small cell counts				
Marine Corps AC vs. GRD	0.12	0.66*	No	*Fisher exact test instead due to small cell counts				
<i>Between Services</i>								
Army vs. Navy vs. Air Force vs. Marine Corps	10.05	0.02	Yes					
<i>Between Pay grades</i>								
E1-E4 vs. E5-E9 vs. O1-O3 vs. O4-O6 VS. W1-W3	5.58	0.23	No					

Q11b overall medical hold experience								
	Chi-Sq	p-value	Significant					
<i>Within Services</i>								
Army AC vs. GRD	2.52	0.11	No					
Navy AC vs. GRD	0.31	0.70*	No	*Fisher exact test instead due to small cell counts				
Air Force AC vs. GRD	3.40	0.07	No					
Marine Corps AC vs. GRD	0.49	0.71*	No	*Fisher exact test instead due to small cell counts				
<i>Between Services</i>								
Army vs. Navy vs. Air Force vs. Marine Corps	9.72	0.0211	Yes					
<i>Between Pay grades</i>								
E1-E4 vs. E5-E9 vs. O1-O3 vs. O4-O6 VS. W1-W3	4.22	0.37	No					

Medical Hold/Holdover/WTU: Statistical Testing for FY 2012 (Continued)

Q9 MEB experience									
	Chi-Sq	p-value	Significant						
<i>Within Services</i>									
Army AC vs. GRD	1.45	0.23	No						
Navy AC vs. GRD	0.38	1*	No	*Fisher exact test instead due to small cell counts					
Air Force AC vs. GRD	2.2	0.137	No						
Marine Corps AC vs. GRD	0.19	1*	No	*Fisher exact test instead due to small cell counts					
<i>Between Services</i>									
Army vs. Navy vs. Air Force vs. Marine Corps	7.29	0.06	No						
<i>Between Pay grades</i>									
E1-E4 vs. E5-E9 vs. O1-O3 vs. O4-O6 VS. W1-W3	13.7	0.001*	Yes	*Fisher exact test instead due to small cell counts					

Q9.1B PEB experience									
	Chi-Sq	p-value	Significant						
<i>Within Services</i>									
Army AC vs. GRD	0.04	0.84	No						
Navy AC vs. GRD	-	-	-	No Guard/Reservists responded to this question in 2012					
Air Force AC vs. GRD	0.63	1*	No	*Fisher exact test instead due to small cell counts					
Marine Corps AC vs. GRD	0.02	1*	No	*Fisher exact test instead due to small cell counts					
<i>Between Services</i>									
Army vs. Navy vs. Air Force vs. Marine Corps	6.04	0.11	No						
<i>Between Pay grades</i>									
E1-E4 vs. E5-E9 vs. O1-O3 vs. O4-O6 VS. W1-W3	15	0.002*	Yes	*Fisher exact test instead due to small cell counts					

Medical Hold/Holdover/WTU: Statistical Testing (Continued)

Population= where Q1=1,3,10, or 7				
QVA4 DoD transition support				
	Chi-Sq	p-value	Significant	
<i>Within Services</i>				
Army AC vs. GRD	6.95	0.01	Yes	
Navy AC vs. GRD	1.88	0.4*	No	*Fisher exact test instead due to small cell counts
Air Force AC vs. GRD	0	1*	No	*Fisher exact test instead due to small cell counts
Marine Corps AC vs. GRD	0.28	1*	No	*Fisher exact test instead due to small cell counts
<i>Between Services</i>				
Army vs. Navy vs. Air Force vs. Marine Corps	0.56	0.84*	No	*Fisher exact test instead due to small cell counts
<i>Between Pay grades</i>				
E1-E4 vs. E5-E9 vs. O1-O3 vs. O4-O6 VS. W1-W3	4.77	0.08*	No	*Fisher exact test instead due to small cell counts

QVA5 Medical records available				
	Chi-Sq	p-value	Significant	
<i>Within Services</i>				
Army AC vs. GRD	1.36	0.38*	No	*Fisher exact test instead due to small cell counts
Navy AC vs. GRD	0.83	1*	No	*Fisher exact test instead due to small cell counts
Air Force AC vs. GRD	0.03	1*	No	*Fisher exact test instead due to small cell counts
Marine Corps AC vs. GRD	0.14	1*	No	*Fisher exact test instead due to small cell counts
<i>Between Services</i>				
Army vs. Navy vs. Air Force vs. Marine Corps	0.57	0.79*	No	*Fisher exact test instead due to small cell counts
<i>Between Pay grades</i>				
E1-E4 vs. E5-E9 vs. O1-O3 vs. O4-O6 VS. W1-W3	1.03	0.64*	No	*Fisher exact test instead due to small cell counts

Backup Slides

Additional Survey Data

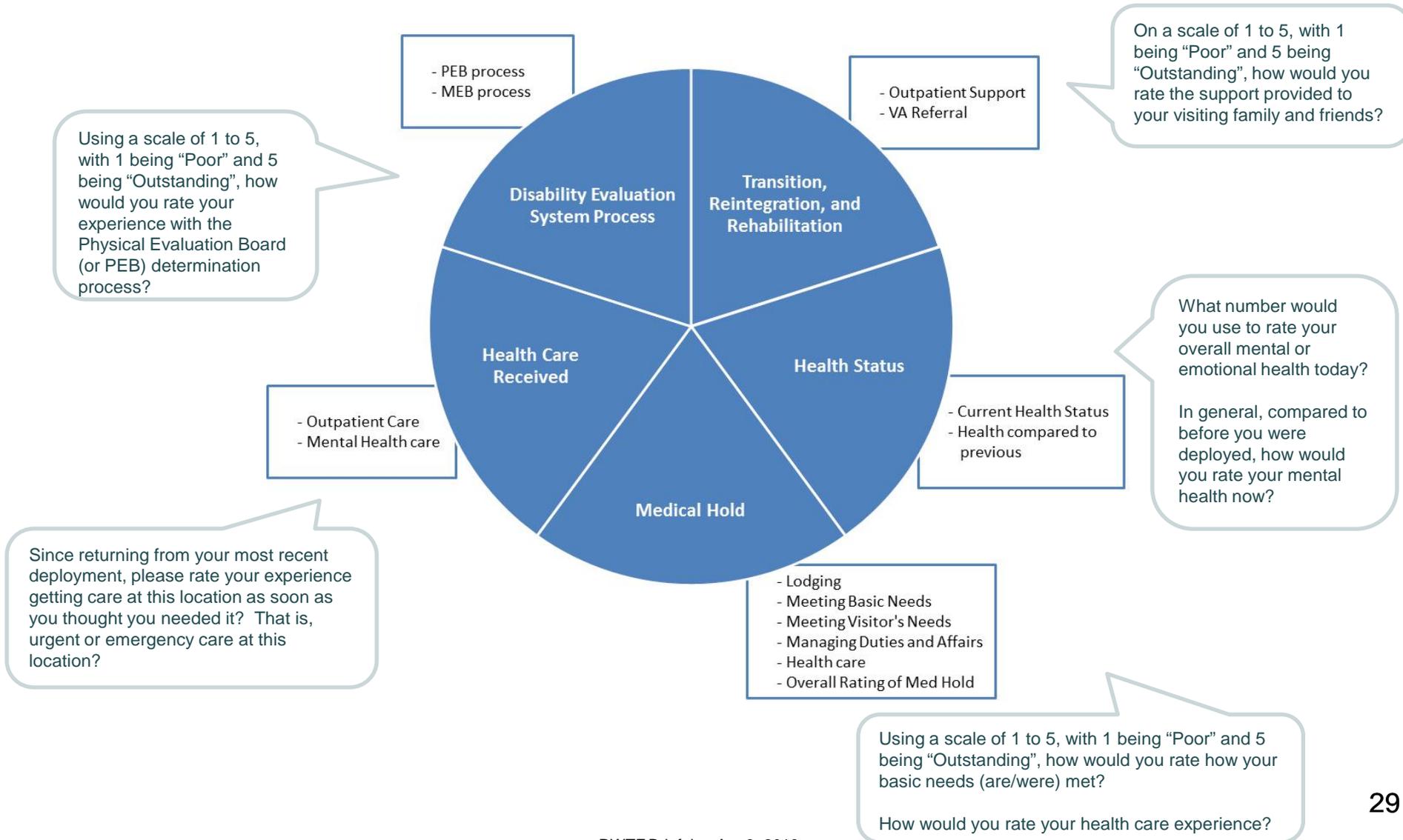
Overview: Survey Background

- **Survey Purpose and Background:**
 - To provide the information needed to meet the health care and related support needs of our ill or injured service members returning from operational deployment
 - Survey responds to Secretary of Defense direction (March 14, 2007) to identify global issues and identify specific MTF issues to resolve shortcomings related to Service members recuperating from illness or injury. Survey has been fielded and, analyzed on a monthly basis with quarterly summary reports to senior MHS leaders.
 - Summary reports sent to ASD(RA), USD(P&R) DASD (MPP), Service Surgeons General, Commander JTFCAPMed, Joint Staff Surgeon, Director Marine Corps Staff, and DASD (Wounded Care Program)

Survey History

- **Background:** Survey responds to Secretary of Defense direction (March 14, 2007) to:
 - Establish a mechanism to identify global issues, and increasingly sufficient in cumulative number to drill down and identify specific MTF issues to provide actionable information to the Services to resolve shortcomings related to Service members recuperating from illness or injury following return from operational deployment.
 - February 18, 2007 Washington Post articles
 - March 6, 2007 President Bush established the Dole-Shalala Commission
 - Mar 14, 2007 SecDef directed USD(P&R) and ASD(HA) to identify issues and present to Services for correction
 - March 14-April 3, 2007 MHS Survey Work Group collaborated on survey methodology
 - April 4, 2007 HA/TMA presented survey methodology to DSGs for review; survey methodology accepted with timeline to field ASAP with target before June 2007
 - May 2007 1st telephone survey fielded to I-2 Service members returning via aeromedical evacuation post operational deployment
 - Aug 2010 & Oct 2011 Senior Military Medical Advisory Committee Review/validation

Survey Content/Domains and Examples of Questions



MEB Satisfaction Ratings by Stage in Process

- Results for survey respondents who are confirmed (via Veteran's Tracking Assistance) to be in IDES
- Service members who have already completed the MEB process at the time of survey completion have higher satisfaction ratings than those still in the process or waiting to begin.

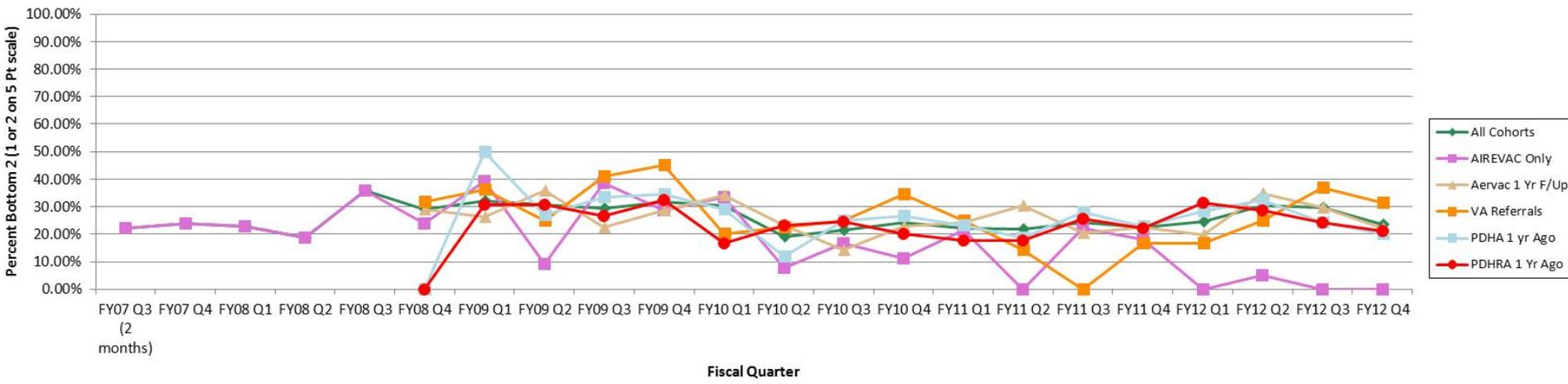
Rating of Satisfaction with MEB by Stage in Process				
Stage in process		Rating of 1,2 or 3	Rating of 4 or 5	Total
Still waiting to start the process	N	196	132	328
	%	59.76	40.24	
Awaiting results which may or may not lead to a Physical Evaluation Board	N	355	364	719
	%	49.37	50.63	
Received results	N	281	415	696
	%	40.37	59.63	
Total	N	832	911	1743
	%	47.73	52.27	100

Statistic	DF	Value	Prob
Chi-Square	2	34.8904	<.0001

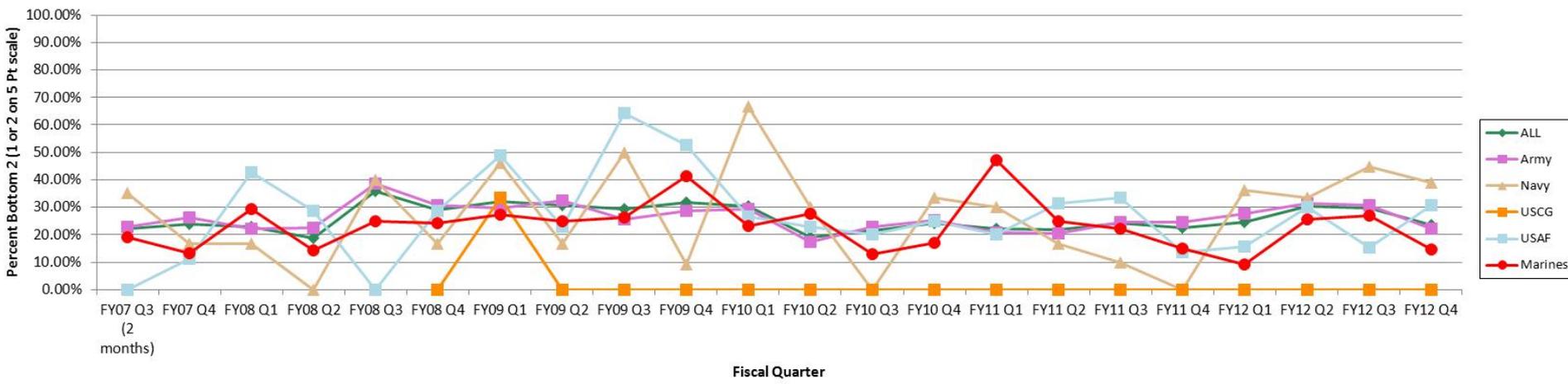
Note: findings use data through Q3 FY2012

Disability System Ratings by Sub-group

MEB Bottom 2 Results Over Time: by Cohort



MEB Bottom 2 Results Over Time: by Service



Examples of Favorable Comments FY12 Q4

Category	Current Qtr % of All Positive Comments (cum%)	Most Favorable Subcategories (current qtr % /cum%)	Comment Example
Medical Hold			
Lodging	18% (22% cum)	Adequate/available 31% (28% cum)	"Because it was new lodging, was handicapped accessible. It was very accommodating."
Meeting Basic Needs	20% (20% cum)	No problems/All basic needs met 38% (28% cum)	"Because they, it's pretty good getting me in when I need to, I need some assistance or anything like that. So it's pretty good."
Meeting Needs of Family and Friends	17% (15% cum)	No problems/All basic needs met 21% (16% cum)	"Well so far everything they've needed done, they got taken care of."
Managing Duties and Affairs	11% (14% cum)	Given time for personal affairs 26% (12% cum)	"They just give me a lot of time. They gave me a lot of time to do all the things I needed to do such as like pay bills or take my family to the doctor's or something like that."
All Health Care	16% (18% cum)	Good quality care 39% (38% cum)	"I got some really good doctors that I really trusted and some really good healthcare so I thoroughly enjoyed everybody that was helping me as far as healthcare went."
Disability Evaluation System			
MEB	8% (5% cum)	Quick/easy process 21% (24% cum)	"Sure the bottom line was my med board was actually a fast one so it only took me six months to do the med board as opposed to some other people who've been in it maybe a year, year and a half so yeah, a five."
PEB	4% (2% cum)	Clear communication 40% (32% cum)	"Like I said, because my PEBLO was really good. He kept me up to date and kept me informed of what was going on."
DoD to VA Transition			
DoD VA Transition Support	5% (5% cum)	Smooth/easy process/transition 13% (17% cum)	"My army case manager has worked with the program coordinator at the VA to make sure that everything is seamless."

Examples of Unfavorable Comments FY12 Q4

Category	Current Qtr % of All Positive Comments	Most Unfavorable Subcategories current qtr % (cum%)	Comment Example
Medical Hold			
Lodging	10% (12% cum)	Inadequate/unavailable 17% (14% cum)	"Well because it wasn't an open squad bay and we weren't outside, so those were the two worst things there could be. It's typical, two-man rooms with an infantry unit. It wasn't great."
		Old/poorly maintained 11% (14% cum)	"Because I'm in the barracks and they're old. They're infested with crickets and cockroaches."
Meeting Basic Needs	12% (14% cum)	Slow/lengthy/cumbersome process 14% (13% cum)	"Yes, I wouldn't give you a five because arriving on a weekend in Landstuhl, Germany is the weekend off for everybody who's stationed there even though you're coming back from, you know, downrange. In other words, there was a lot of people that took the day off. You couldn't do anything. You couldn't get moved forward. You couldn't do nothing until Monday because I got there on a Friday. So in other words, the war is twenty-four hours ops and Landstuhl, Germany is Monday through Friday. I hope you quoted that right because that one's kind of important."
		Transportation for care inadequate or unavailable 9% (10% cum)	"I don't know. I had physical therapy at the hospital on base. It was about six miles away and I didn't have a car and they didn't have any public transportation that I knew about. And my only ways to get to physical were to ask for a rides from guys that were there. But at the time the unit was deployed so there weren't many people around. The only thing they had near us was the chow hall and their hours were pretty bad."
Meeting Needs of Family and Friends	11% (12% cum)	Lack of communication/unclear communication 15% (15% cum)	"Yeah she -- my wife was uninformed about my situation for the most part. She had no idea where I was going, when I was arriving. So it was like pretty much a scramble towards the end when I got home to actually see my wife because she didn't know where I was going."
		Slow/lengthy/cumbersome 8% (10% cum)	"I have several complaints. Well my wife has several complaints and she has yet to get any answers back."

Examples of Unfavorable Comments FY12 Q4 (cont'd)

Category	Current Qtr % of All Positive Comments (cum%)	Most Unfavorable Subcategories current qtr % (cum%)	Comment Example
Medical Hold (continued)			
Managing Duties and Affairs	17% (19% cum)	General physical limitation 18% (18% cum)	"Sometimes due to my health problems it's hard to get up and make all the appointments and stuff like that."
		Not given time for personal affairs 5% (5% cum)	"In general I can go take care of medical but usually that will cut into my personal affairs time. Just the time that I need to get my medical stuff done. It's just that stuff that I need to get done for my personal affairs usually is filled up with me taking care of my medical needs because generally while I'm on duty they have a, there's a lot going on but I can't take time to go get medical stuff done."
All Health Care	18% (21% cum)	Low quality care/poor treatment 16% (22% cum)	"I would change that to a 'two'. I've had good doctors and I've had bad doctors. A couple of really awesome doctors but the majority of the doctors that I've dealt with while in the military I've heard everything from 'suck it up, there's nothing wrong with you' and -- for years and even though I tell them -- it's like they automatically think that oh here's just someone else complaining. Up until my medical circumstances ended up me having to go into surgery, emergency surgery and now I'm going to be disabled for a good -- if not the rest of my life. So it's very poor for the fact that it just relates to what I said earlier, it's a whole bunch of medical people that just don't care."
		Slow system 15% (11% cum)	"The healthcare was excellent except that in some cases it was slow. Behavioral health was very slow to work with me."
DoD to VA Transition Support			
DoD VA Transition Support	7% (7% cum)	Poor support from military 9% (18% cum)	"Like I said they -- the VA's really good at getting back to you, the military, and they do their thing about getting people to TAPS class but it just kind of feels like you get shoved into a system just so they can get their check in the box and they really don't give a shit, you know, about you know you at the end of the day because you're getting out. So military's -- you're just numbers, alright, you're just people filling slots and stuff like that and I don't know, I just think the transition between civilian and military and vice versa should be a little bit, I don't know, oriented towards the sailor not just let's get this check in the box so we can push him out the back door. That's really what it felt like and so that's why I rate it that way."
		Poor communication from military 20% (17% cum)	"Nobody really tells you anything. You got to figure it all out for yourself. It's not the easiest system to deal with."