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# **VA-DoD Warrior Care Coordination**

## **Briefing for Recovering Warrior Task Force**

### **DOD/VA Interagency Care Coordination Committee Co-Chairs:**

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Department of Defense

**The Honorable Jose D. Riojas**  
Interim Chief of Staff  
Department of Veterans Affairs

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# Background

## □ Secretary Shinseki and Secretary Panetta established a joint Task Force in May 2012 to assess and improve warrior care and coordination

- Recognizing the recommendations from various internal and external review groups, the Departments needed to conduct a comprehensive, deliberative review of all aspects of warrior care coordination (not just look at one program or process)
- A common and recurring area of concern was confusion created by multiple, asynchronous case management services across various providers and programs; and gaps in guiding transitions between providers (within Departments), agencies (across organizations) or the civilian community.



# Task Force Organization



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- Leadership – full interagency participation with representatives from personnel health, personnel, and benefits communities**
  
  - Approach to Tasks**
    - Community of Practice
    - Comprehensive Plan
    - Policy and Oversight
    - Sustainment



# Initial Findings

## ❑ Broad discoveries / problem statement of the Task Force

- There are dedicated personnel throughout the Departments of Defense (DoD) and Veterans Affairs (VA) providing excellent services...but in an asynchronous, uncoordinated way
- Collective efforts have been well-intentioned, but need to better synchronize efforts, simplify processes, and reduce confusion for those we serve
- There has been diffuse governance and oversight of this issue, lacking fixed responsibility, accountability, and a common voice
- No common, integrated comprehensive plan for warriors in transition
  - Sub-optimal visibility into the multitude of plans for both patients and staff
  - Sub-optimal transitions in the continuum of care
  - No single point of contact for the patient and families at any given time



# Leaders' Vision

## *One Mission – One Policy – One Plan*

- ❑ **Secretary Shinseki and Secretary Panetta met three times to discuss the issue, set the tone and establish their expectations (December 2012 Letter of Intent attached):**
  - Common, **interagency guidance** driven by an overarching formal **interagency governance structure** in support of the wounded, ill and injured & their families
  - Integrated **interagency community of practice** comprised of professionals that coordinate and manage care, benefits and services....with shared measures of success to include utilization, quality and satisfaction
  - **Single comprehensive, interagency plan** developed and shared by both Departments that produces a **common operational picture**, visible to patient, family and care recovery team...will drive effectiveness/efficiencies for the recovery process in support of both recovering service member and recovery team
  - **Sustainable** model that transcends current conflicts and is scalable to meet both peacetime and wartime support requirements
  - The first step is to **designate a Lead Coordinator** for Service Members and Veterans at each stage of their recovery



# RWTF Recommendations Aligned with DoD-VA Direction



The Recovering Warrior Task Force (RWTF) identified opportunities for improvement in programs is consistent with the DoD-VA Task Force recommendations.

## *RWTF Recommendations*

## *DoD-VA Task Force*

- Publish timely guidance to standardize RW Care
- Ensure that there are sufficient numbers of medical care case managers available at WTUs, WWRs, and CBWTUs



- One Policy

- Create standards, and provide oversight and guidance, for the CRP and CTP
- Services should adopt a common comprehensive plan (CRP, CTP, etc.) format for recovery and transition
- USMC, USN, & USAF should ensure RWs & families can access their CRP & have ability for written comment of information. There must be a feedback loop to ensure the RCC is responsive



- One Plan

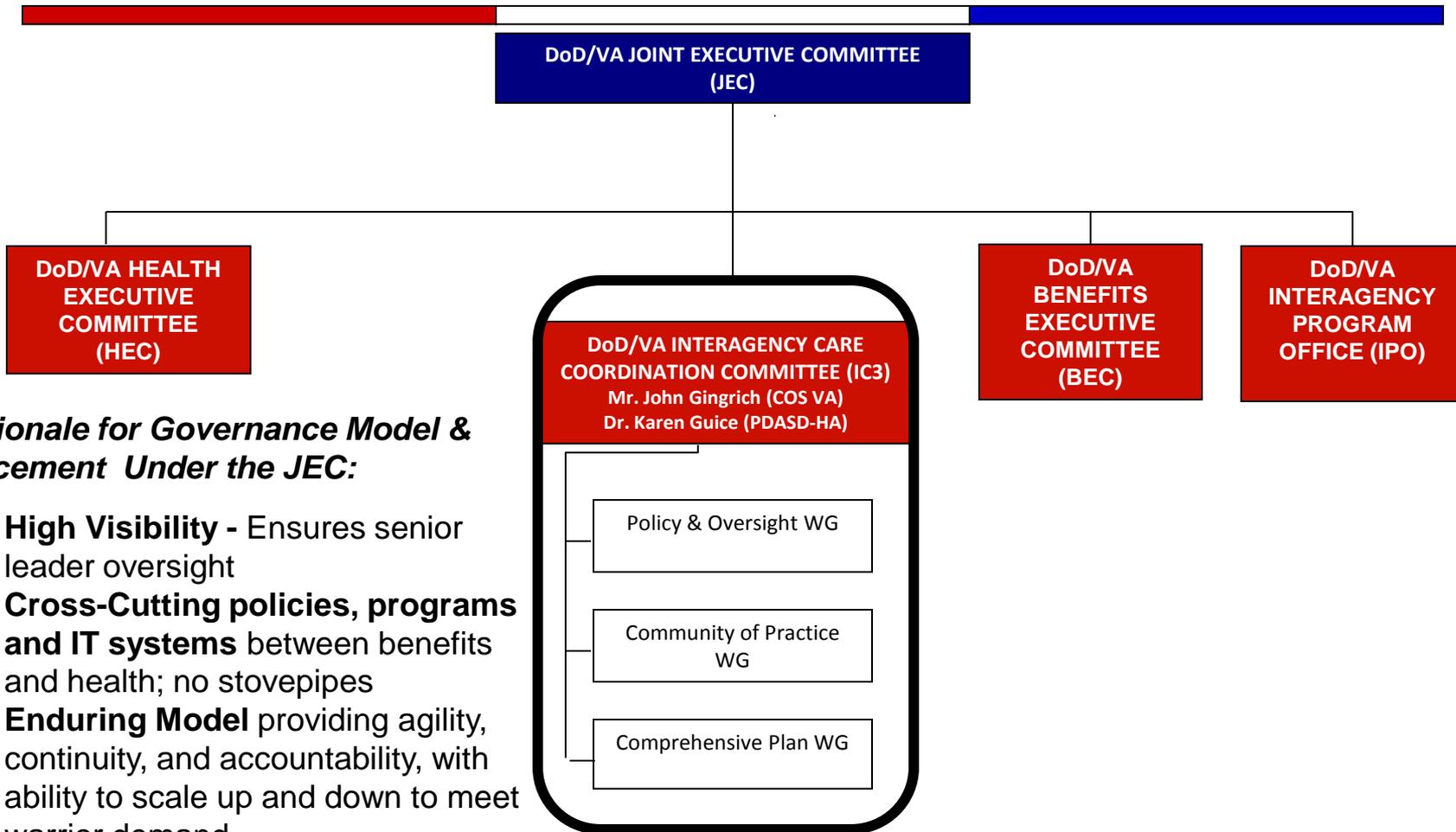
- Develop minimum qualifications, ongoing training, and skill identifiers specializing in recovery and transition for transition unit personnel
- Standardize and define the roles/responsibilities of care coordinators, RCC, FRC, VA personnel, NMCMS



- One Community



# Permanent Infrastructure and Oversight



## *Rationale for Governance Model & Placement Under the JEC:*

1. **High Visibility** - Ensures senior leader oversight
2. **Cross-Cutting policies, programs and IT systems** between benefits and health; no stovepipes
3. **Enduring Model** providing agility, continuity, and accountability, with ability to scale up and down to meet warrior demand



# Actions Underway: Community of Practice



**Goal: Introduce a model of care coordination that increases clarity and reduces confusion for Warriors and their families by designating a primary point-of-contact on a care management team.**

## **Initial Focus: Lead Coordinator Feasibility Assessment**

- Designated Single Lead Coordinator – identified to the warrior and the recovery coordination team -- responsible for awareness and visibility into all care, benefits and services
- Began Assessment at Walter Reed National Military Medical Center and VA Medical Centers in Washington DC and Richmond in January 2013
- Focusing efforts on clear communications and warm hand-offs as individuals transition to and from both Department's facilities
- Evaluate in Late April, with incremental expansion to other facilities

## **Future Goals**

- Expand community of practice from National Capital Region



# Actions Underway: Comprehensive Plan



**Goal: Create a tool to help Warriors and their families consider and avail themselves of care, benefits, and services options across both Departments – and facilitate the communication and integration of the Community of Practice’s work**

## **Initial Focus: Lead Coordinator Checklist & Comprehensive Plan**

- Created a paper-based DoD-VA Lead Coordinator Checklist (that serves as the foundation for the Interagency Comprehensive Plan).
  - Note: Lead Coordinators are already using the Checklist and giving feedback during the Lead Coordinator Implementation Feasibility Assessment
- Building a phased approach to comprehensive plan, supported by technology investments, to make this plan dynamic to users (read/write capability), and transparent to the entire community

## **Future Goals**

- Streamline information systems supporting warrior care between VA and DoD
- Establish single data repository for the Comprehensive Plan



# Actions Underway: Policy and Oversight



**Goal: Develop overarching, interagency policy that establishes a common set of practices, definitions, and responsibilities for application across the Departments to ensure that all Service members and Veterans who require complex case coordination receive optimal delivery of the full spectrum of authorized care, benefits, and services during their recovery, whether we are at war or in peacetime.**

## **Initial Focus: Interagency Guidance**

- A single, overarching, interagency Guidance has been drafted, and is currently in coordination within the Departments
- Serves as a source document addressing the Secretaries' intent. All DoD and VA current and future policy documents addressing interagency complex care coordination will be in alignment with this overarching guidance and common terminology

## **Future Goals**

- Move from policy implementation to oversight
- Develop monitoring and evaluation tools to support strategic goals in support of warrior care



# The Overarching Plan



	2012	Near Term (2013)	Long-Term
<b>Single Interagency Comprehensive Plan</b>	Nonexistent – multiple program-specific recovery plans	Single, common document used by care team, Service member / Veteran / Family to guide recovery, rehabilitation, reintegration	One interagency longitudinal plan covering care, benefits, services
<b>Interagency Community of Practice</b>	Dispersed and not connected, multiple clinical and non-clinical programs across the Departments	Operational, connected community at central and field levels to enhance communication and drive cultural change	A data informed interagency community, implementing evidence based best practices globally
<b>Interagency Governance and Oversight</b>	No single point of accountability between DoD and VA; not synchronized	One entity within JEC structure responsible for WII Warrior care and coordination of health, benefits, and services communities, in collaboration with the HEC and the BEC.	Based in single interagency policy: an enduring structure that enables data-informed performance outcomes and drives effective and efficient programming
<b>Integrated Technology Support</b>	IT systems operating independently of each other	Single repository and document (shared electronically via interfaces with case management/care coordination systems)	An interagency care and coordination system, integrated with VLER and iEHR
<b>Synchronized Resource Support</b>	Diffused, individual Department, Service, and Administration driven	Engaged senior leadership as we transition from planning to execution; Data informed governance allows synchronized interagency resourcing, eliminates gaps and minimizes overlaps; built for long-term sustainment	
<b>Strategic Communication Strategy</b>	Execution of a Deliberate Strategic Communication Strategy (Provide Awareness, Execute Change Management, Drive Cultural Change)		