

**SEAMLESS TRANSITION: IMPROVING VA/DOD
COLLABORATION**

HEARING
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ONE HUNDRED TWELFTH CONGRESS
FIRST SESSION



MAY 18, 2011

Printed for the use of the Committee on Veterans' Affairs

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SEAMLESS TRANSITION: IMPROVING VA/DOD COLLABORATION

WEDNESDAY, MAY 18, 2011

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 10:03 a.m., in room 418, Russell Senate Office Building, Hon. Patty Murray, Chairman of the Committee, presiding.

Present: Senators Murray, Tester, Begich, Burr, Isakson, Johanns, Brown of Massachusetts, and Boozman.

OPENING STATEMENT OF HON. PATTY MURRAY, CHAIRMAN, U.S. SENATOR FROM WASHINGTON

Chairman MURRAY. This hearing will come to order. Welcome to everyone who is here today. We are here today to examine the ongoing efforts of the Department of Defense and the Department of Veterans Affairs to provide a truly seamless transition for our servicemembers and our veterans.

It has been more than 4 years since the world learned about the shameful conditions and bureaucratic red tape confronting our wounded, ill, and injured servicemembers that were recovering at the Walter Reed Army Medical Center.

We have learned and done a lot in that time, and over the past decade that we have been at war. We have also learned much from what our new veterans have told us. Next week, we will hear from some of them about their experiences when we hold a followup to this hearing.

Yet, despite all that has been learned and all that has been done to address these shortfalls over the last several years and despite the significant improvements in cooperation between Department of Defense and VA, substantial challenges remain.

One of the primary areas that requires further improvements is the coordination of medical care for the injured. As you both know, prescribing narcotics is on the rise in the military. A military doctor stationed at Madigan Army Medical Center, in my homestate of Washington, recently cited an Army Surgeon General number that almost 14 percent of soldiers have been prescribed some form of opiate drug, with a full third of them being prescribed more than one opiate.

It is imperative that those individuals receive a truly seamless handoff to VA medical care so a provider there can manage those medications after the individual has left the service. If that link is

not made, those new veterans become far more likely to abuse drugs, become homeless, or commit suicide.

A key tool in this effort should be the post-deployment health assessment. However, I hear frequently from veterans that no one has followed up on the results of their screenings, they did not get referred to VA care nor did VA reach out to them, and there was no followup to ensure they received the care they needed. This process must be improved.

Care for those who have been traumatically injured is another key priority. While the Department of Defense has outstanding prosthetic care, VA needs to do a lot better. I was shocked to hear of a veteran who, after receiving advanced prosthetics from the military, went to VA to have them adjusted and maintained. However, when the veteran got to the prosthetic clinic the VA employees were fascinated by his device, having never seen that model before, and were more interested, he said, in examining it than him.

With the rates of injuries requiring amputation rising, we need to have the best possible care. As of early March 2011, 409 Operation Enduring Freedom servicemembers have needed limbs amputated.

Not long ago, the idea that battlefield medicine could save the life of a quadruple amputee was unthinkable, but now it is the reality. VA is responsible for these veterans for the rest of their lives, and VA must be up to the task.

After a decade of continuous conflict, I am concerned that the Nation is becoming desensitized to the physical and psychological wounds of war. While those watching on the nightly news may feel as though they have seen many such injuries, we can never forget how truly devastating some of these injuries are, and what an overwhelming impact they have on the servicemember or veteran's life, as well as on their family.

One tool to raise the quality of care in this area is the Center of Excellence on Amputations and Extremity Injuries, and establishing all of the centers of excellence that were required by law.

Unfortunately, there has been very little progress in making these centers operational, with delays caused by what can only be characterized as bureaucratic infighting. I know that I speak for several Senators in saying we want these centers brought online, as the law requires, immediately.

Mental health care is another area where we can improve collaboration. I note that the Departments have agreed on an integrated mental health strategy, and I look forward to the results of your continuing efforts to meet the guidelines of that strategy. This will be an important step toward making care more standardized and evidence-based, and will reduce duplication.

Health care is not the only area that needs better collaboration. This Committee has previously looked at the Departments' Joint Disability Evaluation System. While streamlining efforts where we can is important, the implementation of this joint program has not been without problems. Unfortunately, the numbers for this new process are trending in the wrong direction, and I would like to know what improvements DOD and VA hope to make in this regard.

This is particularly concerning because all too often this time spent waiting results in our men and women in uniform falling through the cracks of the system. You shared particularly troubling information about the number of wounded warriors who have taken their own lives or turned to drug abuse while waiting to complete the disability evaluation process. I look forward to actually asking you about this in the question and answer and comment period following your statement.

Just last month this Committee held a hearing on employment and transition of new veterans. As a result of that hearing and numerous discussions with employers and veterans, I have introduced the Hiring Heroes Act, which will help streamline the hiring process for new veterans and equip them with the skills to successfully navigate the civilian employment market.

That legislation will also require participation of all servicemembers in the Transition Assistance Program (TAP). I believe this will dramatically improve the experience of servicemembers who are transitioning out of the military and equip them with the skills needed to succeed in the civilian workforce.

This will be especially true as VA, Labor, and the military services update and revise their portions of TAP. The revised program should be more relevant, user-friendly, and tailored to the needs of the individual servicemember.

Underlying many of these issues are significant questions about IT solutions and how they affect health care and benefits. I am pleased to hear that Secretary Gates and Secretary Shinseki recently agreed to a plan that will deliver a common, integrated electronic health system. This level of communication and integration has the potential to revolutionize the way we deliver health care to servicemembers and veterans, and dramatically improve our current efforts.

Deputy Secretary Lynn, I think you would call it a “force multiplier.”

We all want to see this project accomplished correctly and on schedule, and we expect to see the same level of commitment to the development of a joint electronic health record under the leadership of the next Secretary of Defense as we have witnessed recently by Secretary Gates.

As we assess the current state of DOD/VA collaboration, we must remember that the issues we confront today will not go away when the last troops leave Iraq and Afghanistan. Rather, they will be with us as a Nation for many years to come. When we send servicemembers into harm’s way, it is our non-negotiable duty to take care of them when they return home. Providing the best possible care and benefits to veterans is a cost of war. It is a cost that must be paid in full.

So I want to thank both Deputy Secretaries for being here today. In your capacities as the co-chairmen of the Senior Oversight Committee, you are the individuals who can make these things happen, and we are counting on your leadership of your respective Departments. So, we look forward to hearing from both of you.

I will now turn to Ranking Member Burr for his opening statement.

**STATEMENT OF HON. RICHARD BURR, RANKING MEMBER,
U.S. SENATOR FROM NORTH CAROLINA**

Senator BURR. Thank you, Madam Chairman, and to both Deputy Secretaries, welcome. I am pleased with the progress that is being made improving the lives of our Nation's wounded warriors, their families, and as they transition from active duty to veterans' status. I look forward to discussing how effectively the two Departments are working together and what more can be done.

I want to apologize to both witnesses and to my colleagues. I just had an Honor Flight land about 40 minutes ago and shortly they are going to be at the World War II Memorial. Sometimes you do things out of a sense of urgency, so I will leave you and run down there to enjoy what may be their only viewing of the memorial built for their sacrifices.

There has been a long history, going back to 1982, of DOD and VA sharing medical resources. However, only recently have the Departments attempted to collaborate on specific care programs for the Nation's most severely wounded.

Many of these programs began in response to recommendations from various commissions to address the 2007 media reports of poor conditions at Walter Reed. The idea for developing these "joint" programs was to cut through the bureaucracy and create a better transition for both veterans and their families.

It has been 4 years since the issues at Walter Reed came to light, and I cannot help but wonder if what we have done is to just create more bureaucracy.

One area that was implemented at the suggestion of the Dole-Shalala Commission is the Federal Recovery Coordination Program. As this program was visualized, the government would hire Federal recovery coordinators to help veterans and their families navigate all of the benefits the servicemembers were entitled to throughout the entire Federal Government.

Unfortunately, this is a perfect example of an idea that looked great on paper, but has yet to live up to expectations. A recent GAO report on the program shows that there are still problems with the two agencies working together. According to the report, there are problems coordinating the seven different services available through VA and DOD that support wounded servicemembers.

For example, because both VA and DOD have care coordinators, there is a possibility for overlap in case management resulting in a duplication of efforts.

Another problem is that one case file is not shared by both VA and DOD care coordinators. Because of this, GAO found a situation where a veteran with multiple amputations had one goal set by his FRC and the complete opposite goal set by his DOD recovery care coordinator. The FRC was instructing the veteran to transition out of the service and the RCC set a goal for that same veteran to remain on active duty. Surely, this is not the kind of service that Dole-Shalala envisioned.

Another area that has been slow to move forward is integrating electronic health records. In April 2009, the President announced the development of an integrated electronic health record that will follow a veteran "from the day they first enlist until the day they are laid to rest." However, 2 years later, the Departments only re-

cently identified a path forward which includes VA adopting DOD's electronic health records system. While I am happy that this important venture is moving forward, I am disturbed it took 2 years to get to this point and wonder when, or if, this project will be completed.

While the Departments have worked slowly on IT issues, they may have jumped the gun on the benefits side. Last year, DOD and VA started to roll out worldwide an integrated disability evaluation system or IDES. This was supposed to smooth the transition to civilian life by allowing injured servicemembers to find out what benefits they would get from each category before leaving the military.

But there have been a range of challenges, including logistical issues, staffing shortages, inadequate IT solutions, and concerns about the quality-of-life for servicemembers going through the process. Also, goals set by VA and DOD for customer satisfaction are not being met and some facilities are struggling to meet timeliness goals.

Nationwide, it is taking on average 394 days to complete the process, almost 100 days longer than the target; and at Camp Lejeune, it is taking on average 512 days. That is almost 1½ years. These delays and the impact they are having on our wounded servicemembers are a serious concern.

Overall, several years after instituting a coordinated effort to ensure we are taking care of our most severely wounded, ill, and injured servicemembers, issues still remain. All of this suggests that we need to take a serious look at whether these programs, as currently structured, are the best way to meet the needs of wounded servicemembers and their families.

Madam Chairman, as we move forward, I certainly look forward to working with you to ensure that the two Departments work as a team to see that wounded our servicemembers get the care, the services, the benefits they earn and need without hassles and without delays.

To our witnesses today, I commend you for the effort that both of you have made and encourage both the VA and the DOD to figure out what we need to move forward at a pace consistent with what I think we all share is in the best interest of these servicemen and women who we are here to serve. I thank the chair.

Chairman MURRAY. Thank you very much, Senator Burr.

I will turn it over to our Members for any opening statements if they wish to give them. We will begin with Senator Tester.

**STATEMENT OF HON. JON TESTER,
U.S. SENATOR FROM MONTANA**

Senator TESTER. I will be very quick, Madam Chair. I appreciate your remarks and I appreciate your holding this hearing with the Ranking Member.

I will just say thank you both for being here. This is critically important stuff.

Whether you are talking about employment or medical records or mental health counseling—the list goes on and on—we have an obligation. And quite frankly, I have been on this Committee now starting my fifth year; and you have a Committee here that is will-

ing to work with both the Department of Defense and VA to make things better for our veterans.

And, we have got a backlog, the VA has a huge backlog. I think the medical record issue is very, very important; and I think it falls on both the Department of Defense and VA to have a sense of urgency. Let us just put it that way.

Then we are seeing the employment numbers or should I say unemployment numbers, coming out on our veterans which are catastrophic in my opinion. The people who serve this country come home, and they cannot get a job.

So, the transition between DOD and VA needs some work, and I will just tell you both are quality individuals. I have worked with you before. You have some people around you who are very, very good. We have just got to get this fixed. I mean, we really do. Whatever we can do, and hopefully you have some suggestions on what maybe we can do as a Committee, what you need as individual agencies to move forward with the seamless transition in a way that makes sense in all areas because our veterans deserve no less. Thank you, Madam Chair.

Chairman MURRAY. Thank you.
Senator Isakson.

**STATEMENT OF HON. JOHNNY ISAKSON,
U.S. SENATOR FROM GEORGIA**

Senator ISAKSON. Thank you, Madam Chairman. I will be brief too. In fact, I will apologize, first. I have to walk out for about a 10-minute interview and I will be right back, because this is my number 1 issue on the Committee, as the Chairman knows. General Schumacher in Augustine, Georgia at Fort Gordon and the Charlie Norwood VA established the first seamless transition program for veterans leaving DOD and going into veterans health care. We have a lot of examples of the lives that were saved and the mental health improvement that soldiers have had from that, and I think we are going to hear some good news today on coordination and collaboration between DOD and Veterans Affairs. I appreciate both our Under Secretaries being willing to come and testify. If you all will pardon me, I will be back in 10 minutes to engage in questions and answers.

Thank you, Madam Chairman.
Chairman MURRAY. Thank you.
Senator Johanns.

**STATEMENT OF HON. MIKE JOHANNNS,
U.S. SENATOR FROM NEBRASKA**

Senator JOHANNNS. Madam Chair, thank you very much.
Gentlemen, thank you so much for being here.

The previous opening statements have really covered the bailiwick, if you will, so I do not have to say much. But there would be a couple of things that I would like to offer.

One is, we all acknowledge that processing time is just dismal. You look at the number of days, and it is discouraging. It is for us; I know it must be for you. So, I look at that and I ask myself a couple of things.

One is as benchmarks are established to see if we are actually improving the system; how are we doing in meeting those benchmarks in a couple of areas? One area is just the mechanics of getting things done. Do we have the right IT system in place? How far along are we in deploying it? Is it working? Are people getting the training they need to deal with it? So, it is the platform sorts of issues.

The second piece of it, though, is the human component. Are there offices that are just simply doing better and why are they doing better? If they have the same tools, the same resources, is it better leadership? Is it people that have received the training they need? Is it the fact that the positions that open up can be filled and so you do not have a problem there?

For example, in the mental health area, I think part of the problem we are running into is we just do not have the evaluators to move the cases to get them done. I would like to hear your reaction to that statement as to whether you think that is an issue too.

Again it just seems to me that if we could find some places where things are working—where cases are being processed, where the work is moving—and try to figure out what they are doing right there. It may unlock the door, if you will, to other areas of the country or other parts of the system that are not working as well.

I agree with Senator Tester. You know, you are quality people with unbelievable backgrounds. You are here for a reason, and my attitude is as a Member of this Committee is I want to try to do everything I can to support your efforts to deal with this issue because at the end of the day if we can reduce the number of days for processing, we benefit people who have served. And that is huge. I mean, that is why all of us want to be on this Committee, to try to improve the lives of people who have served.

With that I am anxious to hear your testimony and anxious to ask a few questions. Thank you.

Chairman MURRAY. Thank you.

Senator Boozman.

**STATEMENT OF HON. JOHN BOOZMAN,
U.S. SENATOR FROM ARKANSAS**

Senator BOOZMAN. Thank you, Madam Chair. I appreciate your leadership and the Ranking Member's in having the hearing. This is really very important. I too apologize. I am a Ranking Member on another Committee, and I am going to have to sneak out in a bit.

But I do appreciate both of you. I know that you are working really hard to resolve this. Not only are you working hard, but I know that this is also important to Secretary Gates, and Secretary Shinseki, you know, who are working hard to get this resolved.

We have got the problem not only of the problem with our wounded but also it makes it difficult for those in filling those slots when people are in limbo, and so that makes it difficult because we are running so lean and mean right now, you know, there are just lots of reasons that we need to get this done.

So, we do appreciate your hard work. I know that I and the rest of the Committee are committed in a very bipartisan way to help you in any way that we can, whether we need additional legislation

or additional prodding or whatever in order to get this done. So, thank you very much.

With that I yield back.

Chairman MURRAY. Thank you.

Today this Committee will hear from Deputy Secretary of Defense William Lynn, and from Deputy Secretary of Veterans Affairs, Scott Gould. Both deputy secretaries are co-chairman of the Senior Oversight Committee which is charged with supervising joint VA DOD initiatives.

So, we appreciate both of you being here this morning and look forward to your testimony, and I will turn it over to you two to decide who will begin.

STATEMENT OF THE HONORABLE W. SCOTT GOULD, DEPUTY SECRETARY OF U.S. DEPARTMENT OF VETERANS AFFAIRS

Mr. GOULD. Chairman Murray, thank you, and good morning, Ranking Member Burr when he steps back in, and Members of this Senate Veterans' Affairs Committee.

I am honored to be here today with my partner Deputy Secretary Bill Lynn to discuss the issues that you mentioned, and frankly, the progress being made by VA and DOD to meet the needs of our returning and injured servicemembers, and to report on the wide range of collaborative efforts that are ongoing between our two Departments.

I asked that my written statement be included in the record.

Chairman MURRAY. Both of your statements will be included.

Mr. GOULD. Thank you, ma'am.

VA and DOD are committed to providing a comprehensive continuum of care and benefits that optimizes the health and well being of servicemembers, veterans, and their eligible beneficiaries.

We have worked together closely for the past 2 years to ensure the smooth transition of servicemembers to veteran status. However, our Departments recognize that there is much more to do.

I would like to thank Deputy Secretary Lynn and all the dedicated staff at the Department of Defense for their hard work and commitment to our team.

The result of their work is a wide array of programs and initiatives aimed at improving this transition. The programs and initiatives address basically five areas of opportunity.

Outreach efforts focused on informing and attracting more servicemembers to our benefits and services programs. Clients customer service initiatives designed to improve their experience in all facets of our health and benefits programs. Health care services designed to improve physical and mental health. Benefit services that assist with education, employment and/or compensation. Finally, the management infrastructure that supports the exchange of health and benefit information between the servicemember, the veteran, DOD, the VA, and frankly, the private sector.

Collectively these initiatives are designed to make a complex array of benefits and services easier to access for the over 200,000 servicemembers and demobilizing Guard and Reservists that transition from active duty each year.

Today I would like to highlight three VA/DOD collaborative initiatives that we are currently using to assist transitioning servicemembers.

The first initiative is the DOD Yellow Ribbon program for mobilized members of the National Guard and Reserve. VA staff provides support at Yellow Ribbon events hosted by each of the services during the entire deployment cycle: beginning, middle, and end.

In fiscal year 2010, there were over 2,000 of these events attended by over 600,000 servicemembers and their families.

The second initiative changes the process through which wounded, ill, and injured servicemembers determine whether they will return to duty, medically retire, or leave the service with a VA disability. This new system is called the Integrated Disability Evaluation System or IDES.

IDES is a better system for the servicemember and veteran than the legacy DES system. Medically separating servicemembers no longer experience a pay gap and now have only one medical exam with one proposed disability rating.

IDES has also virtually eliminated the inconsistencies that often previously existed in disability ratings among the services and between the services and VA. A goal of IDES is to reduce the average processing time from 540 days, which it is today in the old system to 295 days while still respecting servicemember needs through the healing process.

Unfortunately, IDES currently runs alongside the old DES system. There are approximately 14,000 servicemembers in the old system and only 13,000 in the new system. This means that two servicemembers with identical injuries may go through different processes with different levels of convenience and responsiveness. We are committed to eliminating this inequity by implementing IDES nationwide by the end of this fiscal year.

Although the Departments have worked through many challenges to improve the IDES process, we are not fully satisfied, and we are working aggressively to address improvements. Secretary Gates and Secretary Shinseki are also personally involved in making additional process improvements to IDES.

Third, I would like to address the major strides we have made in sharing health and benefits data between our two Departments. Our objective is to ensure that appropriate health, administrative, and benefits information is visible, accessible, and understandable to all appropriate users through secure and interoperable information technology.

For the past several years, we have shared increasing amounts of health information. Our clinicians can now electronically access health information for almost 4,000,000 servicemembers and veterans at a rate of 96,000 views per week.

Chairman Murray, I would like to invite you and all of the Committee Members to Washington's VA medical center for a demonstration of our VA's electronic health record to see how it interfaces with DOD health data, and I think you all will be impressed.

Even though we already exchange data between DOD and VA, and 100 percent of servicemembers and veterans already have an electronic medical record, the systems are in need of moderniza-

tion. Recently the Secretaries formally agreed that our two Departments would work cooperatively toward a single joint common electronic health record. We call this effort the Integrated Electronic Health Record or IEHR.

We are currently developing detailed plans to achieve this complex goal. But once completed, the IEHR will be a national model for capturing, storing, and the sharing of electronic health information.

Last, as a measure of our collaborative efforts and the concerted outreach efforts we have taken to inform and to attract servicemembers and veterans to use the services and benefits they have earned, I would like to share with you the following statistics.

As of January 2011 over 50 percent of separated OIF, OEF, OND veterans have sought VA health care. And, as of May 1 of this year, 504,000 students were enrolled in college under the new G.I. Bill.

We believe these new statistics are a validation of our outreach efforts. I can assure you VA will not rest until all veterans receive the benefits and services for which they are eligible. We look forward to working with Congress and with this Committee to achieve that goal.

Chairman Murray, Ranking Member Burr, this concludes my statement. Deputy Secretary Lynn and I look forward to your questions.

[The prepared statement of Mr. Gould follows:]

PREPARED STATEMENT OF HON. W. SCOTT GOULD, DEPUTY SECRETARY,
U.S. DEPARTMENT OF VETERANS AFFAIRS

Chairman Murray, Ranking Member Burr, Members of the Senate Veterans' Affairs Committee, I am pleased to be here today to discuss the progress being made by the Department of Veterans Affairs (VA) and the Department of Defense (DOD) toward meeting the needs of returning and injured Servicemembers and to report on the wide range of VA and DOD collaboration that is ongoing between our two Departments. Secretary Lynn and I have worked together for the past 2 years to confront the major challenges before us. Our goal is to ensure the Servicemembers' transition between VA and DOD is as smooth as possible and honors the enormous commitment they have made to the country and we have made to them as Veterans. Our Departments understand that we are responsible for the same men and women at different times of their lives and that together our Departments can help improve their transition experience as they move from one stage to the next. Since VA last testified before this Committee on VA/DOD collaboration efforts in 2008 we have made significant progress improving the transition process from military to civilian life, as well as enhancing the collaboration that exists between VA and DOD.

MAJOR INITIATIVES AND IMPROVEMENTS

The two Departments continue to drive toward providing a comprehensive continuum of care to optimize the health and well being of Servicemembers, Veterans, and their eligible beneficiaries. Our joint efforts to provide a "single system" experience of life-time services are supported by three common goals: 1) efficiencies of operations; 2) health care; and 3) benefits. The goal of efficiencies of operations describes the Department's efforts to reduce duplication and increase cost savings through joint planning and resource sharing. Our health care goal is a patient-centered health care system that consistently delivers excellent quality, access, and value across the Departments. We also strive to anticipate and address Servicemember, Veteran, and family needs through an integrated approach to delivering comprehensive benefits and services. I will describe the significant VA/DOD collaborative initiatives and programs to achieve these goals. In addition, I will also highlight outreach activities that complement these efforts.

VA and DOD collaboration is governed by two oversight bodies co-chaired at our level called: the Senior Oversight Committee (SOC) and the Joint Executive Council

(JEC). As you know, the SOC was created in May 2007 in response to issues raised at the Walter Reed Army Medical Center. Since its inception, the SOC has served as the single point of contact for oversight, strategy, and integration of wounded, ill, and injured (WII) policies by DOD and VA. These efforts are coordinated to improve Servicemember and Veteran support throughout their recovery, rehabilitation, and reintegration to the Armed Forces and/or civilian life. As the co-chairs of the SOC, Deputy Secretary Lynn and I work together to keep the momentum going on this important work. While the SOC primarily focuses on WII issues, some objectives and initiatives overlap with broader DOD personnel and readiness issues and are, therefore, monitored by the VA/DOD JEC that I co-chair with Under Secretary of Defense for Personnel and Readiness, Dr. Clifford Stanley.

The JEC provides senior leadership for the more expansive issues of collaboration and resource sharing between VA and DOD. The JEC directs appropriate resources and expertise to specific operational areas through its sub-councils, the Health Executive Council (HEC) and the Benefits Executive Council (BEC), and the Interagency Program Office (IPO) and several Independent Working Groups (IWGs). The JEC is also responsible for the preparation of the VA/DOD Annual Report and the VA/DOD Joint Strategic Plan (JSP) that is submitted to this Committee.

The JSP is the primary document through which the Secretaries of the Departments convey the coordination and sharing efforts between the two Departments. The JSP allows VA and DOD to guide and track the progress of interagency collaborative efforts to improve on the delivery of comprehensive benefits, provide patient-centered health care, and deliver effective and efficient delivery of benefits and services. While the JSP is managed by the JEC, it is a multifaceted document that encompasses a wide range of VA/DOD initiatives, some of which are also monitored and tracked in the SOC. Specific SOC initiatives documented in the JSP include the Federal Recovery Coordination Program (FRCP), Integrated Disability Evaluation System (IDES), Integrated Mental Health Strategy (IMHS), Centers of Excellence, and eBenefits. Whereas the SOC focuses on the WII population, the JEC serves as the permanent oversight body for the broad VA/DOD issues affecting all Servicemembers and Veterans.

Many initiatives originating in the SOC are now institutionalized and tracked in the JEC. For example, the SOC aggressively pursued the development of the IMHS to immediately address the growing mental health needs of the WII and their families. After the strategy was approved by the SOC in October, 2010 we transferred it to the HEC under the JEC for permanent oversight and implementation. Similarly, the issue of credentialing and privileging of providers was initially examined in the SOC and transferred to the HEC for permanent oversight and management.

EFFICIENCIES OF OPERATIONS

VA and DOD continue to leverage opportunities to create efficiencies by improving resource and information sharing and enhancing the coordination of business practices through joint planning. Some of these joint initiatives include: data sharing; the Integrated Disability Evaluation System (IDES); the VA/DOD Federal Recovery Care Program (FRCP); and the James A. Lovell Federal Health Care Center (JALFHCC).

Data Sharing Between the Departments of Defense and Veterans Affairs

In the last 2 years, we have made major strides in sharing health and benefits data between our two Departments, and made significant progress toward our long-term goal of seamless data sharing systems. Our objective is to ensure that appropriate health, administrative, and benefits information is visible, accessible, and understandable through secure and interoperable information technology to all appropriate users. For the past several years, we have shared increasing amounts of health information to support clinicians involved in providing day-to-day health care for Veterans and Servicemembers. Our clinicians can now access health information for almost four million Veterans and Servicemembers between our health information systems. Veterans and Servicemembers are able to access increasing amounts of personal health information from home or work sites through our "Blue Button" technology, using VA and DOD secure Web sites.

For the last 2 years, we have worked together on a Virtual Lifetime Electronic Record (VLER). This project takes a phased approach to sharing health and benefits data to a broader audience, including private health clinicians involved in Veteran/Servicemember care, benefits adjudicators, family members, care coordinators, and other caregivers. We are in the first phase of this project, with five operational "pilot" sites where we are sharing health information between VA, DOD, and private sector health providers.

More recently, Secretary Gates and Secretary Shinseki formally agreed that our two Departments would work cooperatively toward a common electronic health record. We call this effort the “integrated Electronic Health Record,” or iEHR. As I speak to you today, our functional and technical experts are meeting to develop and draft detailed plans on executing an overall concept of operations that the two Secretaries will utilize to determine the best approach to achieving this complex goal. Once completed, the iEHR will be a national model for capturing, storing, and sharing electronic health information.

James A. Lovell Federal Health Care Center

The James A. Lovell Federal Health Care Center (JALFHCC) demonstration project is the culmination of over 5 years of collaboration between VA and DOD. The JALFHCC combines the missions of the Naval Health Clinic (NHC) Great Lakes and the North Chicago VA Medical Center. The JALFHCC is the first clinically and administratively integrated facility of its kind in the Nation, highlighted by a single governance structure covering personnel, IM/IT and financial integration. The facility serves both VA and DOD beneficiaries as an integrated entity. The JALFHCC demonstration project held a dedication ceremony on October 1, 2010.

Integrated Disability Evaluation System

In early 2007, VA partnered with DOD to make changes to the DOD’s existing Disability Evaluation System (DES). A modified process called the VA/DOD DES Pilot Model was launched in November 2007, and was intended to simplify and increase the transparency of the DES process for the Servicemember while reducing the processing time and improving the consistency of ratings for those who are ultimately medically separated. VA/DOD implemented the pilot in response to the issues raised at the Walter Reed Army Medical Center concerning the DOD Disability process in February, 2007, and the subsequent findings of many commissions, studies and reports. The pilot addressed recommendations that could be implemented without legislative change. Authorization for the pilot was included in the National Defense Authorization Act 2008 and further energized our efforts for improving DOD’s DES.

From the outset, the Departments recognized that the VA/DOD DES Pilot Model was preceded by an outdated DOD legacy process that was, in some cases, cumbersome and redundant. The DES Pilot Model was launched originally as a joint VA/DOD process at three operational sites in the National Capital Region (NCR) and was recognized as a significant improvement over the legacy process. As a result, and to extend the benefits of the Pilot Model to more Servicemembers, VA and DOD expanded the Pilot. The DES Pilot Model started in the fall of 2007 with the original three pilot sites in the NCR and ended in March 2010, covering 27 sites and 47 percent of the DES population. In July 2010, the co-chairs of the SOC agreed to adopt the pilot process as the standard business practice, expand the pilot, and rename it the Integrated Disability Evaluation System (IDES). Senior leadership of VA, the Services, and the Joint Chiefs of Staff strongly supported this plan and the need to expand the benefits of this improved DES Pilot Model to all Servicemembers. VA and DOD are now working together to complete the final 50 percent of the system. As a result, in October, 2010 we started the transition from the existing legacy DES to IDES using the DES Pilot Model process. Currently there are 78 IDES sites operational nationwide (which includes the original 27 Pilot Model sites) representing 74 percent of the population. When fully implemented in October 2011, there will be a total of 139 IDES sites.

Through the implementation of IDES, the Departments have created a more transparent, consistent, and expeditious disability evaluation process for Servicemembers being medically retired or separated from military service and provide a more effective transition as they move from DOD to VA. We believe that through the implementation of the DES Pilot Model we have largely achieved that goal. In contrast to the DES legacy process, IDES provides a single disability examination and a single-source disability rating that both Departments use in executing their respective responsibilities. This results in more consistent evaluations, faster decisions, and timely benefits delivery for those medically retired or separated. IDES has enhanced all non-clinical care, administrative activities, case management, and counseling requirements associated with disability case processing. As a result, VA can deliver benefits in the shortest period allowed by law following discharge, thus eliminating the “pay gap” that previously existed under the legacy process, i.e., the lag time between a Servicemember separating from DOD due to disability and receiving his or her first VA disability payment.

IDES has also eliminated much of the sequential and duplicative processes found in the legacy system. Since the beginning of the pilot, over 5,800 Servicemembers

have completely transitioned from referral into IDES to Veteran status. As of April 30, 2011 there were 13,762 active cases in the IDES process. Prior to the roll out of IDES, it took an average of 540 days for the VA and DOD processes to be completed. Now under IDES the goal is to complete the process within 295 days, while simultaneously shortening the period until the delivery of VA disability benefits after separation from an average of 166 days to approximately 30 days (the shortest period allowed by law).

Despite the overall reduction in combined processing time achieved to date, there remains room for significant improvement in IDES execution. VA and DOD recognized that as we expanded outside of the NCR, we did not have robust business processes in place to certify each site's preparedness before it became operational. Through our analysis of lessons learned, we have developed Initial Operating Capability (IOC) readiness criteria that ensure that future sites are operationally ready for IDES. For a site to be deemed ready it must: 1) provide adequate exam coverage through either the Veterans Health Administration (VHA), Veterans Benefits Administration (VBA) contracted services, or DOD; 2) have sufficient space and equipment for VA and DOD personnel; 3) meet VA information technology requirements; and 4) have local staff who have completed IDES training. If any of these criteria are not met, then the site is not considered certified to implement IDES.

VA and DOD have hosted three joint training/planning conferences to set the stage for the roll-out of IDES sites. The conferences have resulted in improved communications between VA and DOD at each site, individual site assessment analyses and evaluations, and development of joint local plans to meet IOC requirements.

As the Departments continue to move forward, we are aware of the concerns and recommendations of the Government Accountability Office (GAO) in its December 2010 report entitled "Military and Veterans Disability System: Pilot has Achieved Some Goals but Further Planning and Monitoring Needed." VA and DOD agreed with the GAO recommendations and we are currently acting on those recommendations.

VA and DOD are committed to supporting our Nation's wounded, ill, and injured warriors and Veterans through an improved IDES. We recognize the requirement to continually evaluate and improve the process, and are constantly working toward that end.

Federal Recovery Coordination Program (FRCP)

In October 2007, the SOC established FRCP as a VA-administered program with joint oversight by VA and DOD. It is designed to coordinate access to Federal, state, and local programs, benefits, and services for severely wounded, ill, and injured Servicemembers, Veterans, and their families. The SOC maintains oversight of the FRCP. The program was specifically charged with providing seamless support from the time a Servicemember arrived at the initial Medical Treatment Facility in the United States through the duration of care and rehabilitation. Services are now provided through recovery, rehabilitation, and reintegration into the community. Federal Recovery Coordinators (FRC) are Masters-prepared nurses and clinical social workers who provide for all aspects of care coordination, both clinical and non-clinical. FRCs are located at both VA and DOD facilities.

FRCs work together with other programs designed to serve the wounded, ill, and injured population including clinical case managers and non-clinical care coordinators. FRCs are unique in that they provide their clients a single point of contact regardless of where they are located, where they receive their care, and regardless of whether they remain on Active Duty or transition to Veteran status.

FRCs assist clients in the development of a Federal Individual Recovery Plan and ensure that resources are available, as appropriate, to assist clients in achieving stated goals. More than 1,300 clients have participated in the FRC program since its inception in 2008. Currently, FRCP has more than 700 active clients in various stages of recovery. There are currently 22 FRCs with an average caseload of 33 clients. A satisfaction survey conducted in 2010 reported that 80 percent of FRCP clients were satisfied or very satisfied with the program.

National Resource Directory

Also established by the SOC, the National Resource Directory (NRD) is a comprehensive, Web-based portal that provides Wounded Warriors, Servicemembers, Veterans, and their families with access to thousands of resources to support recovery, rehabilitation, and reintegration. NRD is a collaborative effort between the U.S. Departments of Defense, Labor, and Veterans Affairs and has more than 13,000 Federal, state and local resources which are searchable by topic or location. NRD's success has resulted in more than 3,000 visitors per day to the Web site. NRD is continuously improving and implementing enhancements to the Web site that were

identified by recent usability testing. In April 2011, the NRD launched a mobile version of the Web site.

HEALTH CARE

VA and DOD are committed to working together to improve the access, quality, effectiveness, and efficiency of health care for Servicemembers, Veterans and their beneficiaries. Some of our cooperative efforts include the Integrated Mental Health Strategy (IMHS), suicide prevention programs, Polytrauma and Traumatic Brain Injury (TBI) care, Centers of Excellence, Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) Care Management/Coordinators, VA's liaisons for health care, and joint efforts to address toxic exposures/environmental hazards.

Integrated Mental Health Strategy

The development of the IMHS was a major focus of the SOC in FY 2010 and was finally approved in October 2010. Oversight of the program was then transferred to the Health Executive Council (HEC) under the JEC and the implementation of the strategy was approved at the November 8, 2010 HEC. The IMHS was developed in order to address the growing population of Servicemembers and Veterans with mental health needs. Mental health care provides unique challenges for the two organizations with separate missions in that they serve the same population, but at different times in their lives and careers. As such, the IMHS centers on a coordinated public health model to improve the access, quality, effectiveness, and efficiency of mental health services. Recipients of these services include Active Duty Servicemembers, National Guard and Reserve Component members, Veterans, and their families.

The IMHS derives from joint efforts in 2009 and 2010 between VA and DOD subject matter experts, which included the DOD/VA Mental Health Summit. The Strategy is defined by 28 Strategic Actions which fall under the following four strategic goals: 1) Expand access to behavioral health care in DOD and VA; 2) Ensure quality and continuity of care across the Departments for Servicemembers, Veterans, and their families; 3) Advance care through community partnership and education and reduce stigma through successful public communication and use of innovative technological approaches; and 4) Promote resilience and build better behavioral health care systems for tomorrow.

This collaboration is providing unique opportunities to coordinate our mental health efforts across the two Departments, for the benefit of all of our Servicemembers and Veterans.

Suicide Prevention/ Veterans Crisis Line

The VA Suicide Prevention Program is based on the concept of ready access to high quality Mental Health Care and other services. The Suicide Prevention network of Suicide Prevention Coordinators and Care Managers is based at every Medical Center and at very large Community Based Clinics across the country and provides a wide array of services, tracking, monitoring, and outreach activities. All Suicide Prevention Program elements are shared with the DOD and a conference is held annually to encourage use of all strategies across both Departments including products and educational materials. One of the main mechanisms to access this enhanced level of care provided to our high risk patients is through the Veterans Crisis Line. The Crisis Line is located in Canandaigua, New York, and partners with the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Suicide Prevention Lifeline. All calls from Veterans, Servicemembers, families, and friends calling about Veterans or Servicemembers are routed to the Veterans Crisis Line. The call center started in July 2007 and the Veterans Chat Service was started in July 2009. To date the call center has:

- Received over 400,000 calls;
- Initiated over 14,000 rescues;
- Referred over 53,000 Veterans to local Suicide Prevention Coordinators for same day or next day services;
- Answered calls from over 5,000 Active Duty Servicemembers;
- Responded to over 15,000 chats;

The call center is responsible for an average of 300 admissions a month to VA health care facilities and 150 new enrollments a month for VA health care.

VA/DOD Collaborations for Polytrauma/Traumatic Brain Injury (TBI)

VA and DOD share a longstanding integrated collaboration in the area of TBI. Providing world-class medical and rehabilitation services for Veterans and Servicemembers with TBI and polytrauma is one of VA's highest priorities. Since 1992, VA

and the Defense and Veterans Brain Injury Center (DVBIC) have been integrated at VA Polytrauma Rehabilitation Centers (PRC), formerly known as Lead TBI Centers, to collect and coordinate surveillance of long-term treatment outcomes for patients with TBI. From this collaboration, VA expanded services to establish the VA Polytrauma/TBI System of Care to provide specialty rehabilitation care for complex injuries and TBI.

Today, this system of care spans more than 100 VA medical centers to create points of access along a continuum, and integrates comprehensive clinical rehabilitative services, including: treatment by interdisciplinary teams of rehabilitation specialists; specialty care management; patient and family education and training; psychosocial support; and advanced rehabilitation and prosthetic technologies. In addition to specialty services, Veterans and Servicemembers recovering from TBI receive comprehensive treatment from clinical programs involved in post-combat care including: Primary Care, Mental Health, Social Work and Care Coordination, Extended Care, Prosthetics, Telehealth, and others.

VA's provision of evidence-based medical and rehabilitation care is supported through a system-wide collaboration with the Commission on Accreditation of Rehabilitation Facilities to achieve and maintain national accreditation for VA rehabilitation programs. Collaboration with the National Institute on Disability and Rehabilitation Research TBI Model Systems Project enables VA to collect and benchmark VA rehabilitation and longitudinal outcomes with those from other national TBI Model Systems rehabilitation centers. With clinical and research outcomes that rival those of academic, private sector, and DOD facilities, VA leads the medical and scientific communities in the area of TBI and polytrauma rehabilitation.

Since April 2007, VA has screened more than 500,000 Veterans from Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) entering the VA health care system for possible TBI. Patients who screen positive are referred for comprehensive evaluation by a specialty team, and are referred for appropriate care and services. An individualized rehabilitation and community reintegration plan of care is developed for patients receiving ongoing rehabilitation treatment for TBI. Veterans who are screened and report current symptoms are evaluated, referred, and treated as appropriate.

Additionally, 1,969 Veterans and Servicemembers with more severe TBI and extensive, multiple injuries were inpatients in one of the specialized VA Polytrauma Rehabilitation Centers between March 2003 and December 2010. VA and DOD collaborations in the area of TBI include: developing collaborative clinical research protocols; developing and implementing best clinical practices for TBI; developing materials for families and caregivers of Veterans with TBI; developing integrated education and training curriculum on TBI for joint training of VA and DOD health care providers; and coordinating the development of the best strategies and policies regarding TBI for implementation by VA and DOD.

Recent initiatives that have resulted from the ongoing collaboration between VA and DOD include:

- Development and deployment of joint DOD/VA clinical practice guidelines for care of mild TBI;
- A uniform training curriculum for family members in providing care and assistance to Servicemembers and Veterans with TBI (“Traumatic Brain Injury: A Guide for Caregivers of Servicemembers and Veterans”);
- Implementing the Congressionally-mandated 5-year pilot program to assess the effectiveness of providing assisted living services to Veterans with TBI;
- Integrated TBI education and training curriculum for VA and DOD health care providers (DVBIC);
- Revisions to the International Classification of Diseases, Clinical Modification (ICD-9-CM) diagnostic codes for TBI, resulting in improvements in identification, classification, tracking, and reporting of TBI;
- Collaborative clinical research protocols investigating the efficacy of various TBI treatments; and
- Development of the protocol used by the Emerging Consciousness care path at the four PRCs to serve those Veterans with severe TBI who are slow to recover consciousness.

VA Liaisons for Health Care

VA has a system in place to transition severely ill and injured Servicemembers from DOD to VA's system of care. Typically, a severely injured Servicemember returns from theater and is sent to a military treatment facility (MTF) where he/she is medically stabilized. A key component of transitioning these injured and ill Servicemembers and Veterans are the VA Liaisons for Health Care, who are either social workers or nurses strategically placed in MTFs with concentrations of recov-

ering Servicemembers returning from Iraq and Afghanistan. After initially having started with 1 VA Liaison at 2 MTFs, VA now has 33 VA Liaisons for Health Care stationed at 18 MTFs to transition ill and injured Servicemembers from DOD to the VA system of care. VA Liaisons facilitate the transfer of Servicemembers and Veterans from the MTF to the VA healthcare facility closest to their home or the most appropriate facility that specializes in services that their medical condition requires.

VA Liaisons are co-located with DOD Case Managers at MTFs and provide onsite consultation and collaboration regarding VA resources and treatment options. VA Liaisons educate Servicemembers and their families about VA's system of care, coordinate the Servicemember's initial registration with VA, and secure outpatient appointments or inpatient transfer to a VA health care facility as appropriate. VA Liaisons make early connections with Servicemembers and families to begin building a positive relationship with VA. VA Liaisons coordinated 7,150 referrals for health care and provided over 26,825 professional consultations in fiscal year 2010.

VHA OEF/OIF/OND Care Management

As Servicemembers recover from their injuries and reintegrate into the community, VHA works closely with FRCs and DOD case managers and treatment teams to ensure the continuity of care. Each VA Medical Center has an OEF/OIF/OND Care Management team in place to coordinate patient care activities and ensure that Servicemembers and Veterans are receiving patient-centered, integrated care and benefits. Members of the OEF/OIF/OND Care Management team include: a Program Manager, Clinical Case Managers, and a Transition Patient Advocate (TPA). The Program Manager, who is either a nurse or social worker, has overall administrative and clinical responsibility for the team and ensures that all OEF/OIF/OND Veterans are screened for case management. Clinical Case Managers, who are either nurses or social workers, coordinate patient care activities and ensure that all clinicians providing care to the patient are doing so in a cohesive and integrated manner. The severely injured OEF/OIF/OND Veterans are automatically provided with a Clinical Case Manager while others may be assigned a Clinical Case Manager if determined necessary by a positive screening or upon request. The TPA helps the Veteran and family navigate the VA system by acting as a communicator, facilitator, and problem solver. VA Clinical Case Managers maintain regular contact with Veterans and their families to provide support and assistance to address any health care and psychosocial needs that arise.

The OEF/OIF/OND Care Management program now serves over 54,000 Servicemembers and Veterans including over 6,300 who have been severely injured. The current caseload each OEF/OIF/OND case manager is managing on a regular basis is 54. In addition, they provide lifetime case management for another 70 Veterans by maintaining contact once or twice per year to assess their condition and needs. This is a practical caseload ratio based on the acuity and population at each VA health care facility.

VA developed and implemented the Care Management Tracking and Reporting Application (CMTRA), a Web-based application designed to track all OEF/OIF/OND Servicemembers and Veterans receiving care management. This robust tracking system allows clinical case managers to specify a case management plan for each Veteran and to coordinate with specialty case managers such as Polytrauma Case Managers, Spinal Cord Injury Case Managers, and others. CMTRA management reports are critical in monitoring the quality of care management activities throughout VHA.

OEF/OIF/OND Care Management team members actively support outreach events in the community, and also make presentations to community partners, Veterans Service Organizations, colleges, employment agencies, and others to collaborate in providing services and connecting with returning Servicemembers and Veterans.

Caregiver Support

Caregivers are a valuable resource providing physical, emotional, and other support to seriously injured Veterans and Servicemembers, making it possible for them to remain in their homes. Recognizing the importance of providing support and services to the caregivers of certain Veterans and Servicemembers who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, the new Caregivers and Veterans Omnibus Health Services Act of 2010, signed into law by President Obama on May 5, 2010, enhances existing services for caregivers of Veterans who are currently enrolled in VA care. It also provides unprecedented new benefits and services to family caregivers who care for certain eligible Veterans and Servicemembers undergoing medical discharge who have a serious injury that was incurred or aggravated in the line of duty on or after September 11, 2001 and who are in need of personal care services. These new benefits, which are being imple-

mented through an Interim Final Rule published earlier this month, include, for designated primary family caregivers of eligible Veterans and Servicemembers, a stipend, mental health services, and health care coverage if the primary family caregiver is not otherwise entitled to care or services under a health-plan contract.

Starting in May 2011, we will begin to roll out these services and process applications to ensure delivery of benefits within the next few months. VA already offers a range of benefits and services that support Veterans and their family caregivers. These include such things as in-home care, specialized education and training, respite care, equipment and home and automobile modification, and financial assistance for eligible Veterans. VA is enhancing its current services and developing a comprehensive National Caregiver Support Program with a prevention and wellness focus that includes the use of evidence-based training and support services for caregivers. VA has designated Caregiver Support Coordinators at each VA Medical Center to serve as the clinical experts on caregiver issues; these Coordinators are most familiar with the VA and non-VA support resources that are available. VA has a Caregiver Support Web site (www.caregiver.va.gov) and Caregiver Support Line (1-855-260-3274) which provides a wealth of information and resources for Veterans, families, and the general public.

Toxic Exposures

VA and DOD are also working very closely together on toxic exposure issues. The DOD/VA Deployment Health Working Group (DHWG) under the JEC coordinates VA and DOD responses to toxic environmental exposures, such as exposures to burn pit smoke in Iraq and Afghanistan and to contaminated drinking water at Camp Lejeune. The DHWG facilitates interagency collaboration on surveillance of the potential health effects of environmental exposures, and coordinates communications to ensure consistency between DOD and VA.

VA recognizes that the past methods of assessing specific hazardous exposures for links to adverse health outcomes has its limitations in that other important associations between deployment and adverse health outcomes may not be identified. As a result, VA is planning to expand upon current deployment-specific longitudinal cohort studies of Veterans who were deployed using non-deployed and non-Veteran comparison groups. The intent is to track, observe, compare, and analyze health outcomes in each group over time. This approach allows for examination of differences in health outcomes between those who were deployed to a combat theater of operations with those who were not deployed. An advantage of these studies is that they allow for a determination of the contribution of deployment to adverse health effects, as well as the examination of possible associations between potential environmental exposures and adverse health effects.

In addition, VA recognizes the need to collaborate with DOD, to plan for future studies of deployed personnel from the time of deployment through the life span of all deployed Veterans. These studies would involve a cohort of deployed personnel, and non-deployed personnel and non-Veterans for purposes of comparison. This approach would allow for the examination of differences in all health outcomes and allow for the attribution of possible adverse health effects that may have resulted from a specific assignment or deployment. VA is currently evaluating opportunities for such studies.

Camp Lejeune

From the 1950s through the mid-1980s, persons residing or working at the U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to drinking water contaminated with volatile organic compounds (including industrial solvents and benzene from underground storage tanks). VA takes the health concerns of Veterans and their family members who were stationed at Camp Lejeune during this period very seriously. To provide fair and consistent decisions based on service during the period of potential exposure, VA has centralized Camp Lejeune-related claims processing at its Louisville, Kentucky, Regional Office.

The Agency for Toxic Substances and Disease Registry (ATSDR) is conducting ongoing research related to the potential exposures. Current ATSDR research is concentrating on refining hydrological modeling to determine the extent of benzene contamination. This information will then be used along with results from ongoing population studies to determine if the potentially exposed population at Camp Lejeune has experienced an increase in adverse health effects such as birth defects, cancers, and mortality. VA will closely monitor this research and will quickly consider the findings and take appropriate action. In addition, VA will support these studies by acting on ATSDR requests to confirm specific Veteran's health issues. VA representatives regularly attend the quarterly Community Action Panel meetings hosted by

ATSDR. This fosters a close working relationship between ATSDR and VA and allows the Department to stay current with current research efforts.

Burn Pits

VA is very concerned about any potential adverse health effects among Veterans as a result of exposure to toxins possibly produced by burn pits. VA has asked the Institute of Medicine (IOM) to review the literature on the health effects of such exposures. While it is possible some Veterans could experience health problems related to exposures to toxins possibly produced by burn pits, the extent of the impact on health is unknown at this time. IOM's examination of the scientific literature related to the burn pits in Iraq and Afghanistan also will determine what substances were burned in the pits and what byproducts were produced. We expect this study to be completed by early 2012. Other VA actions to address this issue include education of clinical providers and researchers. Experts from VA have provided several environmental exposure workshops to Compensation and Pension examiners, Environmental Health Coordinators, and primary care providers. These workshops address exposures to burn pits, oil fires, and sand and dust. VA researchers are collaborating with DOD and non-governmental experts in designing pulmonary research that will help answer questions in this important area.

CENTERS OF EXCELLENCE

The Departments have established several collaborative Centers of Excellence.

DOD Center of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)

In addition to the longstanding affiliation with DVVIC, VA collaborated to help DOD develop and establish the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. While DOD has lead Agency responsibility for this Center, with operational oversight assigned to the Assistant Secretary of Defense for Health Affairs ASD(HA), VA provides three staff members to DCoE: the Deputy Director for the DCoE, and two VA Senior Consultant/Liaison subject matter experts—one for TBI (from Office of Rehabilitation Services), and one for psychological health (from Office of Mental Health Services). VA staff members work closely within the DCoE, and their input is highly regarded for all policy recommendations related to TBI and Psychological Health, both within VA and DOD.

DOD Vision Center of Excellence (VCE)

DOD has lead Agency responsibility for this Center, and has assigned operational oversight to the Navy. In September 2010, a contract was awarded for the DOD/VA Vision Registry Pilot. The development of the registry pilot is currently in the test phase with linkages to the VA Data Store expected in the fourth quarter of FY 2011. Once proof of concept of the registry development is validated, the next phase will be to establish the registry as a program and system of record for full implementation. The Registry is being designed to interface with the electronic health records of VA and DOD, including iEHR, and other registries containing information about patient outcomes related to injuries that impact vision care and rehabilitation. The Vision Registry will be the first capability to combine VA and DOD clinical information into a single data repository for tracking patients and assessing longitudinal outcomes.

Located in the National Capital Region, the VCE receives operational support from the Navy, and from the Office of Patient Care Services within VA. Currently, the VCE has a total of 13 permanent government employees (2 military, 6 DOD civilian, and 5 VA civilian employees).

DOD Hearing Center of Excellence (HCE)

The HCE continues to work toward achieving initial operating capability. DOD has lead Agency responsibility for this Center, and has assigned operational oversight to the Air Force. The primary focus of this Center is to implement a comprehensive plan and strategy for a registry for hearing loss and auditory injuries. VA will have access to the registry and the ability to add pertinent information regarding outcomes for Veterans who subsequently receive treatment through VA. The draft functional requirements for a Hearing Loss and Auditory System Injury Registry have been established to identify, capture, and longitudinally manage auditory injury data. Establishing and resourcing the Registry and clinical electronic network will help to prioritize joint collaborations for prevention and health care to improve outcomes for Servicemembers and Veterans with hearing loss and auditory disorders.

An interim director for the HCE has been appointed and a working group of subject matter experts (SME) representing each Military Department and VA was es-

tablished. The HCE operational plan, facility planning and staffing documents, Registry implementation plan, and proposed budget are pending approval by DOD.

DOD/VA Extremity and Amputation Center of Excellence (EACE)

This DOD Center of Excellence was legislatively mandated to be “jointly” established by DOD and VA. The Deputy Secretary of Defense signed a Memorandum that established the Traumatic Extremity Injuries and Amputations Center of Excellence, and assigned operational oversight to the Army Surgeon General. A joint Memorandum of Understanding (MOU) for establishment of the Center was signed by the Assistant Secretary of Defense for Health Affairs (ASD (HA)) and Under Secretary of Health (VA) on August 18, 2010. A primary focus of this CoE will be to conduct research; there is no requirement for an associated Registry. VA and DOD have continued joint collaboration to meet the responsibility to perform basic, translational, and clinical research to develop scientific information. Continued focus will be on research efforts aimed at saving injured extremities, avoiding amputations, and preserving and restoring function of injured extremities.

A working group comprised of representatives from the Services, VA, and Health Affairs has developed the concept of operations for the structure, mission and goals for the Center. Pending final approval by DOD, this plan will be sent to VHA for review and concurrence. Location of this CoE is yet to be determined. A small administrative staff and team of researchers are planned for this CoE; less than 25 total staff, of which four to six are being requested from VA.

Funding for the EACE in FY 2011 has been identified, and is being provided through the US Army Office of the Surgeon General. An interim director for the CoE has been appointed, and a working group of SMEs representing each Military Department and VA has been established.

BENEFITS AND SERVICES

Benefits Delivery at Discharge (BDD) and Quick Start

The BDD and Quick Start programs are elements of the Veterans Benefits Administration’s (VBA) strategy to provide transitional assistance to separating or retiring Servicemembers and engage Servicemembers in the claims process prior to discharge. A pre-discharge claim is any claim received from a Servicemember prior to release from active duty. VBA’s goal is to ensure that each and every Servicemember separating or retiring from active duty who wishes to file a claim with VA for service-connected disability benefits will receive assistance in doing so.

Participation in the BDD program is open to Servicemembers who are within 60 to 180 days of being released from active duty and who are able to report for a VA examination prior to discharge. BDD’s single cooperative examination process meets the requirements of a military separation examination and a VA disability rating examination. There are currently 96 BDD memoranda of understanding (MOU) covering the 131 military installations throughout the Continental United States, Germany, Italy, Portugal, the Azores, and Korea. The MOUs facilitate the collaboration between local VA Regional Offices (VARO) and local military installations by streamlining processing of pre-discharge claims. The BDD program goal is to provide disability compensation benefits within 60 days of discharge or retirement from active duty. The national average for processing is 92.3 days.

VA introduced the “Quick Start” pre-discharge claims process in July 2008. This provides Servicemembers within 59 days of separation, or Servicemembers within 60–180 days of separation who are unable to complete all required examinations prior to leaving the point of separation, to be assisted in filing their disability claim. Since 2010, the VAROs in San Diego and Winston-Salem process all Quick Start claims. In FY 2010, there were 54,733 claims received at MOU sites. VA and DOD are collaborating to improve the marketing and awareness strategies to increase participation in both programs.

Military Service Coordinators (MSC)

MSCs are located at key MTFs and VA medical facilities to meet with every injured OEF/OIF/OND Servicemember when medically appropriate. MSCs educate Servicemembers regarding VA benefits and services as well as additional benefits such as Social Security. MSCs assist Servicemembers and Veterans in completing benefits claims and gathering supporting evidence to facilitate expedited processing. VBA has approximately 120 MSCs providing benefits information and assistance in support of approximately 250 military installations.

VBA OEF/OIF/OND Case Managers

VBA places a high priority on ensuring the timely delivery of benefits to Servicemembers and Veterans seriously injured in OEF/OIF/OND. Each VARO has a dedi-

cated OEF/OIF/OND case manager who is responsible for overseeing the OEF/OIF/OND workload and outreach initiatives. The case manager's responsibilities include working closely with National Guard and Reserve units to obtain medical records and coordinating with VHA case managers for expedited medical examinations.

VBA OEF/OIF/OND case managers work with MTFs to ensure timely VA notification of new OEF/OIF/OND casualty arrivals and schedule inpatient visits by VA representatives. VARO and MTF staffs coordinate procedures at the local level.

VARO employees contact Servicemembers as quickly as possible to provide claims assistance and complete information on all VA benefits. Some benefits, such as home and automobile adaptation grants and vocational rehabilitation benefits, may be used prior to a Servicemembers' release from active duty.

VA OUTREACH

Social Media (OPIA)

VA has worked with DOD on a number of social media efforts including Facebook, Twitter, and a VA blog to post information relevant to newly separated Veterans. VA launched a Facebook page and Twitter feed aimed at returning Servicemembers that now has 110,000 subscribers and 16,000 followers, respectively. Since early 2010, VA has made a deliberate and concerted effort to reach new Veterans in their own communities through dozens of active VA medical centers on Facebook and Twitter. Currently, 84 of 152 VA medical centers operate Facebook pages and 45 operate Twitter feeds which keep Veterans informed and aware of events, changes, and tips for obtaining VA benefits. For example, VA uses both online resources to continually remind Veterans about the extension of retroactive stop-loss special pay. Additionally, VA recently shared information about the new Post Traumatic Stress Disorder (PTSD) application on its blog. The medical centers reach a combined audience of over 37,000 Veterans and their family members annually. eBenefits

The eBenefits online Web-portal is a joint VA and DOD service that provides resources and self-service capabilities to Servicemembers and Veterans with a single sign-on. eBenefits is evolving as a "one-stop shop" for benefit applications, benefits information, and access to personal information. VA and DOD collaborate in quarterly releases to provide users with new self-service features. Servicemembers and Veterans can access official military personnel documents and generate civil service preference letters using the portal. Additional features allow users to apply for benefits, view the status of their disability compensation claims, update direct deposit information for certain benefits, and obtain a VA-guaranteed home loan Certificate of Eligibility.

In June 2011, VA will enhance eBenefits to allow Servicemembers to participate in the Transition Assistance Program (TAP) online and integrate the VetSuccess portal, thus expanding the services Veterans can receive through a single sign-on. As of March 31, 2011, there were over 278,000 registered eBenefits users. Between July 1, 2010, and March 31, 2011, there were over 2 million unique visits to the eBenefits portal.

Vet Centers

Vet Centers are community-based counseling centers that provide outreach counseling and case management referrals for Veterans. Vet Centers also provide bereavement counseling for families of Servicemembers who died while on Active Duty. Through December 2010, Vet Centers have cumulatively provided face-to-face readjustment services to approximately 500,000 OEF/OIF/OND Veterans and their families. As outlined in Section 401 of Public Law 111-163, VA is currently drafting regulations to expand Vet Center eligibility to include members of the Active Duty Armed Forces who served in OEF/OIF/OND (includes Members of the National Guard and Reserve who are on Active Duty).

In addition to the 300 Vet Centers that will be operational by the end of 2011, the Readjustment Counseling Service program also has 50 Mobile Vet Centers providing outreach to separating Servicemembers and Veterans in rural areas. The Mobile Vet Centers provide outreach and direct readjustment counseling at active military, Reserve, and National Guard demobilization activities. In response to the Ft. Hood shooting, VA deployed four Mobile Vet Centers that provided services to over 8,200 Active Duty Services members, Veterans, and families in the Ft. Hood community. In addition, VA's Secretary is adding licensed family counselors to over 200 Vet Center sites to better assist with military related family problems.

Transition Assistance Program

The Transition Assistance Program (TAP) is conducted under the auspices of a Memorandum of Understanding between the Departments of Labor, Defense, Homeland Security, and VA. The Departments work in conjunction with DOD in sched-

uling briefings and classes on installations to best serve Servicemembers. There is also a quarterly meeting between the Departments to discuss marketing and improvement of TAP. VA's MSCs lead regularly scheduled TAP briefings at military installations throughout the country and at overseas locations. VA has streamlined and updated the VA portion of TAP, and in July 2011, an updated online version of the presentation will be available via eBenefits. In addition, VBA provides benefits transition briefings to Servicemembers retiring, separating, and residing overseas, as well as demobilizing Reserve and National Guard members (most demobilization briefings are conducted by VHA). In FY 2010, approximately 207,000 Active Duty, Reserve, and National Guard Servicemembers participated in over 5,000 transition briefings. For the period October 1, 2010, through March 2011, over 83,000 Active Duty, Reserve, and National Guard Servicemembers participated in over 2,000 transition briefings.

Disabled Transition Assistance Program

The Disabled Transition Assistance Program (DTAP) provides Servicemembers with information about VA's Vocational Rehabilitation and Employment (VR&E) program. DTAP is the first step to ensuring professional and personal success after the military for eligible Veterans with disabilities. DTAP briefings are typically conducted in addition to the TAP briefings for Servicemembers with disabilities. During FY 2010, over 37,000 Servicemembers participated in 1,748 DTAP briefings around the world. Over 19,000 Servicemembers participated in 874 DTAP briefings during the period of October 1, 2010, through April 22, 2011.

Yellow Ribbon Reintegration Program

Through the DOD Yellow Ribbon Reintegration Program (YRRP), National Guard and Reserve units are partnering with VA to increase awareness and utilization of VA benefits, programs, and services. VHA has actively supported the DOD YRRP since the creation of the program in 2008. VHA personnel participate at Yellow Ribbon events across the country by providing; information; live briefings on VA benefits, programs, and services; personal assistance with VA form completion; and referrals to VA facilities for assistance. Representatives from VBA also participate in many Yellow Ribbon events providing information on VA disability compensation, education, loan guaranty, vocational rehabilitation and employment, and insurance.

A growing number of military units are working closely with VA personnel to conduct 90-day post-deployment Yellow Ribbon events in VA medical centers (VAMC) in various states, resulting in cost savings and the strengthening of VA/DOD partnership at the local level. Conducting these events in VAMCs facilitates a smooth transition between DOD and VA by getting Servicemembers in the door of the VAMC and establishing a level of comfort with VA care. Servicemembers attending Yellow Ribbon events at a VAMC have opportunities for on-the-spot referrals for VA care, and, in some cases, same day care.

In 2008, VHA's Office of Interagency Health Affairs placed a full-time VA employee in the DOD YRRP at the Pentagon to assist in coordinating activities and policies. The role of the liaison is to serve as the full-time, on-site source of VA information for Yellow Ribbon specific issues and expedite the exchange of information between VA and the DOD YRRP Office. The liaison assists the YRRP Office with policy and procedure development by providing expertise and information on VA's structure, benefits, and services. In addition, the liaison works collaboratively with VA staff members to assist with coordination of personnel and resources to support Yellow Ribbon events.

Demobilization Initiative for Returning Veterans

In coordination with National Guard and Reserve units, VAMC and Veterans Integrated Service Network (VISN) staff, along with Vet Center and VBA staff, provide briefings on VA services and benefits. These are conducted at 63 National Guard and Reserve demobilization sites nationwide. VHA staff also facilitate enrollment in VA health care by assisting National Guard and Reserve members with completing VA health care enrollment forms when they choose to enroll on site. The forms are then processed through VHA's centralized Health Eligibility Center. The National Guard and Reserve members also receive outreach materials and a watermarked letter which serves as a type of temporary ID confirming enrollment in VA Health Care.

The watermarked letter includes the name and phone number of the National Guard and Reserve member's local OEF/OIF/OND Program Manager and lets VAMC staff know that he or she has enrolled in VA care, thus opening doors to immediate access within VA Health care services at their local VA Medical Center. During FY 2010, VHA supported 1,339 demobilization events, providing VHA staff

with face-to-face interactions for nearly 74,000 Servicemembers. As a result, 70,000 have registered or enrolled in VHA Health care.

Post-Deployment Health Reassessment (PDHRA)

Since 2006, VHA has been focused on managing referrals from Reserve components for Servicemembers and Veterans who have completed the PDHRA. The PDHRA program requires these assessments to be completed at 90–180 days post-deployment. DOD uses a contractor to provide these screenings, either at a face-to-face event or the member may elect to use the on-line assessment, which is followed up by a call with the contractor's health care provider. When the PDHRA takes place at a face-to-face event, the local VAMC and Vet Center staff, when notified, will provide VA Outreach, education, enrollment, and as needed, referral for clinical services. Referred Veterans have a choice to receive their care at a local VAMC, Vet Center, or if they are a dual beneficiary may receive care for a non-service-connected condition via the TRICARE network.

For Servicemembers who request a VHA appointment, the onsite VA staffs are able to schedule appointments for them at their local VAMC. During FY 2010, VHA supported 339 DOD PDHRA events with 44,443 Veterans and 1,319 family members attending. Of these Veterans, 38,059 were OEF/OIF/OND Veterans.

CONCLUSION

VA and DOD continue to work together diligently to resolve transition issues while aggressively implementing improvements and expanding existing programs. These efforts continue to enhance the effectiveness of support for Servicemembers, Veterans, and their families. While we are pleased with the quality of effort and progress made to date, we fully understand our two Departments have a responsibility to continue these efforts. Through IDES, our goal is to create a less complex process which is more transparent to the Servicemember. We designed our case management programs to provide seamless support through the duration of care and rehabilitation and we are constantly improving those systems. We continue to explore ways to expand the availability of comprehensive benefits, online resources, and transition education programs to provide Servicemembers and Veterans direct access to the information and benefits they need. In addition, the two Departments are working toward a goal of a fully developed Virtual Lifetime Electronic Record that will provide health and benefits data to all authorized users in a safe, private, secure manner, regardless of the user's location. Recently, Secretary Gates and Secretary Shinseki formally agreed that our two Departments would work cooperatively toward a common electronic health record. We are looking forward to delivering on this commitment.

Thank you again for your support to our wounded, ill, and injured Servicemembers, Veterans, and their families and your interest in the ongoing collaboration and cooperation between our Departments. Chairman Murray, Ranking Member Burr, this concludes my testimony. I will be happy to respond to any questions that you or other Members of the Committee may have.

RESPONSE TO PREHEARING QUESTIONS SUBMITTED BY HON. PATTY MURRAY TO HON. W. SCOTT GOULD, DEPUTY SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. In advance of the hearing, please provide the Committee with the following information for each location using the integrated Disability Evaluation System (IDES):

e) The current staffing level for Military Services Coordinators.

Response. Early in FY 2011, for the first 55 IDES sites, 68 Military Service Coordinators (MSCs) provide Servicemember counseling and support. As of April 30, 104 Military Service Coordinators (MSCs) were providing Servicemember counseling and support at 77 IDES sites. We expect to end FY 2011 with a presence of 261 FTE, a mix of MSCs and Rating Veterans Service Representatives (RVSRs), across approximately 139 sites. RVSRs do the disability rating determinations and are located at the three Disability Rating Activity Sites (DRAS) where they complete the rating decisions used by both VA and DOD. The MSCs are located at the MTFs or other IDES locations and they assist the Servicemembers with gathering the medical evidence needed for the RVSRs to rate the case.

f) The average time to complete all medical examinations.

Response. As of March 31, 2011, the average number of days to complete all required exams, cumulative since the Initial Operating Capability, is 62 days.

t) The funding level for the IDES process, including funds that will be provided from any source.

Response. VA's IDES associated resources available for FY 2011 are estimated at \$58 million. A detailed breakout by source and function is provided below.

IDES Program Estimated Costs - FY11

Department of Veterans Affairs

Veterans Benefits Administration

Contract Exams	\$	11,340,000
Travel and Training Budget	\$	312,000

Full Expansion of Military Service Coordinators (MSCs) and Rating Veterans Service Representatives to 261 on board FTE by the end of FY2011, including training and support costs	\$	25,057,543
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VBA SUBTOTAL	\$	36,709,543
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Veterans Health Administration

Medical Support & Compliance (MS&C) (aka Medical Administration and Miscellaneous)	\$	1,491,000
Medical Services (MS) (aka Medical Care)	\$	16,409,000
Medical Facilities (MF) – building related costs e.g., Lease, Construction	\$	2,100,000

VHA SUBTOTAL	\$	20,000,000
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Office of Policy and Planning

Personnel costs (3.5 FTE)	\$	487,750
Contract Support (9 months)	\$	912,464
Travel	\$	30,000
IDES Pre-IOC Training Conference Costs	\$	40,000

OPP SUBTOTAL	\$	1,470,214
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IDES TOTAL	\$	<u>58,179,757</u>
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RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY HON. PATTY MURRAY TO HON. W. SCOTT GOULD, DEPUTY SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS

Question 1. IDES is to be fully implemented in October of this year. Have the remaining sites been certified to meet Initial Operating Capability readiness criteria in order to meet this target date?

Response. The remaining IDES sites will be certified by September 30, 2011 prior to reaching their Initial Operating Capability (IOC). As sites are being brought on in stages, certification occurs in the final stage when the site has completed all program requirements and is determined to be operational.

Question 2. The Virtual Lifetime Electronic Record (VLER) is in its first phase with five operational pilot sites where DOD and VA, as well as private sector health care providers, are sharing health information. Please comment on the progress being made at each of these sites, as well as any delays or collaboration issues that have occurred with respect to execution of those pilots.

Response. VA is conducting an 11-region pilot of VLER Nation Wide Health Information Network Exchange. This pilot is currently active at five of the 11 planned locations, with the remaining six sites scheduled for activation in fall 2011. Information about the five locations currently sharing information is provided below as requested. To date, no major delays or collaboration issues have been identified.

San Diego, CA Veterans Affairs Medical Center (VAMC)—private partners Kaiser Permanente (KP)/San Diego Beacon (UC San Diego)

- Currently operational and sharing information with Kaiser Permanente and DOD

- Shared patients with Kaiser Permanente: 491

- Shared patients with DOD: 10,539
- San Diego Beacon exchange planned for FY12
- Hampton, VA VAMC*—private partner MedVirginia
 - Currently operational and sharing information with MedVirginia and DOD
 - Shared patients with MedVirginia: 7,278
 - Shared patients with DOD: 5,283
- Spokane, WA VAMC*—private partner Inland Northwest Health Services (INHS)
 - Currently operational and sharing information with INHS and DOD
 - Shared patients with INHS: 3,000
 - Shared patients with DOD: 479
- Richmond, VA VAMC*—private partner MedVirginia
 - Currently operational and sharing information with MedVirginia
 - Shared patients with MedVirginia: 10,690
- Asheville, NC VAMC*—private partner Western North Carolina Health Network (WNCHN)
 - Currently operational and sharing information WNCHN
 - Shared patients with WNCHN: 491

Question 3. A strategic goal of the Integrated Mental Health Strategy is to reduce stigma through successful public communication and use of innovative technological approaches. How are both approaches directly addressing servicemembers' concerns about avoiding detrimental effects on their career when seeking mental health care?

Response. VA has established two national messaging campaigns, one for suicide prevention and one promoting the message that Veterans should seek mental health assistance when needed. We have employed the use of an experienced public relations firm to help us with these efforts. The firm understands the need to project these messages in a way that emphasizes the strengths of Veterans and does not stigmatize the situation more. Veteran groups have been consulted and messages crafted to demonstrate that seeking mental health care leads to improved functioning. Great care is taken to portray Veterans as being stable or fit.

The VA National Suicide Hotline has re-branded itself as the Veterans Crisis Line and provides anonymous services to those who do not want to be identified. Veterans Chat (www.veteranscrisisline.net) is completely anonymous and provides a way to seek help without stigma attached.

With regard to the use of innovative technological approaches, one example is the PTSD Coach smartphone application (app), which was jointly developed by VA and the Department of Defense (DOD) and launched in April 2011. Since its launch, the PTSD Coach has been downloaded by over 10,000 individuals in 37 countries. The app lets users track their PTSD symptoms, links them with public and personalized sources of support, provides accurate information about PTSD, and teaches helpful, evidence-based strategies for managing PTSD symptoms. The app is one of the first in a series of jointly designed resources by VA's National Center for PTSD and DOD's National Center for Telehealth and Technology to help Servicemembers and Veterans manage their readjustment challenges and receive anonymous assistance.

A series of Web-based self-help programs is also being developed as part of the Integrated Mental Health Strategy. These programs are designed to be accessed anonymously, so that an individual can work on his or her own mental health or readjustment issues without experiencing detrimental career consequences. These programs will provide Veterans and Servicemembers with direct access to highly interactive, evidence-based self-help programs that may help them manage their symptoms and solve their problems without ever interacting with a mental health provider. Veterans and Servicemembers who so choose will also have the option of calling a toll free number to speak confidentially and anonymously with a coach who can help him/her through the program content.

Furthermore, VA has disseminated and implemented telemental health services throughout Veterans Health Administration (VHA) to further promote access to mental health care. In fiscal year 2010, VHA provided telemental health services to approximately 50,000 Veterans. Significantly, many patients have expressed preference for telemental health services. VA is currently working to promote the delivery of evidence-based psychotherapies (EBPs) through telemental health modalities, which has been shown in initial research and clinical experiences to yield outcomes for many Veterans that are equivalent to traditional face-to-face EBP services.

Question 4. VA researchers are collaborating with DOD and non-governmental experts in designing pulmonary research that will help answer questions about burn pit exposure. What protocols have been developed as a result of this effort?

Response. There have been no clinical protocols developed to date as this issue is still being researched. Individual chemicals produced by burn pits can affect the

skin, respiratory system, internal organs, the nervous system, and the gastrointestinal tract. However, most toxic materials from burn pits are eliminated from the body in a matter of weeks. Several active VA efforts are under way to study the possible health effects of burn pits and to provide a scientific basis for the development of clinical protocols. For example:

- VA asked the Institute of Medicine for an in-depth review of existing literature on burn pits and on the long-term health effects of exposure to burn pits in Iraq and Afghanistan. Their report is due in late 2011.

- VA is leading the National Health Study for a New Generation of U.S. Veterans, which will reach out to 30,000 deployed and 30,000 non-deployed Veterans over 10 years. It covers a wide spectrum of health topics, including those that may be associated with burn pits.

- VA is participating in the Millennium Cohort Study, a DOD project begun in 2001 that has almost 150,000 participants. Data is being collected on respiratory health.

- VA researchers are participants in a DOD sponsored Pulmonary Health WorkingGroup focused on potential lung diseases associated with deployment. This group has met several times and has formulated key research questions which include the following:

- 1) What are the causes of the limited number of chronic lung disease cases identified to date?
- 2) Are these cases an exacerbation of pre-existing lung disease?
- 3) What are the short-term & long-term pulmonary effects in the deployed population?
- 4) Can responsible agent(s) be identified?
- 5) Do preventive measures during deployment need to be initiated?

- VA is sponsoring additional studies by individual VA researchers and tracking other studies by non-VA researchers; and

- Veterans can find out more about their health concerns related to potential exposures to burn pits by getting an exposure assessment offered by VA's War Related Illness and Injury Study Center (WRIISC) program. The WRIISC provides clinical expertise for Veterans with deployment health concerns or difficult-to-diagnose illnesses. WRIISCs are in three locations: Washington, DC; East Orange, NJ; and Palo Alto, CA. For an appointment at a WRIISC, a VA primary care doctor must make a referral.

Question 5. To what extent is the Department utilizing hyperbaric oxygen therapy to treat veterans? Additionally, what research protocols are currently active that deal with hyperbaric oxygen therapy?

Response. Attached please find The VA Report to Congress on Hyperbaric Oxygen Treatment. This was submitted to Congress on April 2, 2010.

VA has a long history of supporting research to improve wound healing. There are VA investigators exploring the use of Hyperbaric Oxygen Treatment (HBOT). For example, DOD is currently funding three coordinated research trials on the use of HBOT for persistent symptoms after mild TBI. A VA researcher at the Richmond VA Medical Center (VAMC) is participating in two of these trials. Two other VA investigators are also participating in other capacities with DOD on HBOT studies. HBOT is provided for Food and Drug Administration approved conditions at several VAMCs. VA will continue to support promising research in Complementary and Alternative Medicine and HBOT to ensure that Veterans have access to the best evidence-based health care.

Question 6. VA has said, "We are committed to working with the Department of Defense, veteran service organizations and veterans to ensure that all those who may have been exposed at McMurdo Station receive the maximum amount of care and benefits they are entitled to under the law." What is being done for those who are still suffering from cancers that the VA has yet to connect to McMurdo Station?

Response. VA has not promulgated any presumptions of service connection based on exposure to radiation at McMurdo Station. Any Veteran exposed at McMurdo Station who has health concerns that they feel may be related to their exposure at McMurdo Station may file a claim for VA compensation and may be referred for a compensation and pension examination, if necessary, to decide the claim.

Question 7. There are serious challenges in combatting the stigma associated with seeking mental health care. The Departments are still struggling to make it acceptable to ask for help. Additionally, commanders have an obligation to know how fit and ready those in their units are. In the meantime, providing confidentiality for servicemembers to seek treatment is very important. What is an acceptable balance of these concerns?

Response. It is widely recognized that patients' personal information about mental health treatment has been the basis for stigmatization and that stigmatization discourages patients from seeking needed mental health treatment. Research indicates that privacy of health care information is one of Servicemembers' major concerns in their decision not to seek mental health care.

Under its mission, the DOD must ensure the medical readiness of its force. Thus DOD has an obligation to assess Servicemembers' fitness for duty, and a right to require Servicemembers to provide the information DOD needs to conduct this assessment. In this respect, active duty Servicemembers have no right to confidentiality, vis à vis, their employer, the DOD. In contrast, Veterans, non-active reservists, and National Guard members all have a legitimate expectation of confidentiality in VA because VA, as a civilian health care provider, has a professional obligation to protect the confidentiality of its patients. Just as lawyers and chaplains have a fiduciary obligation to protect the information of clients in order to maintain the trust relationship that is essential to their roles, VA providers must protect their patients' information in order to maintain the trust required to fulfill their mission of service to Veterans.

In VA, as in private-sector health care, breaching patient confidentiality by disclosing protected health information against the patient's wishes requires special justification that meets clear and rigorous standards. Disclosures of protected health information by VA must comply with all applicable privacy statutes and regulations, such as the Privacy Act, the HIPAA Privacy Rule, 38 U.S.C. 7332, and 38 U.S.C. 5701. Once VHA determines there is authority to release, a disclosure is ethically justifiable if all of the following conditions are met:

- 1) There is a high probability of harm to the patient or others;
 - 2) The probable harm is very serious;
 - 3) The probable harm is imminent;
 - 4) There is a high probability that information disclosure will mitigate the harm;
- and
- 5) No other reasonable means are available to mitigate the harm.

For example, when a VHA provider determines that a soldier who carries a weapon poses a high risk of immediate harm to his unit, the provider has a duty to take action, which would include warning the patient's DOD provider or command. When the conditions for a duty to warn are met, the duty is absolute.

Meeting our obligation of confidentiality and ensuring patient choice regarding the sharing of that information are important for all patients, but especially important for Reservists and National Guard members who are subject to being recalled to active military service. Individuals in this cohort are often highly motivated to remain eligible to return to active military service in the future, and may fear that their eligibility could be adversely affected should their health information be disclosed to DOD. At a time when VA is actively reaching out to this cohort to encourage them to seek evaluation for Post Traumatic Stress Disorder, Traumatic Brain Injury, suicide risk, military sexual trauma, and other conditions potentially associated with military service, VA's routine release of these patients' health information to DOD could seriously undermine these patients' willingness to provide VHA health care providers with thorough and accurate health information, their likelihood of seeking care in VHA, and their trust in the VHA health care system overall.

As VA and DOD prepare to make significant investments to modernize their electronic health record systems, a variety of decisions must be made about how best to protect and promote the interests of patients. Such decisions must drive the design of IT systems. In particular, there is a need to ensure that the electronic health record "Way Ahead" is based on patient choice standards regarding access to health information. In this regard, a task force on VA/DOD Health Information Sharing is being convened to develop and recommend Consensus Standards on Health Information Sharing between VA and DOD to help guide policy and practice with regard to sharing of health information, including the design of future electronic health record systems, such as VLER. The intent is that these Consensus Standards will define an ethically appropriate balance of these concerns.

Question 8. Do Federal Recovery Coordinators have sufficient access to patients and facilities and authority within both Departments to effectively case-manage their patients?

Response. Federal Recovery Coordinators (FRC) provide care coordination for clients regardless of where they are located and without regard to active duty or Veteran status. FRCs work with care and case management officials within the Departments of Veterans Affairs and Defense to ensure that clients receive appropriate benefits and services in a timely manner. While there are often isolated issues of

access and authority, FRCs have not experienced systematic problems with respect to the clients who are referred to them.

The Federal Recovery Coordination Program (FRCP) is a referral program and participation is voluntary. Consequently, it is unclear whether all of the eligible “severely wounded, ill, and injured” Servicemembers and Veterans who could benefit from the FRCP are being enrolled in the program. The FRCP cannot readily identify these individuals because the “severely wounded, ill, and injured” classification is not captured in existing data sources. Additionally, the program’s broad eligibility criteria cannot be used systematically to identify potentially eligible Servicemembers and Veterans. Instead, the FRCP must rely on referrals from others to identify these individuals, although the program has also taken steps to identify potential enrollees through the FRCs’ efforts at medical facilities and through a “look back” initiative to identify eligible Veterans who were wounded prior to program implementation.

Question 9. The joint electronic health record is the largest program ever developed between VA and DOD. The continuum of quality health care for millions of servicemembers and veterans is depending on the success of this project. What specifics can you provide on the time-line for delivery, project costs, and expectations?

Response. The VA and DOD are working together to jointly develop an electronic health record that will provide information to both agencies about our Servicemembers and Veterans. Both agencies have agreed to consolidate data where applicable, use common services and develop a joint platform in order to realize economies of scale. We call this effort the “integrated Electronic Health Record,” or iEHR. Our functional and technical experts are currently developing a joint governance process, an overall concept of operations, and detailed plans to achieve this complex goal. The iEHR will be a national model for capturing, storing, and sharing electronic health information.

Question 10. How would a joint electronic health record help the Department deal with exposure cases?

Response. The integrated Electronic Health Record (iEHR) is a key strategic resource in improving the care of Servicemembers before, during, and after the transition from active duty to Veteran status. The implementation of common medical terminology will greatly enhance the ability to exchange computable, interoperable patient-centered data. A single record for each Servicemember and Veteran will add new capabilities for clinicians at both DOD and VA to quickly find needed information, improve operational efficiency, and reduce the need for redundant evaluations and testing. Jointly developed decision support resources and evaluation measures will help maintain a similar high standard of care and patient safety across both Departments, while improving the ability to both benchmark and identify patterns and trends over time. A common record for each Servicemember and Veteran will provide a foundation for improved communication across Departments in the form of electronic referrals, consultation requests, orders portability, and provider-provider messaging, thereby enhancing the continuity and timeliness of patient care. Transition for Servicemembers includes not only medical care, but evaluation for disability and benefits, which will also be enhanced as both Departments adopt matching terms and a common language to describe the care received by our beneficiaries. Our future electronic health record will contain not only resources for providers and clinical teams, but provide rich access to information for both Servicemembers and Veterans. Patient facing resources in the form of web portals, personal health records, eHealth and mobile applications which will remain consistent and familiar across the continuum from active duty to Veteran status, will highly increase the engagement of the Servicemember and Veteran in his or her care, and as a result, improve the patient care experience and improve health.

Question 11. The Department recognizes the need to collaborate with DOD to plan for future studies on deployed personnel from the time of deployment through the life span of all deployed veterans. Today, where is the Department with this assessment?

Response. Working together, VA’s Health Services Research and Development (HSR&D) and the DOD have recently released (February 2011) the VA/DOD Collaboration Guidebook for Healthcare Research to facilitate collaborative human subject healthcare research between VA and the DOD. The Guidebook provides suggestions and guidance for:

- Identifying collaborators with common research interests/goals;
- Summaries of administrative and funding mechanisms; and
- Procedures and protocols needed for collaborative endeavors.

In addition, the Guidebook offers:

- Suggestions for developing and submitting a proposal;
- Examples of successful and unsuccessful research collaborations;
- List of commonly used acronyms; and
- Links to additional resources.

This is now available at <http://www.research.va.gov/va-dod/> and will assist researchers in both VA and DOD who are planning future studies on deployed personnel from time of deployment throughout the lifespan. This question is also related to questions #2, #9, and #10, with respect to data sharing between VA and DOD, that will be essential to such future research.

Question 12. As members of the Guard and reserves transition in and out of active duty, they repeatedly switch between TRICARE, private insurance, and VA medical care. This creates a number of concerns regarding coordination of care, quality oversight, and the simple ability of the servicemember and family to manage those changes. How are these transitions being tracked by the Department and effectively managed?

Response. VA's Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Care Management teams actively provide outreach to returning Guard and Reserve including annual Welcome Home events to welcome Servicemembers returning from deployment, and extended family members, to increase awareness of VA benefits and services. VA is partnering with National Guard and Reserve units to conduct 90-day post-deployment Yellow Ribbon events to increase awareness and utilization of VA benefits, programs and services. Military services demobilization events provide a setting for post-deployment National Guard and Reservist members to receive in-person briefings about VA services and benefits from locally-based VA Medical Center (VAMC), Veterans Benefits Administration and Vet Center staff. VHA staff facilitate enrollment on site for VA health care by assisting National Guard and Reserve members with completing VA health care enrollment forms, which are then processed by the VAMC where they live. The National Guard and Reserve members who register for VA Health Care receive a letter with the contact information of their local VAMC OEF/OIF/OND Program Manager. This letter serves as a temporary identification card for VA Health Care. VA coordinates referrals from Reserve components for National Guard and Reserve members and Veterans who have completed the Post Deployment Health Reassessment (PDHRA), a DOD program, which assesses returning Servicemembers for the need for health care services at 90–180 days post-deployment. When the PDHRA occurs at a face-to-face event, the local VAMC and Vet Center staff provide VA Outreach, education, enrollment, and as needed, referral for clinical services. Referred Veterans have a choice to receive their care at a local VAMC, Vet Center, or through the TRICARE system, which may be at a VAMC. For Servicemembers who request a VHA appointment, the onsite VA staff already has enrollment information in the Computerized Patient Record System and is able to schedule appointments immediately at their local VAMC.

VA staff also works closely with the Transition Assistance Advisors (TAAs) who work in each state/territory and serve as the statewide point-of-contact to assist Servicemembers in accessing VA benefits and healthcare services. They coordinate with VA to assist the Servicemember/Veteran in the navigation processes from DOD, TRICARE, and VA.

OEF/OIF/OND Care Management teams screen all returning combat Servicemembers and Veterans for the need for case management services at their initial VA appointment. Those who present with needs requiring case management support or who request a case manager, receive ongoing case management services according to their individualized care plan. All Veterans and Servicemembers receiving case management services, including Guard and Reserve, are tracked using a Web-based tracking system. VA case managers maintain regular contact with Servicemembers/Veterans and their families/caregivers to provide support and assistance in addressing any health care and psychosocial needs and coordinate services among providers within VA, DOD, and the community.

VA has specialized resources to support clinical teams coordinating care. These resources include VA's Liaisons to the TRICARE Regional Office, who serve as intermediaries between VA facilities and the TRICARE regional contractors. They actively assist with authorizations and claims. Monthly calls with TRICARE contractors and VA's Medical Sharing Office are held to review active duty Servicemembers who are receiving joint VA/DOD care. Education classes are held with the VA Medical Sharing Office to educate VA staff including OEF/OIF/OND care management teams and VA Liaisons for Healthcare as well as DOD and TRICARE staff, to ensure transition processes and procedures are consistent. The Health Eligibility Center serves as an overall resource for VA enrollment and eligibility questions.

Chairman MURRAY. Thank you very much.
Secretary Lynn.

**STATEMENT OF HON. WILLIAM J. LYNN III, DEPUTY
SECRETARY, U.S. DEPARTMENT OF DEFENSE**

Mr. LYNN. Thank you very much, Chairman Murray. I look forward to conversing with you, Ranking Member Burr, and the other Members of the Committee.

Let me say at the outset I want to recognize and appreciate the partnership that DOD and VA has established under the leadership at VA of Scott Gould and General Shinseki. I think we have taken it to a new level. Both Departments I think are truly committed to making this a seamless transition for our servicemembers from the DOD system to the VA system, and I think the professionalism and the commitment of the staff in both Departments is helping making that a reality.

We have reached a historic level of cooperation between the two Departments, but there are still, as Scott said, tasks to accomplish. But let me just orally stress a couple of the items where I think we have started to make progress.

I think the greater cooperation at a basic level means that the soldiers who separate from the services are greeted by more comprehensive mental and physical care, by greater opportunity for education and jobs, and by a deeper societal commitment to ensuring their welfare.

Especially when you compare the experience of our troops today to the generation of heroes who returned from Vietnam, I think the progress we have made toward a single system of lifetime care is significant.

As you noted, Deputy Secretary Gould and I oversee the support system that is in place to treat our wounded, ill, and injured. What I would like to do is just highlight a couple of efforts that we have made to improve the transfer and care of our wounded warriors and our progress toward establishing an electronic health record.

One of the central goals that Secretary Gould and I have had has been to modernize the disability evaluation system which had really remained in place unchanged for decades.

Today the revised and improved integrated disability evaluation system serves about half of the 26,000 person population with a wider adoption a top priority. We are hoping to achieve that by the end of the year.

Servicemembers using IDES receive a single set of physical disability examinations conducted according to VA examination protocols with simultaneous processing by both Departments. This has created a more consistent set of evaluations, a more orderly experience for servicemembers and their families, and during the transition those processed through IDES continue to receive full pay, allowances, compensation, medical-based support, care, and benefits. This largely eliminates the benefits gap that occurred under the legacy system.

In short, IDES is fair, faster, and a significant improvement over the legacy system. By years' end we hope to have completely fielded IDES at the 139 sites nationwide.

The average IDES processing time, as Scott mentioned, is currently about 400 days. That is down from the 540 days of the legacy system but it has not reached the goal that we have set up—under 300 days—and so we have a further distance to go but we do not plan actually to stop there. We have a Tiger team working on ideas of how we would set a goal beyond 300 days.

Electronic health records is also a promising area of collaboration. Among the many current systems that exchange data to varying degrees, DOD and VA have created a service called the blue button: that will allow beneficiaries to safely and securely access personal health data at TRICARE online; to support our most severely wounded and injured at Walter Reed, Bethesda, and Brooke Army Medical Center; and to provide scanned records and radiology images for patients transferring to some of VA's polytrauma rehabilitation centers.

To create a truly integrated electronic health record, DOD and VA have agreed to implement a joint common platform that has compatible data and services, joint data centers, common interface standards, and a common presentation format.

We are going to utilize commercially available components whenever possible. This is an ambitious program and it has great potential benefits. But we also need to recognize that developing a large-scale IT system is difficult business, especially an interoperable system across two major Federal departments. So, we are closely absorbing lessons from other successful large joint IT systems. We plan to use those lessons to lead us to the best possible outcome.

I cannot overstate how far DOD has come with our VA partners in the 4 years since our leaderships have made working jointly a standard operating procedure.

Despite the significant achievements, however, we should not underestimate what remains to be done. Taking care of our wounded, ill, and injured servicemembers is one of the highest priorities for the Department, the service secretaries, and the service chiefs. Indeed, as Secretary Gates often remarks, other than the wars themselves we have no higher priority.

So Madam Chairman, thank you again for your support of our wounded, ill, and injured servicemembers, veterans, and their families. I look forward to your questions.

[The prepared statement of Mr. Lynn follows:]

PREPARED STATEMENT OF WILLIAM J. LYNN III, DEPUTY SECRETARY, U.S.
DEPARTMENT OF DEFENSE

Chairman Murray, Ranking Member Burr, and Members of this Committee, thank you for inviting us to testify before you today. We meet at a time of historic cooperation between the Department of Defense (DOD) and Department of Veterans Affairs (VA). Thanks to President Obama's commitment to Veterans, and to delivering the care they have earned, we have established a programmatic cohesion between our Departments that is better than ever before. More so than at any time in our Nation's history, soldiers who separate from the service are greeted by more comprehensive mental and physical care; by greater opportunity for education and jobs, and by a deeper societal commitment to ensuring their welfare. Especially when you compare the experience of our troops today to the generation of heroes who returned from Vietnam, the progress we have made toward a single system of lifetime care is significant.

The accomplishments to date are the result of budget increases for the VA; the personal involvement of Secretary Gates and Secretary Shinseki, and of bureaucratic spadework at every level in both Departments.

Deputy Secretary Gould and I have the distinct honor of overseeing the support systems in place to treat our wounded, ill, and injured. We accomplish this work through the Senior Oversight Committee, which the Secretaries of Defense and Veterans Affairs established in May 2007. The Senior Oversight Committee is focused on the care of our wounded warriors as they transition from the Department of Defense to the Department of Veterans Affairs. Today I would like to update you on our efforts to improve the transfer and care of our wounded warriors, including significant advances in diagnosing and addressing Traumatic Brain Injury and mental health issues. I would also like to brief you on our progress toward establishing an electronic health record.

The 2007 revelations regarding Walter Reed were a wakeup call for us all. In the four years since, our Departments have worked in tandem to improve policies, procedures, and legislation that impacts the care of our wounded warriors. As a result of efforts in both Departments and in Congress, we have reached important milestones in improving care for our wounded veterans. These milestones include a new disability evaluation system, improved case management, the sharing of electronic health care data, and the treatment of the signature wounds of our wars today, Traumatic Brain Injury and Post Traumatic Stress Disorder.

DISABILITY EVALUATION SYSTEM

One of our main goals has been to modernize the Disability Evaluation System, which had remained relatively unchanged for decades. The revised and improved system developed by DOD and VA, known as the Integrated Disability Evaluation System (IDES), today serves over half of the approximately 26,000 people in the system. Its wide adoption is a priority of the VA and DOD leadership.

Servicemembers using IDES receive a single set of physical disability examinations, conducted according to VA examination protocols, with simultaneous processing by both Departments. Designing the process in this way ensures the relationship between servicemembers and VA is established before they separate from the service, and delivers disability benefits at the earliest possible time. It also leads to more consistent evaluations and a more orderly experience for servicemembers and their families. Under IDES, duplicative requirements and misaligned timetables are reduced or eliminated. Servicemembers who are processed through IDES also continue to receive full pay, allowances, compensation, medical and base support care and benefits as they prepare to transition to civilian life and VA care. This is an improvement over the legacy system, which sometimes left outgoing servicemembers with a gap before their VA benefits began.

In short, IDES is fairer, faster, and has eliminated the “benefits gap” between DOD and VA that plagued the legacy system. By the end of this year, IDES will be completely fielded and serving people at 139 sites nationwide. As a result, DOD and VA will be able to deliver benefits more expeditiously. Today’s average IDES processing time is approximately 400 days from referral to post-separation, down from 540 days. The goal of IDES is to bring processing time down under 300 days, and a tiger team is currently devising means to reduce this further.

TRAUMATIC BRAIN INJURY (TBI)

In the Afghanistan and Iraq campaigns, we can be thankful that advances in protective equipment and battlefield medicine allow more of our warfighters to come home to their families and a grateful Nation. This also means more troops are surviving who would not have done so in past conflicts—brave men and women who will need care long after the conflicts are over. Because of the prevalence of IEDs on the battlefield, more of these warriors return not only with visible wounds, but with invisible wounds that cannot be seen and are hard to treat.

We as a department have come a long way in recognizing this reality. In 2010, the Department established the National Intrepid Center of Excellence, which is dedicated to advancing our understanding of combat related psychological health and Traumatic Brain Injury conditions. Already, we have made significant advancements in diagnosing Traumatic Brain Injury during the past several years, including early detection and state-of-the-art treatment for those who sustain TBI.

Today, we better understand blast dynamics, have improved the detection of biomarkers used in the diagnosis of concussion, and can make quicker and more accurate diagnoses. This in turn drives the development of new treatments. We are also helping increase awareness of the signs and symptoms of TBI and when and how to undergo an evaluation. Materials aimed at line commanders, providers, and servicemembers themselves as well as our Online Family Caregiver Curriculum are now widely available.

One of the emerging findings from the body of research on TBI is the importance of beginning treatment early. So we are aggressively working to improve the diagnosis and treatment of TBI in-theater. Steps we have taken include deploying a rapid field assessment of mild TBI and requiring, since 2010, the comprehensive evaluation of servicemembers who are exposed to potential concussive events.

Overall, we have made great strides in finding TBI, tracking TBI, and treating TBI. We are now working to prevent TBI through developing better protective equipment and operational procedures. And in a sign of our recognition of TBI as the signature combat injury of our times, we accord those who suffer from it and mild TBI with the oldest commendation given by our military, the Purple Heart.

MENTAL HEALTH

Despite our efforts to date, a tragic number of our servicemembers and veterans commit suicide. DOD and VA have developed a mental health strategy that ensures our suicide prevention efforts fully complement one another. We have consolidated reporting of suicide events and standardized the measure of risk and protective factors. A web-based clearinghouse now serves as a tool for research and analysis. We have also developed new clinical guidance for depression, substance abuse, mild TBI, and co-occurring psychological disorders. Clinical tools such as the VA/DOD Major Depressive Disorder Toolkit and the Co-occurring Conditions Toolkit help providers used evidence-based approaches to treating mental and physical illness.

Because not every veteran or servicemember lives near a facility that can provide the needed level of care, we are exploring the use of telehealth services and establishing a network of practitioners to serve rural locations. We have developed Mobile Telehealth Units, a web-based assistance program, smart phone applications to aid in the management and treatment of PTSD, and the Virtual PTSD Experience, an immersive, interactive activity that educates users about combat-related stress.

We have long known at the Defense Department that when you enlist a serviceperson, you effectively enlist a family. And when it comes to mental health, families are a crucial link. Our efforts to support families include a 24/7 phone line, online chat, and email; online self-help tools; and in Transition, a coaching and assistance program to bridge gaps in behavioral health support during transitional periods. Many of you have seen the Sesame Workshop programs that help children cope with deployments and injured parents or read one of the 190,000 copies of "A Handbook for Family and Friends of Servicemembers." The mental and emotional health needs of military children are among the least attended to, but most important, aspects of our current tempo of operations.

We are also seeking to break the cycle of silence around mental health issues. Public education initiatives, including the Real Warriors Campaign, encourages servicemembers and veterans grappling with psychological health concerns to seek treatment. The campaign's public service announcements, which reach over 1.5 million servicemembers each week, feature servicemembers who have reached out, obtained care, and continue to lead productive military and civilian careers.

ADVANCES IN CASE MANAGEMENT

We have also made significant progress in how the cases of individual veterans are managed. Thanks to legislative changes in FY 2008 National Defense Authorization Act and the December 2009 Department Instruction 1300.24, non-medical care provided to wounded, ill, and injured servicemembers has been standardized across military departments.

Today, Recovery Care Coordinators develop a comprehensive recovery plan for each servicemember's non-medical needs. This plan includes tracking actions and points of contact to meet the goals of the servicemember and his or her family. Recovery Care Coordinators then work with commanding officers and medical care providers to implement the plan. Servicemembers with injuries of a catastrophic nature are further assisted by a Federal Recovery Coordinator. These coordinators are also assigned to severely injured and ill servicemembers who are highly unlikely to return to duty and who will most likely be medically separated from the military.

Within DOD there are currently 146 Recovery Care Coordinators in 67 locations placed within the Army, Navy, Marines, Air Force, United States Special Operations Command and Army Reserves. The Care Coordinators who work out of these centers are hired and jointly trained by the Department and the Services' Wounded Warrior Programs. To ensure cases are managed so as to avoid duplication, we are striving to better coordinate their efforts. There also currently are 22 Federal Recovery Coordinators at 12 medical treatment facilities and VA medical centers around the country.

SHARING HEALTHCARE DATA ELECTRONICALLY

One of the most promising areas of collaboration between our Departments is electronic health records. To ensure the continuity of care, health care data must be shared. At present, a number of information systems share data. The Federal Health Information Exchange provides for the one-way electronic exchange of historic healthcare information from DOD to VA for separated servicemembers. The Bidirectional Health Information Exchange (BHIE) allows clinicians in both Departments to view health data on shared patients. The Clinical Data Repository/Health Data Repository (CHDR) enables bidirectional sharing of outpatient pharmacy and medication allergy data. The DOD and VA have created a service called the "Blue Button" that, once complete, will allow beneficiaries to safely and securely access personal health data at TRICARE Online, the Military Health System's Internet point of entry. And to support our most severely wounded and injured servicemembers, Walter Reed Army Medical Center, National Naval Medical Center Bethesda, and Brooke Army Medical Center are providing scanned records and radiology images for patients transferring to VA Polytrauma Rehabilitation Centers in Tampa, Richmond, Palo Alto, and Minneapolis.

To work toward a true integrated electronic health record (iEHR), DOD and VA have agreed to implement a joint common platform with compatible data and services, data centers, interface standards, and presentation formats. Our joint approach will utilize commercially available components whenever possible. It will be led by a Program Executive and Deputy Director selected by the Secretary of Defense and Secretary of Veterans Affairs and overseen by an advisory board co-chaired by the DOD Deputy Chief Management Officer and the VA Assistant Secretary for Information and Technology.

We are also working with the private sector on the Nationwide Health Information Network and the Virtual Lifetime Electronic Record. These efforts will enable the Departments to view a beneficiary's healthcare information not only from DOD and VA, but also from other participants in the network. To create a virtual healthcare record, data will be pulled from existing electronic healthcare records and exchanged using data sharing standards and standard document formats. A standard approach will not only improve the long-term viability of how information is shared between VA and DOD. It will also enable the meaningful exchange of information with other government and private sector providers. Both DOD and VA are currently executing pilots to demonstrate the value of this approach.

These various systems, while incredibly important to patient care, do not yet constitute a fully electronic health record. Such a record will contain all relevant health information from accession through end of life for all servicemembers and veterans, improving patient outcomes while reducing cost.

As we go about this ambitious program that has such potential benefit for our servicemembers, it is important to keep in mind the difficulty of what we are trying to accomplish. Developing large-scale IT systems is difficult for any organization, public or private. Jointly developing an interoperable system across two major Federal departments is more difficult still. Secretaries Gates and Shinseki appreciate this. They remain personally involved, and have directed us to approach this project bearing several lessons in mind. To the extent that other large joint IT systems have succeeded, they have based on a common data foundation, common service bus, and common service broker. We are closely observing these lessons and are confident they will lead to the best possible outcome.

Finally, the James A. Lovell Federal Health Care Center in North Chicago, Illinois has combined the missions of the Naval Health Clinic Great Lakes and the North Chicago VA Medical Center into a single organizational structure. This unique DOD/VA effort operates under a single line of authority, integrating management of the full spectrum of health care services. Through this effort, we are demonstrating just how compatible our two Departments' clinical processes and business rules are, which will help to enable the implementation of a joint, common electronic health record platform. In standing up this effort, the Departments developed reusable capabilities such as joint patient registration, medical single sign on with context management, and orders portability. These capabilities are in demand throughout our respective enterprises, and will be fully leveraged as we develop electronic health records.

CONCLUSION

These measures, taken together, substantially and materially affect the experience of our men and women in uniform, and the families who support them. Our work to improve the care of wounded warriors, especially as they transition from DOD to VA, is the core of our efforts to provide those who have sacrificed so much

the care and benefits they are owed. I cannot overstate how far DOD has come with our VA partners in the four years since our leaderships have made working jointly a standard operating procedure.

Despite the significant achievements I have highlighted in this testimony, we should not underestimate what remains to be done as we care for a new generation of veterans who have served under such difficult circumstances, for such sustained periods. We will continue to work with our colleagues at VA and throughout the government to do everything we can to provide our servicemembers with the absolute best care and treatment. Taking care of our wounded, ill and injured servicemembers is one of the highest priorities for the Department, the Service Secretaries, and the Service Chiefs. As the Secretary Gates often remarks, other than the wars themselves, we have no higher priority.

Mrs. Chairman, thank you again for your support of our Wounded, Ill, and Injured Servicemembers, Veterans and their families. I look forward to your questions.

RESPONSE TO PREHEARING QUESTIONS SUBMITTED BY HON. PATTY MURRAY TO
HON. WILLIAM J. LYNN III, DEPUTY SECRETARY, U.S. DEPARTMENT OF DEFENSE

Question 1. Please provide the Committee with the following information for each location which is using the Integrated Disability Evaluation System (IDES):

Response. DOD answers, extracted from the Veterans Tracking Application, are provided in the attached spreadsheet, which lists each of the current 78 IDES locations and the requested data for items a–d and g–s. VA is responding to 1e, f, and t. Additional responses by the services to individual questions are included below. The responses to question 2 are also attached.

- a) The Initial Operating Capability (IOC) date.
- b) The number of servicemembers expected to enter the IDES process each year.
- c) The number of servicemembers currently enrolled in the IDES
- d) The current staffing level for Physical Evaluation Board Liaison Officers.
- e) The current staffing level for Military Services Coordinators. [See VA responses.]
- f) The average time to complete all medical examinations. [See VA responses.]
- g) The length of time, on average, servicemembers have been pending in the IDES process.
- h) The number of individuals who have been pending in the IDES process for longer than 295 days.
- i) The number of individuals who have been pending in the IDES process for longer than 540 days.
- j) The average time it takes to complete the IDES process.
- k) The total number of individuals who have completed the IDES process.
- l) The number of individuals who have completed the IDES process and were placed on the permanent disability retirement list.
- m) The number of individuals who have completed the process and were placed on the temporary disability retirement list.
- n) The number of individuals who have completed the process and were separated with severance pay.
- o) The total number of individuals who have been removed from the IDES process.
- p) The number of individuals removed from the IDES process who received an Administrative Discharge after court martial.
- q) The number of individuals removed from the IDES process who received an Administrative Discharge excluding court martials.
- r) The number of individuals who have died during the IDES process and the causes of their deaths.
- s) The number of individuals in the IDES who were returned to duty.

Answers to Pre-Hearing Questions for Senate Veterans Affairs Committee
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Question	1A	1B	1C	1D	1E	1F	1G	1G	1G
Site Name	IOC Date	# MEBs / year ¹	Service Members Enrolled	PEBLO Staffing Ratio	MSC Staffing (VA)	Average Time for Medical Exams ²	Average Days Pending in IDES (A) ^{2,4}	Average Days Pending in IDES (R) ^{2,4}	Average Days Pending in IDES (G) ^{2,4}
Eustis JB, VA	3/31/2011	368	35	31	--	--	22	15	17
Ft. Belvoir, VA	10/1/2008	97	158	29	35	35	300	317	222
Ft. Benning, GA	3/1/2010	1378	308	26	33	33	157	147	133
Ft. Bragg, NC	3/1/2010	757	675	29	47	47	165	224	177
Ft. Campbell, KY	5/10/2011	968	1	38	--	--	4	--	--
Ft. Carson, CO	5/31/2009	1411	1293	34	51	51	278	319	296
Ft. Drum, NY	4/30/2009	614	626	47	29	29	204	302	191
Ft. Gordon, GA	4/4/2011	1003	25	32	--	--	17	13	13
Ft. Hood, TX	2/28/2010	2053	1469	24	37	37	180	212	199
Ft. Jackson, SC	4/1/2011	296	10	42	--	--	16	3	--
Ft. Lee, VA	3/31/2011	100	15	39	--	--	20	--	19
Ft. Meade, MD	10/1/2008	192	303	39	36	36	231	329	249
Ft. Polk, LA	2/28/2009	667	524	31	92	92	151	191	140
Ft. Riley, KS	2/1/2010	427	384	51	40	40	133	196	241
Ft. Rucker, AL	4/21/2011	40	0	20	--	--	--	--	--
Ft. Stewart, GA	12/1/2008	905	750	18	54	54	258	264	210
Ft. Wainwright, AK	4/30/2009	32	111	30	65	65	159	238	51
Lewis JB, WA	2/4/2010	934	817	130	64	64	175	226	179
Richardson JB, AK	4/30/2009	48	145	19	55	55	222	508	47
San Antonio JB (Sam Houston), TX	5/31/2009	1127	730	49	75	75	252	268	232
Tripler AMC, HI	12/31/2010	517	171	46	46	46	35	32	55
Walker Reed AMC, DC	11/26/2007	351	378	14	41	41	268	279	370

Notes:

1. Navy and Marine Corps share MEBs/year count
2. As of May 8, 2011
3. Cases completed during the month of April
4. (A), (R), (G), refer to Active, Reserve and Guard Components
5. A double dash (-) indicates insufficient or no data available to complete the calculation

5/16/2011

Office of Wounded Warrior Care and Transition Policy

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Question	1H	1H	1H	1H	1I	1I	1I	1J	1J	1J	1J	1J
Site Name	# cases Pending > 295 days (A) ^{2,4}	# cases Pending > 305 days (R) ^{2,4}	# cases Pending > 305 days (G) ^{2,4}	# Cases Pending > 540 days (A) ^{2,4}	# Cases Pending > 540 days (R) ^{2,4}	# Cases Pending > 540 days (G) ^{2,4}	Average Days to Completion (A) ^{3,4}	Average Days to Completion (R) ^{3,4}	Average Days to Completion (G) ^{3,4}			
Eustis JB, VA	0	0	0	0	0	0	0	0	0	0	0	0
Ft. Belvoir, VA	58	15	3	9	9	2	459	296	254	248	419	319
Ft. Benning, GA	27	3	1	0	0	0	337	561	381	328	354	526
Ft. Bragg, NC	78	9	4	0	0	0	489	336	305	328	354	526
Ft. Campbell, KY	0	0	0	0	0	0	489	336	305	328	354	526
Ft. Carson, CO	544	25	34	54	4	0	489	336	305	328	354	526
Ft. Drum, NY	148	14	16	0	0	0	489	336	305	328	354	526
Ft. Gordon, GA	0	0	0	0	0	0	489	336	305	328	354	526
Ft. Hood, TX	268	3	8	0	0	0	489	336	305	328	354	526
Ft. Jackson, SC	0	0	0	0	0	0	489	336	305	328	354	526
Ft. Lee, VA	47	19	24	15	6	13	489	336	305	328	354	526
Ft. Meade, MD	33	3	3	1	0	0	489	336	305	328	354	526
Ft. Polk, LA	19	0	1	0	0	0	489	336	305	328	354	526
Ft. Riley, KS	0	0	0	0	0	0	489	336	305	328	354	526
Ft. Rucker, AL	254	13	14	61	3	0	489	336	305	328	354	526
Ft. Stewart, GA	10	0	0	0	0	0	489	336	305	328	354	526
Ft. Wainwright, AK	85	12	18	3	0	0	489	336	305	328	354	526
Lewis JB, WA	51	1	0	0	0	0	489	336	305	328	354	526
Richardson JB, AK	182	42	42	21	5	0	489	336	305	328	354	526
San Antonio JB (Sam Houston), TX	0	0	0	0	0	0	489	336	305	328	354	526
Tripler AMC, HI	110	23	34	19	5	5	447	457	411	411	411	411
Walker Reed AMC, DC												

Notes:

1. Navy and Marine Corps share MEBs/year count
2. As of May 8, 2011
3. Cases completed during the month of April
4. (A), (R), (G), refer to Active, Reserve and Guard Components
5. A double dash (--) indicates insufficient or no data available to complete the calculation

Answers to Pre-Hearing Questions for Senate Veterans Affairs Committee
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Question	1K	1L	1M	1N	1O	1P	1Q	1R	1S
Site Name	# of Completions ¹	# PDRL ²	# TDRL ²	# Separated w/ Severance Pay ²	# Removed ²	# Court Martials ²	# Admin Discharge Excluding Court Martial ²	# SM passed away ²	# Return to Duty ²
Eustis JB, VA	0	0	0	0	0	0	0	0	0
Ft. Belvoir, VA	170	43	35	31	12	0	0	0	56
Ft. Benning, GA	131	61	33	18	11	0	0	6	11
Ft. Bragg, NC	168	48	20	61	6	0	0	5	20
Ft. Campbell, KY	0	0	0	0	0	0	0	0	0
Ft. Carson, CO	646	63	296	174	87	7	39	4	96
Ft. Drum, NY	359	74	109	123	19	1	7	1	27
Ft. Gordon, GA	0	0	0	0	0	0	0	0	0
Ft. Hood, TX	309	53	95	75	48	0	20	4	66
Ft. Jackson, SC	0	0	0	0	0	0	0	0	0
Ft. Lee, VA	0	0	0	0	0	0	0	0	0
Ft. Meade, MD	196	65	57	33	20	1	3	0	33
Ft. Polk, LA	448	153	36	196	48	3	14	2	48
Ft. Riley, KS	69	9	16	29	12	2	2	0	7
Ft. Rucker, AL	0	0	0	0	0	0	0	0	0
Ft. Stewart, GA	839	273	182	277	51	3	19	1	90
Ft. Weinwright, AK	100	12	29	48	5	0	2	0	10
Lewis JB, WA	120	16	27	54	13	2	1	1	14
Richardson JB, AK	50	5	15	17	21	0	5	1	12
San Antonio JB (Sam Houston), TX	508	149	132	146	35	3	8	2	63
Tripler AMC, HI	0	0	0	0	0	1	0	0	0
Walter Reed AMC, DC	658	300	189	49	101	1	25	3	99

Notes:

1. Navy and Marine Corps share MEBs/year count
2. As of May 8, 2011
3. Cases completed during the month of April
4. (A), (R), (G), refer to Active, Reserve and Guard Components
5. A double dash (--) indicates insufficient or no data available to complete the calculation

Answers to Pre-Hearing Questions for Senate Veterans Affairs Committee
 May 18, 2011, Hearing

Question	IA	IB	IC	ID	IE	IF	IG	IG	IG
Site Name	IOC Date	# MEBs / Year ¹	Service Members Enrolled	PEBLO Staffing Ratio	MSC Staffing (VA)	Average Time for Medical Exams ²	Average Days Pending in IDES (A) ^{3,4}	Average Days Pending in IDES (R) ^{3,4}	Average Days Pending in IDES (G) ^{3,4}
	11/26/2007	127	147	12	43	270	226	219	
	12/31/2010	79	10	22	48	63			
	3/18/2011	47	0	7					
	3/31/2011	24	1	18		4			
	12/31/2010	51	14	12		47			
	3/21/2011	143	2	10		18			
	3/31/2011	78	3	21		15			
	12/31/2010	37	6	22		52			
	12/31/2010	17	14	5		39			32
	4/30/2009	43	74	10		213	33		243
	12/31/2010	59	3	20		20			
	12/31/2010	44	1	14		58			54
	3/31/2011	67	1	10		16			
	12/31/2010	55	12	9		41			100
	3/31/2011	61	12	19		11			
	3/29/2011	31	2	10		11			
	12/31/2010	242	47	16		39			81
	4/7/2011	20	0	5					
	12/31/2010	20	3	5		42			
	3/31/2011	109	0	10					
	3/31/2009	54	83	15		30	265	283	267
	3/18/2011	74	0	21					
	12/31/2010	40	1	10					
	3/31/2011	64	3	10		37			
	12/31/2010	56	6	5		59			50
	12/31/2010	35	1	15		43			
	3/31/2009	157	132	16		45			115
	12/31/2010	97	11	15		243	122		
	3/23/2011	137	3	20		55			
	12/31/2010	32	5	9		4			
	12/31/2010	98	60	19		65			
	3/31/2011	502	1	40		59	69		45
	3/31/2011	124	3	10		13			
	12/31/2010	112	42	33		15			
	12/31/2010	170	20	47		56			69
	3/31/2011	123	10	21		41			
	5/31/2009	125	141	12		35			326
	2/28/2009	37	6	11		360			
	12/31/2010	51	13	18		80			84

- Notes:
1. New and Marine Corps share MEBs/year count
 2. As of May 8, 2011
 3. Cases completed during the month of April
 4. (A), (R), (G), refer to Active, Reserve and Guard Components
 5. A double dash (--) indicates insufficient or no data available to complete the calculation

Answers to Pre-Hearing Questions for Senate Veterans Affairs Committee
May 18, 2011, Hearing

Question	1A	1B	1C	1D	1E	1F	1G	1G	1G
Site Name	IOC Date	# MEBs/ year ¹	Service Members Enrolled	PERLO Staffing Ratio	MSC Staffing (VA)	Average Time for Medical Exams ²	Average Days Pending in IDES (A) ^{3,4}	Average Days Pending in IDES (R) ^{3,4}	Average Days Pending in IDES (G) ^{3,4}
29 Palms NH, CA	12/31/2010	110	24	34	43	61	--	--	--
Beaufort NH, SC	12/31/2010	204	41	53	31	58	--	--	--
Bethesda NM/MC, MD	11/26/2007	250	165	11	42	291	440	--	--
Bremerton NH, WA	2/28/2009	107	15	28	--	349	165	--	--
Camp Lejeune NH, NC	3/31/2009	928	1174	28	49	289	364	--	--
Camp Pendleton NH, CA	1/31/2009	330	399	28	70	232	278	--	--
Charleston NH, SC	12/31/2010	84	0	19	--	--	--	--	--
Cherry Point NH, NC	12/31/2010	132	62	12	31	64	--	--	--
Corpus Christi NHC, TX	3/31/2011	240	0	46	--	--	--	--	--
F. Worth BHC, TX	3/31/2011	110	0	--	--	--	--	--	--
Hawaii NHC, HI	3/31/2011	110	39	23	51	64	--	--	--
Jacksonville NH, FL	12/31/2010	169	39	23	22	67	53	--	--
Jacksonville NH, FL	12/31/2010	228	18	22	--	97	--	--	--
Lemoore NH, CA	12/31/2010	45	1	8	--	--	--	--	--
Oak Harbor NH, WA	12/31/2010	52	0	16	--	--	--	--	--
Pensacola NHC, VA	3/31/2010	756	53	32	114	176	92	--	--
Quantico NHC, VA	12/31/2010	120	58	19	31	67	62	--	--
San Diego NM/MC, CA	12/31/2008	950	480	39	57	241	276	--	--
29 Palms NH, CA	12/31/2010	2	2	34	--	49	--	--	--
Beaufort NH, SC	12/31/2010	0	53	0	--	--	--	--	--
Bethesda NM/MC, MD	11/26/2007	130	11	11	47	269	356	--	--
Bremerton NH, WA	2/28/2009	101	28	28	54	206	234	--	--
Camp Lejeune NH, NC	3/31/2009	56	28	28	45	278	675	--	--
Camp Pendleton NH, CA	1/31/2009	48	28	28	47	256	109	--	--
Charleston NH, SC	12/31/2010	19	19	19	79	68	--	--	--
Cherry Point NH, NC	12/31/2010	4	4	12	--	60	--	--	--
Corpus Christi NHC, TX	3/31/2011	0	0	46	--	--	--	--	--
F. Worth BHC, TX	3/31/2011	0	0	--	--	--	--	--	--
Hawaii NHC, HI	3/31/2011	47	23	23	52	68	--	--	--
Jacksonville NH, FL	12/31/2010	41	41	22	72	73	32	--	--
Lemoore NH, CA	12/31/2010	9	8	--	--	75	--	--	--
Oak Harbor NH, WA	12/31/2010	19	16	16	60	67	--	--	--
Pensacola NHC, VA	3/31/2010	520	52	32	94	165	217	--	--
Quantico NHC, VA	12/31/2010	1	1	19	--	110	--	--	--
San Diego NM/MC, CA	12/31/2008	950	590	39	55	243	292	--	--
TOTAL		22605	13957						

- Notes:
1. Navy and Marine Corps share MEBs/year count
 2. As of May 8, 2011
 3. Cases completed during the month of April
 4. (A), (R), (G), refer to Active, Reserve and Guard Components
 5. A double dash (-) indicates insufficient or no data available to complete the calculation

5/16/2011

Office of Wounded Warrior Care and Transition Policy

Answers to Pre-Hearing Questions for Senate Veterans Affairs Committee
May 18, 2011, Hearing

Question	1K	1L	1M	1N	1O	1P	1Q	1R	1S
Site Name	# of Completions ²	# PDRL ²	# TDRL ²	# Separated w/ Severance Pay ²	# Removed ²	# Court Marials ²	# Admin Discharge Excluding Court Marial ²	# SM passed away ²	# Return to Duty ²
29 Palms NH, CA	0	0	0	0	0	0	0	0	0
Beaufort NH, SC	0	0	0	0	0	0	0	0	0
Bethesda NMMC, MD	288	42	133	61	21	1	4	7	40
Birmingham VA	3	0	0	0	0	0	0	0	0
Camp Lejeune NH, NC	507	54	167	132	183	5	58	2	136
Camp Pendleton NH, CA	265	24	54	129	39	2	9	1	47
Charleston NH, SC	0	0	0	0	0	0	0	0	0
Cherry Point NH, NC	0	0	0	0	2	0	1	0	0
Corpus Christi NHC, TX	0	0	0	0	0	0	0	0	0
Ft. Worth BHC, TX	0	0	0	0	0	0	0	0	0
Hawaii NHC, HI	0	0	0	0	0	0	0	0	0
Jacksonville NH, FL	0	0	0	0	0	0	0	0	0
Lemoore NH, CA	0	0	0	0	0	0	0	0	0
Oak Harbor NH, WA	0	0	0	0	0	0	0	0	0
Portsmouth NMMC, VA	8	0	3	2	5	0	2	1	2
Quantico NHC, VA	0	0	0	0	0	0	0	0	0
San Diego NMMC, CA	421	69	115	152	54	2	12	2	68
29 Palms NH, CA	0	0	0	0	0	0	0	0	0
Beaufort NH, SC	0	0	0	0	0	0	0	0	0
Bethesda NMMC, MD	250	29	68	36	39	1	0	0	0
Bremerton NH, WA	84	19	19	27	6	0	3	4	113
Camp Lejeune NH, NC	39	4	10	1	13	0	0	0	14
Camp Pendleton NH, CA	76	10	26	27	6	0	2	0	24
Charleston NH, SC	0	0	0	0	0	0	1	0	12
Cherry Point NH, NC	0	0	0	0	0	0	0	0	0
Corpus Christi NHC, TX	0	0	0	0	0	0	0	0	0
Ft. Worth BHC, TX	0	0	0	0	0	0	0	0	0
Hawaii NHC, HI	0	0	0	0	1	0	0	0	0
Jacksonville NH, FL	0	0	0	0	0	0	0	0	0
Lemoore NH, CA	0	0	0	0	0	0	0	0	0
Oak Harbor NH, WA	0	0	0	0	0	0	0	0	0
Portsmouth NMMC, VA	78	7	10	10	35	1	7	2	49
Quantico NHC, VA	0	0	0	0	0	0	0	0	0
San Diego NMMC, CA	516	88	135	133	60	1	20	3	145
TOTAL	7859	1766	2154	2132	1068	40	282	40	1495

- Notes:
1. Navy and Marine Corps share MEBs/year count
 2. As of May 8, 2011
 3. Cases completed during the month of April
 4. (A), (R), (G), refer to Active, Reserve and Guard Components
 5. A double dash (-) indicates insufficient or no data available to complete the calculation

More on *Item r*. The number of individuals who have died during the IDES process and the causes of their deaths.

Response. The VTA database indicates that 40 Service Members have died while enrolled in IDES. A spreadsheet is attached (only Army has responded as of 11:48 Monday, May 16, 2011).

Disenrollment Subcategory: Service Member Passed Away data in VTA, 050411

Army

	CASE ID	SERVICE	MEB LOCATION	CAUSE OF DEATH
1	4540	A	Ft. Carson, CO	Natural Causes
2	5655	A	Ft. Carson, CO	Self Inflicted Gun shot
3	9735	A	Ft. Carson, CO	Natural Causes
4	15967	A	Ft. Carson, CO	Pulmonary Embolism
5	12334	A	Ft. Drum, NY	Self Inflicted Gun Shot Wound
6	9121	A	Ft. Hood, TX	Drive by shooting victim
7	10206	A	Ft. Hood, TX	Overdose - "huffing"
8	10591	A	Ft. Hood, TX	Drug overdose
9	10647	A	Ft. Hood, TX	Self inflicted gun shot
10	6832	A	Ft. Polk, LA	Multiple Prescription drugs toxicity
11	9538	A	Ft. Polk, LA	Natural Causes
12	2491	A	Ft. Stewart, GA	DX: COMBINED ETHANOL, COCAINE, OXYCODONE, AND HYDROCODONE TOXICITY.
13	14944	A	Lewis JB, WA	Motorcycle accident
14	13018	A	Richardson JB, AK	Multiple gun shot Wounds to head and trunk
15	8408	A	San Antonio JB (Sam Houston), TX	Graft versus host disease; colitis; acute lymphocytic leukemia status post bone marrow transplant
16	8748	A	San Antonio JB (Sam Houston), TX	Synovial cell carcinoma left leg (SP below the knee amputation) with metastases to the lungs
17	2445	A	Walter Reed AMC, DC	Asphyxia due to hanging
18	3028	A	Walter Reed AMC, DC	Death from Carcinoma
19	3437	A	Walter Reed AMC, DC	Suicide

Air Force

	CASE ID	SERVICE	MEB LOCATION	CAUSE OF DEATH
20	976	F	Andrews JB, MD	
21	1450	F	Andrews JB, MD	
22	12436	F	MacDill AFB, FL	
23	18928	F	Robins AFB, GA	
24	14815	F	Travis AFB, CA	

Air Force Answer: Unfortunately our system doesn't specifically capture the official cause of death--only the date of death. However, four died within 5 months or less of their referral to the PEB by the MEB. This suggests that their illnesses/injuries were severe at the time they entered IDES. One Airman known personally to a member of the PEB division had advanced cancer.

Marine Corps

	CASE ID	SERVICE	MEB LOCATION	CAUSE OF DEATH
25	1388	M	Bethesda NNMC, MD	Suicide
26	6595	M	Camp Lejeune NH, NC	Gunshot wound to the Head April 2011
27	9282	M	Camp Lejeune NH, NC	Gunshot wound to the Head May 2010
28	9598	M	Camp Pendleton NH, CA	CASE STILL PENDING AFIP
29	9969	M	Portsmouth NMC, VA	suicide
30	7104	M	San Diego NMC, CA	Synovial Sarcoma
31	12579	M	San Diego NMC, CA	pending investigation HQMC

Navy

	CASE ID	SERVICE	MEB LOCATION	CAUSE OF DEATH
32	9	N	Bethesda NNMC, MD	Cancer
33	1140	N	Bethesda NNMC, MD	Renal failure
34	1355	N	Bethesda NNMC, MD	Cancer
35	16645	N	Bethesda NNMC, MD	Cancer
36	13561	N	Portsmouth NMC, VA	result of medical condition
37	14260	N	Portsmouth NMC, VA	suicide
38	3676	N	San Diego NMC, CA	Heart Failure
39	7239	N	San Diego NMC, CA	Melanoma of the R. Thigh
40	10625	N	San Diego NMC, CA	Meta. Ewings Sarcoma

t) The funding level for the IDES process, including funds that will be provided from any source. [Additional responses from VA found in VA statements.]

Military Departments and VA—Air Force Answer

Physical Evaluation Board:

Manpower Costs for IDES* (FY12 and out years) (Off, Enl, Civ)	\$4.875M
Operations and Maintenance Costs (FY12 and out years)	\$159K
Equipment	\$187K
Space	\$1.41M
Training (Annual Conference)	\$1.50M

Military Treatment Facilities:

PEBLO (funded and identified unfunded requirements)	\$6.0M
Equipment (High Speed Copies, Scanners)	\$517K
Operations and Maintenance	\$217K
Patient Travel for Compensation & Pension exams	\$14K
Psychiatrist (Hickam)	\$225K

*Manpower costs include extensive use of Reserve Component since FY07 and projected need to maintain that back-up for surge in workload. In FY11, Reserve Component man days used were 372 days for Enlisted and 993 man days were used for Officers.

2. In advance of the hearing, please provide the Committee with copies of the following:

a. All weekly or monthly IDES Reports for 2011 that have not previously been provided to the Committee



January 2011

Integrated Disability Evaluation System (IDES) Monthly Report

Overview:

The IDES Monthly Report contains analyses of IDES performance over the previous six months and is based on data from the IDES module of VA's Veterans Tracking Application (VTA).

Implementation:

Fifty five sites currently operate the IDES process. Since the introduction of the DES Pilot at three sites in November 2007, the DoD-VA Wounded, Ill, Injured Senior Oversight Committee (SOC) approved three worldwide phases of expansion. In Phase 1 DoD and VA implemented the DES Pilot at 18 sites from October 2008 to May 2009. Phase 2 implemented the IDES at 6 new sites from January to March 2010. Phase 3, which marked the replacement of the DES Pilot with the Integrated DES, will bring the IDES to all remaining sites by September 2011. Since November 2007, 17,307 Service members have enrolled in the IDES. The 55 sites currently using the IDES processed 58% of the DoD disability caseload during 2009. In December 2010, 11,947 Service members remain actively enrolled in the IDES.

Performance:

During December 2010, Active Component Service members completed the IDES process in an average of 348 days from referral to post-separation VA Benefits decision, including pre-separation leave. This exceeds the 295-day IDES goal but is 36 percent faster than the 540 day benchmark for the Legacy disability process. During December 2010, Reserve and National Guard Service members averaged 319 days in the IDES.

IDES Improvement Priorities:

Current IDES improvement priorities focus on improving timeliness and Service member understanding. Office of Primary Responsibility (OPR) listed below.

1. Streamline medical case narrative summary to improve Medical Evaluation Board (MEB) timeliness. OPR: Assistant Secretary of Defense for Health Affairs (ASD(HA)).
2. Improve IDES disability examination timeliness. OPR: Veterans Health Administration.
3. Improve Service member understanding of IDES through additional communication and transparency. OPR: Deputy Assistant Secretary of Defense for Wounded Warrior Care and Transition Policy (DASD(WWCTP)).

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1. Implementation Status:
 Figure 1.1, IDES Coverage, shows the estimated percentage of disability cases per year that will enter the IDES process at each expansion milestone.

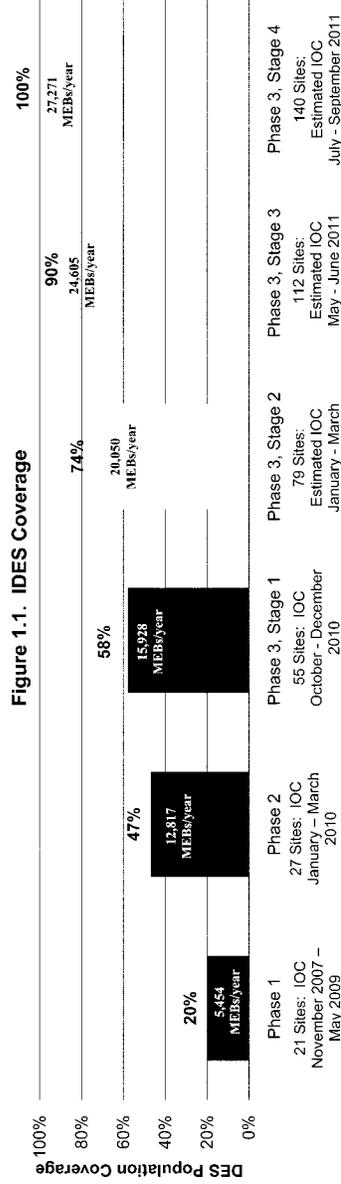


Figure 1.2, Stage 2 Expansion Site Assessment Matrix, shows future IDES site readiness to implement the IDES process. Stage 2 sites are scheduled to implement the IDES January - March 2011. Stage 3 sites are scheduled to implement the IDES April - June 2011. Local DoD and VA certifying officials determine readiness based on the following categories.

- Exam Coverage Provider: The agency responsible for providing examinations (VBA, VHA, DoD)
- MoA: Local Memorandum of Agreement completed between VA and DoD
- Resources: Sufficient PEBLO, MSC, and provider staffing
- Facilities: Sufficient space and equipment for DoD and VA personnel
- IT: Facility meets VA Information Technology requirements; has sufficient high speed scanners / copiers, etc.
- IT POC: IT points of contact established
- Training: IDES training provided
- Comm: Communications plan developed
- Certification of Senior Representative: DoD and VA officials have certified the readiness of the site to implement the IDES
- Estimated IOC Date: Estimated date that IDES can be operational at the site

Local DoD and VA certifying officials apply the following criteria for each readiness category.

Green: Ready
 Yellow: On target for completion
 Red: At risk

Black or white triangle indicates that the status data has changed from the previous report

Figure 1.2. IDES Stage 2 Expansion Site Assessment Matrix

Location	Exam Coverage Provider	IOC Readiness Criteria					Certification by Senior Representative			Estimated Initial Operating Capability (IOC) Date
		MOA	Resources	Facilities	IT POC	Training	Comm	DoD	VA	
FL Campbell	VHA							COL John P. Cook, MTF CO	John Darridge, Jr., VISN 9 Mike Dusenbery, Nashville RO	March 31, 2011
FL Eustis	VHA							COL Karen Gauseman, MTF CO	Daniel Hoffmann, VISN 6 Kathleen R. Sullivan, Roanoke RO	March 31, 2011
FL Gordon	VBA							SG Bryan Gamble, Regional CO	Mark Anderson, VISN 7 Al Bochicchio, Atlanta RO	March 31, 2011
FL Jackson	VHA							COL Ramona Forey, MTF CO	Mark Anderson, VISN 7 Carl Hawkins, Columbia RO	March 31, 2011
FL Lee	VHA							COL Vivian T. Hulson, MTF CO	Daniel Hoffmann, VISN 6 Kathleen R. Sullivan, Roanoke RO	March 31, 2011
FL Ruckler	VBA							COL Patrick N. Denman, MTF CO	Mark Anderson, VISN 7 Ricardo F. Rendle, Montgomery RO	March 31, 2011
	VHA							Col Robert Tella, 460 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
	VHA							Col Scott Corcoran, 27 MDG/CC	Susan Bowers, VISN 18 Grant Singleton, Albuquerque RO	March 31, 2011
	VHA							Col Gordon Peters, 355 MDG/CC	Susan Bowers, VISN 18 Mark Blossz, Ft Harrison RO	March 31, 2011
	VHA							Col Jeffrey Thompson, 7 MDG/CC	Susan Bowers, VISN 18 Carl Lowe, Waco RO	March 31, 2011
	VHA							Col Fransesca Vasta-Falldorf, 90 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
	VHA							Col James Forrest, 17 MDG/CC	Susan Bowers, VISN 18 Carl Lowe, Waco RO	March 31, 2011
	VHA/VBA							Col Donald Hickman, 75 MDG/CC	Glen Grippen, VISN 19 Mark Blossz, Salt Lake City RO	March 31, 2011

Figure 1.2. IDES Stage 2 Expansion Site Assessment Matrix

Location	Exam Coverage Provider	IOC Readiness Criteria							Certification by Senior Representative		Estimated Initial Operating Capability (IOC) Date
		MOA	Resources	Facilities	IT POC	Training	Comm	DoD	VA		
	VHA								Col William Thomas, 49 MDG/CC	Susan Bowers, VISN 18 Grant Singleton, Albuquerque RO	March 31, 2011
	VHA								Col Steven Reese, 377 MDG/CC	Susan Bowers, VISN 18 Grant Singleton, Albuquerque RO	March 31, 2011
	VHA		▲						Maj Gen Byron Heppburn, 59 MDW/CC	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011
	VHA								Col Bruce Peters, 47 MDG/CC	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011
	VHA								Col Mark Holland, 56 MDG/CC	Susan Bowers, VISN 18 Sandra Flint, Phoenix RO	March 1, 2011
	VHA								Col Leslie Dixon, 341 MDG/CC	Glen Grippen, VISN 19 Mark Blosz, Salt Lake City RO	March 15, 2011
	VHA								Col John Sell, 21 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 1, 2011
	VHA								Col Soledad Linda-Moon, 359 MDG/CC	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011
	VBA								Col Timothy Bray, 82 MDG/CC	George Gray, VISN 16 Francie Wright, Muskogee RO	March 31, 2011
	VHA								Col Kenneth Knight, 10 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
Corpus Christi NH	VHA/VBA								RDML Mike Stocks, NAVMEDEAST	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011

2. Enrollment

Figure 2.1, Current Enrollment, shows the number of Service members active in the IDES during the previous six months. In December the IDES population increased 5% (434 cases) from the previous month. On average the IDES grew 6% each month during the previous 6 months; an overall increase of 36% (3,266 cases).

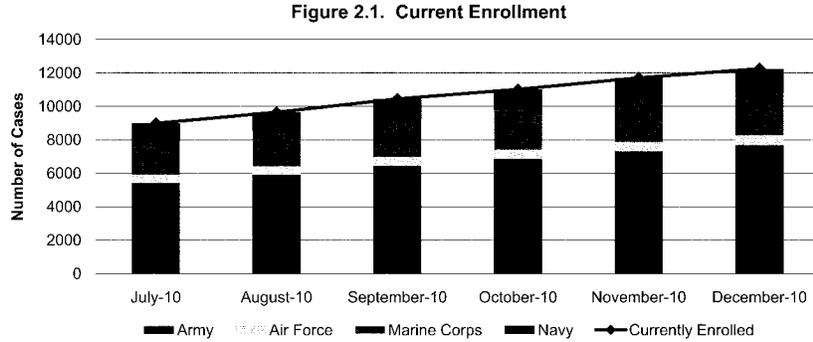
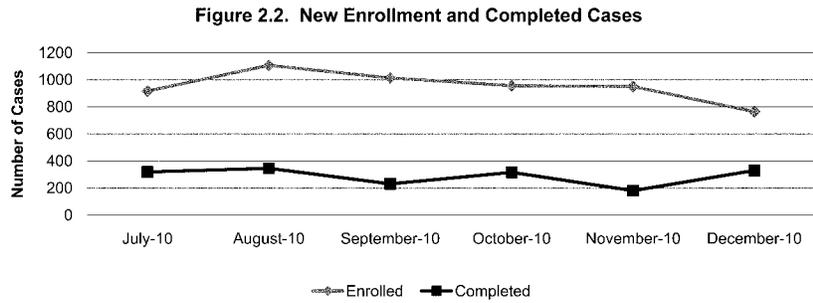
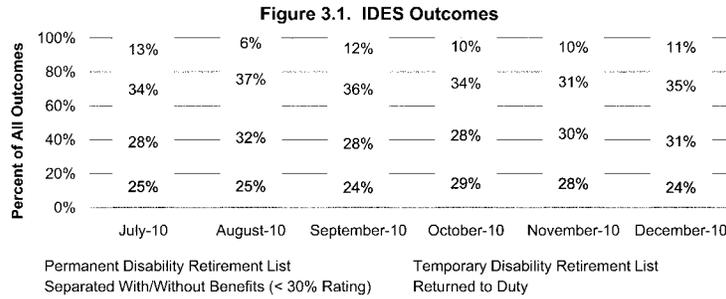


Figure 2.2, shows the number of cases completed and newly enrolled during the previous 6 months. New sites that are enrolling cases but not yet completing cases at an equal rate cause the number of newly enrolled cases to be greater than the number of completed cases. As the IDES matures, the number of enrollments and completions should equalize. Until the IDES reaches equilibrium, the current, active enrollment shown in Figure 2.1 will continue to increase.



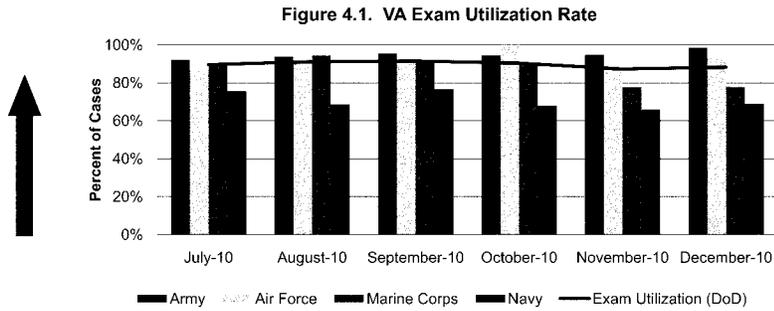
3. Outcomes

Figure 3.1, IDES Outcomes, shows the distribution of final IDES outcomes during the previous 6 months. The Returned to Duty rate includes Service members who returned to duty at any point in the IDES process.



4. VA Exam Utilization Rate

Figure 4.1, VA Exam Utilization Rate, shows the proportion of Service members during the previous 6 months who received disability exams, achieved a final IDES outcome, and who were eligible to apply for VA disability benefits.



Army	92%	94%	95%	95%	95%	99%
Air Force	87%	91%	91%	100%	88%	93%
Marine Corps	89%	94%	92%	90%	78%	78%
Navy	76%	69%	77%	68%	66%	69%
DoD	90%	91%	91%	90%	87%	88%

5. Timeliness (Calendar Days)

Figure 5.1 shows the **percent** of Active Component Service members who completed the IDES process in 295 days from referral to post-separation VA Benefits decision, including pre-separation leave during the previous 6 months. The FY11 goal is for 50% of Active Component Service members to complete the IDES in 295 days.

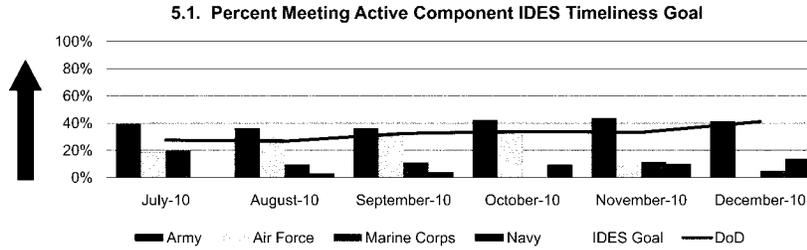


Figure 5.2 shows the **average number of days** for Active Component Service members to complete the IDES process from referral to VA benefits decision during the previous 6 months. The goal is for Active Component Service members to complete the IDES in an average of 295 days.

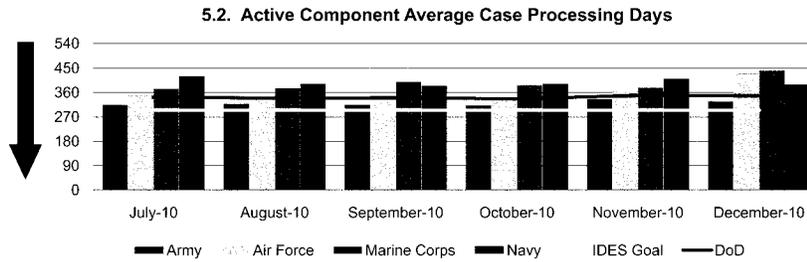


Table 5.3 contains the average number of days for Active Component Service members to complete the entire IDES process during the previous 6 months.

Figure 5.3. Active Component Case Processing Days Data Table

	July-10	August-10	September-10	October-10	November-10	December-10
Army	314	318	315	313	336	328
Air Force	351	335	352	335	366	430
Marine Corps	421	391	385	392	411	389
Navy	374	376	401	387	381	441
DoD	342	340	340	337	350	348

Figure 5.4, Reserve Component Timeliness, shows the **percent** of Reserve Component Service members who met the goal of completing the IDES in 305 days from referral to VA benefits decision during the previous 6 months. The FY11 goal is for 50% of Reserve Component Service members to complete the IDES in 305 days. Currently, there are too few Reserve Component IDES cases each month to provide stable results by Military Service.

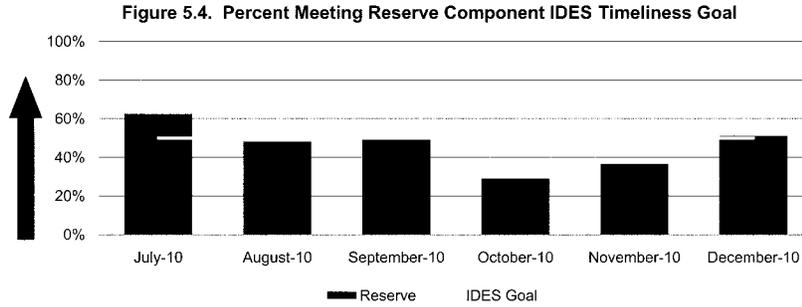


Figure 5.5 shows the **average number of days** for Reserve Component Service members to complete the entire IDES process from referral to VA benefits decision during the previous 6 months. The goal is for Reserve Component Service members to complete the IDES process in an average of 305 days.

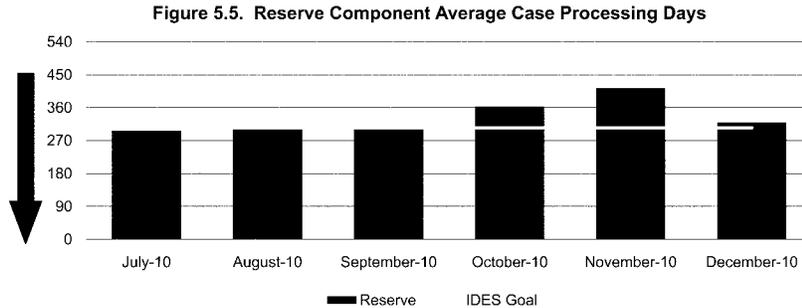


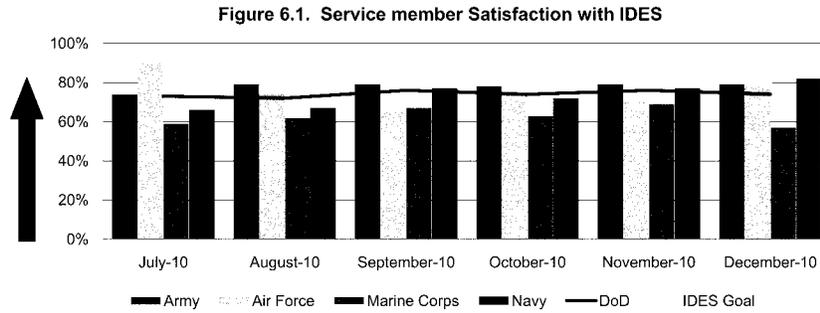
Table 5.6 contains the average processing days for Reserve Component Service members to complete the entire IDES process during the previous 6 months.

Figure 5.6. Reserve Component Case Processing Days Data Table

DoD	298	302	305	363	413	319

6. Service member Satisfaction

Figure 6.1 contains average Service member satisfaction with the IDES during the last six months. The goal is for 80% of Service members to report they are satisfied (average combined satisfaction with MEB, PEB, and / or Transition greater than 3.0 on a five-point Likert scale) with the IDES. Statistics for each month include the survey responses collected during that month.



7. Unfitting and Total Conditions

Figure 7.1, Unfitting and Total Conditions, shows the average number of unfitting and total conditions (claimed and unfitting) rated per Service member during the previous 6 months.

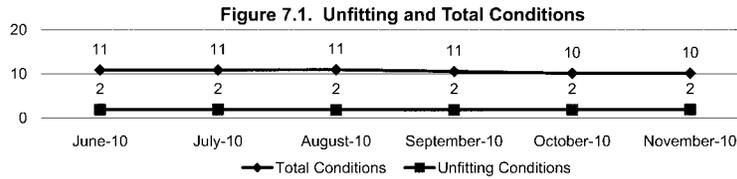


Table 7.2, Unfitting and Total Conditions, contains the average number of unfitting and total conditions (claimed and unfitting) rated per Service member by Service during the previous 6 months.

Table 7.2. Unfitting and Total Conditions

	June-10		July-10		August-10		September-10		October-10		November-10	
Army	11	2	11	2	10	2	10	2	10	2	10	2
Air Force	10	2	12	2	13	2	11	2	14	2	11	1
Navy	10	2	12	2	9	2	10	2	9	2	9	2
Marine Corps	11	2	11	2	10	2	10	2	10	2	10	2
DoD	11	2	11	2	11	2	10	2	11	2	11	2

8. Improvement Priorities

This section presents more detailed analyses of selected opportunities for improvement. The objective is to generate improvements by attacking areas where the IDES is not meeting performance goals. Data on the MEB and Medical Examination stages are presented this month. The MEB stage includes completion of the narrative summary of the Service member's medical conditions through the conclusion of the MEB.

Figure 8.1 shows the percent of Service members who met the 35-day MEB stage timeliness goal during the previous six months. The MEB stage is measured from the end of the medical evaluation to the end of the MEB and has a completion goal of 35 days for Active and Reserve Components.

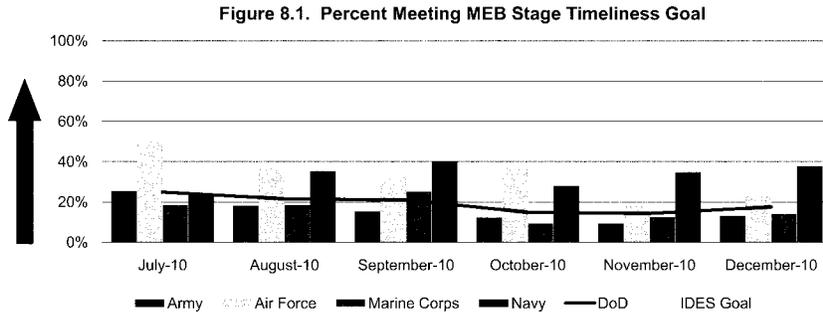


Figure 8.2 shows MEB stage average processing time. The average queue time line shows the average days Service members have been waiting to complete the MEB stage and is a leading indicator of future average processing times.

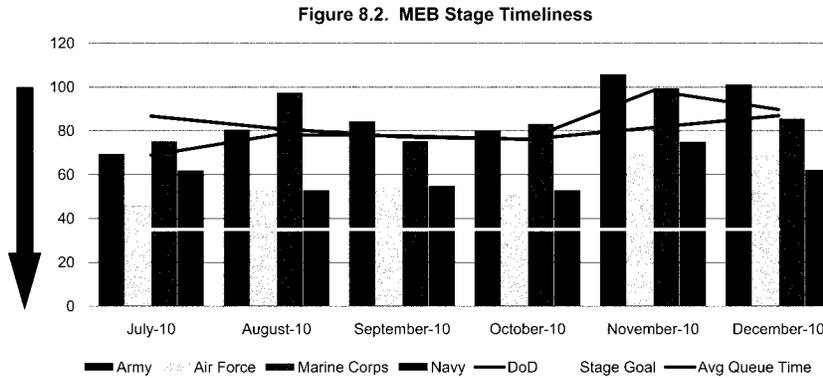


Figure 8.3, Top and Bottom Performing IDES sites for MEB stage, contains characteristics from the top two fastest (green background) and slowest (red background) performing sites from each Military Department when measured by average days for MEB completion during the previous 6 months. Note that some sites completed relatively few IDES cases during the previous 6 months, which can cause the average MEB completion days to vary substantially month to month.

Figure 8.3. Top and Bottom Performing IDES Sites for MEB Stage

Top Performing									
Ft. Bragg	43	35	59	12	71%	133	13	318	34
Ft. Wainwright	47	49	95	10	N/A	59	14	60	6
Vance AFB	6	N/A	N/A	4	N/A	4	1	5	1
	46	47	65	13	80%	49	8	60	6
NH Bremerton	23	36	N/A	8	N/A	29	3	53	1
NMC Portsmouth	44	47	43	9	58%	135	24	275	34
NH Bremerton	15	16	N/A	8	N/A	4	2	53	1
NMC Portsmouth	45	47	92	9	58%	17	6	275	34

Bottom Performing									
Ft. Meade	165	82	110	7	60%	60	7	141	24
Ft. Richardson	212	184	195	10	100%	19	2	29	6
	50	95	119	12	100%	27	4	33	5
	66	87	81	14	40%	30	4	67	9
NH Camp Lejeune	115	69	96	10	39%	22	6	473	76
NH Camp Pendleton	132	59	107	11	100%	10	1	183	33
NH Camp Pendleton	83	123	107	11	100%	104	10	183	33
NH Camp Lejeune	104	91	96	10	39%	300	79	473	76

Figure 8.4 shows the percent of Service members who met the 45-day Medical Examination stage timeliness goal during the previous six months. The Medical Examination stage is measured from the date exams are requested to the date all exam results are available and has a completion goal of 45 days for Active and Reserve Components.

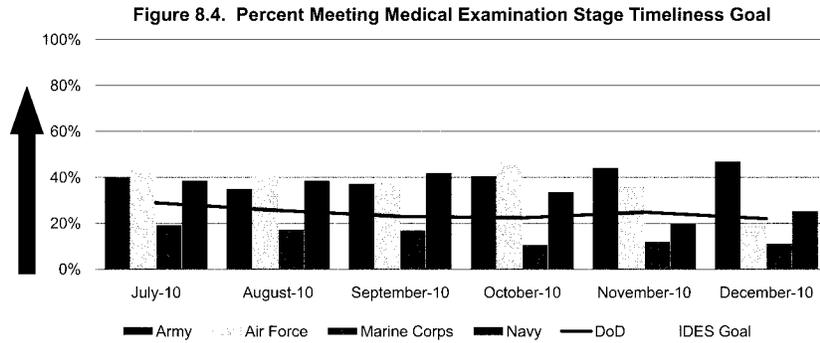


Figure 8.5 shows Medical Examination stage average processing time. The average queue time line shows the average days Service members have been waiting to complete the Medical Examination stage and is a leading indicator of future average processing times.

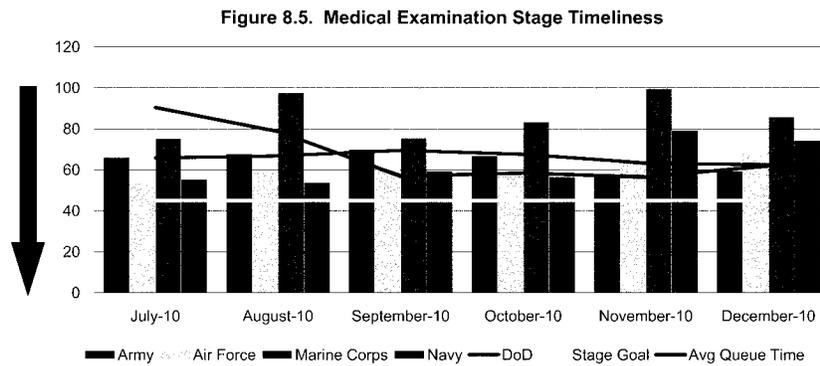
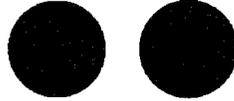


Figure 8.6, Top and Bottom Performing IDES sites for the Medical Examination stage, contains characteristics from the top two fastest (green background) and slowest (red background) performing sites from each Military Department when measured by average days for Medical Examination completion during the previous 6 months. Note that some sites completed relatively few IDES cases during the previous 6 months, which can cause the Medical Examination average days to vary substantially month to month.

Figure 8.6. Top and Bottom Performing IDES Sites for Medical Examination Stage

Top Performing									
Ft. Hood	29	39	51	8	88%	666	121	818	97
Ft. Bragg	34	34	43	12	71%	301	62	318	34
Travis AFB	39	51	34	14	40%	58	6	67	9
	46	N/A	30	4	N/A	2	0	5	1
NMC San Diego – Balboa	44	49	66	11	61%	230	32	406	21
NH Bremerton	73	66	64	8	N/A	28	4	53	1
NMC San Diego – Balboa	43	52	57	11	61%	192	32	406	21
NH Bremerton	56	56	44	8	N/A	3	1	53	1

Bottom Performing									
Ft. Stewart	86	73	112	13	88%	311	40	231	23
Ft. Carson	96	53	28	13	69%	669	59	470	114
	61	64	31	10	N/A	37	1	40	15
	81	81	55	13	80%	71	8	60	6
NH Camp Pendleton	90	124	60	11	100%	12	2	183	33
NH Camp Lejeune	106	152	80	10	39%	25	2	473	76
NMC Portsmouth	79	113	67	9	58%	14	1	275	34
NH Camp Lejeune	103	73	80	10	39%	411	58	473	76



February 2011

Integrated Disability Evaluation System (IDES) Monthly Report

Overview:

The IDES Monthly Report contains analyses of IDES performance over the previous six months and is based on data from the IDES module of VA's Veterans Tracking Application (VTA).

Implementation:

Fifty-five sites currently operate the IDES process. Since the introduction of the DES Pilot at three sites in November 2007, the DoD-VA Wounded, Ill, Injured Senior Oversight Committee (SOC) approved three phases of expansion. In Phase 1 DoD and VA implemented the DES Pilot at 18 sites from October 2008 to May 2009. Phase 2 implemented the IDES at six new sites between January and March 2010. Phase 3, which marked the replacement of the DES Pilot with the Integrated DES, will bring the IDES to all remaining sites by September 2011. Since November 2007, 18,266 Service members have enrolled in the IDES. At the end of January 2011, 12,659 Service members remained actively enrolled in the IDES.

Performance:

During January 2011, Active Component Service members completed the IDES process in an average of 368 days from referral to post-separation VA Benefits decision, including pre-separation leave. This exceeds the 295-day IDES goal but is 32 percent faster than the 540 day benchmark for the Legacy disability process. During January 2011, Reserve and National Guard Service members averaged 364 days in the IDES.

IDES Improvement Priorities:

Current IDES improvement priorities focus on improving timeliness and Service member understanding. Office of Primary Responsibility (OPR) listed below.

1. Streamline medical case narrative summary to improve Medical Evaluation Board (MEB) timeliness. OPR: Deputy Assistant Secretary of Defense for Wounded Warrior Care and Transition Policy (DASD(WWCTP)).
2. Improve IDES disability examination timeliness. OPR: Veterans Health Administration.
3. Improve Service member understanding of IDES through additional communication and transparency. OPR: Deputy Assistant Secretary of Defense for Wounded Warrior Care and Transition Policy (DASD(WWCTP)).

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1. Implementation Status:
 Figure 1.1, IDES Coverage, shows the estimated percentage of disability cases per year that will enter the IDES process at each expansion milestone.

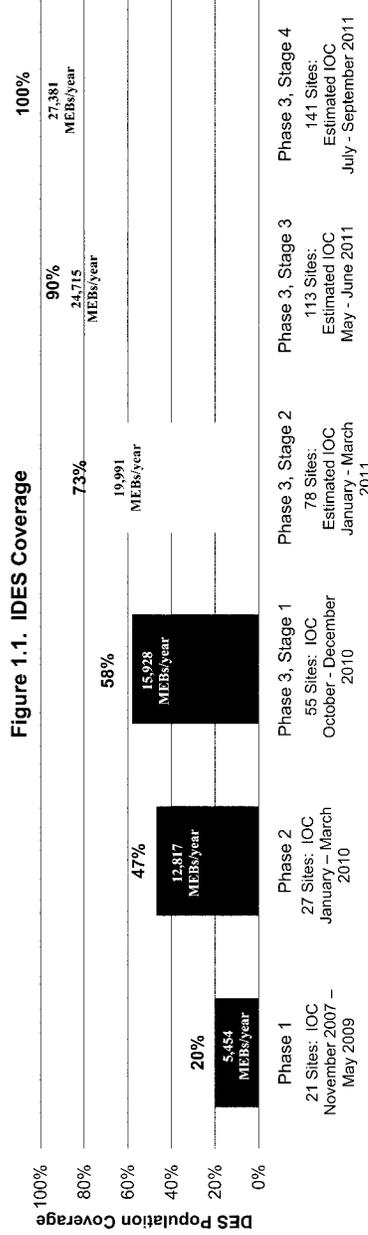


Figure 1.2, Stage 2 Expansion Site Assessment Matrix, shows future IDES site readiness to implement the IDES process. Stage 2 sites are scheduled to implement the IDES January - March 2011. Stage 3 sites are scheduled to implement the IDES April - June 2011. Local DoD and VA certifying officials determine readiness based on the following categories.

- Exam Coverage Provider: The agency responsible for providing examinations (VBA, VHA, DoD)
- MoA: Local Memorandum of Agreement completed between VA and DoD
- Resources: Sufficient PEBLO, MSC, and provider staffing
- Facilities: Sufficient space and equipment for DoD and VA personnel
- IT: Facility meets VA Information Technology requirements; has sufficient high speed scanners / copiers, etc.
- IT POC: IT points of contact established
- Training: IDES training provided
- Comm: Communications plan developed
- Certification of Senior Representative: DoD and VA officials have certified the readiness of the site to implement the IDES
- Estimated IOC Date: Estimated date that IDES can be operational at the site

Local DoD and VA certifying officials apply the following criteria for each readiness category.

- Green: Ready
- Yellow: On target for completion
- Red: At risk
- Black or white triangle indicates that the status data has changed from the previous report

Figure 1.2. IDES Stage 2 Expansion Site Assessment Matrix

Location	Exam Coverage Provider	IOC Readiness Criteria					Certification by Senior Representative			Estimated Initial Operating Capability (IOC) Date
		MDA	Resources	Facilities	IT POC	Training	Comm	DoD	VA	
Ft. Campbell	VHA▲							COL John P. Cook, MTF CO*	John Dandridge, Jr., VISN 9 Mike Dusenbery, Nashville RO	March 31, 2011
Ft. Eustis	VHA▲							COL Karen Causman, MTF CO	Daniel Hoffmann, VISN 6 Kathleen R. Sullivan, Roanoke RO	March 31, 2011
Ft. Gordon	VBA							BG Bryan Gamble, Regional CO	Mark Anderson, VISN 7 Al Bocchicchio, Atlanta RO	March 31, 2011
Ft. Jackson	VHA▲							COL Ramona Forey, MTF CO	Mark Anderson, VISN 7 Carl Hawkins, Columbia RO	March 31, 2011
Ft. Lee	VHA▲							COL Vivian T. Hulson, MTF CO	Daniel Hoffmann, VISN 6 Kathleen R. Sullivan, Roanoke RO	March 31, 2011
Ft. Rucker	VBA▲							COL Patrick N. Denman, MTF CO	Mark Anderson, VISN 7 Ricardo F. Randle, Montgomery RO	March 31, 2011
	VHA							Col Robert Tella, 460 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
	VHA▲							Col Scott Corcoran, 27 MDG/CC	Susan Bowers, VISN 18 Grant Singleton, Albuquerque RO	March 31, 2011
	VHA							Col Gordon Peters, 355 MDG/CC	Susan Bowers, VISN 18 Mark Bilosz, Ft Harrison RO	March 31, 2011
	VHA▲							Col Jeffrey Thompson, 7 MDG/CC	Susan Bowers, VISN 18 Carl Lowe, Waco RO	March 31, 2011
	VHA							Col Fransesca Vasta-Falldorf, 90 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
	VHA							Col James Forrest, 17 MDG/CC	Susan Bowers, VISN 18 Carl Lowe, Waco RO	March 31, 2011

2/18/2011

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Figure 1.2. IDES Stage 2 Expansion Site Assessment Matrix

Location	Exam Coverage Provider	IOC Readiness Criteria				Certification by Senior Representative		Estimated Initial Operating Capability (IOC) Date		
		MCO	Resources	Facilities	IT POC	Training	Comm		DoD	VA
	VHA/VBA▲		▲					Col Donald Hickman, 75 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
	VHA▲				▲			Col Steven Reese, 377 MDG/CC	Susan Bowers, VISN 18 Grant Singleton, Albuquerque RO	March 31, 2011
	VHA							Maj Gen Byron Hepburn, 59 MDW/CC	Lawrence Bro, VISN 17 Pritz Navaratasingam, Houston RO	March 31, 2011
	VHA		▲					Col Bruce Peters, 47 MDG/CC	Lawrence Bro, VISN 17 Pritz Navaratasingam, Houston RO	March 31, 2011
	VHA				▲			Col Mark Holland, 56 MDG/CC	Susan Bowers, VISN 18 Sandra Flint, Phoenix RO	March 31, 2011
	VHA▲				▲			Col Leslie Dixon, 341 MDG/CC	Glen Grippen, VISN 19 Mark Blossz, Salt Lake City RO	March 31, 2011
	VHA				▲			Col John Sell, 21 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
	VHA							Col Soledad Lindo-Moon, 359 MDG/CC	Lawrence Bro, VISN 17 Pritz Navaratasingam, Houston RO	March 31, 2011
	VBA▲				▲			Col Timothy Bray, 82 MDG/CC	George Cray, VISN 16 Francie Wright, Muskogee RO	March 31, 2011
Corpus Christi NH	VHA/VBA▲							RDML Mike Stocks, NAVMEDEAST	Lawrence Bro, VISN 17 Pritz Navaratasingam, Houston RO	March 31, 2011
Ft. Worth BHC▲	VBA/VHA▲							RDML Mike Stocks, NAVMEDEAST	Lawrence Bro, VISN 17 Pritz Navaratasingam, Houston RO	March 31, 2011

2. Enrollment

Figure 2.1, Current Enrollment, shows the number of Service members active in the IDES during the previous six months. In January the IDES population increased 3% (479 cases) from the previous month. On average the IDES grew 6% each month during the previous six months; an overall increase of 31% (3,008 cases).

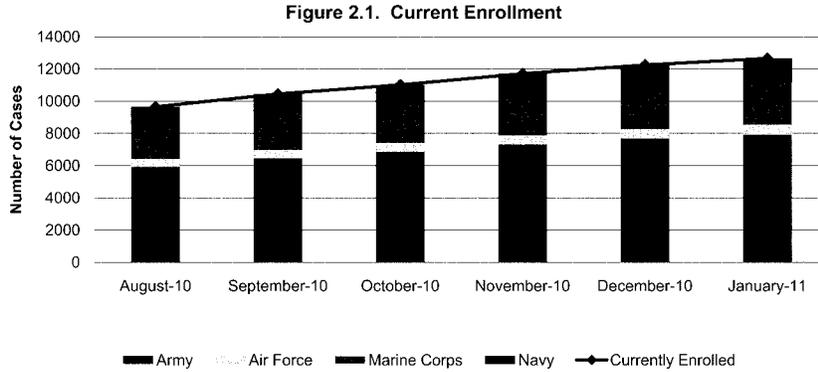
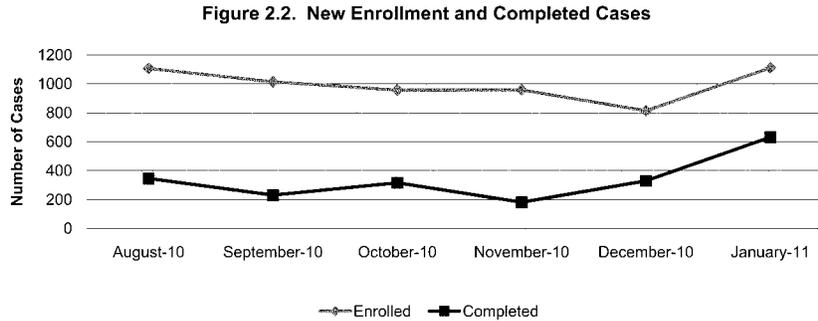
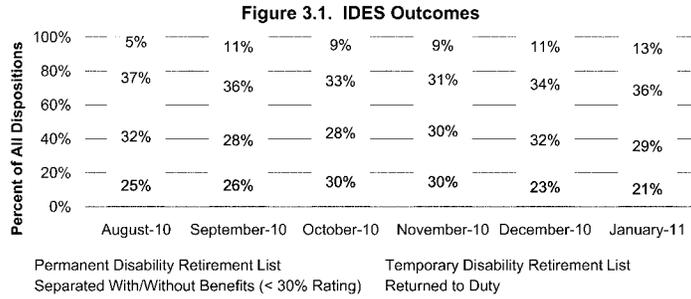


Figure 2.2, shows the number of cases completed and newly enrolled during the previous six months. New sites that are enrolling cases but not yet completing cases at an equal rate cause the number of enrolled cases to be greater than the number completed. As the IDES matures, the number of enrollments and completions should equalize. Until the IDES reaches equilibrium, the current, active enrollment shown in Figure 2.1 will continue to increase.



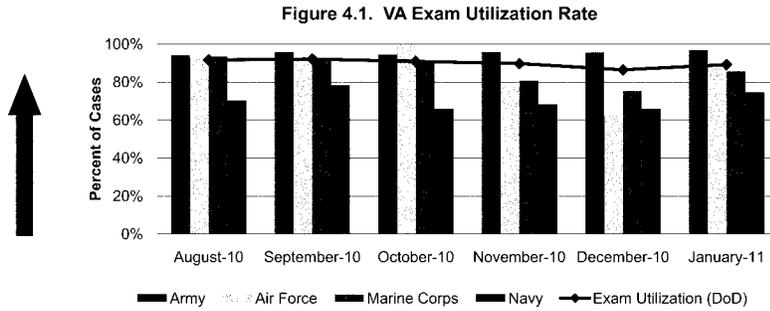
3. Outcomes

Figure 3.1, IDES Outcomes, shows the distribution of final IDES outcomes during the previous six months. The Returned to Duty rate includes Service members who returned to duty at any point in the IDES process.



4. VA Exam Utilization Rate

Figure 4.1, VA Exam Utilization Rate, shows the proportion of Service members during the previous six months who received disability exams, achieved a final IDES outcome, and who were eligible to apply for VA disability benefits.



Army	94%	96%	94%	96%	96%	97%
Air Force	93%	92%	100%	78%	63%	88%
Marine Corps	94%	92%	91%	81%	75%	86%
Navy	70%	78%	66%	68%	66%	75%
DoD	92%	92%	91%	90%	86%	89%

5. Timeliness (Calendar Days)

Figure 5.1 shows the **percent** of Active Component Service members who completed the IDES process in 295 days from referral to post-separation VA benefits decision, including pre-separation leave during the previous six months. The FY11 goal is for 50% of Active Component Service members to complete the IDES in 295 days.

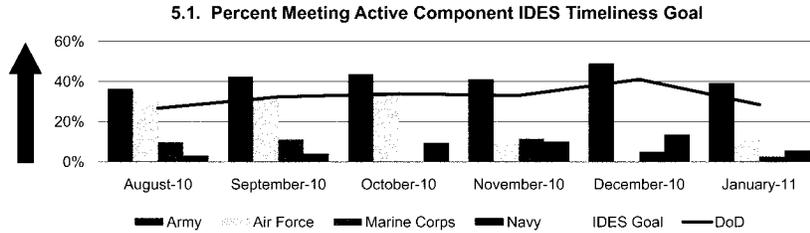


Figure 5.2 shows the **average number of days** for Active Component Service members to complete the IDES process from referral to VA benefits decision during the previous six months. The goal is for Active Component Service members to complete the IDES in an average of 295 days.

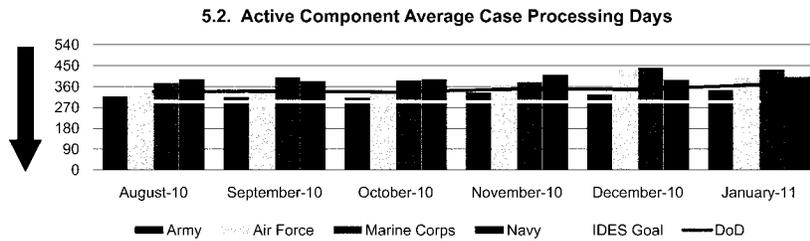


Table 5.3 contains the average number of days for Active Component Service members to complete the IDES process during the previous six months.

Figure 5.3. Active Component Case Processing Days Data Table

	August-10	September-10	October-10	November-10	December-10	January-11
Army	318	315	313	336	328	345
Air Force	335	352	335	366	430	396
Marine Corps	391	385	392	411	389	434
Navy	376	401	387	381	441	402
DoD	340	340	337	350	348	368

Figure 5.4, Reserve Component Timeliness, shows the **percent** of Reserve Component Service members who met the goal of completing the IDES in 305 days from referral to VA benefits decision during the previous 6 months. The FY11 goal is for 50% of Reserve Component Service members to complete the IDES in 305 days. Currently, there are too few Reserve Component IDES cases each month to provide stable results by Military Service.

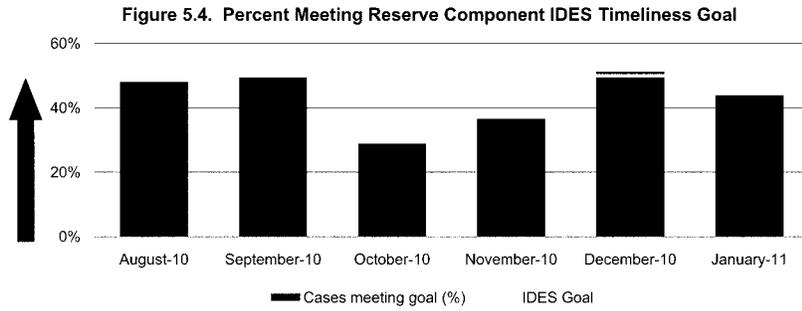


Figure 5.5 shows the **average number of days** for Reserve Component Service members to complete the entire IDES process from referral to VA benefits decision during the previous six months. The goal is for Reserve Component Service members to complete the IDES process in an average of 305 days.

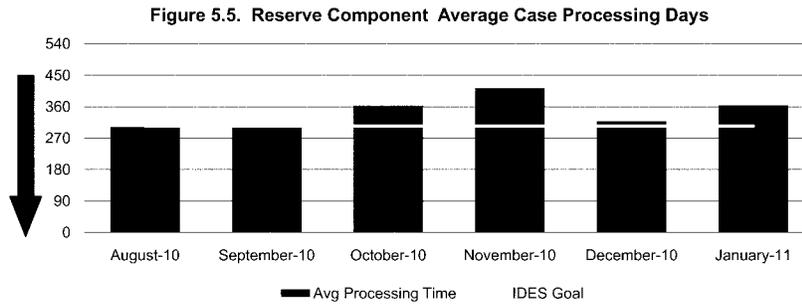


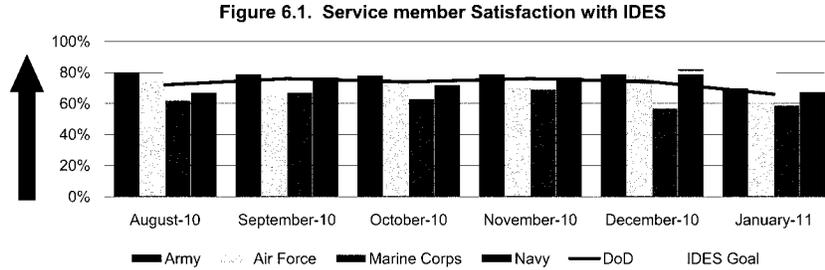
Table 5.6 contains the average processing days for Reserve Component Service members to complete the entire IDES process during the previous 6 months.

Figure 5.6. Reserve Component Case Processing Days Data Table

DoD	302	305	363	413	319	364

6. Service member Satisfaction

Figure 6.1 contains average Service member satisfaction with the IDES during the last six months. The goal is for 80% of Service members to report they are satisfied (average combined satisfaction with MEB, PEB, and / or Transition greater than 3.0 on a five-point Likert scale) with the IDES. Statistics for each month include the survey responses collected during that month.



7. Unfitting and Total Conditions

Figure 7.1, Unfitting and Total Conditions, shows the average number of unfitting and total conditions (claimed and unfitting) rated per Service member during the previous six months.

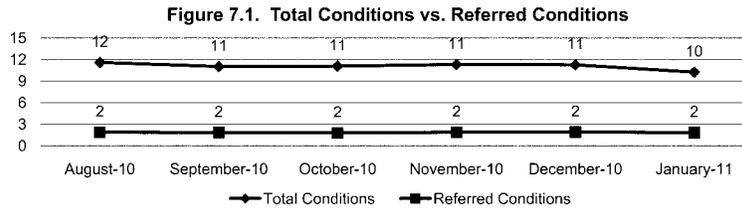


Table 7.2, Unfitting and Total Conditions, contains the average number of unfitting and total conditions (claimed and unfitting) rated per Service member by Service during the previous six months.

Table 7.2. Unfitting and Total Conditions

	August-10		September-10		October-10		November-10		December-10		January-11	
Army	11	2	11	2	11	2	11	2	11	2	10	2
Air Force	13	2	13	2	12	2	14	2	11	1	9	2
Navy	13	2	11	2	11	2	11	2	10	2	9	2
Marine Corps	11	2	11	2	11	2	11	2	11	2	10	2
DoD	12	2	11	2	11	2	11	2	11	2	10	2

8. Improvement Opportunities

This section presents more detailed analyses of selected opportunities for improvement. The objective is to generate improvements by attacking areas where the IDES is not meeting performance goals. Data on the MEB and Medical Examination stages are presented this month. The MEB stage includes completion of the narrative summary of the Service member's medical conditions through the conclusion of the MEB.

Figure 8.1 shows the percent of Service members who met the 35-day MEB stage timeliness goal during the previous six months. The MEB stage is measured from the end of the medical evaluation to the end of the MEB and has a completion goal of 35 days for Active and Reserve Components.

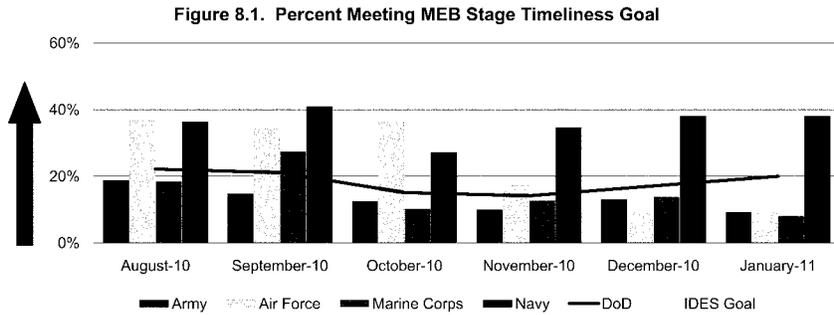


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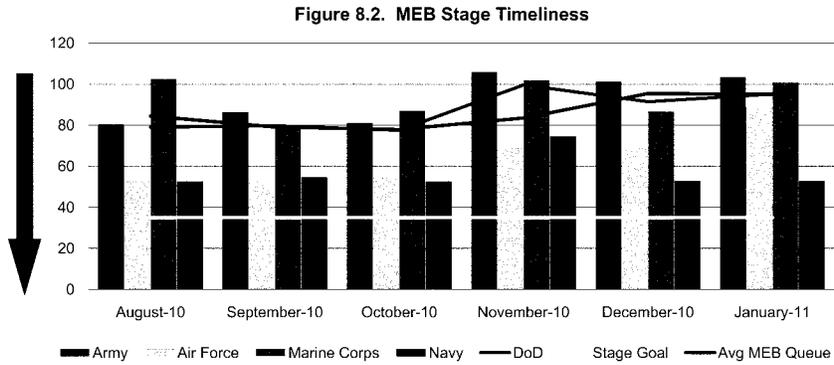


Figure 8.3, Top and Bottom Performing IDES sites for MEB stage, contains characteristics from the top two fastest (green background) and slowest (red background) performing sites from each Military Department when measured by average days for MEB completion during the previous six months. Note that some sites completed relatively few IDES cases during the previous six months, which can cause the average MEB completion days to vary substantially month to month.

Figure 8.3. Top and Bottom Performing IDES Sites for MEB Stage

Top Performing									
Ft. Wainwright	44	43	43	10	67%	52	4	61	12
Ft. Bragg	49	55	84	11	50%	115	19	350	72
Vance AFB	6	--	--	5	--	5	1	4	0
	51	69	70	13	67%	44	4	52	10
NH Bremerton	25	28	11	9	80%	34	8	53	14
NMC Portsmouth	44	36	33	10	75%	150	21	249	43
NH Bremerton	12	6	--	6	--	4	1	8	0
NMC Portsmouth	48	--	22	10	50%	15	0	26	6

Bottom Performing									
Ft. Meade	163	80	151	10	50%	59	6	148	22
Ft. Richardson	216	--	226	12	--	18	0	37	13
	90	--	151	10	--	9	0	42	11
	94	79	208	6	--	3	1	35	8
NH Camp Lejeune	114	87	86	14	0%	20	2	27	6
NH Camp Pendleton	141	84	64	17	50%	10	3	18	3
NH Camp Pendleton	99	137	94	13	64%	89	22	168	27
NH Camp Lejeune	107	103	113	12	56%	312	38	476	105

Figure 8.4 shows the percent of Service members who met the 45-day Medical Examination stage timeliness goal during the previous six months. The Medical Examination stage is measured from the date exams are requested to the date all exam results are available and has a completion goal of 45 days for Active and Reserve Components.

Figure 8.4. Percent Meeting Medical Examination Stage Timeliness Goal

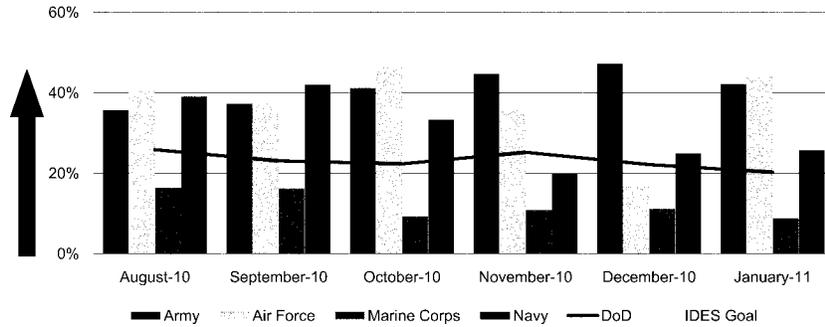


Figure 8.5 shows Medical Examination stage average processing time. The average queue time line shows the average days Service members have been waiting to complete the Medical Examination stage and is a leading indicator of future average processing times.

Figure 8.5. Medical Examination Stage Timeliness

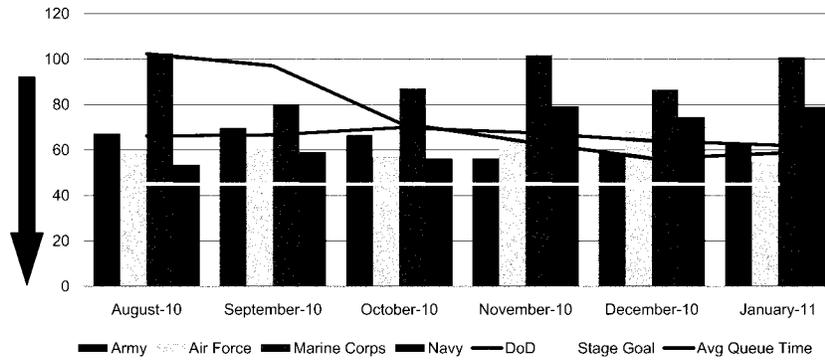
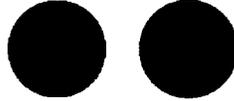


Figure 8.6, Top and Bottom Performing IDES sites for the Medical Examination stage, contains characteristics from the top two fastest (green background) and slowest (red background) performing sites from each Military Department when measured by average days for Medical Examination completion during the previous six months. Note that some sites completed relatively few IDES cases during the previous six months, which can cause the Medical Examination average days to vary substantially month to month.

Figure 8.6. Top and Bottom Performing IDES Sites for Medical Examination Stage

Top Performing									
Ft. Hood	33	42	48	9	82%	703	113	778	107
Ft. Meade	36	--	60	10	50%	36	0	148	22
Travis AFB	44	55	33	15	--	59	18	70	11
	46	--	--	5	--	2	0	4	0
NMC San Diego – Balboa	45	49	75	12	65%	231	35	227	31
NNMC Bethesda	72	62	30	11	63%	52	14	54	7
NMC San Diego – Balboa	46	56	75	10	59%	187	32	185	16
NH Bremerton	67	101	44	6	--	4	1	8	0

Bottom Performing									
Ft. Sam Houston	84	94	77	11	70%	354	56	320	40
Ft. Carson	86	55	19	15	63%	614	70	510	64
	64	74	17	10	--	37	8	42	11
	77	49	68	13	67%	71	10	52	10
NH Camp Pendleton	92	98	17	17	50%	15	3	18	3
NH Camp Lejeune	105	73	114	14	0%	26	4	27	6
NMC Portsmouth	95	122	66	10	50%	20	7	26	6
NH Camp Lejeune	98	83	42	12	56%	469	50	476	105



March 2011

Integrated Disability Evaluation System (IDES) Monthly Report

Overview:

The IDES Monthly Report contains analyses of IDES performance over the previous six months and is based on data from the IDES module of VA's Veterans Tracking Application (VTA).

Implementation:

Fifty-five sites currently operate the IDES process. Since the introduction of the DES Pilot at three sites in November 2007, the DoD-VA Wounded, Ill, Injured Senior Oversight Committee (SOC) approved three phases of expansion. In Phase 1 DoD and VA implemented the DES Pilot at 18 sites from October 2008 to May 2009. Phase 2 implemented the IDES at six new sites between January and March 2010. Phase 3, which marked the replacement of the DES Pilot with the Integrated DES, will bring the IDES to all remaining sites by September 2011. Since November 2007, 19,630 Service members have enrolled in the IDES. At the end of February 2011, 12,806 Service members remained actively enrolled in the IDES.

Performance:

During February 2011, Active Component Service members completed the IDES process in an average of 388 days from referral to post-separation VA Benefits decision, including pre-separation leave. This exceeds the 295-day IDES goal but is 28 percent faster than the 540 day benchmark for the Legacy disability process. During February 2011, the Reserve Service members averaged 387 and National Guard Service members averaged 322 days in the IDES.

IDES Improvement Priorities:

Current IDES improvement priorities focus on improving timeliness and Service member understanding. Office of Primary Responsibility (OPR) listed below.

1. Streamline medical case narrative summary to improve Medical Evaluation Board (MEB) timeliness. OPR: Deputy Assistant Secretary of Defense for Wounded Warrior Care and Transition Policy (DASD(WWCTP)).
2. Improve IDES disability examination timeliness. OPR: Veterans Health Administration.
3. Improve Service member understanding of IDES through additional communication and transparency. OPR: Deputy Assistant Secretary of Defense for Wounded Warrior Care and Transition Policy (DASD(WWCTP)).

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1. Implementation Status:
 Figure 1.1, IDES Coverage, shows the estimated percentage of disability cases per year that will enter the IDES process at each expansion milestone.

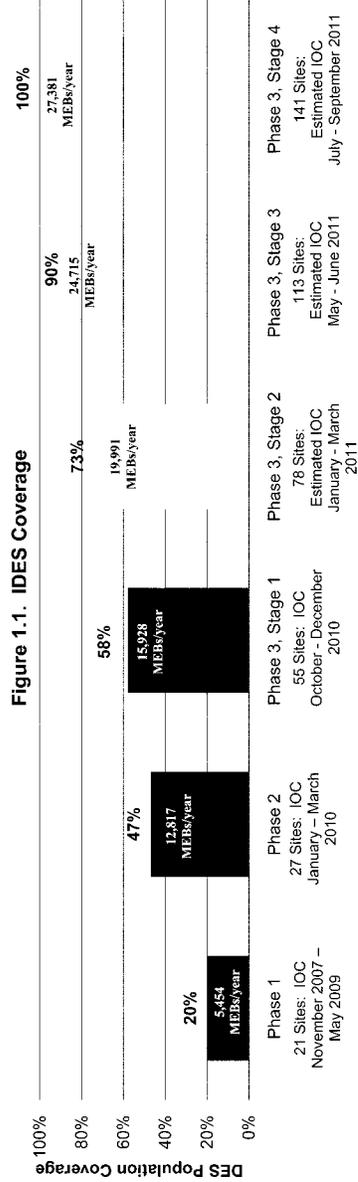


Figure 1.2, Stage 2 Expansion Site Assessment Matrix, shows future IDES site readiness to implement the IDES process. Stage 2 sites are scheduled to implement the IDES January - March 2011. Stage 3 sites are scheduled to implement the IDES April - June 2011. Local DoD and VA certifying officials determine readiness based on the following categories.

- Exam Coverage Provider: The agency responsible for providing examinations (VBA, VHA, DoD)
- MoA: Local Memorandum of Agreement completed between VA and DoD
- Resources: Sufficient PEBLO, MSC, and provider staffing
- Facilities: Sufficient space and equipment for DoD and VA personnel
- IT: Facility meets VA Information Technology requirements; has sufficient high speed scanners / copiers, etc.
- IT POC: IT points of contact established
- Training: IDES training provided
- Comm: Communications plan developed
- Certification of Senior Representative: DoD and VA officials have certified the readiness of the site to implement the IDES
- Estimated IOC Date: Estimated date that IDES can be operational at the site

Local DoD and VA certifying officials apply the following criteria for each readiness category.

Green: Ready
 Yellow: On target for completion
 Red: At risk

Black or white triangle indicates that the status data has changed from the previous report

Figure 1.2. IDES Stage 2 Expansion Site Assessment Matrix

Location	Exam Coverage Provider	IOC Readiness Criteria					Certification by Senior Representative			Estimated Initial Operating Capability (IOC) Date
		MDOA	Resources	Facilities	IT POC	Training	Comm	DoD	VA	
Ft. Campbell	VHA							COL John P. Cook, MTF CO	John Dandridge, Jr., VISN 9 Mike Dusenbery, Nashville RO	March 31, 2011
Ft. Eustis	VHA							COL Karen Gausman, MTF CO	Daniel Hoffmann, VISN 6 Kathleen R. Sullivan, Roanoke RO	March 31, 2011
Ft. Gordon	VBA							BG Bryan Gamble, Regional CO	Mark Anderson, VISN 7 Al Bocchicchio, Atlanta RO	March 31, 2011
Ft. Jackson	VHA							COL Ramona Florey, MTF CO	Mark Anderson, VISN 7 Carl Hawkins, Columbia RO	March 31, 2011
Ft. Lee	VHA							COL Vivian T. Hulson, MTF CO	Daniel Hoffmann, VISN 6 Kathleen R. Sullivan, Roanoke RO	March 31, 2011
Ft. Rucker	VBA							COL Patrick N. Denman, MTF CO	Mark Anderson, VISN 7 Ricardo F. Randle, Montgomery RO	March 31, 2011
	VHA							Col Robert Tetia, 460 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
	VHA							Col Scott Concoman, 27 MDG/CC	Susan Bowers, VISN 18 Grant Singleton, Albuquerque RO	March 31, 2011
	VHA							Col Gordon Peters, 355 MDG/CC	Susan Bowers, VISN 18 Mark Blosz, Ft Harrison RO	March 31, 2011
	VHA							Col Jeffrey Thompson, 7 MDG/CC	Susan Bowers, VISN 18 Carl Lowe, Waco RO	March 31, 2011
	VHA							Col Franscesca Vesta-Falderf, 90 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
	VHA							Col James Forrest, 17 MDG/CC	Susan Bowers, VISN 18 Carl Lowe, Waco RO	March 31, 2011

Figure 1.2. IDES Stage 2 Expansion Site Assessment Matrix

Location	Exam Coverage Provider	IOC Readiness Criteria										Certification by Senior Representative		Estimated Initial Operating Capability (IOC) Date
		MCA	Resources	Facilities	IT POC	Training	Comm	DoD	VA	DoD	VA			
	VHAMBA											Col Donald Hickman, 75 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
	VHA											Col Steven Reese, 377 MDG/CC	Susan Bowers, VISN 18 Grant Singleton, Albuquerque RO	March 31, 2011
	VHA											Maj Gen Byron Hepburn, 59 MDW/CC	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011
	VHA											Col Bruce Peters, 47 MDG/CC	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011
	VHA											Col Mark Holland, 56 MDG/CC	Susan Bowers, VISN 18 Sandra Flint, Phoenix RO	March 31, 2011
	VHA											Col Leslie Dixon, 341 MDG/CC	Glen Grippen, VISN 19 Mark Blitosz, Salt Lake City RO	March 31, 2011
	VHA											Col John Sell, 21 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
	VHA											Col Soledad Lindo-Moon, 359 MDG/CC	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011
	VBA											Col Timothy Bray, 82 MDG/CC	George Gray, VISN 16 Francie Wright, Muskogee RO	March 31, 2011
Corpus Christi NH	VBAVBA											RDML Mike Stocks, NAVMEDEAST	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011
Fl. Worth BHC ▲	VBAVHA											RDML Mike Stocks, NAVMEDEAST	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011

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3/18/2011

2. Enrollment

Figure 2.1, Current Enrollment, shows the number of Service members active in the IDES during the previous six months. In February the IDES population increased 2% (316 cases) from the previous month. On average the IDES grew 5% each month during the previous six months; an overall increase of 24% (2,521 cases).

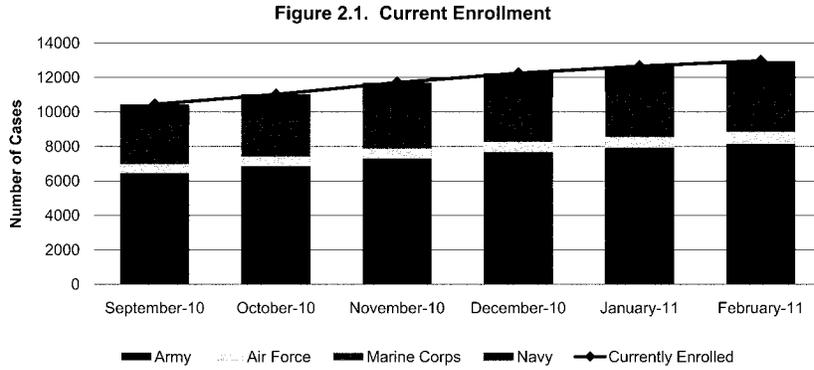
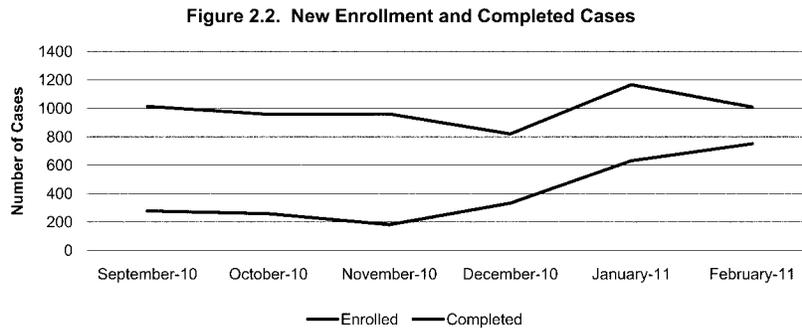


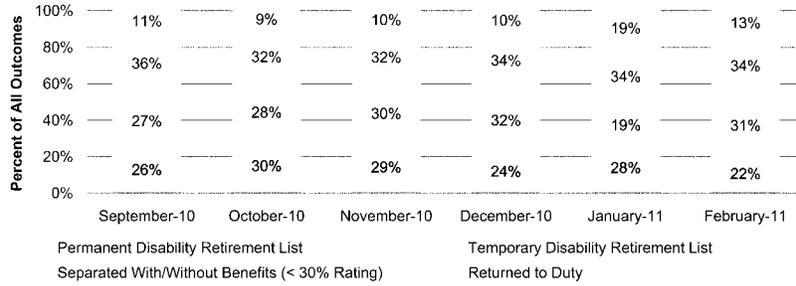
Figure 2.2, shows the number of cases completed and newly enrolled during the previous six months. New sites that are enrolling cases but not yet completing cases at an equal rate cause the number of enrolled cases to be greater than the number completed. As the IDES matures, the number of enrollments and completions should equalize. Until the IDES reaches equilibrium, the current, active enrollment shown in Figure 2.1 will continue to increase.



3. Outcomes

Figure 3.1, IDES Outcomes, shows the distribution of final IDES outcomes during the previous six months. The Returned to Duty rate includes Service members who returned to duty at any point in the IDES process.

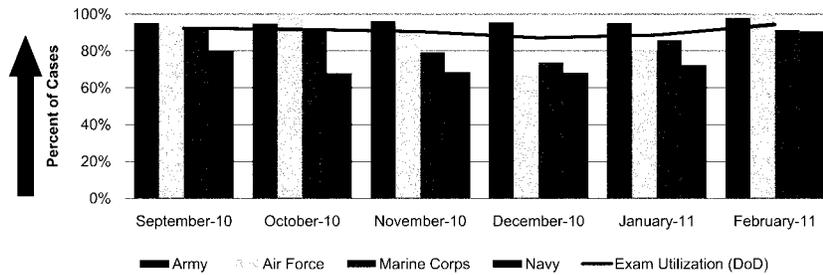
Figure 3.1. IDES Outcomes



4. VA Exam Utilization Rate

Figure 4.1, VA Exam Utilization Rate, shows the proportion of Service members during the previous six months who received disability exams, achieved a final IDES outcome, and who were eligible to apply for VA disability benefits.

Figure 4.1. VA Exam Utilization Rate



	September-10	October-10	November-10	December-10	January-11	February-11
Army	96%	95%	96%	95%	95%	97%
Air Force	94%	100%	89%	67%	80%	100%
Marine Corps	92%	92%	79%	74%	87%	91%
Navy	80%	68%	68%	67%	74%	90%
DoD	93%	93%	91%	87%	89%	94%

5. Timeliness (Calendar Days)

Figure 5.1 shows the **percent** of Active Component Service members who completed the IDES process in 295 days from referral to post-separation VA benefits decision, including pre-separation leave during the previous six months. The FY11 goal is for 50% of Active Component Service members to complete the IDES in 295 days.

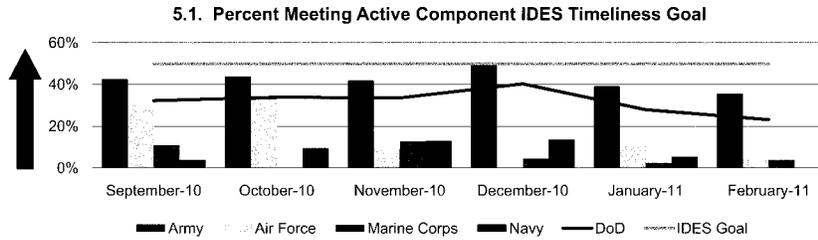


Figure 5.2 shows the **average number of days** for Active Component Service members to complete the IDES process from referral to VA benefits decision during the previous six months. The goal is for Active Component Service members to complete the IDES in an average of 295 days.

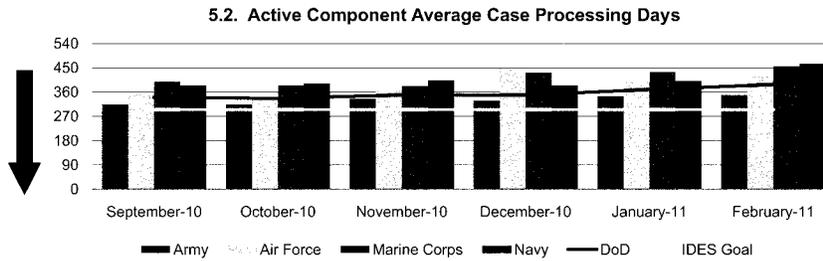


Table 5.3 contains the average number of days for Active Component Service members to complete the IDES process during the previous six months.

Figure 5.3. Active Component Case Processing Days Data Table

	September-10	October-10	November-10	December-10	January-11	February-11
Army	315	314	335	329	346	349
Air Force	352	335	366	450	398	420
Marine Corps	399	387	384	433	435	456
Navy	385	392	404	384	401	466
DoD	340	337	350	349	370	388

Figure 5.4, Reserve Component Timeliness, shows the **percent** of Reserve Component Service members who met the goal of completing the IDES in 305 days from referral to VA benefits decision during the previous 6 months. The FY11 goal is for 50% of Reserve Component Service members to complete the IDES in 305 days. Currently, there are too few Reserve Component IDES cases each month to provide stable results by Military Service.

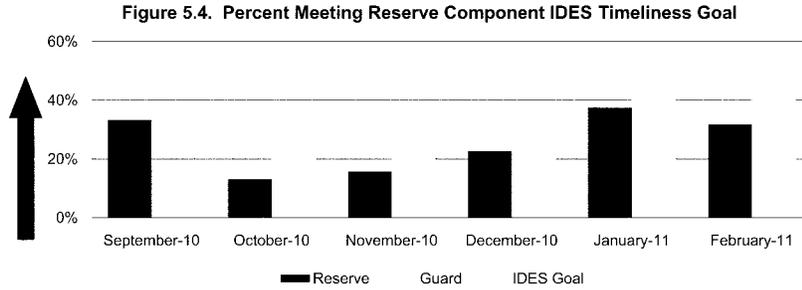


Figure 5.5 shows the **average number of days** for Reserve Component Service members to complete the entire IDES process from referral to VA benefits decision during the previous six months. The goal is for Reserve Component Service members to complete the IDES process in an average of 305 days.

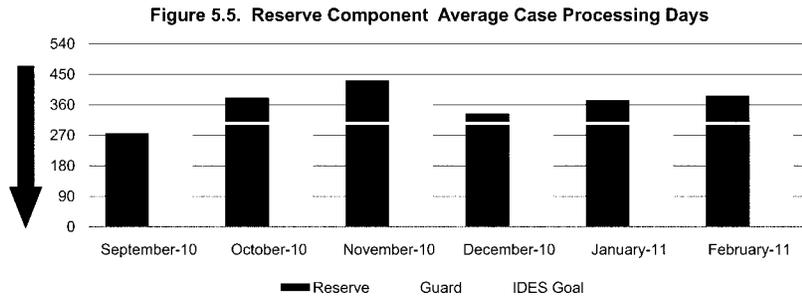


Table 5.6 contains the average processing days for Reserve Component Service members to complete the entire IDES process during the previous 6 months.

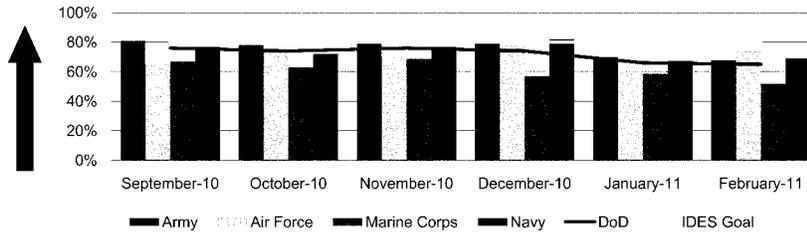
Figure 5.6. Reserve Component Case Processing Days Data Table

	September-10	October-10	November-10	December-10	January-11	February-11
Reserve	277	381	431	334	374	387
Guard	337	329	389	318	356	322

6. Service member Satisfaction

Figure 6.1 contains average Service member satisfaction with the IDES during the last six months. The goal is for 80% of Service members to report they are satisfied (average combined satisfaction with MEB, PEB, and / or Transition greater than 3.0 on a five-point Likert scale) with the IDES. Statistics for each month include the survey responses collected during that month.

Figure 6.1. Service member Satisfaction with IDES



7. Referred and Total Conditions

Figure 7.1, Referred and Total Conditions, shows the average number of referred and total conditions (claimed and referred) rated per Service member during the previous six months.

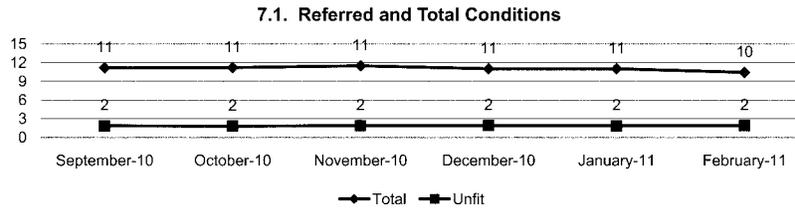


Table 7.2, Referred and Total Conditions, contains the average number of referred and total conditions (claimed and referred) rated per Service member by Service during the previous six months.

Table 7.2. Referred and Total Conditions

	September-10		October-10		November-10		December-10		January-11		February-11	
Army	11	2	11	2	11	2	11	2	11	2	10	2
Air Force	13	2	12	2	14	2	11	1	10	2	10	2
Navy	11	2	12	2	11	2	11	2	10	2	11	2
Marine Corps	12	2	11	2	12	2	12	2	12	2	11	2
DoD	11	2	11	2	11	2	11	2	11	2	10	2

8. Improvement Opportunities

This section presents more detailed analyses of selected opportunities for improvement. The objective is to generate improvements by attacking areas where the IDES is not meeting performance goals. Data on the MEB and Medical Examination stages are presented this month. The MEB stage includes completion of the narrative summary of the Service member's medical conditions through the conclusion of the MEB.

Figure 8.1 shows the percent of Service members who met the 35-day MEB stage timeliness goal during the previous six months. The MEB stage is measured from the end of the medical evaluation to the end of the MEB and has a completion goal of 35 days for Active and Reserve Components.

Figure 8.1. Percent Meeting MEB Stage Timeliness Goal

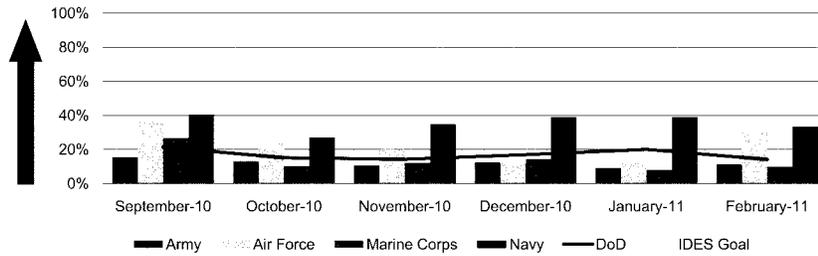


Figure 8.2 shows MEB stage average processing time. The average queue time line shows the average days Service members have been waiting to complete the MEB stage and is a leading indicator of future average processing times.

Figure 8.2. MEB Stage Timeliness

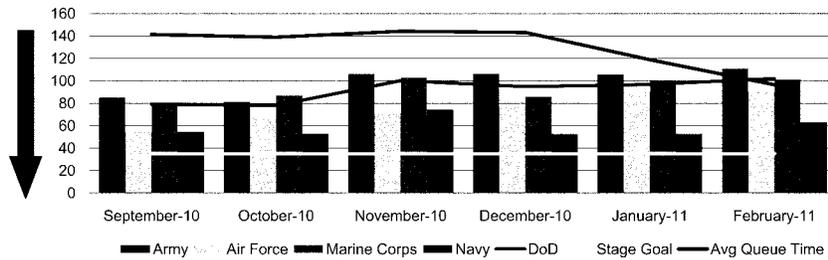


Figure 8.3, Top and Bottom Performing IDES sites for MEB stage, contains characteristics from the top two fastest (green background) and slowest (red background) performing sites from each Military Department when measured by average days for MEB completion during the previous six months. Note that some sites completed relatively few IDES cases during the previous six months, which can cause the average MEB completion days to vary substantially month to month.

Figure 8.3. Top and Bottom Performing IDES Sites for MEB Stage

Top Performing									
Ft. Wainwright	44	--	33	9	86%	42	0	55	10
Ft. Bragg	47	39	94	12	88%	95	16	348	62
	11	16	--	5	100%	6	1	3	0
	59	133	70	11	33%	53	5	55	14
NH Bremerton	25	18	15	10	73%	33	3	53	5
NMC Portsmouth	48	49	31	11	76%	139	25	252	44
NH Bremerton	12	--	14	11	100%	4	0	6	0
NMC Portsmouth	45	25	48	11	--	16	3	23	5

Bottom Performing									
Ft. Carson	149	186	121	15	55%	361	44	513	66
Ft. Richardson	208	170	204	11	75%	17	2	50	20
	83	--	77	15	50%	21	0	76	13
	196	115	160	7	100%	10	1	34	4
NH Camp Lejeune	112	83	74	13	100%	21	5	29	5
NH Camp Pendleton	141	141	84	15	33%	11	1	18	2
NH Camp Lejeune	105	112	108	12	40%	350	73	474	74
NH Camp Pendleton	107	133	87	14	45%	79	10	177	27

Figure 8.4 shows the percent of Service members who met the 45-day Medical Examination stage timeliness goal during the previous six months. The Medical Examination stage is measured from the date exams are requested to the date all exam results are available and has a completion goal of 45 days for Active and Reserve Components.

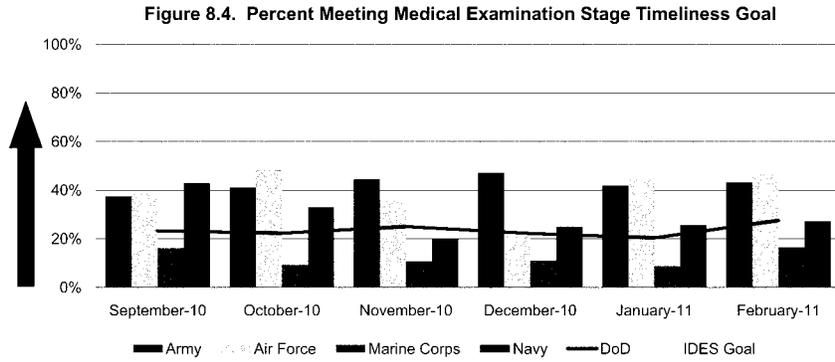


Figure 8.5 shows Medical Examination stage average processing time. The average queue time line shows the average days Service members have been waiting to complete the Medical Examination stage and is a leading indicator of future average processing times.

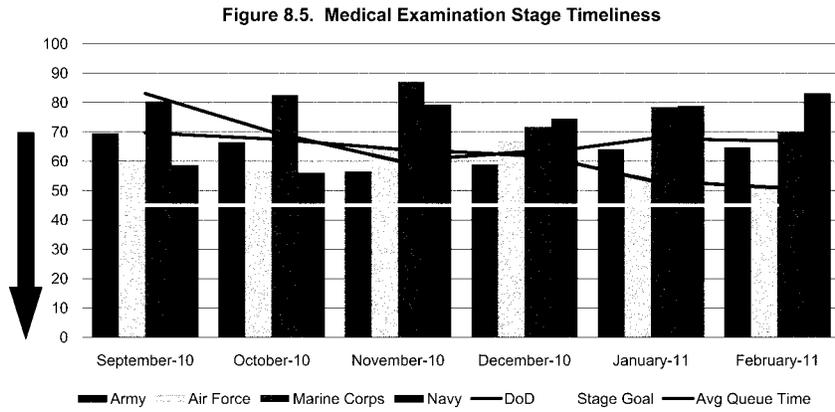
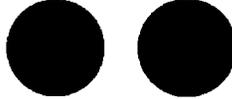


Figure 8.6, Top and Bottom Performing IDES sites for the Medical Examination stage, contains characteristics from the top two fastest (green background) and slowest (red background) performing sites from each Military Department when measured by average days for Medical Examination completion during the previous six months. Note that some sites completed relatively few IDES cases during the previous six months, which can cause the Medical Examination average days to vary substantially month to month.

Figure 8.6. Top and Bottom Performing IDES Sites for Medical Examination Stage

Top Performing									
Ft. Hood	20	34	35	8	88%	754	50	701	83
Ft. Bragg	37	43	23	12	79%	321	51	348	62
	42	--	--	5	100%	6	0	3	0
	49	61	33	15	71%	71	12	76	13
NMC San Diego – Balboa	46	49	51	11	38%	262	30	236	40
NNMC Bethesda	67	28	25	10	67%	57	5	54	11
NMC San Diego – Balboa	48	49	57	10	50%	223	36	188	24
NNMC Bethesda	67	33	36	12	56%	69	6	61	11

Bottom Performing									
Ft. Sam Houston	84	87	86	10	63%	426	63	281	34
JB Lewis McChord	89	104	51	10	52%	414	102	379	53
	65	71	32	11	75%	47	10	51	12
	75	53	28	11	69%	78	6	55	14
NMC Portsmouth	103	119	68	11	76%	178	34	252	44
NH Camp Lejeune	105	60	88	13	100%	29	3	29	5
NH Camp Lejeune	93	73	44	12	40%	542	70	474	74
NMC Portsmouth	114	146	75	11	--	24	3	23	5



April 2011

Integrated Disability Evaluation System (IDES) Monthly Report

Overview:

The IDES Monthly Report contains analyses of IDES performance over the previous six months and is based on data from the IDES module of VA's Veterans Tracking Application (VTA) and customer satisfaction surveys administered by the Defense Manpower Data Center.

Implementation:

Seventy-seven sites currently operate the IDES process. Since the introduction of the DES Pilot at three sites in November 2007, the DoD-VA Wounded, Ill, Injured Senior Oversight Committee (SOC) approved three phases of expansion. In Phase 1 DoD and VA implemented the DES Pilot at 18 sites from October 2008 to May 2009. Phase 2 implemented the Pilot at six new sites between January and March 2010. Phase 3, which marked the replacement of the DES Pilot with the Integrated DES, will bring the IDES to all remaining sites by September 2011. Since November 2007, 21,764 Service members have enrolled in the IDES. At the end of March 2011, 13,250 Service members remained actively enrolled in the IDES.

Performance:

During March 2011, Active Component Service members completed the IDES process in an average of 394 days from referral to post-separation VA Benefits decision, including pre-separation leave. This exceeds the 295-day IDES goal but is 27 percent faster than the 540 day benchmark for the Legacy disability process. During March 2011, the Reserve Service members averaged 383 and Guard Service members averaged 354 days in the IDES.

IDES Improvement Priorities:

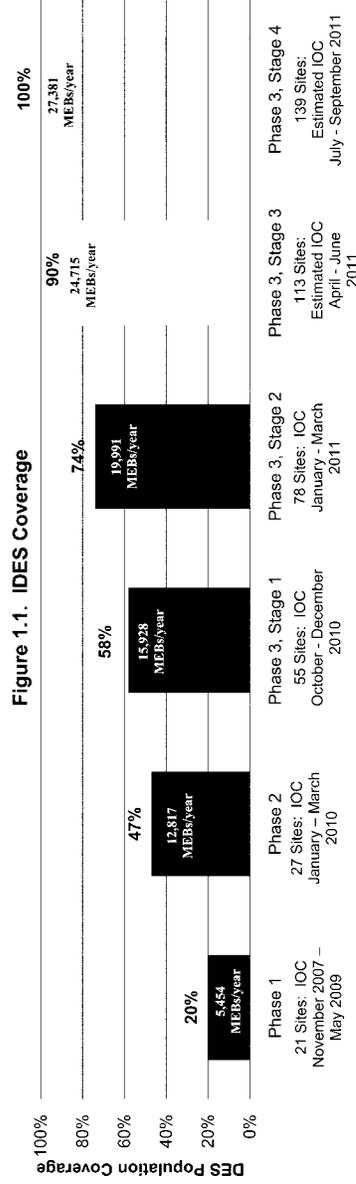
Current IDES improvement priorities focus on improving timeliness and Service member understanding. Office of Primary Responsibility (OPR) listed below.

1. Streamline medical case narrative summary to improve Medical Evaluation Board (MEB) timeliness. OPR: Deputy Assistant Secretary of Defense for Wounded Warrior Care and Transition Policy (DASD(WWCTP)).
2. Improve IDES disability examination timeliness. OPR: Veterans Health Administration (VHA).
3. Improve Service member understanding of IDES through additional communication and transparency. OPR: Deputy Assistant Secretary of Defense for Wounded Warrior Care and Transition Policy (DASD(WWCTP)).

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1. Implementation Status:
 Figure 1.1. IDES Coverage, shows the estimated percentage of disability cases per year that will enter the IDES process at each expansion milestone.



Figures 1.2 and 1.3. Stage 2 and Stage 3 Expansion Site Assessment Matrices, shows future IDES site readiness to implement the IDES process. Stage 2 implementation was January - March 2011. Stage 3 sites are scheduled to implement the IDES April - June 2011. Local DoD and VA certifying officials determine readiness based on the following categories.

- Exam Coverage Provider: The agency responsible for providing examinations (VBA, VHA, DoD)
- MoA: Local Memorandum of Agreement completed between VA and DoD
- Resources: Sufficient Physical Evaluation Board Liaison Officer (PEBLO), Military Services Coordinator MSC, and care provider staffing
- Facilities: Sufficient space and equipment for DoD and VA personnel
- IT: Facility meets VA Information Technology requirements; has sufficient high speed scanners / copiers, etc.
- IT POC: IT points of contact established
- Training: IDES training provided
- Comm: Communications plan developed
- Certification of Senior Representative: DoD and VA officials have certified the readiness of the site to implement the IDES
- Estimated Initial Operating Capability (IOC) Date: Estimated date that IDES can be operational at the site

Local DoD and VA certifying officials apply the following criteria for each readiness category.

- Green: Ready
- Yellow: On target for completion
- Red: At risk
- Black or white triangle indicates that the status data has changed from the previous report

Figure 1.2. IDES Stage 2 Expansion Site Assessment Matrix

Location	Exam Coverage Provider	IOC Readiness Criteria				Certification by Senior Representative			Estimated Initial Operating Capability (IOC) Date	
		MOA	Resources	Facilities	IT IT POC	Training	Comm	DoD		VA
Ft. Campbell	VHA	▲	▲	▲	▲			COL John P. Cook, MTF CO*	John Dandridge, Jr., VISN 9 Mike Dusenbery, Nashville RO	April 30, 2011
Ft. Eustis	VHA	▲	▲	▲	▲			COL Karen Gausman, MTF CO	Daniel Hoffmann, VISN 6 Kathleen R. Sullivan, Roanoke RO	March 31, 2011
Ft. Gordon	VBA	▲	▲	▲	▲			BG Bryan Gamble, Regional CO	Mark Anderson, VISN 7 Al Bocchicchio, Atlanta RO	April 4, 2011
Ft. Jackson	VHA	▲	▲	▲	▲			COL Ramona Fiorey, MTF CO	Mark Anderson, VISN 7 Carl Hawkins, Columbia RO	April 1, 2011
Ft. Lee	VHA	▲	▲	▲	▲			COL Vivian T. Hutson, MTF CO	Daniel Hoffmann, VISN 6 Kathleen R. Sullivan, Roanoke RO	March 31, 2011
Ft. Rucker	VBA	▲	▲	▲	▲			COL Patrick N. Denman, MTF CO	Mark Anderson, VISN 7 Ricardo F. Randle, Montgomery RO	April 21, 2011
	VHA							Col Robert Tella, 460 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 18, 2011
	VHA							Col Scott Corcoran, 27 MDG/CC	Susan Bowers, VISN 18 Grant Singleton, Albuquerque RO	March 31, 2011
	VHA							Col Gordon Peters, 355 MDG/CC	Susan Bowers, VISN 18 Mark Bloisz, Ft Harrison RO	March 21, 2011
	VHA							Col Jeffrey Thompson, 7 MDG/CC	Susan Bowers, VISN 18 Carl Lowe, Waco RO	March 31, 2011
	VHA							Col Francesca Vasta-Falldorf, 90 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 21, 2011
	VHA							Col James Forrest, 17 MDG/CC	Susan Bowers, VISN 18 Carl Lowe, Waco RO	March 31, 2011

Figure 1.2. IDES Stage 2 Expansion Site Assessment Matrix

Location	Exam Coverage Provider	IOC Readiness Criteria					Certification by Senior Representative		Estimated Initial Operating Capability (IOC) Date	
		MOA	Resources	Facilities	IT POC	IT Training	Comm	DoD		VA
	VBA/VBA							Col Donald Hickman, 75 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 31, 2011
	VHA				▲			Col Steven Reese, 377 MDG/CC	Susan Bowers, VISN 18 Grant Singleton, Albuquerque RO	March 29, 2011
	VHA							Maj Gen Byron Heppburn, 59 MDW/CC	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011
	VHA							Col Bruce Peters, 47 MDG/CC	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	April 7, 2011
	VHA							Col Mark Holland, 56 MDG/CC	Susan Bowers, VISN 18 Sandra Flint, Phoenix RO	March 31, 2011
	VHA							Col Leslie Dixon, 341 MDG/CC	Glen Grippen, VISN 19 Mark Blasz, Salt Lake City RO	March 18, 2011
	VHA							Col John Sell, 21 MDG/CC	Glen Grippen, VISN 19 Janice Jacobs, Denver RO	March 23, 2011
	VHA				▲			Col Soledad Linda-Moon, 359 MDG/CC	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011
	VBA							Col Timothy Bray, 82 MDG/CC	George Gray, VISN 16 Francie Wright, Muskogee RO	March 31, 2011
Corpus Christi NH	VBA/VBA							RDML Mike Stocks, NAVMEDEAST	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011
Fl. Worth BHC	VBA/VHA							RDML Mike Stocks, NAVMEDEAST	Lawrence Biro, VISN 17 Pritz Navaratnasingam, Houston RO	March 31, 2011



Figure 1.3. IDES Stage 3 Expansion Site Assessment Matrix

Location	Exam Coverage Providers	IOC Readiness Criteria						Certification by Senior Representative		Estimated Initial Operating Capability (IOC) Date
		MOA	Resources	Facilities	IT POC	Training	Comm	DoD	VA	
Ft. Bliss	VBA					2-6 May 11		MG M. Ted Wong	Susan Bowers, VISN 18 Carl E. Lowe, II, Waco RO	June 30, 2011
Ft. Leavenworth	VHA							COL David Bitterman	James Floyd, VISN 15 Mitz Marsh, Wichita RO	June 30, 2011
Ft. Leonard Wood	VBA					5-8 Jun 11		COL Kirk W. Eggleston	James Floyd, VISN 15 Dave Unterwagner, St. Louis RO	June 30, 2011
Ft. Sill	VBA					9-13 May 11		COL Michael A. Rave	George Gray, VISN 16 Jason McCallan, Muskogee RO	June 30, 2011
Redstone Arsenal	VBA							COL Elizabeth Johnson	Mark Anderson, VISN 7 Ricardo F. Randle, Montgomery RO	June 30, 2011
	VBA							COL Sharon M. Hunt MDG/CC	George Gray, VISN 16 Jason McCallan, Muskogee RO	June 30, 2011
	VHA							Col Paul Fortunato 2 MDG/CC	George Gray, VISN 16 Ed Russell, New Orleans RO	June 30, 2011
	VHA							Col RoseAnne Wanner 579 MDG/CC	Fernando Rivera, VISN 5 Lynda Petty Hurley, WFRAMC OIC	June 30, 2011
	VBA ▲							Col Diane Fletcher MDG/CC	George Gray, VISN 16 Craig Moore, Jackson RO	June 30, 2011
	VHA							Lt Col Allen Kidd 436 MDG/CC	Michael Moreland, VISN 4 Thomas Lawstoka, Philadelphia RO	June 30, 2011
	VBA							Col Walker 96 MDG/CC	George Gray, VISN 16 Craig Moore, Jackson RO	June 30, 2011
	VHA							Col Robert Ritter 28 MDG/CC	Janet Murphy, VISN 23 Jim Brubaker, Sioux Falls RO	June 30, 2011
	VHA							Col Jane G. Denton 319 MDG/CC	Janet Murphy, VISN 23 Jim Brubaker, Sioux Falls RO	June 30, 2011
	VHA							Col Parker P. Plante, 68MDG CC	Michael Mays-Smith, MD, VISN 11 Brad Mays, Boston RO	June 30, 2011
	VHA							Col William Thomas, 49 MDG/CC	Susan Bowers, VISN 18 Grant Singleton, Albuquerque RO	June 30, 2011
	VBA ▲							Col Dale Agner 150MDG/CC	George Gray, VISN 16 Kerrie Willy, St. Petersburg RO	June 30, 2011
	VBA ▲							BG Kory Cornum 81 MDG/CC	George Gray, VISN 16 Craig Moore, Jackson RO	June 30, 2011

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Figure 1.3. IDES Stage 3 Expansion Site Assessment Matrix

Location	Exam Coverage Providers	IOC Readiness Criteria					Certification by Senior Representative		Estimated Initial Operating Capability (IOC) Date
		MOA	Resources	Facilities	IT POC	Training	Comm	DoD	
	VBA ▲						Col David Slanczyk, 19 MDG/CC	George Gray, V/ISN 16 Cheryl Rawls, Little Rock RO	June 30, 2011
	VHA						Col H. Alan Reid, 22 MDG/CC	James Floyd, V/ISN 15 Mitz Marsh, Wichita RO	June 30, 2011
	VHA						Col James J. Burks, 87 MDG/CC	Michael Sabo, V/ISN 3 Michael Blazis, Newark RO	June 30, 2011
	VHA						Col Karlan Haggan, 5 MDG/CC	Janet Murphy, V/ISN 23 Jim Brubaker, Fargo RO	June 30, 2011
	VHA						Col Patrick Dawson, 55 MDG/CC	Janet Murphy, V/ISN 23 Loren Miller, Lincoln RO	June 30, 2011
	VBA						Col Jill L. Stedling, 375 MDG/CC	James Floyd, V/ISN 15 Dave Untersvagner, St. Louis RO	June 30, 2011
	VBA						Colonel Robert Marks, 72 MDG/CC	George Gray, V/ISN 16 Jason McCallian, Muskogee RO	June 30, 2011
	VBA						Col Paul Skala, 325 MDG/CC	George Gray, V/ISN 16 Kerrie Witty, St. Petersburg RO	June 30, 2011
	VHA						Col Kenneth Knight, 10 MDG/CC	Glen Grippen, V/ISN 19 Janice Jacobs, Denver RO	June 30, 2011
	VHA						Col Kathleen Dume-Cane, 509 MDG/CC	James R. Floyd, V/ISN 15 Network Director David Untersvagner, VBA	June 30, 2011
	VHA						Col Kimberly Slawinski, 88 MDG/CC	Jack Helrick, V/ISN 10 Joyce Cange, Cleveland RO	June 30, 2011
Great Lakes FTCC	VHA				▲	1-2 Jun 11	RDML Mike Stocks, NAVMEDEAST	Jeffrey Murawsky, MD, V/ISN 14 Duane Honeycutt, Chicago RO Michael Mayo-Smith, MD, V/ISN 1 Earl Hutchinson, Providence RO	June 30, 2011
New England HNC	VHA				▲	7-8 Jun 11	RDML Mike Stocks, NAVMEDEAST	Fernando Rivera, V/ISN 5 Michael Schelbel, Baltimore	June 30, 2011
Patuxent River	VBA/VHA ▲				▲	3-4 May 11	RDML Matthew Nathan, NCA	George Gray, V/ISN 16 Kerrie Witty, St. Petersburg RO	May 30, 2011
Pennacola NH	VBA/VHA				▲	17-18 May 11	RDML Mike Stocks, NAVMEDEAST	Fernando Rivera, V/ISN 5 Michael Schelbel, Baltimore	June 30, 2011
Annapolis NHC	VHA				▲	3-4 May 11	RDML Matthew Nathan, NCA	Fernando Rivera, V/ISN 5 Michael Schelbel, Baltimore	June 30, 2011

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2. Enrollment

Figure 2.1, Current Enrollment, shows the number of Service members active in the IDES during the previous six months. In March the IDES population increased 2% (208 cases) from the previous month. On average the IDES grew 4% each month during the previous six months; an overall increase of 20% (2,234 cases).

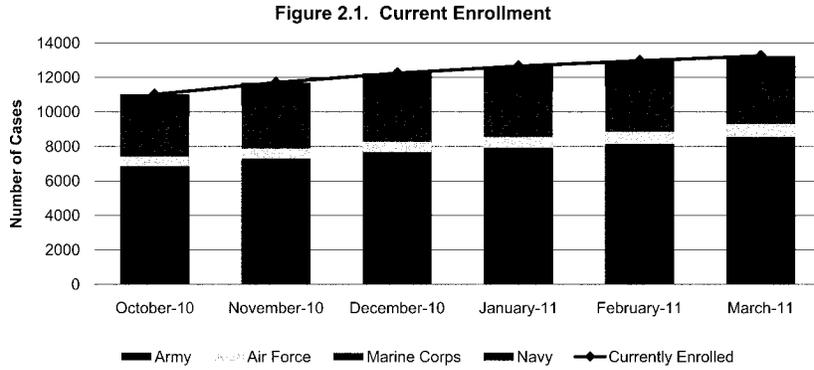
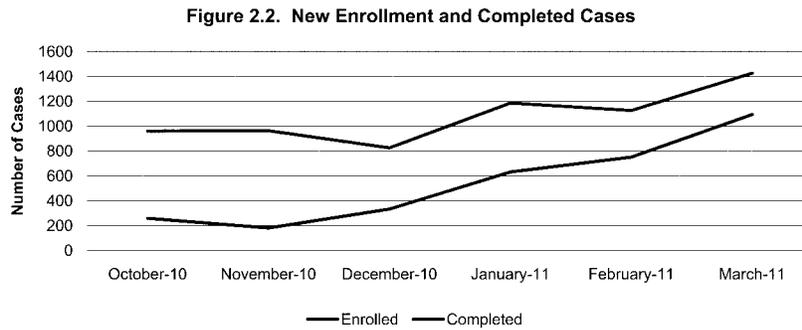


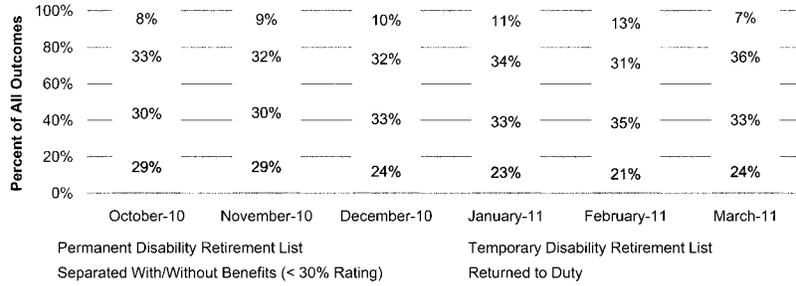
Figure 2.2, shows the number of cases completed and newly enrolled during the previous six months. New sites that are enrolling cases but not yet completing cases at an equal rate cause the number of enrolled cases to be greater than the number completed. As the IDES matures, the number of enrollments and completions should equalize. Until the IDES reaches equilibrium, the current, active enrollment shown in Figure 2.1 will continue to increase.



3. Outcomes

Figure 3.1, IDES Outcomes, shows the distribution of final IDES outcomes during the previous six months. The Returned to Duty rate includes Service members who returned to duty at any point in the IDES process. Recent data entry into VTA can cause retroactive changes to monthly percentages.

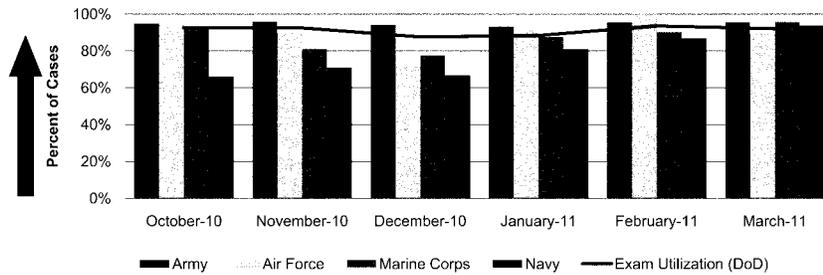
Figure 3.1. IDES Outcomes



4. VA Exam Utilization Rate

Figure 4.1, VA Exam Utilization Rate, shows the proportion of Service members during the previous six months who received disability exams, achieved a final IDES outcome, and who were eligible to apply for VA disability benefits. Recent data entry into VTA causes retroactive changes to numbers.

Figure 4.1. VA Exam Utilization Rate



Army	95%	96%	94%	93%	96%	96%
Air Force	94%	90%	71%	91%	100%	89%
Marine Corps	92%	81%	78%	88%	90%	96%
Navy	66%	71%	67%	81%	87%	94%
DoD	93%	92%	88%	88%	94%	92%

5. Timeliness (Calendar Days)

Figure 5.1 shows the **percent** of Active Component Service members who completed the IDES process in 295 days from referral to post-separation VA benefits decision, including pre-separation leave during the previous six months. The FY11 goal is for 50% of Active Component Service members to complete the IDES in 295 days. During March 2011 the Army completed 78 of 334 cases within the goal; the Air Force completed 2 of 33 cases within the goal; the Marine Corps completed 2 of 120 cases within the goal; and the Navy completed 3 of the 68 cases within the goal.

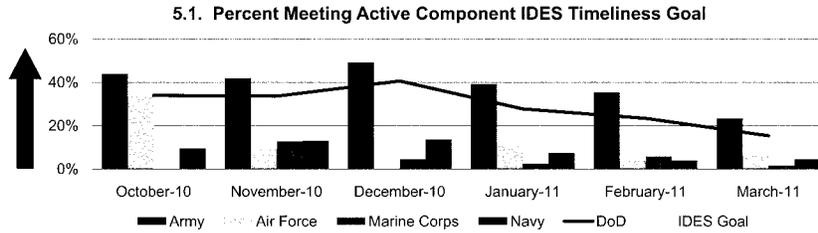


Figure 5.2 shows the **average number of days** for Active Component Service members to complete the IDES process from referral to VA benefits decision during the previous six months. The goal is for Active Component Service members to complete the IDES in an average of 295 days.

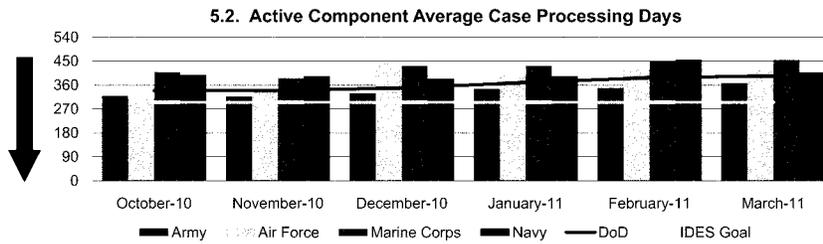


Table 5.3 contains the average number of days for Active Component Service members to complete the IDES process during the previous six months. Data entry into VTA can cause retroactive changes to numbers.

Figure 5.3. Active Component Case Processing Days Data Table

Army	319	318	329	345	350	367
Air Force	308	339	450	398	419	418
Marine Corps	410	386	433	433	449	455
Navy	399	394	384	393	457	408
DoD	339	339	349	369	388	394

Figure 5.4, Reserve Component Timeliness, shows the **percent** of Reserve Component Service members who met the goal of completing the IDES in 305 days from referral to VA benefits decision during the previous 6 months. The FY11 goal is for 50% of Reserve Component Service members to complete the IDES in 305 days. Currently, there are too few Reserve Component IDES cases each month to provide stable results by Military Service.

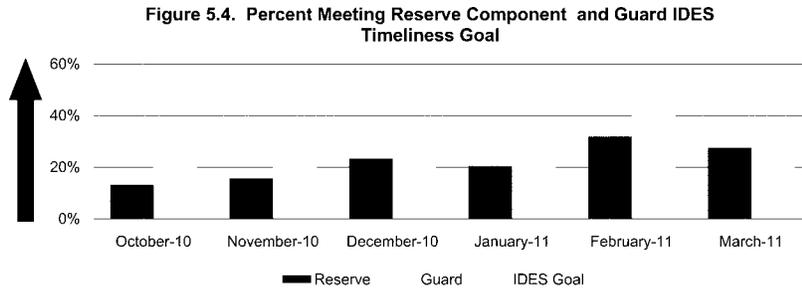


Figure 5.5 shows the **average number of days** for Reserve Component Service members to complete the entire IDES process from referral to VA benefits decision during the previous six months. The goal is for Reserve Component Service members to complete the IDES process in an average of 305 days.

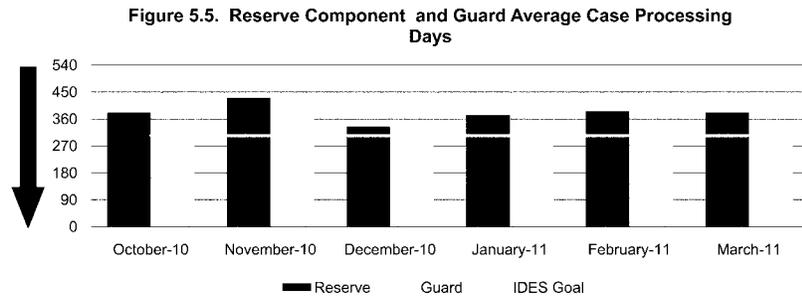


Table 5.6 contains the average processing days for Reserve Component Service members to complete the entire IDES process during the previous 6 months.

Figure 5.6. Reserve Component Case Processing Days Data Table

	October-10	November-10	December-10	January-11	February-11	March-11	Total
Reserve	381	431	334	374	387	383	383
Guard	329	389	315	344	322	354	354

6. Service member Satisfaction

Figures 6.1 and 6.2 contain average Service member satisfaction with the IDES during the last six months. The goal is for 80% of Service members to report they are satisfied (average combined satisfaction with MEB, PEB, and / or Transition greater than 3.0 on a five-point Likert scale) with the IDES. Statistics for each month include the survey responses collected during that month.

Figure 6.1. Active Component Service member Satisfaction with IDES

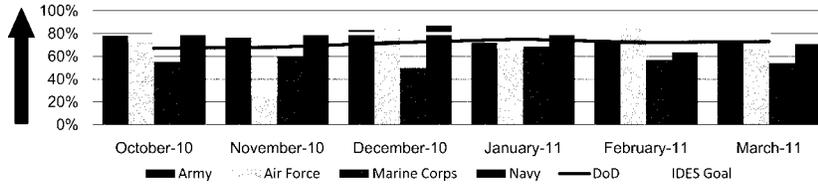
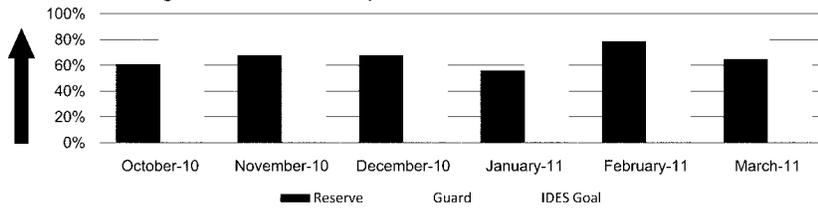


Figure 6.2. Reserve Component and Guard Satisfaction with IDES



7. Referred and Total Conditions

Figure 7.1, Referred and Total Conditions, shows the average number of referred and total conditions (claimed and referred) rated per Service member during the previous six months.

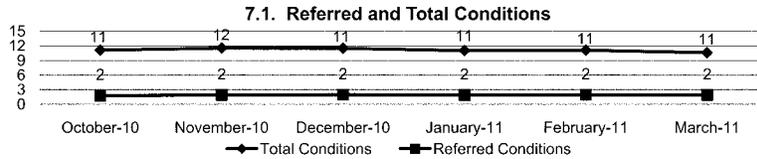


Table 7.2, Referred and Total Conditions, contains the average number of referred and total conditions (claimed and referred) rated per Service member by Service during the previous six months.

Table 7.2. Referred and Total Conditions

	October-10	November-10	December-10	January-11	February-11	March-11
Army	11	2	11	2	11	2
Air Force	12	2	14	2	11	2
Navy	12	2	12	2	11	2
Marine Corps	11	2	12	2	12	2
DoD	11	2	12	2	11	2

8. Improvement Opportunities

This section presents more detailed analyses of selected opportunities for improvement. The objective is to generate improvements by attacking areas where the IDES is not meeting performance goals. Data on the MEB and Medical Examination stages are presented this month. The MEB stage includes completion of the narrative summary of the Service member's medical conditions through the conclusion of the MEB.

Figure 8.1 shows the percent of Service members who met the 35-day MEB stage timeliness goal during the previous six months. The MEB stage is measured from the end of the medical evaluation to the end of the MEB and has a completion goal of 35 days for Active and Reserve Components.

Figure 8.1. Percent Meeting MEB Stage Timeliness Goal

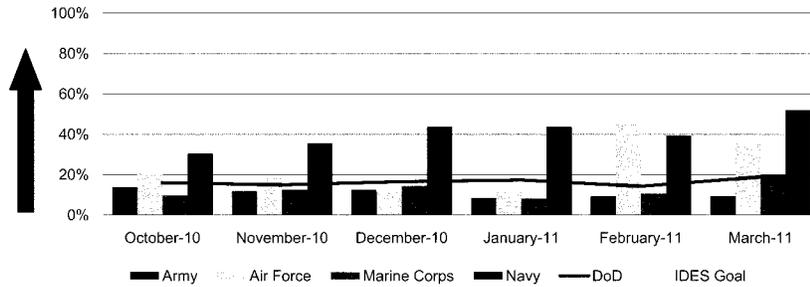


Figure 8.2 shows MEB stage average processing time. The average queue time line shows the average days Service members have been waiting to complete the MEB stage and is a leading indicator of future average processing times.

Figure 8.2. MEB Stage Timeliness

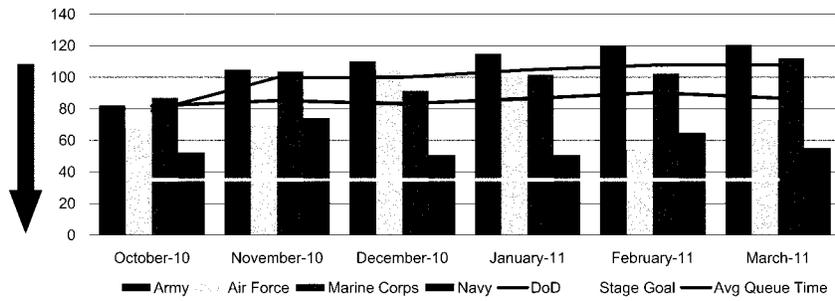


Figure 8.3, Top and Bottom Performing IDES sites for MEB stage, contains characteristics from the top two fastest (green background) and slowest (red background) performing sites from each Military Department when measured by average days for MEB completion during the previous six months. Note that some sites completed relatively few IDES cases during the previous six months, which can cause the average MEB completion days to vary substantially month to month.

Figure 8.3. Top and Bottom Performing IDES Sites for MEB Stage

Top Performing									
Ft. Bragg, NC	45	23	87	12	80%	124	17	386	94
Ft. Wainwright, AK	47	44	29	10	100%	44	5	57	12
	14	--	--	5	100%	4	0	2	0
	16	21	--	4	100%	2	1	6	3
NB Bremerton, WA	23	17	39	10	50%	39	13	49	6
NMC Portsmouth, VA	43	30	32	10	70%	151	22	273	67
NB Bremerton, WA	11	15	--	11	--	5	1	4	0
NH Beaufort, SC	12	12	--	6	--	8	8	27	11

Bottom Performing									
Ft. Carson, CO	166	193	106	15	70%	411	80	443	26
JB Richardson, AK	217	119	195	10	70%	62	7	70	24
	94	--	144	11	70%	7	0	59	10
	169	162	177	8	50%	28	4	34	5
MCB Camp Pendleton, CA	89	91	87	11	60%	11	3	20	2
MCB Camp Lejeune, NC	109	115	40	12	80%	26	5	28	2
MCB Camp Lejeune, NC	114	138	110	12	50%	426	86	521	113
MCB Camp Pendleton, CA	115	115	76	13	60%	78	11	178	32

Figure 8.4 shows the percent of Service members who met the 45-day Medical Examination stage timeliness goal during the previous six months. The Medical Examination stage is measured from the date exams are requested to the date all exam results are available and has a completion goal of 45 days for Active and Reserve Components.

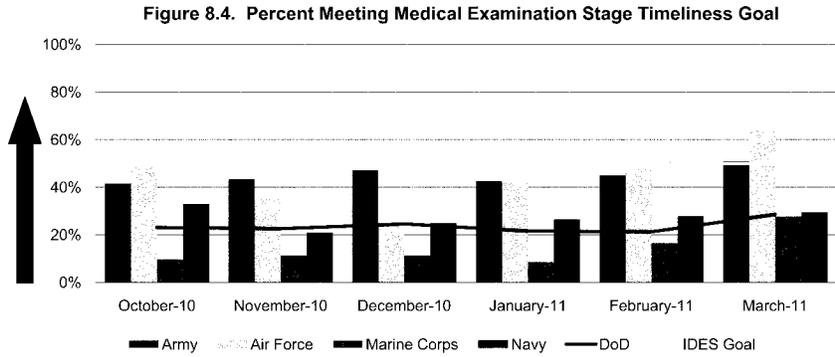


Figure 8.5 shows Medical Examination stage average processing time. The average queue time line shows the average days Service members have been waiting to complete the Medical Examination stage and is a leading indicator of future average processing times.

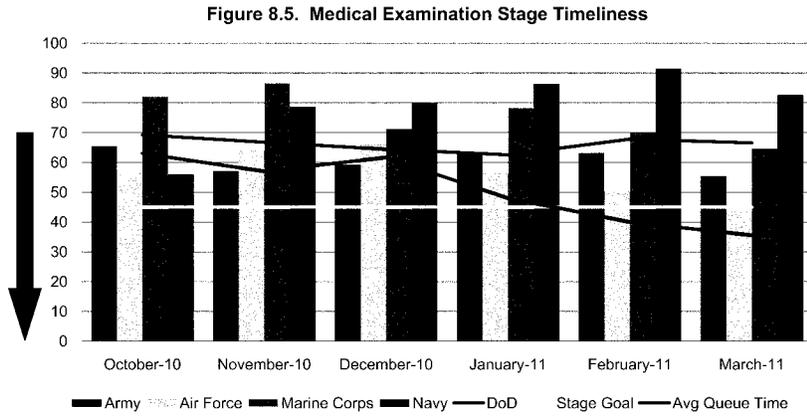


Figure 8.6, Top and Bottom Performing IDES sites for the Medical Examination stage, contains characteristics from the top two fastest (green background) and slowest (red background) performing sites from each Military Department when measured by average days for Medical Examination completion during the previous six months. Note that some sites completed relatively few IDES cases during the previous six months, which can cause the Medical Examination average days to vary substantially month to month.

Figure 8.6. Top and Bottom Performing IDES Sites for Medical Examination Stage

Top Performing									
Tripler AMC, HI	32	32	11	8	--	7	7	59	36
Ft. Hood, TX	36	38	11	8	80%	748	179	736	175
	25	26	--	6	--	5	4	15	10
	33	36	8	7	50%	34	7	34	5
NMC San Diego, CA	58	68	29	12	80%	218	44	250	39
JB Pearl Harbor, HI	65	65	23	7	--	11	11	32	7
MCB Quantico, VA	21	23	23	11	--	7	5	41	14
JB Pearl Harbor, HI	33	33	11	6	--	9	9	27	9

Bottom Performing									
JB San Antonio (Sam Houston), TX	84	83	34	11	80%	434	95	269	46
JB Lewis, WA	91	81	30	10	50%	421	101	371	76
	67	56	35	11	70%	45	18	59	10
	68	38	48	10	60%	65	11	50	6
MCB Camp Lejeune, NC	100	85	23	12	80%	29	6	28	2
NMC Portsmouth, VA	110	101	52	11	70%	192	62	273	67
MCB Camp Lejeune, NC	87	75	28	12	50%	541	111	523	115
NMC Portsmouth, VA	119	101	60	12	50%	17	2	24	5



April 2011

Integrated Disability Evaluation System (IDES) Monthly Report Supplement

Overview:

The IDES Monthly Report Supplement contains a more detailed analyses of IDES installation performance over the previous six months. This report is published as a supplement to the IDES Monthly Report and is derived from data in the IDES module of VA's Veterans Tracking Application (VTA). New this month is additional differentiation of Army and Air Force Guard percentages, reported separately from Army and Air Force Reserve.

The **Site Comparison** (Section 1) shows a summary, by site, of key IDES performance metrics as detailed on pages 2-3. The data in the table is as of March 2011.

The **Trend Analysis** (Section 2) shows a summary, by site, of key IDES performance metrics over the previous six months. The data in the table is as of the end of each month. IOC dates have been added for each site to provide maturity reference.

The **Throughput Charts** (Section 3) show the distribution of Service members among the stages of the IDES process on the last day of each of the previous six months. The reference bar at the right of each chart shows the ideal distribution among the IDES stages if Service members completed each stage within the processing timeliness goal. Departures from the ideal distribution result from increased or decreased flow into the stage or from faster or slower than planned processing time in the stage. IDES sites with small case loads will show large fluctuations as Service members move between stages. The table below each Throughput Chart contains the number of Service members in each IDES stage at the end of each of the previous six months. The total population tracked at the bottom of each table does not include Service members who are between stages and will differ from the number of Service members in the IDES.

As you use these charts, please refer back to the definitions on pages 2-3 for explanations

Content	
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Section 2. IDES Trend Analysis	07
Section 3. DoD IDES Throughput	21
Section 3. Army IDES Throughput	34
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Section 3. Navy IDES Throughput	55
Section 3. Marine Corps IDES Throughput	61
Section 3. New Site IDES Throughput	67

IDES Monthly Report Supplement - April 2011**Metrics Overview:**

- **Current Enrollment** shows the number of Service members active in the IDES at the end of each of the previous six months.
- **VA Exam Utilization Rate** shows the proportion of Service members during the previous six months who received disability exams, achieved a final IDES outcome, and who were eligible to apply for VA disability benefits. The metric measures the degree to which VA was able to use IDES exams to qualify Veterans for disability benefits.
- **% Satisfied with IDES** contains average Service member satisfaction with the IDES during the previous six months. The goal is for 80% of Service members to report they are satisfied with the IDES. The metric is the average combined satisfaction reports for MEB, Physical Evaluation Board (PEB), and Transition during each month. Satisfaction is defined as an average score greater than 3.0 on a five-point Likert scale. Statistics for each month include the survey responses collected during that month.
- **AC % Meeting 295 Day Goal** shows the percent of Active Component Service members who completed the IDES process in 295 days from referral to post-separation VA benefits decision, including pre-separation leave during the previous six months. The FY11 goal is for 50% of Active Component Service members to complete the IDES in 295 days.
- **Reserve % Meeting 305 Day Goal** shows the percent of Reserve Component Service members who met the goal of completing the IDES in 305 days from referral to VA benefits decision during the previous six months. The FY11 goal is for 50% of Reserve Component Service members to complete the IDES in 305 days.
- **Guard % Meeting 305 Day Goal** shows the percent of Guard Component Service members who met the goal of completing the IDES in 305 days from referral to VA benefits decision during the previous six months. The FY11 goal is for 50% of Guard Component Service members to complete the IDES in 305 days.
- **Avg AC IDES Days** shows the average number of days for Active Component Service members to complete the IDES process from referral to VA benefits decision during the previous six months. The goal is for Active Component Service members to complete the IDES in an average of 295 days.
- **Avg Reserve IDES Days** shows the average number of days for Reserve Component Service members to complete the IDES process from referral to VA benefits decision during the previous six months. The goal is for Reserve Component Service members to complete the IDES in an average of 305 days.
- **Avg Guard IDES Days** shows the average number of days for Guard Component Service members to complete the IDES process from referral to VA benefits decision during the previous

IDES Monthly Report Supplement - April 2011

six months. The goal is for Guard Component Service members to complete the IDES in an average of 305 days.

- **Avg AC MEB Days** shows the average number of days for Active Component Service members to complete the Medical Evaluation Board (MEB) stage during the previous six months. The MEB stage is measured from the end of the medical examination to the end of the MEB and has a completion goal of 35 days for Active, Reserve and Guard Components.
- **Avg Reserve MEB Days** shows the average number of days for Reserve Component Service members to complete the Medical Evaluation Board (MEB) stage during the previous six months. The MEB stage is measured from the end of the medical examination to the end of the MEB and has a completion goal of 35 days for Active, Reserve and Guard Components.
- **Avg Guard MEB Days** shows the average number of days for Guard Component Service members to complete the Medical Evaluation Board (MEB) stage during the previous six months. The MEB stage is measured from the end of the medical examination to the end of the MEB and has a completion goal of 35 days for Active, Reserve and Guard Components.
- **Avg AC Exam Days** shows the average number of days for Active Component Service members to complete the IDES Medical Examination stage during the previous six months. The Medical Examination stage is measured from the date exams are requested to the date all exam results are available and has a completion goal of 45 days for Active, Reserve and Guard Components.
- **Avg Reserve Exam Days** shows the average number of days for Reserve Component Service members to complete the IDES Medical Examination stage during the previous six months. The Medical Examination stage is measured from the date exams are requested to the date all exam results are available and has a completion goal of 45 days for Active, Reserve and Guard Components.
- **Avg Guard Exam Days** shows the average number of days for Guard Component Service members to complete the IDES Medical Examination stage during the previous six months. The Medical Examination stage is measured from the date exams are requested to the date all exam results are available and has a completion goal of 45 days for Active, Reserve and Guard Components.
- **An active stage** is defined as the last stage with a start date, but without an end date for the reporting month.
- **The IDES Reference Bar** is derived by calculating the proportion of each stage of the IDES as a percentage of the total goal process time.
- **Note:** A dash (--) indicates that data was not available to perform the calculation. As sites mature in the months ahead and more cases proceed through the system additional data will be available to perform these calculations.

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Section 1. IDES Site Comparison

DoD	21142	95%	67%	15%	28%	40%	394	383	354	111	86	106	56	73	58
Army	1321	98%	72%	23%	32%	41%	367	365	338	126	90	110	53	71	60
Ft. Belvoir, VA	331	100%	63%	0%	0%	0%	527	494	383	170	177	163	49	50	--
Ft. Benning, GA	407	89%	89%	42%	75%	100%	291	271	214	66	27	58	29	49	33
Ft. Bragg, NC	777	100%	76%	39%	0%	33%	308	318	327	23	--	--	43	41	52
Ft. Carson, CO	1968	98%	63%	0%	0%	0%	464	396	368	197	110	189	50	46	76
Ft. Drum, NY	943	100%	57%	16%	100%	40%	366	247	322	67	49	71	21	35	42
Ft. Hood, TX	1644	94%	81%	33%	0%	17%	368	511	459	71	88	114	42	99	40
Ft. Meade, MD	501	100%	50%	0%	0%	0%	287	--	204	105	--	--	83	83	55
Ft. Polk, LA	384	100%	80%	80%	--	100%	272	--	87	--	--	--	60	126	18
Ft. Riley, KS	194	100%	100%	50%	--	--	310	--	--	--	51	36	54	--	59
Ft. Wainwright, AK	843	100%	54%	35%	--	100%	300	--	266	108	85	113	68	72	81
Lewis JB, WA	196	100%	83%	20%	--	--	462	--	119	--	--	--	60	--	--
Richardson JB, AK	1231	80%	79%	35%	40%	50%	326	338	281	64	67	94	80	90	99
San Antonio JB (Sam Houston), TX	59	--	--	--	--	--	--	--	--	--	--	--	32	--	29
Tripler AMC, HI	1122	100%	58%	0%	0%	0%	488	688	458	196	--	106	55	63	--
Walter Reed AMC, DC	1337	88%	65%	6%	0%	0%	418	387	661	75	--	62	46	38	31
	473	88%	64%	8%	--	0%	437	--	681	86	--	50	40	--	33
	8	--	100%	--	--	--	--	--	--	--	--	--	42	--	--
	6	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	14	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	6	--	--	--	--	--	--	--	--	22	--	--	36	--	--
	111	100%	100%	0%	--	--	356	--	78	--	--	69	69	--	48
	10	--	--	--	--	--	--	--	--	--	--	--	28	--	--
	9	--	--	--	--	--	--	--	--	--	--	--	--	--	30
	23	--	--	--	--	--	--	--	--	--	--	--	22	--	--

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Section 1. IDES Site Comparison

	Current Enrollment	% Satisfies with IDES	VA Exam Utilization Rate	AC % Meeting 285 Day Goal	Guard & Meeting 305 Day Goal	Relative % Meeting 305 Day Goal	Avg Reserve IDES Days	Avg Guard IDES Days	Avg AC IDES Days	Avg Reserve MEB Days	Avg Guard MEB Days	Avg AC MEB Days	Avg Reserve Exam Days	Avg Guard Exam Days	Avg AC Exam Days
	1	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	0	--	--	--	--	--	558	--	--	162	--	--	33	--	21
	118	53%	--	0%	--	--	--	--	--	--	--	--	--	--	--
	1	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	0	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	6	100%	--	--	--	--	--	--	--	--	--	--	--	--	21
	202	100%	67%	11%	0%	--	381	465	--	--	--	--	56	59	--
	5	--	--	--	--	--	--	--	--	20	--	--	--	--	--
	5	--	--	--	--	--	--	--	--	--	--	--	--	--	--
	42	--	--	--	--	--	--	--	--	--	--	--	--	43	--
	31	--	--	--	--	--	--	--	--	--	--	--	--	56	--
	15	--	--	--	--	--	--	--	--	14	--	--	28	--	16
	203	100%	60%	0%	0%	--	371	308	--	59	--	--	128	48	23
	25	100%	100%	0%	0%	--	528	--	--	--	--	--	--	--	--
	12	--	--	--	--	--	--	--	--	21	--	--	51	--	--
Navy	2594	94%	68%	4%	0%	--	408	539	--	62	88	--	80	92	--
20 Palms NH, CA	2	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Beaulieu NH, SC	1	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Bethesda NNMC, MD	397	88%	46%	0%	--	--	419	--	--	101	--	--	40	--	--
Bremerton NH, WA	179	82%	45%	0%	--	--	603	--	--	17	--	--	81	79	--
Camp Lejeune NH, NC	104	82%	60%	0%	0%	--	470	714	--	117	--	--	78	--	--
Camp Pendleton NH, CA	122	100%	60%	0%	0%	--	530	--	--	91	--	--	61	--	--
Charleston NH, SC	14	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Cherry Point NH, NC	3	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Hawaii MHC, HI	32	--	--	--	--	--	--	--	--	--	--	--	36	--	--
Jacksonville NH, FL	33	--	--	--	--	--	--	--	--	--	--	--	37	--	--
Lemoore NH, CA	7	--	--	--	--	--	--	--	--	--	--	--	107	--	--
Oak Harbor NH, WA	15	--	--	--	--	--	--	--	--	--	--	--	53	--	--

Section 1. IDES Site Comparison

Current Enrollment	VA Exam Utilization Rate	% Satisfies with IDES	AC % Meeting 23R Day Cagyl	Reserve % Meeting 30R Day Cagyl	Guard & Meeting 30R Day Cagyl	Avg AC IDES Days	Avg Reserve IDES Days	Avg Guard IDES Days	Avg AC MEB Days	Avg Reserve MEB Days	Avg Guard MEB Days	Avg AC Exam Days	Avg Reserve Exam Days	Avg Guard Exam Days
Fortsmouth NMC, VA	548	95%	74%	15%	--	328	--	--	32	--	--	115	139	--
Quantico NHC, VA	1	--	--	--	--	--	--	--	--	--	--	--	--	--
San Diego NMC, CA	1128	97%	78%	2%	0%	420	452	88	92	88	51	57	57	57
Marine Corps	4084	96%	54%	2%	40%	455	356	112	52	52	61	84	84	84
29 Palms NH, CA	21	--	--	--	--	--	--	--	--	--	--	--	--	--
Beaufort NH, SC	27	--	--	--	--	--	--	--	12	12	42	--	--	--
Bethesda NMMC, MD	466	83%	64%	0%	--	497	--	--	85	85	37	77	77	77
Emerson NH, WA	18	100%	--	--	--	462	--	--	16	16	--	97	97	97
Camp Lejeune NH, NC	1767	96%	53%	2%	33%	487	355	139	54	54	72	72	72	72
Camp Pendleton NH, CA	661	97%	56%	0%	0%	437	483	115	--	--	--	83	83	83
Charleston NH, SC	0	--	--	--	--	--	--	--	--	--	--	--	--	--
Cherry Point NH, NC	50	--	--	--	--	--	--	--	--	--	--	35	35	35
Hawaii NHC, HI	27	--	--	--	--	--	--	--	--	--	--	33	33	33
Jacksonville NH, FL	13	--	--	--	--	--	--	--	--	--	--	40	40	40
Lemoore NH, CA	1	--	--	--	--	--	--	--	--	--	--	32	32	32
Oak Harbor NH, WA	0	--	--	--	--	--	--	--	--	--	--	--	--	--
Fortsmouth NMC, VA	57	100%	50%	50%	--	297	--	--	56	56	57	145	145	145
Quantico NHC, VA	41	--	--	--	--	--	--	--	--	--	--	24	24	24
San Diego NHC, CA	926	96%	53%	0%	100%	399	234	74	49	49	53	88	88	88

Note: A dash (-) indicates that data was not available to perform the calculation. As sites mature in the months ahead and more cases proceed through the system additional data will be available to perform these calculations.

IDES Monthly Report Supplement Trend Analysis - April 2011

Section 2. IDES Trend Analysis

	October	November	December	January	February	March
DoD Current Enrollment:	14654	15614	16577	17402	18588	21142
Avg # Total Conditions	11	11	12	11	11	11
AC % Meeting 295 Day Goal	32%	34%	34%	41%	28%	15%
RC % Meeting 305 Day Goal	63%	20%	26%	45%	38%	28%
Guard % Meeting 305 Day Goal	36%	48%	48%	57%	55%	40%
VA Exam Utilization Rate	93%	91%	91%	88%	90%	95%
% Satisfied with IDES	74%	76%	74%	66%	65%	67%
Avg AC IDES Days	340	339	350	349	369	394
Avg Reserve IDES Days	277	381	431	334	374	383
Avg Guard IDES Days	337	320	389	315	344	354
FL Belvoir, VA IOC Date: 10/01/08 Current Enrollment:	286	301	308	312	318	331
Avg # Total Conditions	14	13	13	12	9	14
AC % Meeting 295 Day Goal	0%	0%	0%	20%	--	0%
RC % Meeting 305 Day Goal	--	0%	0%	--	0%	0%
Guard % Meeting 305 Day Goal	--	--	--	--	--	0%
VA Exam Utilization Rate	75%	86%	100%	0%	100%	100%
% Satisfied with IDES	50%	86%	50%	20%	56%	83%
Avg AC IDES Days	459	531	540	439	--	527
Avg Reserve IDES Days	--	390	558	--	492	434
Avg Guard IDES Days	--	--	--	--	--	383
FL Bragg, NC IOC Date: 03/31/10 Current Enrollment:	391	443	511	547	620	777
Avg # Total Conditions	12	11	13	13	11	10
AC % Meeting 295 Day Goal	100%	100%	100%	100%	91%	39%
RC % Meeting 305 Day Goal	--	100%	--	100%	100%	0%
Guard % Meeting 305 Day Goal	100%	--	100%	100%	100%	33%
VA Exam Utilization Rate	90%	100%	96%	95%	96%	100%
% Satisfied with IDES	75%	71%	80%	67%	79%	76%
Avg AC IDES Days	181	211	236	241	263	309
Avg Reserve IDES Days	--	226	--	276	235	318
Avg Guard IDES Days	159	--	226	227	243	327
Army Current Enrollment:	9050	9695	10349	10914	11610	13121
Avg # Total Conditions	11	11	11	11	11	10
AC % Meeting 295 Day Goal	43%	44%	42%	50%	39%	23%
RC % Meeting 305 Day Goal	83%	28%	33%	44%	53%	32%
Guard % Meeting 305 Day Goal	40%	50%	50%	58%	58%	41%
VA Exam Utilization Rate	96%	95%	96%	94%	93%	96%
% Satisfied with IDES	81%	78%	81%	76%	68%	72%
Avg AC IDES Days	315	319	335	329	345	367
Avg Reserve IDES Days	243	357	427	320	331	365
Avg Guard IDES Days	327	309	362	310	320	338
FL Bunning, GA IOC Date: 02/01/10 Current Enrollment:	215	239	270	296	330	407
Avg # Total Conditions	11	11	8	10	10	10
AC % Meeting 295 Day Goal	100%	100%	100%	100%	100%	42%
RC % Meeting 305 Day Goal	100%	100%	100%	--	100%	75%
Guard % Meeting 305 Day Goal	--	100%	100%	100%	67%	100%
VA Exam Utilization Rate	100%	100%	100%	93%	100%	89%
% Satisfied with IDES	86%	95%	79%	92%	74%	89%
Avg AC IDES Days	140	203	216	243	238	291
Avg Reserve IDES Days	189	189	205	--	241	271
Avg Guard IDES Days	--	186	141	168	232	214
FL Carson, CO IOC Date: 05/31/09 Current Enrollment:	1522	1585	1656	1788	1865	1968
Avg # Total Conditions	15	16	17	14	14	14
AC % Meeting 295 Day Goal	5%	0%	6%	2%	0%	0%
RC % Meeting 305 Day Goal	0%	0%	100%	--	0%	0%
Guard % Meeting 305 Day Goal	--	--	--	0%	--	0%
VA Exam Utilization Rate	95%	93%	95%	96%	95%	98%
% Satisfied with IDES	72%	77%	74%	67%	61%	63%
Avg AC IDES Days	379	409	415	424	451	464
Avg Reserve IDES Days	317	352	295	--	401	396
Avg Guard IDES Days	--	--	--	478	--	368

IDES Monthly Report Supplement Trend Analysis - April 2011

Section 2. IDES Trend Analysis

	October	November	December	January	February	March
Fl. Dram, NY IOC Date: 04/30/09 Current Enrollment:	660	712	750	772	823	943
Avg # Total Conditions	9	9	8	10	11	10
AC % Meeting 295 Day Goal	62%	82%	38%	21%	5%	16%
RC % Meeting 305 Day Goal	100%	--	--	--	--	100%
Guard % Meeting 305 Day Goal	--	--	--	--	100%	40%
VA Exam Utilization Rate	95%	100%	100%	95%	100%	100%
% Satisfied with IDES	83%	62%	77%	67%	63%	57%
Avg AC IDES Days	292	268	300	355	363	366
Avg Reserve IDES Days	233	--	--	--	--	247
Avg Guard IDES Days	--	--	--	--	216	322
Fl. Meads, MD IOC Date: 10/01/08 Current Enrollment:	355	381	412	436	457	501
Avg # Total Conditions	9	13	10	9	10	8
AC % Meeting 295 Day Goal	0%	0%	0%	0%	0%	0%
RC % Meeting 305 Day Goal	100%	0%	0%	0%	--	0%
Guard % Meeting 305 Day Goal	0%	0%	0%	50%	25%	17%
VA Exam Utilization Rate	100%	83%	86%	100%	100%	100%
% Satisfied with IDES	71%	50%	56%	57%	44%	50%
Avg AC IDES Days	366	405	397	375	457	368
Avg Reserve IDES Days	281	422	540	507	--	511
Avg Guard IDES Days	379	425	609	344	477	459
Fl. Riley, KS IOC Date: 01/04/10 Current Enrollment:	172	196	235	256	298	384
Avg # Total Conditions	10	13	11	11	10	12
AC % Meeting 295 Day Goal	100%	100%	100%	100%	92%	80%
RC % Meeting 305 Day Goal	--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	100%	100%	100%	100%	100%	100%
% Satisfied with IDES	86%	67%	71%	60%	60%	80%
Avg AC IDES Days	176	195	219	225	243	272
Avg Reserve IDES Days	--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	--	--	--
Fl. Hood, TX IOC Date: 02/26/10 Current Enrollment:	908	1072	1160	1277	1364	1641
Avg # Total Conditions	8	8	8	8	8	8
AC % Meeting 295 Day Goal	100%	100%	100%	100%	66%	33%
RC % Meeting 305 Day Goal	100%	--	--	--	100%	--
Guard % Meeting 305 Day Goal	--	--	--	--	100%	100%
VA Exam Utilization Rate	100%	94%	91%	95%	80%	94%
% Satisfied with IDES	90%	94%	96%	82%	88%	81%
Avg AC IDES Days	184	202	203	239	275	305
Avg Reserve IDES Days	185	--	--	--	257	--
Avg Guard IDES Days	--	--	--	--	274	238
Fl. Pohl, LA IOC Date: 03/31/09 Current Enrollment:	507	630	706	760	830	940
Avg # Total Conditions	13	11	12	10	10	10
AC % Meeting 295 Day Goal	95%	87%	84%	63%	64%	63%
RC % Meeting 305 Day Goal	--	100%	--	0%	--	--
Guard % Meeting 305 Day Goal	100%	100%	100%	--	100%	100%
VA Exam Utilization Rate	96%	100%	100%	100%	93%	90%
% Satisfied with IDES	76%	70%	88%	67%	83%	85%
Avg AC IDES Days	219	242	252	261	290	287
Avg Reserve IDES Days	--	274	--	316	--	--
Avg Guard IDES Days	159	183	266	--	295	204
Fl. Stewart, GA IOC Date: 11/30/08 Current Enrollment:	1267	1306	1349	1372	1433	1570
Avg # Total Conditions	14	13	15	16	14	15
AC % Meeting 295 Day Goal	13%	9%	20%	13%	17%	2%
RC % Meeting 305 Day Goal	100%	0%	0%	100%	100%	0%
Guard % Meeting 305 Day Goal	100%	100%	0%	33%	0%	50%
VA Exam Utilization Rate	98%	93%	100%	84%	96%	89%
% Satisfied with IDES	80%	74%	76%	71%	67%	62%
Avg AC IDES Days	375	375	365	389	381	430
Avg Reserve IDES Days	253	400	407	256	243	409
Avg Guard IDES Days	182	196	365	367	369	333

IDES Monthly Report Supplement Trend Analysis - April 2011

Section 2. IDES Trend Analysis

	October	November	December	January	February	March
FL Wainwright, AK IOC Date: 04/20/09 Current Enrollment:	137	147	155	161	173	194
Avg # Total Conditions	6	11	14	7	11	11
AC % Meeting 295 Day Goal	83%	73%	50%	92%	33%	90%
RC % Meeting 305 Day Goal	--	0%	--	--	--	--
Guard % Meeting 305 Day Goal	0%	--	--	--	--	--
VA Exam Utilization Rate	100%	83%	100%	100%	100%	100%
% Satisfied with IDES	90%	100%	--	67%	77%	100%
Avg AC IDES Days	237	295	317	277	396	310
Avg Reserve IDES Days	--	308	--	--	--	--
Avg Guard IDES Days	430	--	--	--	--	--
Richardson JB, AK IOC Date: 04/20/09 Current Enrollment:	124	126	134	137	151	196
Avg # Total Conditions	14	8	13	15	12	8
AC % Meeting 295 Day Goal	0%	0%	0%	20%	0%	20%
RC % Meeting 305 Day Goal	--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	100%	88%	100%	67%	67%	100%
% Satisfied with IDES	40%	100%	100%	0%	71%	83%
Avg AC IDES Days	425	381	381	442	442	462
Avg Reserve IDES Days	--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	--	--	--
Tripler AMC, HI IOC Date: 01/04/11 Current Enrollment:	0	0	0	0	3	59
Avg # Total Conditions	--	--	--	--	1	8
AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	--	--	--
Lewis JB, WA IOC Date: 02/01/10 Current Enrollment:	472	534	582	634	712	843
Avg # Total Conditions	11	11	10	9	9	10
AC % Meeting 295 Day Goal	100%	100%	100%	91%	54%	33%
RC % Meeting 305 Day Goal	--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	100%	100%	100%
VA Exam Utilization Rate	100%	95%	87%	95%	93%	100%
% Satisfied with IDES	83%	86%	65%	47%	52%	54%
Avg AC IDES Days	198	212	226	264	279	300
Avg Reserve IDES Days	--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	257	186	266
San Antonio JB (Sam Houston), TX IOC Date: 05/31/09 Current Enrollment:	964	1010	1061	1103	1147	1231
Avg # Total Conditions	11	10	10	10	10	12
AC % Meeting 295 Day Goal	68%	40%	44%	50%	24%	35%
RC % Meeting 305 Day Goal	100%	20%	50%	60%	60%	40%
Guard % Meeting 305 Day Goal	33%	20%	33%	50%	50%	50%
VA Exam Utilization Rate	90%	94%	95%	100%	88%	80%
% Satisfied with IDES	71%	94%	80%	75%	63%	79%
Avg AC IDES Days	270	316	331	294	353	326
Avg Reserve IDES Days	184	354	330	286	322	336
Avg Guard IDES Days	334	370	408	282	317	291
Walter Reed AMC, DC IOC Date: 11/27/07 Current Enrollment:	961	1003	1033	1041	1055	1122
Avg # Total Conditions	13	14	13	16	18	12
AC % Meeting 295 Day Goal	13%	0%	0%	14%	14%	0%
RC % Meeting 305 Day Goal	0%	0%	0%	0%	0%	0%
Guard % Meeting 305 Day Goal	0%	0%	0%	0%	--	0%
VA Exam Utilization Rate	100%	71%	92%	100%	100%	100%
% Satisfied with IDES	76%	82%	71%	73%	44%	58%
Avg AC IDES Days	352	376	490	446	405	488
Avg Reserve IDES Days	397	562	638	404	422	688
Avg Guard IDES Days	528	496	489	606	--	458

IDES Monthly Report Supplement Trend Analysis - April 2011

Section 2. IDES Trend Analysis

	October	November	December	January	February	March		October	November	December	January	February	March
	884	920	961	1005	1105	1337		424	431	438	443	453	473
Avg # Total Conditions	12	12	12	12	12	12	Avg # Total Conditions	18	10	9	12	8	14
AC % Meeting 295 Day Goal	31%	33%	9%	0%	11%	6%	AC % Meeting 295 Day Goal	0%	33%	25%	0%	0%	8%
RC % Meeting 305 Day Goal	--	--	--	--	0%	0%	RC % Meeting 305 Day Goal	--	--	--	--	--	--
Guard % Meeting 305 Day Goal	0%	0%	0%	50%	0%	0%	Guard % Meeting 305 Day Goal	0%	0%	0%	0%	0%	0%
VA Exam Utilization Rate	94%	94%	90%	71%	91%	89%	VA Exam Utilization Rate	83%	100%	88%	25%	80%	86%
% Satisfied with IDES	65%	74%	70%	60%	74%	65%	% Satisfied with IDES	64%	71%	83%	63%	69%	64%
Avg AC IDES Days	352	308	366	450	398	418	Avg AC IDES Days	483	340	317	497	503	437
Avg Reserve IDES Days	--	--	--	--	387	387	Avg Reserve IDES Days	--	--	--	--	--	--
Avg Guard IDES Days	411	573	716	361	787	681	Avg Guard IDES Days	411	573	716	444	787	681
	0	0	0	0	5	8		0	0	0	0	1	8
Avg # Total Conditions	--	--	--	--	21	19	Avg # Total Conditions	--	--	--	--	--	11
AC % Meeting 295 Day Goal	--	--	--	--	--	--	AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--	RC % Meeting 305 Day Goal	--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	--	--	--	Guard % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--	VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	100%	% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--	Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--	Avg Reserve IDES Days	--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	--	--	--	Avg Guard IDES Days	--	--	--	--	--	--
	0	0	0	0	5	14		0	0	0	0	1	6
Avg # Total Conditions	--	--	--	--	--	7	Avg # Total Conditions	--	--	--	--	5	22
AC % Meeting 295 Day Goal	--	--	--	--	--	--	AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--	RC % Meeting 305 Day Goal	--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	--	--	--	Guard % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--	VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--	% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--	Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--	Avg Reserve IDES Days	--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	--	--	--	Avg Guard IDES Days	--	--	--	--	--	--

IDES Monthly Report Supplement Trend Analysis - April 2011

Section 2. IDES Trend Analysis

	October	November	December	January	February	March		October	November	December	January	February	March
		74	77	86	92	95	111						
Avg # Total Conditions		7	17	18	12	10	7	Avg # Total Conditions		0	0	0	0
AC % Meeting 295 Day Goal		0%	--	0%	0%	25%	0%	AC % Meeting 295 Day Goal		--	--	--	--
RC % Meeting 305 Day Goal		--	--	--	--	--	--	RC % Meeting 305 Day Goal		--	--	--	--
Guard % Meeting 305 Day Goal		--	--	--	--	--	--	Guard % Meeting 305 Day Goal		--	--	--	--
VA Exam Utilization Rate		100%	100%	67%	100%	100%	100%	VA Exam Utilization Rate		--	--	--	--
% Satisfied with IDES		86%	88%	100%	50%	83%	100%	% Satisfied with IDES		--	--	--	--
Avg AC IDES Days		394	--	390	371	329	356	Avg AC IDES Days		--	--	--	--
Avg Reserve IDES Days		--	--	--	--	--	--	Avg Reserve IDES Days		--	--	--	--
Avg Guard IDES Days		--	--	--	--	--	--	Avg Guard IDES Days		--	--	--	--
		0	0	0	0	1	9			0	0	0	0
Avg # Total Conditions		--	--	--	--	--	10	Avg # Total Conditions		--	--	--	17
AC % Meeting 295 Day Goal		--	--	--	--	--	--	AC % Meeting 295 Day Goal		--	--	--	--
RC % Meeting 305 Day Goal		--	--	--	--	--	--	RC % Meeting 305 Day Goal		--	--	--	--
Guard % Meeting 305 Day Goal		--	--	--	--	--	--	Guard % Meeting 305 Day Goal		--	--	--	--
VA Exam Utilization Rate		--	--	--	--	--	--	VA Exam Utilization Rate		--	--	--	--
% Satisfied with IDES		--	--	--	--	--	--	% Satisfied with IDES		--	--	--	--
Avg AC IDES Days		--	--	--	--	--	--	Avg AC IDES Days		--	--	--	--
Avg Reserve IDES Days		--	--	--	--	--	--	Avg Reserve IDES Days		--	--	--	--
Avg Guard IDES Days		--	--	--	--	--	--	Avg Guard IDES Days		--	--	--	--
		0	0	0	0	0	1			0	0	0	0
Avg # Total Conditions		--	--	--	--	--	--	Avg # Total Conditions		--	--	--	--
AC % Meeting 295 Day Goal		--	--	--	--	--	--	AC % Meeting 295 Day Goal		--	--	--	--
RC % Meeting 305 Day Goal		--	--	--	--	--	--	RC % Meeting 305 Day Goal		--	--	--	--
Guard % Meeting 305 Day Goal		--	--	--	--	--	--	Guard % Meeting 305 Day Goal		--	--	--	--
VA Exam Utilization Rate		--	--	--	--	--	--	VA Exam Utilization Rate		--	--	--	--
% Satisfied with IDES		--	--	--	--	--	--	% Satisfied with IDES		--	--	--	--
Avg AC IDES Days		--	--	--	--	--	--	Avg AC IDES Days		--	--	--	--
Avg Reserve IDES Days		--	--	--	--	--	--	Avg Reserve IDES Days		--	--	--	--
Avg Guard IDES Days		--	--	--	--	--	--	Avg Guard IDES Days		--	--	--	--

IDES Monthly Report Supplement Trend Analysis - April 2011

Section 2. IDES Trend Analysis

	October	November	December	January	February	March		October	November	December	January	February	March
	89	92	98	105	111	118		0	0	0	0	0	1
Avg # Total Conditions	6	9	8	8	5	11		--	--	--	--	--	38
AC % Meeting 295 Day Goal	67%	--	0%	--	0%	0%		--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
VA Exam Utilization Rate	100%	0%	100%	--	100%	--		--	--	--	--	--	--
% Satisfied with IDES	67%	100%	100%	--	67%	53%		--	--	--	--	--	--
Avg AC IDES Days	309	--	502	--	486	558		--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--		--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	--	--	--		--	--	--	--	--	--
	0	0	0	0	0	0		0	0	0	0	2	6
Avg # Total Conditions	--	--	--	--	--	--		--	--	--	--	2	5
AC % Meeting 295 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--		--	--	--	--	--	100%
% Satisfied with IDES	--	--	--	--	--	--		--	--	--	--	--	100%
Avg AC IDES Days	--	--	--	--	--	--		--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--		--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	--	--	--		--	--	--	--	--	--
	143	148	154	169	190	202		0	0	0	0	2	5
Avg # Total Conditions	8	9	16	10	10	10		--	--	--	--	6	1
AC % Meeting 295 Day Goal	50%	0%	0%	--	11%	11%		--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	0%	0%		--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
VA Exam Utilization Rate	100%	100%	100%	100%	100%	100%		--	--	--	--	--	--
% Satisfied with IDES	100%	50%	--	--	75%	67%		--	--	--	--	--	--
Avg AC IDES Days	314	324	401	--	397	361		--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	387	466		--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	--	--	--		--	--	--	--	--	--

IDES Monthly Report Supplement Trend Analysis - April 2011

Section 2. IDES Trend Analysis

	October	November	December	January	February	March		October	November	December	January	February	March
	0	0	0	0	1	5		0	0	0	0	11	42
Avg # Total Conditions	--	--	--	--	--	8		--	--	--	--	12	9
AC % Meeting 295 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--		--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--		--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--		--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--		--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	--	--	--		--	--	--	--	--	--
	0	0	0	0	11	31		0	0	0	0	0	15
Avg # Total Conditions	--	--	--	--	8	4		--	--	--	--	--	6
AC % Meeting 295 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	--	--	--		--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--		--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--		--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--		--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--		--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	--	--	--		--	--	--	--	--	--
	130	148	160	169	181	203		23	23	24	25	25	25
Avg # Total Conditions	15	15	16	13	17	12		3	11	2	2	--	--
AC % Meeting 295 Day Goal	50%	60%	0%	--	0%	0%		0%	--	--	--	--	0%
RC % Meeting 305 Day Goal	--	--	--	--	--	0%		--	--	--	--	--	--
Guard % Meeting 305 Day Goal	--	--	--	100%	--	--		--	--	--	--	--	--
VA Exam Utilization Rate	100%	0%	100%	75%	100%	100%		--	--	--	100%	0%	100%
% Satisfied with IDES	75%	33%	57%	67%	71%	60%		100%	0%	--	--	100%	100%
Avg AC IDES Days	269	276	344	--	402	371		349	--	--	--	--	526
Avg Reserve IDES Days	--	--	--	--	--	308		--	--	--	--	--	--
Avg Guard IDES Days	--	--	--	--	277	--		--	--	--	--	--	--

IDES Monthly Report Supplement Trend Analysis - April 2011

Section 2. IDES Trend Analysis

	October	November	December	January	February	March		October	November	December	January	February	March
	0	0	0	0	7	12							
Avg # Total Conditions	--	--	--	--	8	5	Avg # Total Conditions						
AC % Meeting 295 Day Goal	--	--	--	--	--	--	AC % Meeting 295 Day Goal						
RC % Meeting 305 Day Goal	--	--	--	--	--	--	RC % Meeting 305 Day Goal						
Guard % Meeting 305 Day Goal	--	--	--	--	--	--	Guard % Meeting 305 Day Goal						
VA Exam Utilization Rate	--	--	--	--	--	--	VA Exam Utilization Rate						
% Satisfied with IDFS	--	--	--	--	--	--	% Satisfied with IDFS						
Avg AC IDES Days	--	--	--	--	--	--	Avg AC IDES Days						
Avg Reserve IDES Days	--	--	--	--	--	--	Avg Reserve IDES Days						
Avg Guard IDES Days	--	--	--	--	--	--	Avg Guard IDES Days						

IDES Monthly Report Supplement Trend Analysis - April 2011

Section 2. IDES Trend Analysis

	October	November	December	January	February	March
Navy IOC Date: 02/23/10 Current Enrollment:	1807	1918	2030	2112	2274	2594
Avg # Total Conditions	11	12	12	11	10	12
AC % Meeting 295 Day Goal	4%	10%	13%	14%	7%	4%
RC % Meeting 305 Day Goal	63%	20%	26%	45%	38%	28%
VA Exam Utilization Rate	63%	66%	71%	67%	61%	84%
% Satisfied with IDES	77%	72%	77%	67%	69%	66%
Avg AC IDES Days	385	399	404	384	393	408
Avg Reserve IDES Days	413	511	473	473	548	539
Beaufort NH, SC IOC Date: 01/11/11 Current Enrollment:	0	0	0	0	1	1
Avg # Total Conditions	--	--	--	--	3	--
AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--
Bremerton NH, WA IOC Date: 02/23/09 Current Enrollment:	129	143	153	154	168	179
Avg # Total Conditions	7	12	13	17	12	14
AC % Meeting 295 Day Goal	25%	17%	20%	0%	0%	0%
RC % Meeting 305 Day Goal	0%	--	0%	--	--	--
VA Exam Utilization Rate	50%	100%	50%	75%	100%	82%
% Satisfied with IDES	85%	75%	--	80%	77%	45%
Avg AC IDES Days	354	338	340	371	441	409
Avg Reserve IDES Days	--	--	401	--	--	--
29 Palms NH, CA IOC Date: 02/23/10 Current Enrollment:	0	0	0	0	0	2
Avg # Total Conditions	--	--	--	--	--	--
AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--
Bethesda NMMC, MD IOC Date: 11/27/07 Current Enrollment:	342	349	360	369	376	397
Avg # Total Conditions	9	10	16	9	5	15
AC % Meeting 295 Day Goal	0%	0%	17%	0%	0%	0%
RC % Meeting 305 Day Goal	0%	0%	0%	0%	--	--
VA Exam Utilization Rate	71%	60%	100%	50%	40%	88%
% Satisfied with IDES	82%	70%	92%	67%	60%	48%
Avg AC IDES Days	421	577	411	445	433	418
Avg Reserve IDES Days	--	--	545	--	--	--
Camp Lejeune NH, NC IOC Date: 04/30/09 Current Enrollment:	76	84	88	91	97	104
Avg # Total Conditions	10	13	17	11	12	10
AC % Meeting 295 Day Goal	0%	0%	--	0%	0%	0%
RC % Meeting 305 Day Goal	0%	0%	--	0%	0%	0%
VA Exam Utilization Rate	75%	100%	100%	-100%	67%	82%
% Satisfied with IDES	51%	67%	44%	54%	60%	60%
Avg AC IDES Days	381	336	--	331	405	470
Avg Reserve IDES Days	--	--	--	--	--	714

IDES Monthly Report Supplement Trend Analysis - April 2011

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	October	November	December	January	February	March		October	November	December	January	February	March	
Camp Pendleton NH, CA IOC Date: 01/31/09 Current Enrollment:	102	105	110	115	118	122		Charleston NH, SC IOC Date: 01/11/11 Current Enrollment:	0	0	0	0	6	14
Avg # Total Conditions	28	--	12	12	15	14		Avg # Total Conditions	--	--	--	--	6	10
AC % Meeting 295 Day Goal	0%	0%	0%	0%	0%	0%		AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	0%	0%	0%	--	--	0%		RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	100%	100%	100%	100%	100%	100%		VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	74%	70%	85%	63%	57%	60%		% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	582	406	495	358	493	530		Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--		Avg Reserve IDES Days	--	--	--	--	--	--
Cherry Point NH, NC IOC Date: 12/31/10 Current Enrollment:	0	0	0	0	0	3		Hawaii NHC, HI IOC Date: 12/31/10 Current Enrollment:	0	0	0	0	16	32
Avg # Total Conditions	--	--	--	--	--	7		Avg # Total Conditions	--	--	--	--	6	8
AC % Meeting 295 Day Goal	--	--	--	--	--	--		AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--		RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--		VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--		% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--		Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--		Avg Reserve IDES Days	--	--	--	--	--	--
Jacksonville NH, FL IOC Date: 01/05/11 Current Enrollment:	0	0	0	0	8	33		Lemoore NH, CA IOC Date: 12/31/10 Current Enrollment:	0	0	0	0	2	7
Avg # Total Conditions	--	--	--	--	12	17		Avg # Total Conditions	--	--	--	--	10	--
AC % Meeting 295 Day Goal	--	--	--	--	--	--		AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--		RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--		VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--		% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--		Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--		Avg Reserve IDES Days	--	--	--	--	--	--

IDES Monthly Report Supplement Trend Analysis - April 2011

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	October	November	December	January	February	March
Oak Harbor NHC, WA IOC Date: 12/31/10 Current Enrollment:	0	0	0	0	6	15
Avg # Total Conditions	--	--	--	--	13	11
AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--
Portsmouth NMC, VA IOC Date: 03/31/10 Current Enrollment:	275	316	363	395	438	548
Avg # Total Conditions	11	12	11	11	11	10
AC % Meeting 295 Day Goal	--	--	--	--	100%	15%
RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	83%	0%	50%	74%	68%	95%
% Satisfied with IDES	65%	81%	81%	71%	76%	74%
Avg AC IDES Days	--	--	--	--	260	328
Avg Reserve IDES Days	--	--	--	--	--	--
Quantico NHC, VA IOC Date: 01/04/11 Current Enrollment:	0	0	0	0	1	1
Avg # Total Conditions	--	--	--	--	3	--
AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--
San Diego NMC, CA IOC Date: 10/31/08 Current Enrollment:	878	916	951	983	1031	1128
Avg # Total Conditions	12	13	11	10	11	13
AC % Meeting 295 Day Goal	0%	13%	10%	25%	4%	2%
RC % Meeting 305 Day Goal	0%	0%	0%	0%	0%	0%
VA Exam Utilization Rate	87%	74%	76%	71%	95%	97%
% Satisfied with IDES	68%	74%	71%	63%	63%	76%
Avg AC IDES Days	374	382	413	376	381	420
Avg Reserve IDES Days	413	511	--	473	548	452

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	October	November	December	January	February	March		October	November	December	January	February	March	
Marine Corps IOC Date: 12/21/10 Current Enrollment:	2906	3076	3232	3366	3594	4084		29 Palms III, CA IOC Date: 12/21/10 Current Enrollment:	0	0	0	0	2	21
Avg # Total Conditions	12	11	12	12	12	12		Avg # Total Conditions	--	--	--	--	9	10
AC % Meeting 295 Day Goal	11%	0%	13%	5%	3%	2%		AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	33%	0%	0%	67%	0%	40%		RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	92%	92%	81%	78%	88%	95%		VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	67%	63%	69%	59%	52%	54%		% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	399	410	394	433	433	456		Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	322	429	421	376	437	356		Avg Reserve IDES Days	--	--	--	--	--	--
Beaufort NH, SC IOC Date: 01/11/11 Current Enrollment:	0	0	0	0	10	27		Bethesda NNMC, MD IOC Date: 11/27/07 Current Enrollment:	406	418	425	434	441	466
Avg # Total Conditions	--	--	--	--	9	5		Avg # Total Conditions	15	12	12	14	10	11
AC % Meeting 295 Day Goal	--	--	--	--	--	--		AC % Meeting 295 Day Goal	0%	0%	0%	0%	0%	0%
RC % Meeting 305 Day Goal	--	--	--	--	--	--		RC % Meeting 305 Day Goal	0%	0%	0%	50%	--	--
VA Exam Utilization Rate	--	--	--	--	--	--		VA Exam Utilization Rate	70%	33%	80%	91%	60%	83%
% Satisfied with IDES	--	--	--	--	--	--		% Satisfied with IDES	82%	70%	92%	67%	60%	48%
Avg AC IDES Days	--	--	--	--	--	--		Avg AC IDES Days	488	383	430	487	531	487
Avg Reserve IDES Days	--	--	--	--	--	--		Avg Reserve IDES Days	380	573	--	431	--	--
Bremerton NH, WA IOC Date: 02/23/09 Current Enrollment:	15	15	19	19	19	19		Camp Lejeune NH, NC IOC Date: 04/30/09 Current Enrollment:	1244	1322	1397	1471	1575	1767
Avg # Total Conditions	8	--	13	--	--	4		Avg # Total Conditions	12	10	12	12	14	13
AC % Meeting 295 Day Goal	--	--	--	--	--	0%		AC % Meeting 295 Day Goal	0%	0%	0%	0%	0%	2%
RC % Meeting 305 Day Goal	100%	--	0%	--	--	--		RC % Meeting 305 Day Goal	0%	0%	--	100%	0%	25%
VA Exam Utilization Rate	--	100%	--	--	100%	100%		VA Exam Utilization Rate	93%	85%	83%	73%	91%	96%
% Satisfied with IDES	85%	75%	--	80%	77%	45%		% Satisfied with IDES	51%	67%	44%	54%	60%	60%
Avg AC IDES Days	--	--	--	--	--	482		Avg AC IDES Days	412	413	403	469	471	487
Avg Reserve IDES Days	216	--	--	--	--	--		Avg Reserve IDES Days	456	454	--	266	474	355

IDES Monthly Report Supplement Trend Analysis - April 2011

Section 2. IDES Trend Analysis

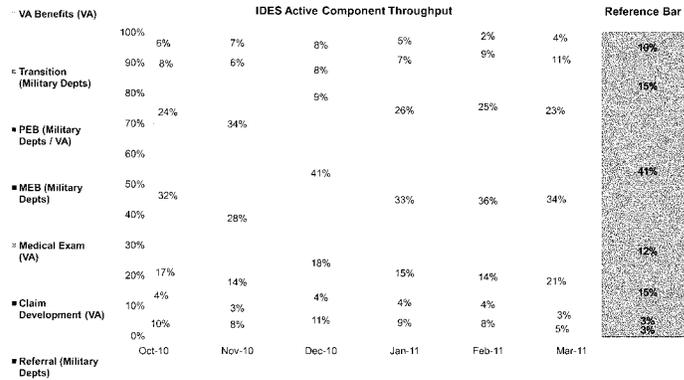
	October	November	December	January	February	March		October	November	December	January	February	March	
Camp Pendleton NH, CA IOC Date: 9/2/109 Current Enrollment:	483	512	545	574	601	661		Charleston NH, SC IOC Date: 9/15/11 Current Enrollment:	0	0	0	0	0	0
Avg # Total Conditions	14	13	14	15	13	11		Avg # Total Conditions	--	--	--	--	--	--
AC % Meeting 295 Day Goal	0%	0%	13%	9%	0%	0%		AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	0%	0%	0%	--	--	0%		RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	100%	100%	90%	100%	63%	97%		VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	74%	70%	85%	63%	57%	60%		% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	409	437	395	398	412	437		Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	327	287	379	--	--	483		Avg Reserve IDES Days	--	--	--	--	--	--
Cherry Point NH, NC IOC Date: 12/31/10 Current Enrollment:	0	0	1	1	15	50		Hawaii NHC, HI IOC Date: 12/31/10 Current Enrollment:	0	0	0	0	8	27
Avg # Total Conditions	--	--	--	--	13	14		Avg # Total Conditions	--	--	--	--	8	8
AC % Meeting 295 Day Goal	--	--	--	--	--	--		AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--		RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--		VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--		% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--		Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--		Avg Reserve IDES Days	--	--	--	--	--	--
Jacksonville NH, FL IOC Date: 9/15/11 Current Enrollment:	0	0	0	0	2	13		Lemoore NH, CA IOC Date: 12/31/10 Current Enrollment:	0	0	0	0	1	1
Avg # Total Conditions	--	--	--	--	24	14		Avg # Total Conditions	--	--	--	--	--	--
AC % Meeting 295 Day Goal	--	--	--	--	--	--		AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--		RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--		VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--		% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--		Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--		Avg Reserve IDES Days	--	--	--	--	--	--

IDES Monthly Report Supplement Trend Analysis - April 2011

Section 2. IDES Trend Analysis

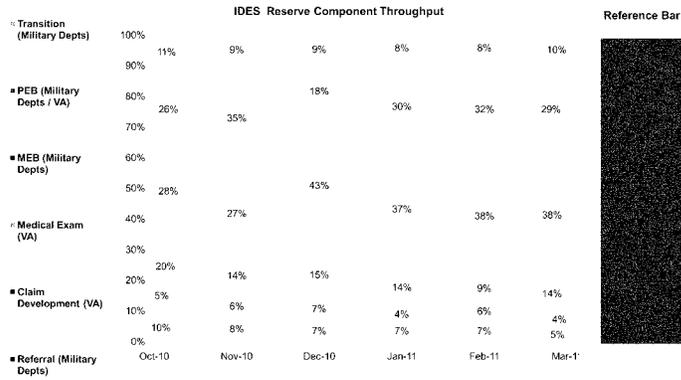
	October	November	December	January	February	March
Oak Harbor NH, WA IOC Date: 12/31/10 Current Enrollment:	0	0	0	0	0	0
Avg # Total Conditions	--	--	--	--	--	--
AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--
Portsmouth NMC, VA IOC Date: 03/31/10 Current Enrollment:	35	37	39	41	47	57
Avg # Total Conditions	10	10	11	10	16	12
AC % Meeting 295 Day Goal	--	--	--	--	--	50%
RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	100%	100%	100%	--	100%	100%
% Satisfied with IDES	65%	81%	81%	71%	76%	74%
Avg AC IDES Days	--	--	--	--	--	297
Avg Reserve IDES Days	--	--	--	--	--	--
Quandoo NHC, VA IOC Date: 01/04/11 Current Enrollment:	0	0	0	0	12	41
Avg # Total Conditions	--	--	--	--	11	12
AC % Meeting 295 Day Goal	--	--	--	--	--	--
RC % Meeting 305 Day Goal	--	--	--	--	--	--
VA Exam Utilization Rate	--	--	--	--	--	--
% Satisfied with IDES	--	--	--	--	--	--
Avg AC IDES Days	--	--	--	--	--	--
Avg Reserve IDES Days	--	--	--	--	--	--
San Diego NMC, CA IOC Date: 10/31/08 Current Enrollment:	724	769	802	822	856	926
Avg # Total Conditions	9	12	9	10	8	11
AC % Meeting 295 Day Goal	33%	0%	24%	11%	9%	0%
RC % Meeting 305 Day Goal	50%	0%	0%	0%	0%	33%
VA Exam Utilization Rate	85%	96%	67%	69%	97%	98%
% Satisfied with IDES	68%	74%	71%	63%	63%	76%
Avg AC IDES Days	356	390	356	376	373	399
Avg Reserve IDES Days	213	355	462	--	418	234

IDES Supplement Throughput Charts - April 2011



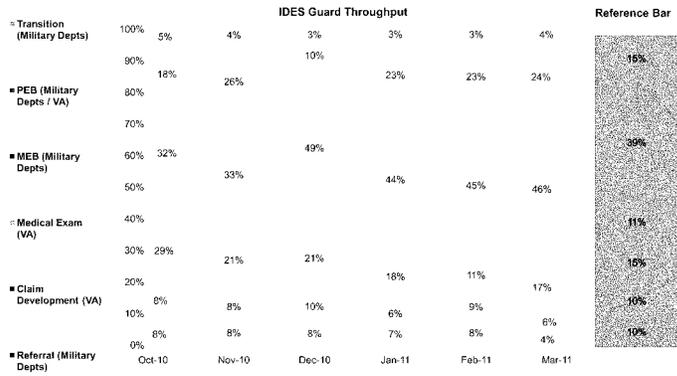
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	498	495	511	579	530	490	163	33%
	190	170	207	262	262	294	63	21%
Medical Exam (VA)	1636	1666	1528	1681	1915	2074	492	24%
	2185	2244	2390	2565	2755	3395	2626	77%
PEB (Military Depts / VA)	1584	2161	639	2031	2242	2285	720	32%
Transition (Military Depts)	670	615	612	652	738	1138	568	50%
VA Benefits (VA)	575	712	732	665	572	354	54	15%
Total Population Tracked	7338	8063	6619	8435	9014	10030	4686	47%

IDES Supplement Throughput Charts - April 2011



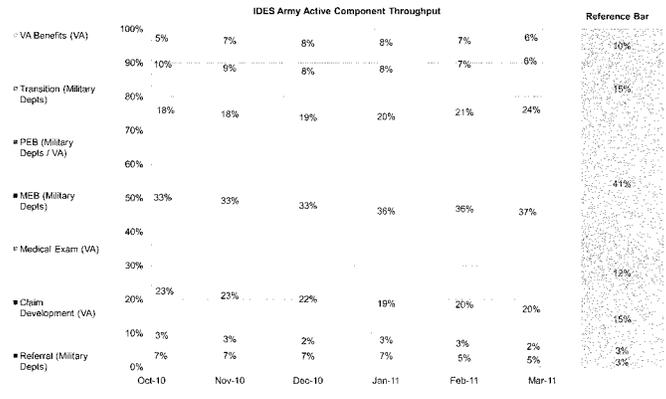
Stage/Phase	Number of Reserve Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		44	37	25	31	31	28	14
	21	28	25	16	25	23	9	39%
Medical Exam (VA)	122	121	98	94	95	83	34	41%
	153	153	174	191	194	222	178	79%
#REF!	118	154	75	148	163	173	78	45%
Transition (Military Depts)	100	96	91	81	75	77	42	55%
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	558	589	488	561	583	606	353	58%

IDES Supplement Throughput Charts - April 2011



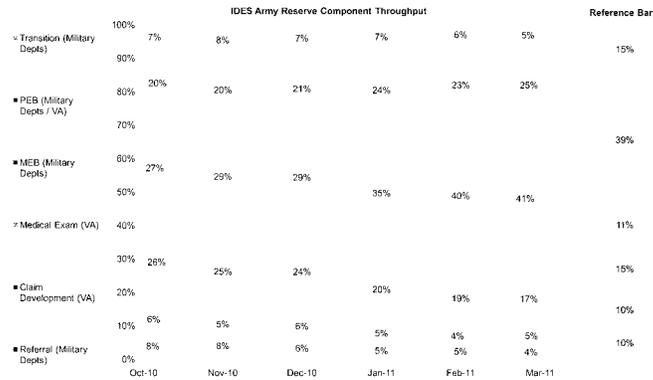
Stage/Phase	Number of Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		37	38	30	37	42	29	8
	36	40	38	29	45	46	22	48%
Medical Exam (VA)	175	192	150	161	151	130	39	30%
	171	187	232	256	281	348	277	80%
PEB (Military Depts / VA)	97	122	47	131	140	180	66	37%
Transition (Military Depts)	73	67	63	71	63	49	21	43%
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	589	646	560	685	722	782	433	55%

IDES Supplement Throughput Charts - April 2011



Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
VA Benefits (VA)	309	312	308	318	273	253	22	9%
Transition (Military Depts)	127	126	110	133	146	129	19	15%
Medical Exam (VA)	976	1034	1045	899	1036	1068	115	11%
PEB (Military Depts / VA)	1400	1504	1545	1720	1827	1970	1259	64%
Chain Development (VA)	745	809	897	962	1076	1279	476	37%
Referral (Military Depts)	424	423	379	382	360	314	111	35%
VA Benefits (VA)	222	306	392	373	344	317	16	5%
Total Population Tracked	4203	4514	4676	4787	5062	5330	2018	36%

IDES Supplement Throughput Charts - April 2011



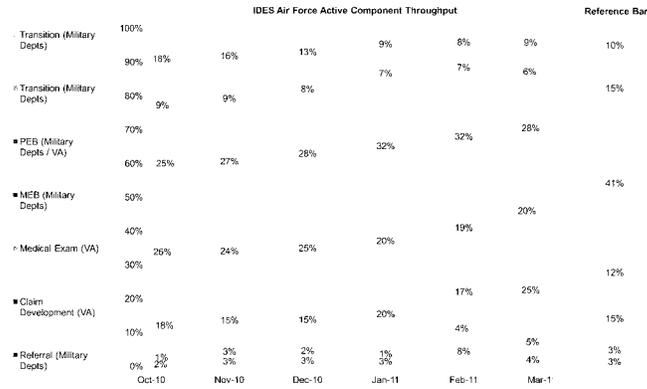
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	31	3	20	18	18	20	4	20%
	19	26	20	14	20	17	4	24%
Medical Exam (VA)	101	102	80	75	68	51	13	25%
	117	120	140	159	169	190	96	51%
	81	88	95	93	103	118	53	45%
Transition (Military Depts)	57	55	48	39	23	31	13	42%
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	406	394	403	398	401	427	183	43%

IDES Supplement Throughput Charts - April 2011



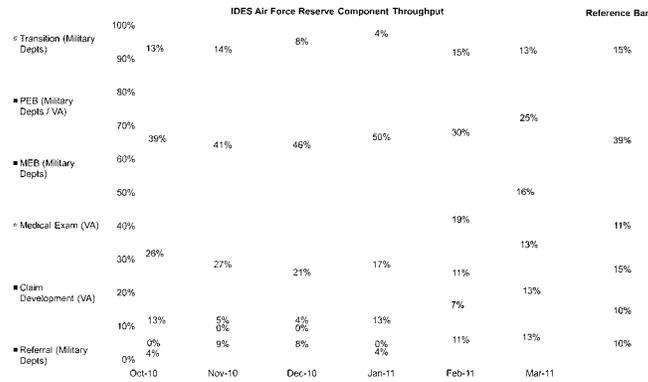
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	34	3	27	33	35	27	4	15%
	36	39	37	28	43	40	8	20%
Medical Exam (VA)	169	188	148	153	142	122	19	16%
	166	181	226	251	273	337	139	41%
PEB (Military Depts / VA)	87	95	108	114	125	164	48	30%
Transition (Military Depts)	63	58	57	66	26	42	9	21%
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	555	564	603	645	644	732	228	31%

IDES Supplement Throughput Charts - April 2011



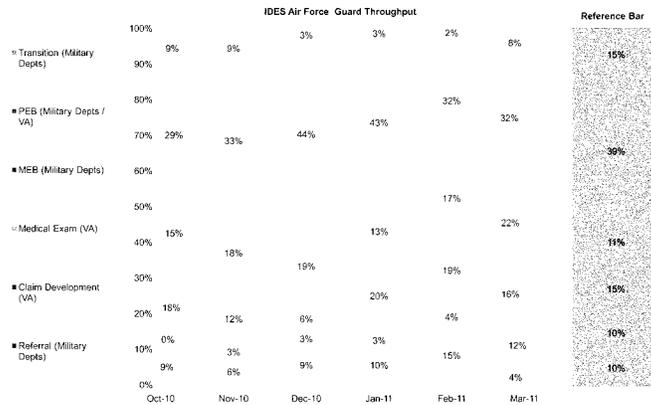
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	6	10	12	11	37	21	2	10%
	2	9	8	5	17	25	1	4%
Medical Exam (VA)	58	52	56	79	74	121	3	2%
	84	83	90	76	83	98	39	40%
PEB (Military Depts / VA)	81	92	104	125	139	135	62	46%
Transition (Military Depts)	57	53	48	33	33	44	17	39%
VA Benefits (VA)	33	41	47	57	57	45	4	9%
Total Population Tracked	321	340	365	386	440	489	128	26%

IDES Supplement Throughput Charts - April 2011



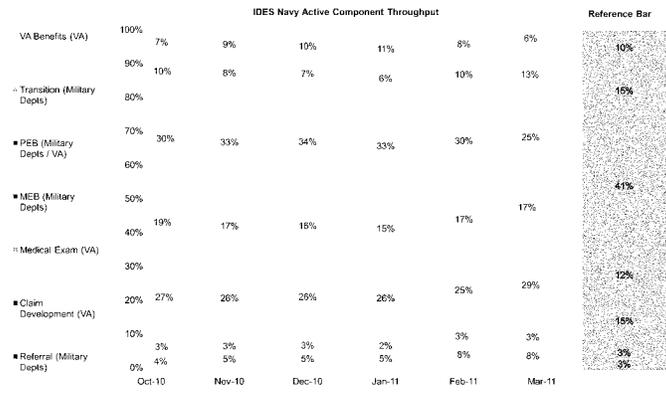
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	2	1	1	3	4	1	1	100%
	0	0	0	2	4	5	1	20%
Medical Exam (VA)	1	1	3	3	4	9	0	0%
	6	5	4	5	5	7	3	43%
PEB (Military Depts / VA)	9	11	12	8	8	7	2	29%
Transition (Military Depts)	4	5	4	6	4	5	1	20%
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	22	23	24	27	29	34	8	24%

IDES Supplement Throughput Charts - April 2011



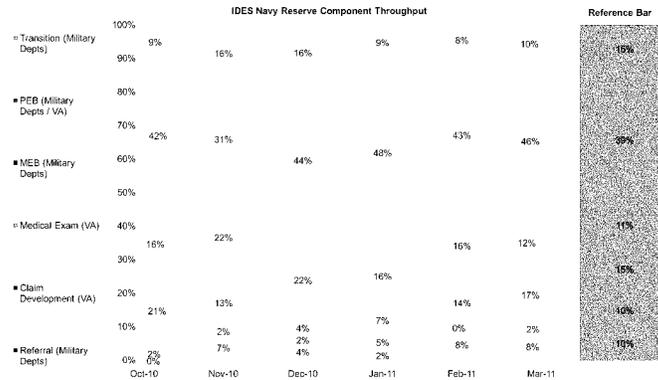
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	3	1	3	4	7	2	1	50%
	0	1	1	1	2	6	0	0%
Medical Exam (VA)	6	4	2	8	9	8	0	0%
	5	6	6	5	8	11	1	9%
PEB (Military Depts / VA)	10	11	14	17	15	16	5	31%
Transition (Military Depts)	10	9	6	5	3	7	3	43%
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	34	32	32	40	44	50	10	20%

IDES Supplement Throughput Charts - April 2011



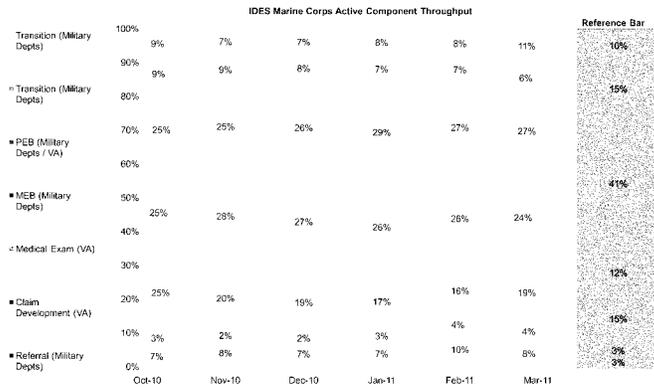
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	38	48	52	55	87	92	6	7%
Medical Exam (VA)	229	237	253	260	277	345	44	13%
	159	155	156	155	186	207	68	33%
PEB (Military Depts / VA)	260	299	327	336	327	300	77	26%
Transition (Military Depts)	86	77	65	65	106	162	105	65%
VA Benefits (VA)	61	78	93	112	92	72	4	6%
Total Population Tracked	855	917	972	1005	1103	1210	305	25%

IDES Supplement Throughput Charts - April 2011



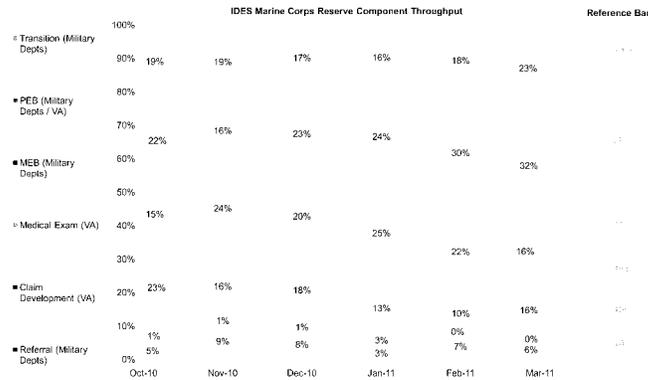
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
Transition (Military Depts)	3	0	1	4	4	4	1	25%
PEB (Military Depts / VA)	1	1	2	0	1	0	0	--
Medical Exam (VA)	6	2	3	7	9	11	0	0%
MEB (Military Depts)	10	10	7	8	6	9	2	22%
PEB (Military Depts / VA)	14	20	21	21	24	20	9	45%
Transition (Military Depts)	11	10	10	9	5	11	3	27%
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	45	43	44	49	49	55	15	27%

IDES Supplement Throughput Charts - April 2011



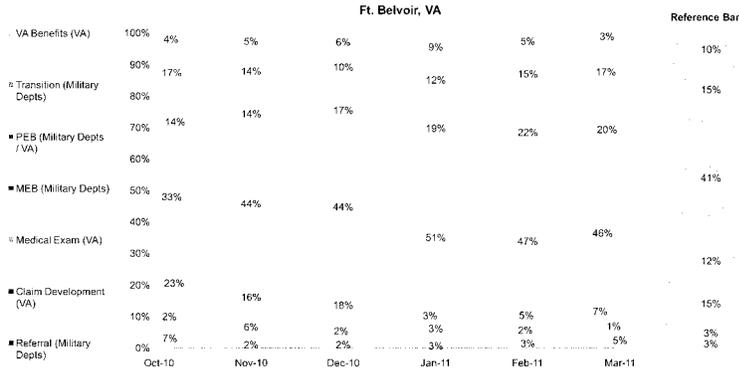
Number of Navy Active Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	102	128	123	127	182	163	17	10%
	38	32	26	47	71	76	3	4%
Medical Exam (VA)	370	313	312	290	294	381	40	10%
	363	443	453	439	489	480	160	33%
PEB (Military Depts / VA)	371	384	437	491	489	528	127	24%
Transition (Military Depts)	131	117	123	132	153	218	160	73%
VA Benefits (VA)	101	150	180	190	172	138	0	0%
Total Population Tracked	1476	1567	1654	1716	1830	1984	507	26%

IDES Supplement Throughput Charts - April 2011



Number of Marine Corps Reserve Component Cases									
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11			
						Count	# Exceeding Goal	% Exceeding Goal	
	8	2	3	6	5	3	2	67%	
	1	1	3	0	0	1	0	0%	
Medical Exam (VA)	14	16	12	9	14	12	2	17%	
	20	18	23	19	14	16	5	31%	
PEB (Military Depts / VA)	14	20	22	26	28	28	8	29%	
Transition (Military Depts)	28	28	29	27	21	30	15	50%	
VA Benefits (VA)	--	--	--	--	--	--	--	--	
Total Population Tracked	85	83	92	87	82	90	32	36%	

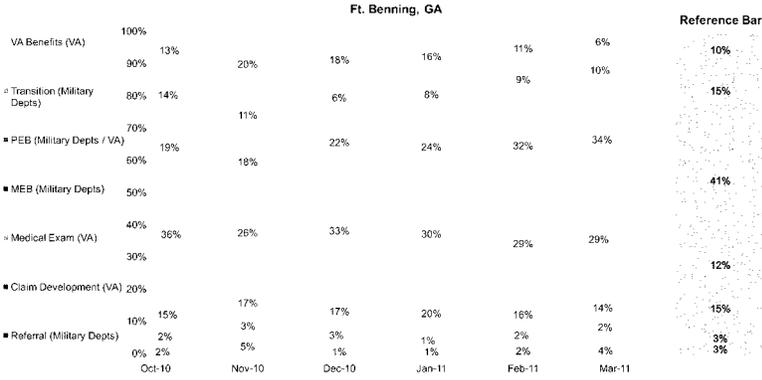
IDES Supplement Throughput Charts - April 2011



Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		7	2	2	3	3	5	1
	2	6	2	3	2	1	0	0%
Medical Exam (VA)	24	15	16	3	5	7	0	0%
	34	42	39	46	46	45	36	80%
PEB (Military Depts / VA)	15	13	15	17	21	20	11	55%
Transition (Military Depts)	18	13	9	11	15	17	12	71%
VA Benefits (VA)	4	5	5	8	5	3	0	0%
Total Population Tracked	104	96	88	91	97	98	60	61%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 1	0 / 1	1 / 1	0 / 1	0 / 1
	0 / 1	0 / 0	0 / 0	0 / 0	1 / 0	0 / 1	0 / 0	-- / 0%
Medical Exam (VA)	4 / 2	1 / 2	0 / 0	0 / 0	1 / 0	2 / 0	0 / 0	0% / --
	7 / 2	11 / 3	18 / 6	17 / 10	17 / 10	13 / 8	10 / 8	77% / 100%
PEB (Military Depts / VA)	3 / 1	4 / 1	5 / 1	5 / 1	6 / 1	8 / 1	5 / 1	63% / 100%
Transition (Military Depts)	2 / 0	2 / 0	1 / 0	1 / 0	1 / 1	2 / 0	1 / 0	50% / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	16 / 6	18 / 6	24 / 8	23 / 12	27 / 13	25 / 11	16 / 10	64% / 91%

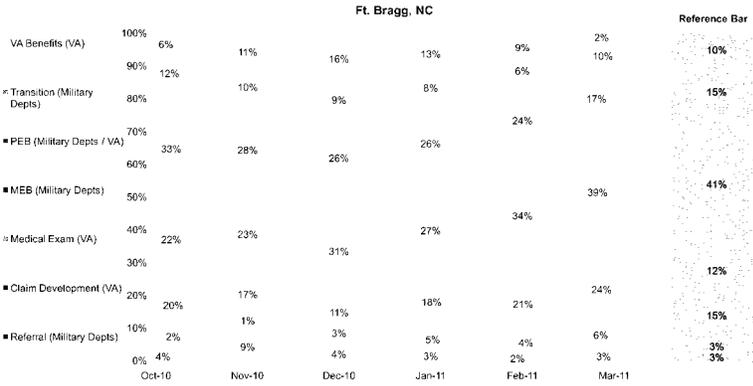
IDES Supplement Throughput Charts - April 2011



Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		3	7	2	2	3	7	0
	2	4	5	2	4	4	1	25%
Medical Exam (VA)	20	26	25	29	25	24	0	0%
	47	40	49	44	46	49	0	0%
PEB (Military Depts / VA)	25	27	32	36	52	58	4	7%
Transition (Military Depts)	18	17	9	12	14	17	6	35%
VA Benefits (VA)	17	31	26	23	17	11	2	18%
Total Population Tracked	132	152	148	148	161	170	13	8%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 0	0 / 0	2 / 2	1 / 1	0 / 0
	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	1 / 0	0 / 0	0% / --
Medical Exam (VA)	3 / 2	3 / 2	2 / 2	3 / 5	5 / 14	2 / 9	0 / 1	0% / 11%
	5 / 6	1 / 2	1 / 3	1 / 5	4 / 9	6 / 17	0 / 1	0% / 6%
	2 / 3	2 / 4	4 / 2	4 / 6	5 / 7	5 / 14	0 / 0	0% / 0%
Transition (Military Depts)	4 / 1	4 / 1	3 / 1	3 / 4	7 / 6	4 / 6	2 / 2	50% / 33%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	14 / 12	10 / 9	10 / 8	11 / 20	24 / 39	19 / 47	2 / 4	11% / 9%

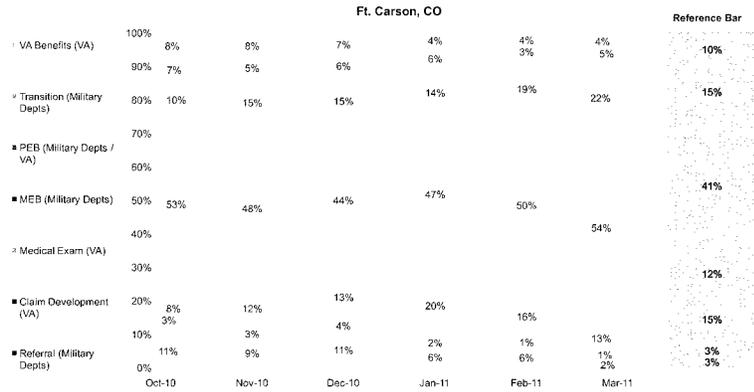
IDES Supplement Throughput Charts - April 2011



Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		11	27	14	11	9	12	0
	5	4	11	19	15	26	1	4%
Medical Exam (VA)	59	54	35	67	85	107	3	3%
	65	74	102	102	133	174	85	49%
PEB (Military Depts / VA)	97	89	87	96	97	76	43	57%
Transition (Military Depts)	35	32	31	30	23	43	11	26%
VA Benefits (VA)	18	36	52	47	34	11	2	18%
Total Population Tracked	290	316	332	372	396	449	145	32%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 1	0 / 0	0 / 0	0 / 0	0 / 3	0 / 0
	0 / 0	0 / 0	0 / 0	0 / 0	1 / 0	0 / 1	0 / 0	-- / 0%
Medical Exam (VA)	1 / 1	0 / 3	1 / 2	1 / 6	3 / 9	4 / 4	1 / 0	25% / 0%
	7 / 10	6 / 12	7 / 12	7 / 13	8 / 15	9 / 24	7 / 13	78% / 54%
PEB (Military Depts / VA)	9 / 7	8 / 8	8 / 9	7 / 8	7 / 9	6 / 9	4 / 4	67% / 44%
Transition (Military Depts)	1 / 7	2 / 7	3 / 7	3 / 5	4 / 6	3 / 4	3 / 1	100% / 25%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	18 / 25	16 / 31	19 / 30	18 / 32	23 / 39	22 / 45	15 / 18	68% / 40%

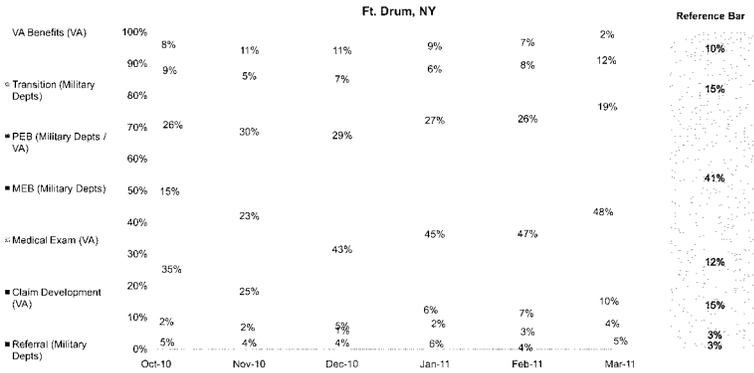
IDES Supplement Throughput Charts - April 2011



Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		105	83	109	63	62	18	0
Medical Exam (VA)	30	29	39	25	13	8	0	0%
PEB (Military Depts / VA)	507	456	454	469	509	558	281	50%
Transition (Military Depts)	68	52	60	62	31	51	7	14%
VA Benefits (VA)	72	73	70	45	41	39	4	10%
Total Population Tracked	960	958	1025	1004	1008	1033	335	32%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		1 / 5	0 / 0	1 / 0	1 / 0	1 / 1	2 / 1	1 / 0
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 0	0 / 0	0% / --
PEB (Military Depts / VA)	23 / 43	21 / 47	24 / 47	24 / 43	26 / 43	26 / 41	19 / 37	73% / 90%
Transition (Military Depts)	1 / 1	0 / 2	3 / 4	2 / 3	3 / 4	0 / 2	0 / 0	-- / 0%
VA Benefits (VA)	0 / 1	2 / 1	1 / 2	3 / 3	5 / 8	11 / 15	1 / 1	9% / 7%
Total Population Tracked	26 / 50	26 / 50	30 / 53	31 / 49	36 / 57	41 / 60	22 / 38	54% / 63%

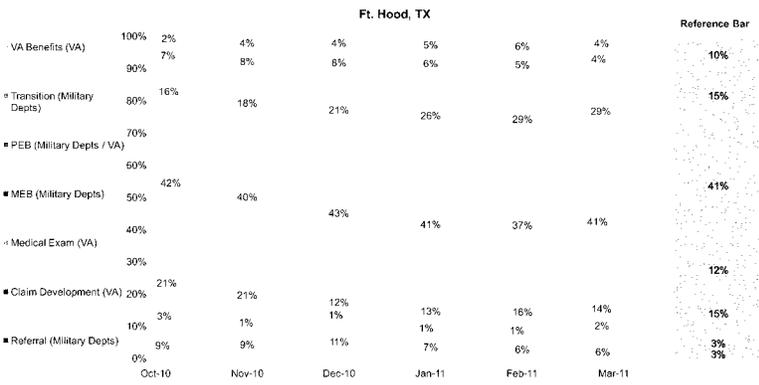
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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		18	13	14	23	15	24	1
	8	7	4	8	12	17	1	6%
Medical Exam (VA)	123	82	17	23	26	44	1	2%
	54	76	156	174	186	215	129	60%
PEB (Military Depts / VA)	92	101	103	104	104	84	48	57%
Transition (Military Depts)	31	16	24	22	31	52	12	23%
VA Benefits (VA)	27	38	41	34	26	11	0	0%
Total Population Tracked	353	333	359	388	400	447	192	43%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		1 / 0	1 / 0	1 / 0	1 / 2	2 / 13	1 / 7	1 / 0
	0 / 3	0 / 2	1 / 3	0 / 2	1 / 7	0 / 11	0 / 0	-- / 0%
Medical Exam (VA)	2 / 17	0 / 2	0 / 0	0 / 2	1 / 4	1 / 7	0 / 0	0% / 0%
	1 / 2	1 / 5	6 / 14	5 / 7	6 / 8	6 / 7	4 / 4	67% / 57%
PEB (Military Depts / VA)	7 / 5	7 / 5	8 / 9	8 / 8	9 / 11	9 / 10	7 / 3	78% / 30%
Transition (Military Depts)	0 / 3	0 / 3	0 / 3	0 / 6	1 / 6	0 / 3	0 / 1	-- / 33%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	11 / 30	9 / 17	16 / 29	14 / 27	20 / 49	17 / 45	12 / 8	71% / 18%

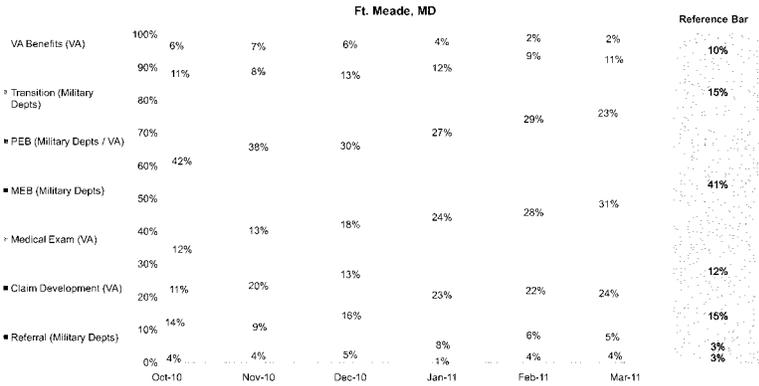
IDES Supplement Throughput Charts - April 2011



Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		66	68	86	65	54	71	6
Medical Exam (VA)	20	5	6	11	6	19	0	0%
	151	162	101	112	155	154	0	0%
	296	311	347	367	352	461	192	42%
PEB (Military Depts / VA)	110	143	172	234	270	324	58	18%
Transition (Military Depts)	49	59	66	54	49	50	8	16%
VA Benefits (VA)	17	31	33	48	58	49	3	6%
Total Population Tracked	709	779	811	891	944	1128	267	24%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		4 / 4	4 / 5	2 / 4	2 / 3	3 / 3	3 / 2	1 / 1
	0 / 0	0 / 0	0 / 0	0 / 0	1 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	4 / 2	1 / 1	0 / 0	2 / 1	4 / 9	3 / 6	0 / 0	0% / 0%
	7 / 9	10 / 11	10 / 12	14 / 16	14 / 18	13 / 23	10 / 13	77% / 57%
PEB (Military Depts / VA)	1 / 3	3 / 3	2 / 5	4 / 4	6 / 6	9 / 10	1 / 3	11% / 30%
Transition (Military Depts)	1 / 1	0 / 1	1 / 1	0 / 1	1 / 2	1 / 2	0 / 1	0% / 50%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	17 / 19	18 / 21	15 / 22	22 / 25	29 / 38	29 / 43	12 / 18	41% / 42%

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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		3	4	5	1	4	5	2
	11	9	16	8	7	6	2	33%
Medical Exam (VA)	9	20	13	23	24	30	10	33%
	10	13	18	24	30	38	10	26%
PEB (Military Depts / VA)	34	37	31	27	32	28	18	64%
Transition (Military Depts)	9	8	13	12	10	13	4	31%
VA Benefits (VA)	5	7	6	4	2	3	0	0%
Total Population Tracked	81	98	102	99	109	123	46	37%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 0	0 / 0	0 / 2	0 / 1	0 / 0
	5 / 4	4 / 10	2 / 10	2 / 8	4 / 12	3 / 13	2 / 8	67% / 62%
Medical Exam (VA)	2 / 12	1 / 3	4 / 6	6 / 9	6 / 12	4 / 12	3 / 6	75% / 50%
	3 / 12	6 / 15	5 / 21	6 / 22	9 / 28	9 / 33	5 / 15	58% / 45%
PEB (Military Depts / VA)	12 / 11	13 / 14	11 / 12	11 / 12	12 / 13	9 / 11	8 / 8	89% / 73%
Transition (Military Depts)	5 / 8	3 / 7	4 / 8	2 / 10	2 / 11	5 / 8	0 / 2	0% / 25%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	27 / 47	27 / 49	26 / 57	27 / 61	33 / 78	30 / 78	18 / 39	60% / 50%

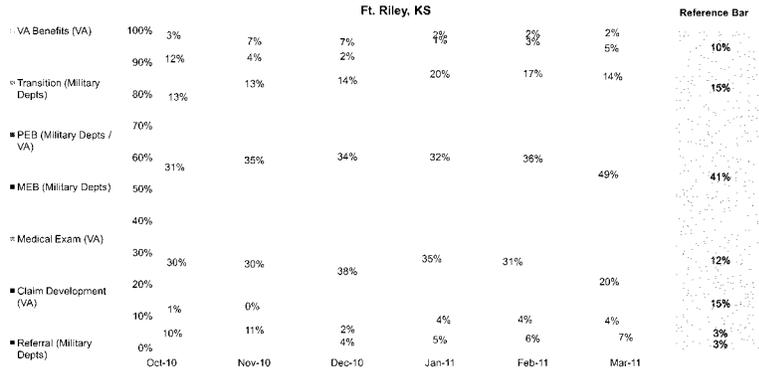
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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		14	21	23	24	18	18	0
Medical Exam (VA)	3	1	4	1	1	2	0	0%
PEB (Military Depts / VA)	88	102	125	153	184	174	34	20%
Transition (Military Depts)	40	61	74	79	56	111	28	25%
VA Benefits (VA)	34	29	31	27	55	72	8	11%
VA Benefits (VA)	22	15	9	7	6	11	2	18%
VA Benefits (VA)	45	30	22	16	16	7	0	0%
Total Population Tracked	246	259	288	307	336	395	72	18%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 0	0 / 1	1 / 3	1 / 0	0 / 0
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 3	1 / 0	0 / 0	0% / --
PEB (Military Depts / VA)	5 / 3	3 / 4	3 / 3	4 / 7	6 / 16	4 / 17	2 / 1	50% / 6%
Transition (Military Depts)	2 / 0	1 / 0	4 / 0	4 / 1	4 / 1	7 / 8	4 / 1	57% / 13%
VA Benefits (VA)	1 / 4	1 / 3	2 / 2	2 / 3	2 / 3	3 / 4	1 / 2	33% / 50%
VA Benefits (VA)	1 / 4	0 / 1	0 / 1	0 / 0	0 / 1	0 / 1	0 / 0	-- / 0%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	9 / 11	5 / 8	9 / 6	10 / 12	13 / 27	18 / 30	7 / 4	44% / 13%

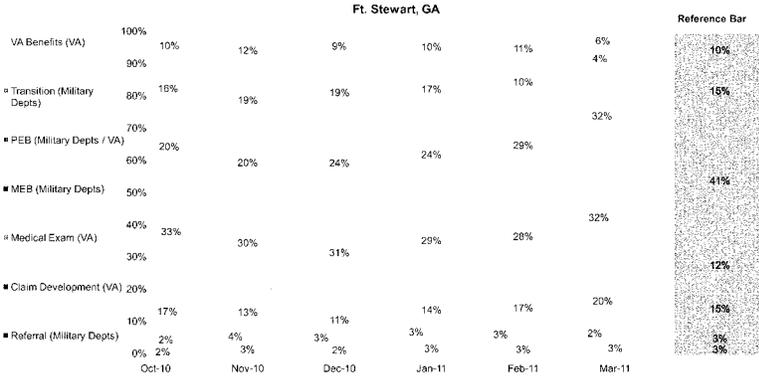
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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		14	19	6	11	15	20	1
	2	0	3	9	11	11	1	9%
Medical Exam (VA)	43	51	64	73	77	60	6	10%
	44	59	58	67	90	147	48	33%
PEB (Military Depts / VA)	18	22	23	43	43	41	8	20%
Transition (Military Depts)	17	6	3	2	7	16	2	13%
VA Benefits (VA)	4	11	12	5	5	7	0	0%
Total Population Tracked	142	168	169	210	248	302	66	22%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	1 / 0	2 / 0	3 / 0	1 / 0	1 / 1	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	2 / 0	3 / 1	0 / 0	0% / 0%
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	-- / 0%
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	1 / 0	2 / 0	3 / 0	1 / 0	3 / 1	3 / 2	0 / 0	0% / 0%

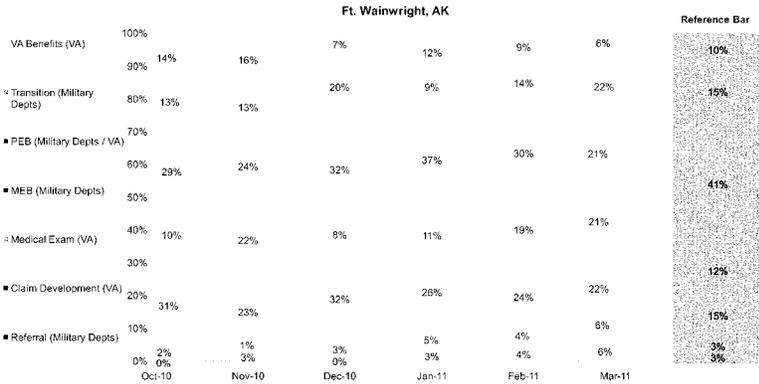
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Number of Active Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	11	12	9	13	12	17	2	12%
	7	16	11	14	14	10	0	0%
Medical Exam (VA)	78	57	42	56	75	103	0	0%
	154	131	122	118	123	160	76	48%
PEB (Military Depts / VA)	92	87	96	97	129	163	41	25%
Transition (Military Depts)	73	83	76	67	46	21	2	10%
VA Benefits (VA)	45	52	36	39	47	29	1	3%
Total Population Tracked	460	438	392	404	446	503	122	24%

Number of Reserve Component / Guard Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 1	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 1	2 / 8	1 / 4	0 / 0	0% / 0%
Medical Exam (VA)	2 / 11	2 / 5	1 / 6	4 / 8	6 / 12	7 / 11	1 / 1	14% / 9%
	10 / 12	8 / 16	11 / 20	9 / 21	10 / 26	11 / 30	5 / 13	45% / 43%
PEB (Military Depts / VA)	5 / 3	3 / 6	6 / 5	6 / 5	10 / 7	11 / 11	3 / 1	27% / 9%
Transition (Military Depts)	0 / 1	1 / 0	1 / 0	2 / 1	1 / 3	2 / 2	0 / 0	0% / 0%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	17 / 28	14 / 27	19 / 31	21 / 36	30 / 57	32 / 58	9 / 15	28% / 26%

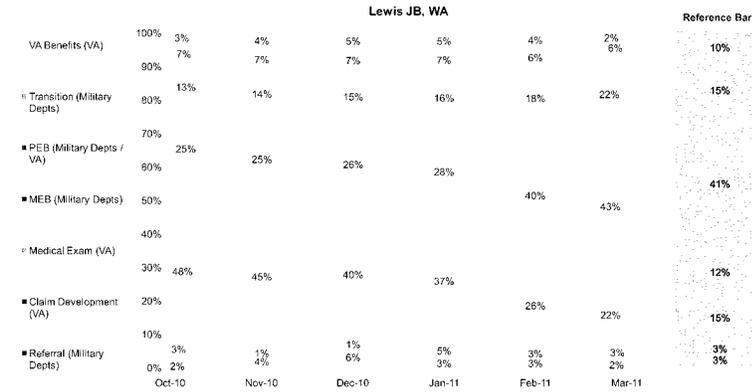
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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
	0	2	0	2	3	5	0	0%
	2	0	0	1	0	2	0	0%
Medical Exam (VA)	24	18	23	17	17	18	4	22%
	8	17	6	7	13	17	1	6%
PEB (Military Depts / VA)	22	19	23	24	21	17	3	18%
Transition (Military Depts)	10	10	14	6	10	18	1	6%
VA Benefits (VA)	11	13	5	8	6	5	0	0%
Total Population Tracked	77	79	71	85	70	82	9	11%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	2 / 0	2 / 0	1 / 0	0 / 1	0 / 1	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	2 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	2 / 0	2 / 0	1 / 0	0 / 1	2 / 1	0 / 0	0 / 0	-- / --

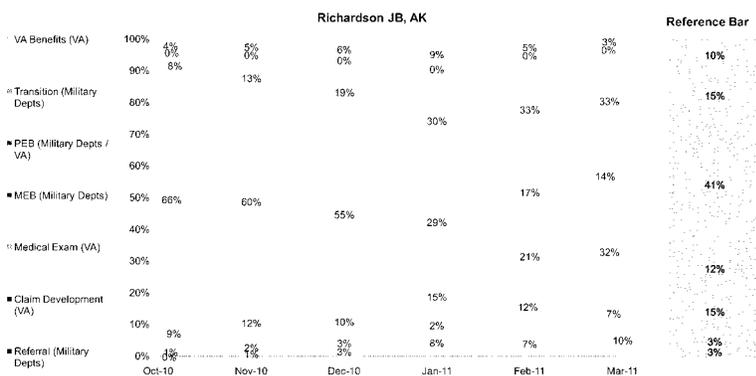
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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		7	13	23	11	12	9	0
	11	4	5	20	13	15	0	0%
Medical Exam (VA)	155	154	147	153	112	111	7	6%
	81	87	93	117	175	218	40	18%
PEB (Military Depts / VA)	41	47	54	66	79	112	24	21%
Transition (Military Depts)	22	24	25	28	27	29	11	38%
VA Benefits (VA)	9	15	17	19	18	9	0	0%
Total Population Tracked	326	344	364	414	436	503	82	16%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 1	1 / 1	0 / 1	0 / 1	0 / 3	2 / 5	0 / 1
	1 / 3	2 / 0	1 / 0	0 / 1	0 / 5	0 / 3	0 / 0	-- / 0%
Medical Exam (VA)	17 / 45	14 / 40	7 / 35	7 / 27	9 / 37	4 / 28	0 / 5	0% / 18%
	13 / 14	13 / 14	18 / 25	22 / 43	26 / 65	33 / 88	19 / 38	58% / 43%
PEB (Military Depts / VA)	2 / 4	3 / 3	4 / 6	5 / 7	8 / 7	8 / 16	2 / 4	25% / 25%
Transition (Military Depts)	2 / 1	3 / 1	1 / 2	1 / 3	2 / 4	2 / 4	1 / 2	50% / 50%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	35 / 68	36 / 59	31 / 69	35 / 82	45 / 121	49 / 144	22 / 50	45% / 35%

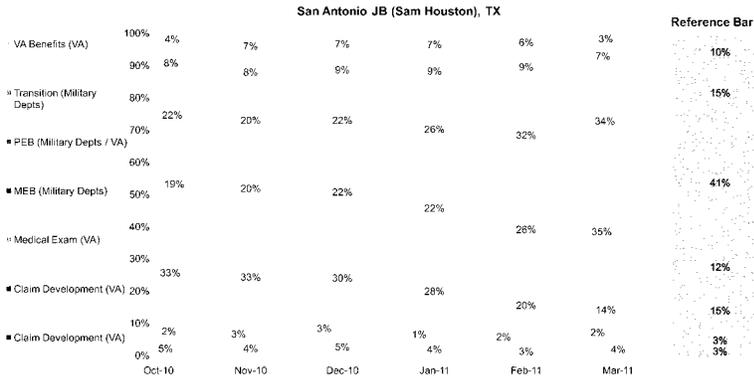
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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0	1	2	7	7	10	1
	1	2	2	2	12	7	0	0%
Medical Exam (VA)	7	10	8	13	21	33	1	3%
	52	49	42	26	17	15	7	47%
PEB (Military Depts / VA)	6	11	15	27	32	34	1	3%
Transition (Military Depts)	10	5	3	6	4	2	0	0%
VA Benefits (VA)	3	4	5	8	5	3	0	0%
Total Population Tracked	79	82	77	89	98	104	10	10%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	-- / 0%
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	1 / 1	0 / 1	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	1 / 0	0 / 0	0 / 1	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	1 / 0	0 / 1	0 / 0	-- / 0%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	1 / 1	0 / 1	1 / 1	0 / 0	1 / 1	0 / 2	0 / 0	-- / 0%

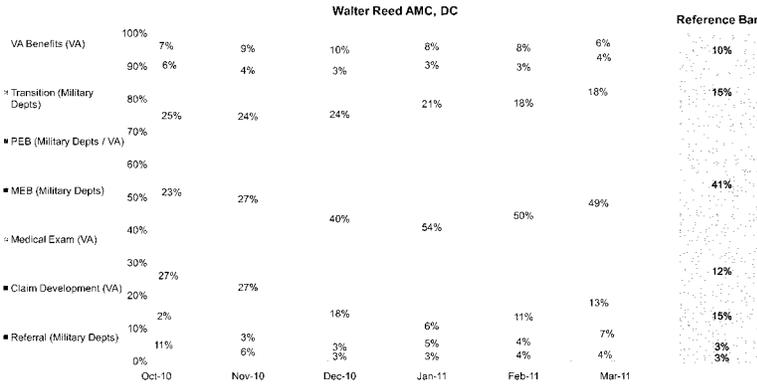
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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		30	24	18	16	16	13	0
	18	16	20	15	10	16	0	0%
Medical Exam (VA)	115	119	110	106	73	56	9	16%
	65	73	82	83	93	138	42	30%
PEB (Military Depts / VA)	75	74	79	97	115	137	42	31%
Transition (Military Depts)	29	30	34	35	34	26	12	46%
VA Benefits (VA)	15	27	24	25	20	13	0	0%
Total Population Tracked	347	363	367	377	361	399	105	26%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		5 / 2	5 / 2	4 / 1	3 / 3	3 / 5	3 / 4	1 / 0
	3 / 1	5 / 1	2 / 1	3 / 2	6 / 7	6 / 4	2 / 0	33% / 0%
Medical Exam (VA)	27 / 25	18 / 30	13 / 23	11 / 19	16 / 23	11 / 24	3 / 5	27% / 21%
	7 / 12	11 / 14	17 / 16	27 / 25	32 / 35	43 / 43	20 / 12	47% / 28%
PEB (Military Depts / VA)	15 / 16	17 / 16	13 / 20	15 / 27	20 / 34	26 / 46	11 / 11	42% / 24%
Transition (Military Depts)	14 / 6	10 / 11	7 / 8	6 / 4	9 / 8	6 / 5	4 / 0	67% / 0%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	71 / 62	66 / 74	56 / 69	65 / 80	86 / 112	95 / 126	41 / 28	43% / 22%

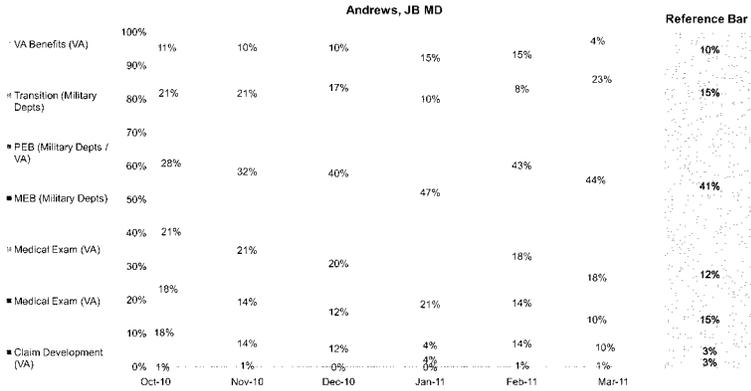
IDES Supplement Throughput Charts - April 2011



Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		23	12	6	6	8	9	0
	4	7	5	9	8	16	1	6%
Medical Exam (VA)	57	57	35	11	23	27	3	11%
	47	56	78	103	101	104	56	54%
PEB (Military Depts / VA)	51	50	46	39	37	38	27	71%
Transition (Military Depts)	12	9	6	6	7	8	3	38%
VA Benefits (VA)	14	19	19	15	17	12	0	0%
Total Population Tracked	208	210	195	189	201	214	90	42%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		1 / 2	2 / 2	1 / 1	1 / 1	5 / 1	7 / 2	1 / 1
	1 / 0	1 / 0	1 / 0	2 / 0	2 / 0	3 / 2	0 / 0	0% / 0%
Medical Exam (VA)	1 / 4	2 / 4	5 / 2	6 / 0	7 / 0	8 / 1	3 / 0	38% / 0%
	5 / 17	3 / 13	3 / 12	6 / 12	8 / 15	10 / 13	7 / 10	70% / 77%
PEB (Military Depts / VA)	14 / 15	15 / 15	13 / 16	12 / 17	13 / 18	13 / 16	10 / 11	77% / 69%
Transition (Military Depts)	6 / 4	6 / 4	3 / 6	2 / 7	3 / 8	5 / 5	1 / 0	20% / 0%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	28 / 42	29 / 38	26 / 37	29 / 37	38 / 42	46 / 39	22 / 22	48% / 56%

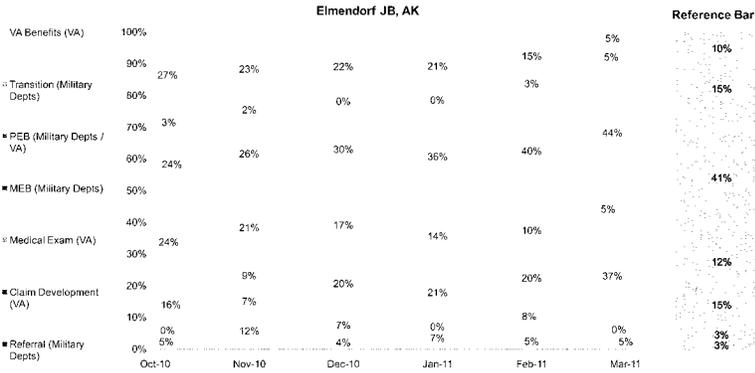
IDES Supplement Throughput Charts - April 2011



Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0	1	0	2	1	0	0
	1	1	0	0	1	1	0	0%
Medical Exam (VA)	17	14	11	4	13	9	1	11%
	20	21	18	19	17	17	7	41%
PEB (Military Depts / VA)	26	32	36	43	41	41	17	41%
Transition (Military Depts)	20	21	15	9	8	21	4	19%
VA Benefits (VA)	10	10	9	14	14	4	0	0%
Total Population Tracked	94	100	89	91	95	93	29	31%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	-- / 0%
Medical Exam (VA)	0 / 3	0 / 0	1 / 0	0 / 0	0 / 2	0 / 1	0 / 0	-- / 0%
	1 / 2	1 / 1	1 / 2	1 / 1	2 / 4	2 / 4	0 / 0	0% / 0%
PEB (Military Depts / VA)	2 / 4	2 / 4	2 / 7	2 / 7	2 / 8	2 / 9	1 / 1	50% / 11%
Transition (Military Depts)	0 / 8	0 / 5	0 / 5	0 / 5	0 / 6	0 / 5	0 / 3	-- / 60%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	3 / 17	3 / 10	4 / 14	3 / 13	4 / 20	4 / 20	1 / 4	25% / 20%

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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		2	5	2	3	2	2	0
	0	3	3	0	3	0	0	--
Medical Exam (VA)	6	4	9	9	8	15	1	7%
	9	9	8	6	4	2	1	50%
PEB (Military Depts / VA)	9	11	14	15	16	18	6	33%
Transition (Military Depts)	1	1	0	0	1	2	0	0%
VA Benefits (VA)	10	10	10	9	6	2	0	0%
Total Population Tracked	37	43	46	42	40	41	8	20%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 1	0 / 0
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	-- / 0%
Medical Exam (VA)	0 / 1	0 / 0	0 / 0	0 / 2	0 / 2	0 / 1	0 / 0	-- / 0%
	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 2	0 / 0	-- / 0%
PEB (Military Depts / VA)	0 / 4	0 / 4	0 / 5	0 / 5	0 / 5	0 / 4	0 / 3	-- / 75%
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	-- / 0%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 6	0 / 4	0 / 5	0 / 7	0 / 8	0 / 10	0 / 3	-- / 30%

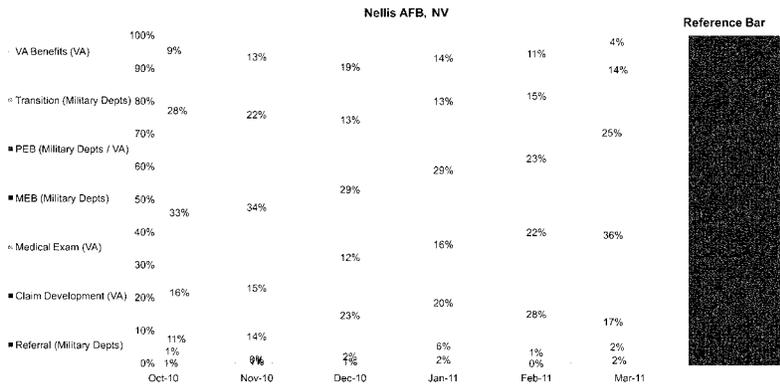
IDES Supplement Throughput Charts - April 2011



Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0	4	5	4	2	3	0
Medical Exam (VA)	0	1	0	2	0	0	0	--
	31	36	27	26	32	34	11	32%
PEB (Military Depts / VA)	7	5	11	19	15	19	4	21%
Transition (Military Depts)	6	4	0	1	3	2	0	0%
VA Benefits (VA)	5	7	8	10	5	3	0	0%
Total Population Tracked	55	58	57	67	63	64	15	23%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
	0 / 0	0 / 0	0 / 0	1 / 0	1 / 0	1 / 0	1 / 0	100% / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	1 / 0	0 / 0	0% / --
	3 / 1	2 / 1	2 / 1	2 / 1	2 / 1	2 / 2	2 / 1	100% / 50%
PEB (Military Depts / VA)	2 / 0	2 / 0	2 / 0	1 / 0	1 / 0	1 / 0	0 / 0	0% / --
Transition (Military Depts)	1 / 0	1 / 0	1 / 0	1 / 0	2 / 0	2 / 0	0 / 0	0% / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	6 / 1	5 / 1	5 / 1	5 / 1	6 / 2	7 / 2	3 / 1	43% / 50%

IDES Supplement Throughput Charts - April 2011



Number of Active Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	1	1	1	2	0	2	0	0%
	1	0	2	6	1	2	0	0%
Medical Exam (VA)	9	12	23	19	28	18	0	0%
	13	13	12	15	22	37	12	32%
PEB (Military Depts / VA)	27	29	29	28	23	26	17	65%
Transition (Military Depts)	23	19	13	12	15	14	5	36%
VA Benefits (VA)	7	11	19	13	11	4	0	0%
Total Population Tracked	81	85	99	95	100	103	34	33%

Number of Reserve Component / Guard Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	1 / 0	1 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 0	0 / 0	0% / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	2 / 0	2 / 0	1 / 0	1 / 0	2 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	2 / 0	2 / 0	1 / 0	2 / 0	3 / 0	1 / 0	0 / 0	0% / --

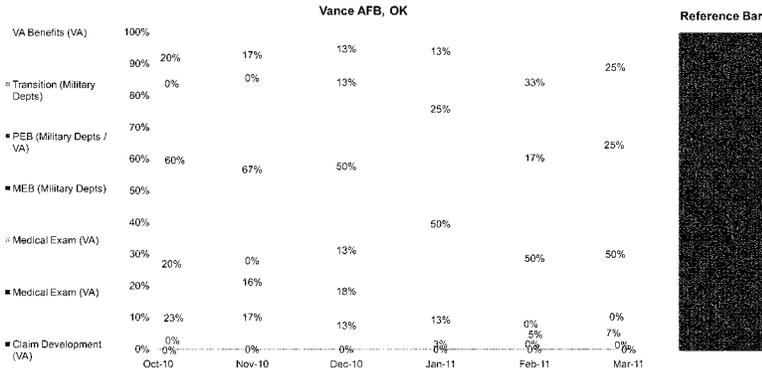
IDES Supplement Throughput Charts - April 2011



Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		7	1	2	6	3	4	0
	7	3	0	1	7	0	0	--
Medical Exam (VA)	14	24	29	19	11	14	0	0%
	12	14	13	19	20	20	7	35%
PEB (Military Depts / VA)	20	23	31	31	36	44	11	25%
Transition (Military Depts)	3	3	4	9	16	20	6	30%
VA Benefits (VA)	8	8	10	10	7	5	2	40%
Total Population Tracked	71	76	89	94	100	107	26	24%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 1	0 / 1	0 / 1	0 / 1	1 / 1	0 / 1	0 / 1
	0 / 0	0 / 0	0 / 0	0 / 0	3 / 1	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	1 / 1	1 / 0	0 / 0	0 / 0	3 / 0	0 / 0	0% / --
	2 / 0	2 / 1	2 / 1	2 / 2	2 / 2	3 / 1	2 / 1	67% / 100%
PEB (Military Depts / VA)	5 / 2	6 / 2	4 / 2	4 / 2	5 / 2	4 / 2	1 / 1	25% / 50%
Transition (Military Depts)	0 / 1	1 / 0	1 / 0	3 / 0	3 / 0	3 / 1	1 / 0	33% / 0%
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	7 / 4	10 / 5	8 / 4	9 / 5	14 / 6	13 / 5	4 / 3	31% / 60%

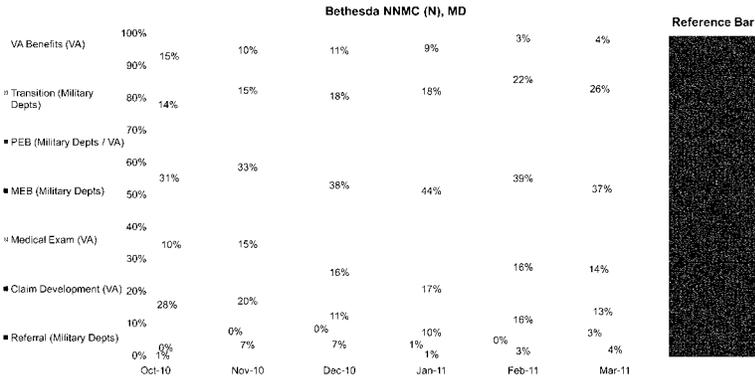
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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0	0	0	0	0	0	0
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	1	1	0	0	0	0	--
	1	0	1	1	0	0	0	--
PEB (Military Depts / VA)	3	4	4	4	3	2	0	0%
Transition (Military Depts)	0	0	1	2	1	1	0	0%
VA Benefits (VA)	1	1	1	1	2	1	0	0%
Total Population Tracked	5	6	8	8	6	4	0	0%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --

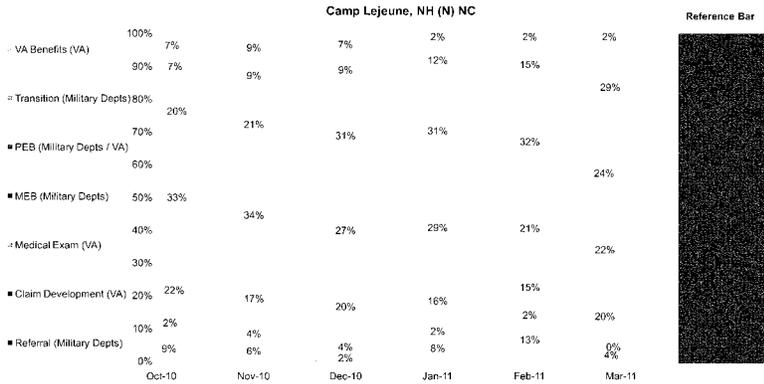
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Number of Active Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	1	6	6	1	3	4	0	0%
	0	0	0	1	0	3	0	0%
Medical Exam (VA)	24	18	9	9	16	14	5	36%
	9	13	14	15	16	15	3	20%
PEB (Military Depts / VA)	27	29	32	39	38	40	12	30%
Transition (Military Depts)	12	13	15	16	22	28	16	57%
VA Benefits (VA)	13	9	9	8	3	4	1	25%
Total Population Tracked	86	88	85	89	98	108	37	34%

Number of Reserve Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	3	3	2	2	4	2	2	100%
	0	0	0	0	0	0	0	—
Medical Exam (VA)	1	1	0	1	2	3	0	0%
	4	4	5	1	2	3	1	33%
PEB (Military Depts / VA)	6	6	6	9	13	13	4	31%
Transition (Military Depts)	6	6	7	7	8	9	7	78%
VA Benefits (VA)	3	2	2	1	1	1	0	0%
Total Population Tracked	23	22	22	21	30	31	14	45%

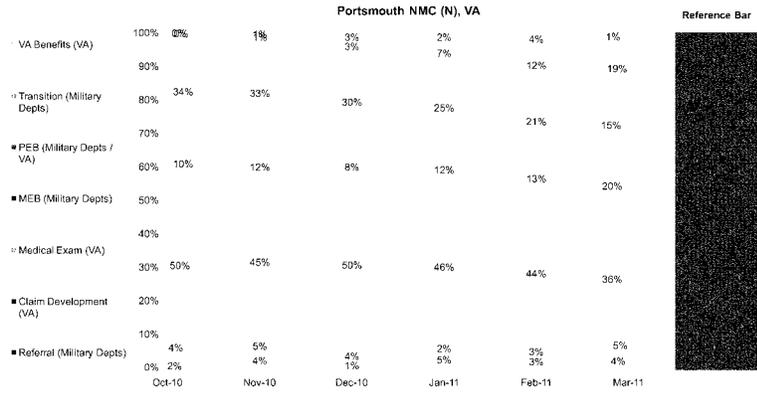
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Number of Active Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	4	3	1	4	7	2	1	50%
	1	2	2	1	1	0	0	--
Medical Exam (VA)	10	8	9	8	8	10	0	0%
	15	16	12	14	11	11	2	18%
PEB (Military Depts / VA)	9	10	14	15	17	12	2	17%
Transition (Military Depts)	3	4	4	6	8	15	6	40%
VA Benefits (VA)	3	4	3	1	1	1	0	0%
Total Population Tracked	45	47	45	49	53	51	11	22%

Number of Reserve Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	1	1	1	1	1	1	1	100%
VA Benefits (VA)	0	0	0	1	1	0	0	--
Total Population Tracked	1	1	1	2	2	1	1	100%

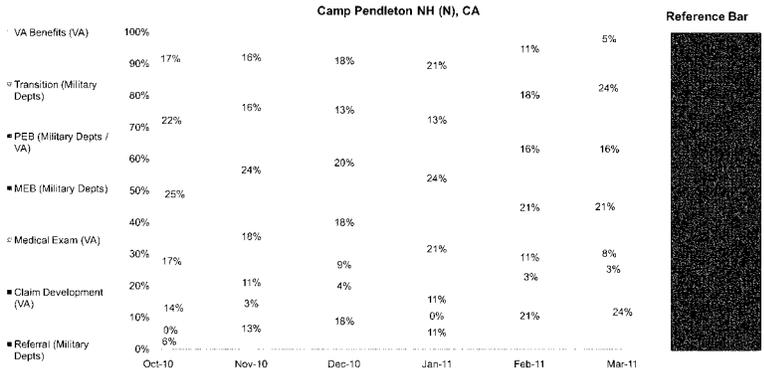
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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		5	12	4	15	12	16	0
	10	13	13	8	10	19	0	0%
Medical Exam (VA)	121	130	156	153	160	150	27	18%
	24	33	26	39	46	84	2	2%
PEB (Military Depts / VA)	82	93	94	84	78	61	16	26%
Transition (Military Depts)	1	3	9	24	44	81	25	31%
VA Benefits (VA)	0	2	8	8	13	5	0	0%
Total Population Tracked	243	286	310	331	363	416	70	17%

Stage/Phase	Number of Reserve Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0	0	0	0	2	1	0
	0	0	0	0	1	0	0	--
Medical Exam (VA)	1	1	1	3	5	6	0	0%
	1	2	2	1	1	4	1	25%
PEB (Military Depts / VA)	4	4	5	6	7	6	2	33%
Transition (Military Depts)	0	0	0	0	0	1	0	0%
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	6	7	8	10	16	18	3	17%

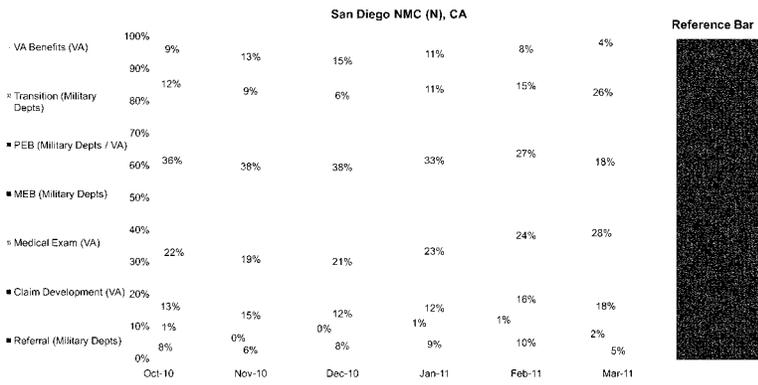
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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		2	5	8	4	8	9	4
	0	1	2	0	1	1	0	0%
Medical Exam (VA)	5	4	4	4	4	3	1	33%
	6	7	8	8	8	8	3	38%
PEB (Military Depts / VA)	9	9	9	9	6	6	0	0%
Transition (Military Depts)	8	6	6	5	7	9	4	44%
VA Benefits (VA)	6	6	8	8	4	2	0	0%
Total Population Tracked	36	38	45	38	38	38	12	32%

Stage/Phase	Number of Reserve Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		1	0	0	1	1	1	1
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
	1	1	1	0	0	1	0	0%
PEB (Military Depts / VA)	1	1	1	1	1	1	1	100%
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	3	2	2	2	2	3	2	67%

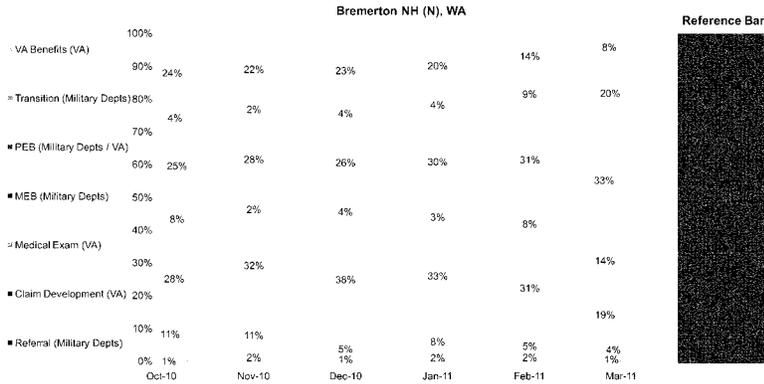
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Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	35	24	35	41	49	25	0	0%
	4	1	1	3	4	8	0	0%
Medical Exam (VA)	55	66	51	56	77	93	5	5%
	93	83	90	105	117	140	54	39%
PEB (Military Depts / VA)	153	163	166	151	134	90	32	36%
Transition (Military Depts)	50	37	26	51	73	133	47	35%
VA Benefits (VA)	38	54	66	49	39	19	3	16%
Total Population Tracked	428	428	437	456	493	508	141	28%

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	1	0	0	0	1	1	0	0%
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	1	2	4	0	0%
	2	1	2	2	4	2	0	0%
PEB (Military Depts / VA)	7	11	12	9	12	9	5	56%
Transition (Military Depts)	5	2	1	2	3	7	1	14%
VA Benefits (VA)	2	1	3	2	2	0	0	--
Total Population Tracked	17	15	18	16	24	23	6	26%

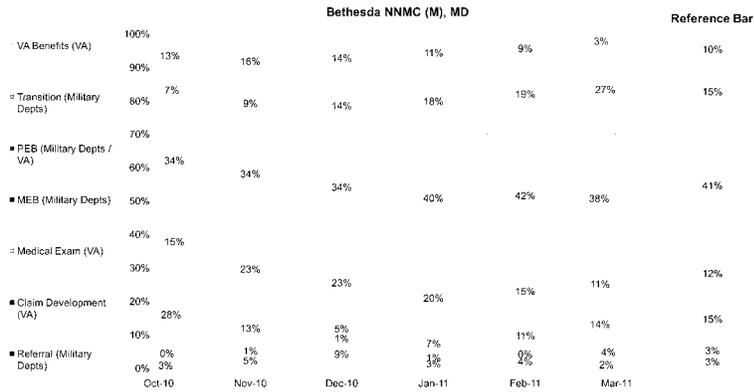
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Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		1	2	1	2	2	1	0
Medical Exam (VA)	21	26	30	30	27	16	0	0%
PEB (Military Depts / VA)	6	2	3	3	7	12	0	0%
Transition (Military Depts)	3	2	3	4	8	17	4	24%
VA Benefits (VA)	18	18	18	18	12	7	0	0%
Total Population Tracked	76	82	80	92	87	84	10	12%

Stage/Phase	Number of Reserve Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0	0	0	0	0	0	0
Medical Exam (VA)	0	0	1	1	1	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	1	0	0%
Transition (Military Depts)	1	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	2	0	1	1	1	1	0	0%

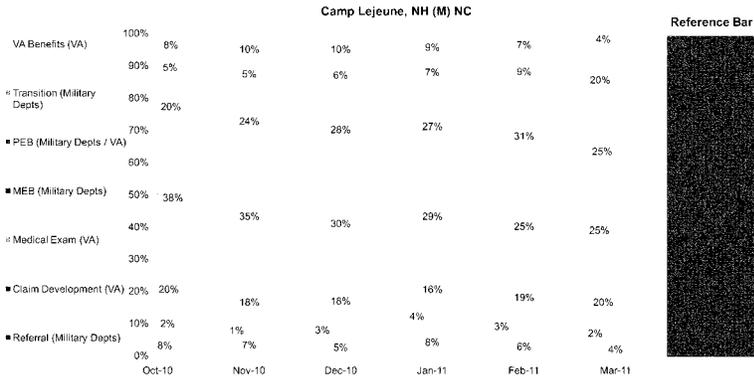
IDES Supplement Throughput Charts - April 2011



Number of Active Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	3	5	9	3	5	3	0	0%
	0	1	1	1	0	5	0	0%
Medical Exam (VA)	30	13	5	8	13	17	2	12%
	16	24	24	21	18	14	3	21%
PEB (Military Depts / VA)	37	35	36	43	49	48	14	29%
Transition (Military Depts)	8	9	15	19	22	34	19	56%
VA Benefits (VA)	14	17	15	12	10	4	1	25%
Total Population Tracked	108	104	105	107	117	125	39	31%

Number of Reserve Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	3	3	2	2	4	2	2	100%
	0	0	0	0	0	0	0	--
Medical Exam (VA)	1	1	0	1	1	2	0	0%
	3	3	4	1	2	3	1	33%
PEB (Military Depts / VA)	5	4	4	6	9	9	3	33%
Transition (Military Depts)	5	5	6	6	7	7	6	86%
VA Benefits (VA)	3	1	1	1	1	1	0	0%
Total Population Tracked	20	17	17	17	24	24	12	50%

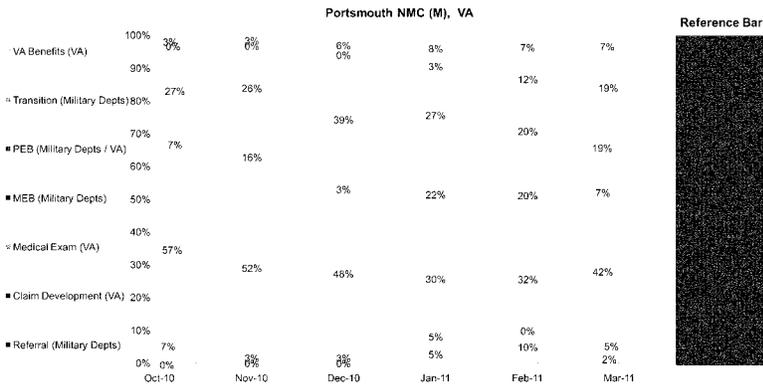
IDES Supplement Throughput Charts - April 2011



Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		59	57	46	80	58	43	3
	18	7	26	39	31	20	0	0%
Medical Exam (VA)	158	155	154	153	188	214	8	4%
	295	297	286	275	255	271	59	22%
PEB (Military Depts / VA)	153	204	243	252	307	267	50	19%
Transition (Military Depts)	37	44	53	66	95	220	67	30%
VA Benefits (VA)	64	84	86	81	70	39	5	13%
Total Population Tracked	784	848	874	946	1002	1074	192	18%

Stage/Phase	Number of Reserve Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0	0	0	0	0	0	0
	0	0	0	0	0	0	0	--
Medical Exam (VA)	2	1	0	0	0	0	0	--
	6	5	4	3	4	2	2	100%
PEB (Military Depts / VA)	3	7	9	9	10	10	3	30%
Transition (Military Depts)	3	3	3	4	5	9	4	44%
VA Benefits (VA)	3	3	4	2	2	0	0	--
Total Population Tracked	17	19	20	18	21	21	9	43%

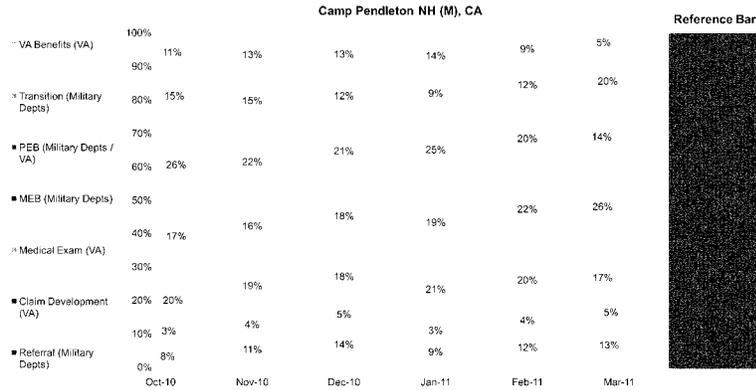
IDES Supplement Throughput Charts - April 2011



Number of Active Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
VA Benefits (VA)	0	0	0	2	4	1	0	0%
Transition (Military Depts)	2	1	1	2	0	2	0	0%
Medical Exam (VA)	17	16	16	11	13	18	3	17%
PEB (Military Depts / VA)	2	5	1	8	8	3	1	33%
MEB (Military Depts)	8	8	13	10	8	8	2	25%
Transition (Military Depts)	0	0	0	1	5	8	1	13%
VA Benefits (VA)	1	1	2	3	3	3	1	33%
Total Population Tracked	30	31	33	37	41	43	8	19%

Number of Reserve Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
VA Benefits (VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
Medical Exam (VA)	1	1	2	2	2	1	1	100%
PEB (Military Depts / VA)	0	0	0	0	0	1	0	0%
MEB (Military Depts)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	1	0	0%
Total Population Tracked	1	1	2	2	2	3	1	33%

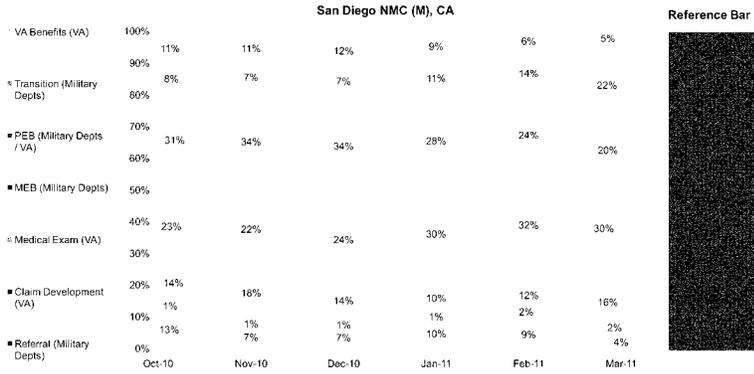
IDES Supplement Throughput Charts - April 2011



Stage/Phase	Number of Active Component Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		23	34	45	29	40	46	11
	9	12	15	10	13	17	1	6%
Medical Exam (VA)	59	60	60	66	67	57	19	33%
	52	50	59	57	73	90	29	32%
PEB (Military Depts / VA)	77	69	69	77	66	47	20	43%
Transition (Military Depts)	44	45	40	27	40	68	25	37%
VA Benefits (VA)	34	40	42	42	31	16	0	0%
Total Population Tracked	298	310	330	308	330	341	105	31%

Stage/Phase	Number of Reserve Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		1	0	0	0	1	1	0
	0	0	0	0	0	1	0	0%
Medical Exam (VA)	1	3	0	1	3	3	1	33%
	3	3	1	3	3	3	1	33%
PEB (Military Depts / VA)	2	2	2	2	4	3	1	33%
Transition (Military Depts)	2	2	2	2	3	3	1	33%
VA Benefits (VA)	2	3	3	1	1	0	0	--
Total Population Tracked	11	13	8	9	15	14	4	29%

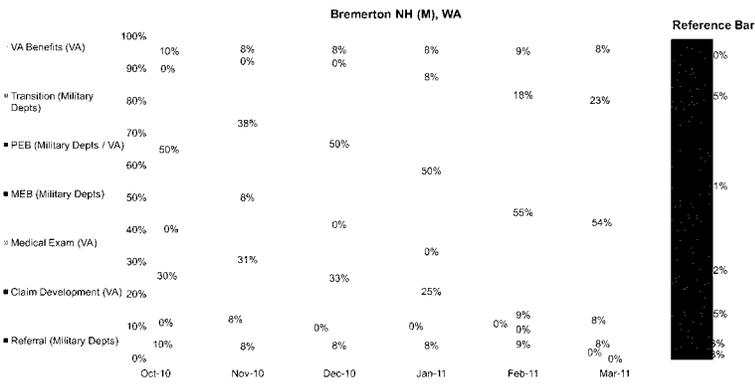
IDES Supplement Throughput Charts - April 2011



Number of Active Component Cases									
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11			
						Count	# Exceeding Goal	% Exceeding Goal	
	32	42	25	25	34	34	1	3%	
	2	3	4	4	4	7	2	29%	
Medical Exam (VA)	54	46	64	51	37	45	4	9%	
	80	77	75	88	107	122	62	51%	
PEB (Military Depts / VA)	109	104	116	124	101	92	30	33%	
Transition (Military Depts)	40	28	25	24	39	54	33	61%	
VA Benefits (VA)	22	36	37	44	33	23	1	4%	
Total Population Tracked	339	336	346	360	355	377	133	35%	

Number of Reserve Cases									
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11			
						Count	# Exceeding Goal	% Exceeding Goal	
	0	0	0	0	0	0	0	--	
	0	0	0	0	0	0	0	--	
Medical Exam (VA)	4	2	2	2	6	2	0	0%	
	4	4	6	3	5	6	2	33%	
PEB (Military Depts / VA)	4	5	6	4	5	6	1	17%	
Transition (Military Depts)	5	3	3	4	5	6	3	50%	
VA Benefits (VA)	2	2	3	2	3	3	1	33%	
Total Population Tracked	19	16	20	15	24	23	7	30%	

IDES Supplement Throughput Charts - April 2011



Number of Active Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	1	1	1	1	1	1	0	0%
	1	0	1	0	0	0	0	--
Medical Exam (VA)	2	3	4	4	3	0	0	--
	0	0	1	0	0	1	0	0%
PEB (Military Depts / VA)	5	5	5	6	6	6	3	50%
Transition (Military Depts)	0	0	0	0	1	2	1	50%
VA Benefits (VA)	0	1	1	1	1	1	1	100%
Total Population Tracked	9	10	13	12	12	11	5	45%

Number of Reserve Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	1	1	1	0	0	--
	0	0	0	0	0	1	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	1	1	1	1	0	0%

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Eustis JB, VA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	0	0	0	0	--

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --

Beale AFB, CA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	1	4	2	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	4	4	6	0	0%

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --

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Edwards AFB, CA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	4	4	1	0	0%
	0	0	0	0	0	2	0	0%
Medical Exam (VA)	0	0	0	0	1	1	0	0%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	4	5	4	0	0%

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --

Eielson AFB, AK
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	3	0	0%
	0	0	0	1	0	0	0	--
Medical Exam (VA)	0	0	0	0	1	1	0	0%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	1	1	4	0	0%

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	-- / 0
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	-- / 0

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Fairchild AFB, WA Number of Active Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	3	0	2	0	0%
Medical Exam (VA)	0	0	0	0	4	6	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	3	4	8	0	0%

Number of Reserve Component / Guard Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	-- / 0
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	-- / 0

Charleston JB (F), SC Number of Active Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	1	0	1	0	0%
Medical Exam (VA)	0	0	0	0	3	6	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	1	4	8	0	0%

Number of Reserve Component / Guard Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --

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Hickam JB, HI

Stage/Phase	Number of Active Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0	0	0	0	0	2	0
	0	0	0	0	0	2	0	0%
Medical Exam (VA)	0	0	0	0	3	5	0	0%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	0	3	9	0	0%

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	-- / 0
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 1	0 / 0	-- / 0

Los Angeles AFB, CA

Stage/Phase	Number of Active Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0	0	0	0	0	0	0
	0	0	0	0	0	1	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	0	1	0	0	--

Stage/Phase	Number of Reserve Component / Guard Cases					Mar-11		
	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Count	# Exceeding Goal	% Exceeding Goal
		0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --

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Luke AFB, AZ
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	0	0	0	0	--

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --

Maxwell AFB, AL
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	1	0	0	--
Medical Exam (VA)	0	0	0	0	0	1	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	0	1	1	0	0%

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --

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Moody AFB, GA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	0	0	0	0	--

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --

Mountain Home AFB, ID
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	1	0	0	--
Medical Exam (VA)	0	0	0	1	0	4	0	0%
PEB (Military Depts / VA)	0	0	0	0	1	0	0	--
Transition (Military Depts)	0	0	0	0	0	1	0	0%
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	1	2	5	0	0%

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	-- / 0
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 1	0 / 0	-- / 0

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Patrick AFB, FL
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	2	2	2	0	0%
	0	0	0	0	2	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	2	0	0%
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	2	4	4	0	0%

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 0	0 / 0	0 / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 0	0 / 0	0 / --

Pope AFB, NC
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	1	0	1	0	0%
	0	0	0	0	0	3	0	0%
Medical Exam (VA)	0	0	0	0	1	1	0	0%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	1	1	5	0	0%

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --

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Robins AFB, GA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	3	3	2	0	0%
	0	0	0	2	6	4	0	0%
Medical Exam (VA)	0	0	0	2	7	19	1	5%
	0	0	0	0	0	2	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	7	16	27	1	4%

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	1 / 2	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 2	0 / 0	0 / 0
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	3 / 1	5 / 2	0 / 0	0 / 0
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	4 / 3	8 / 4	0 / 0	0 / 0

Seymour-Johnson AFB, NC
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	4	2	4	0	0%
	0	0	0	1	5	9	0	0%
Medical Exam (VA)	0	0	0	6	10	11	0	0%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	1	0	0%
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	11	17	25	0	0%

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --

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Shaw AFB, SC
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	3	9	0	0%
	0	0	0	0	1	3	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	0	4	12	0	0%

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	-- / 0
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 1	0 / 0	-- / 0

Vandenberg AFB, CA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	3	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	3	8	6	0	0%
	0	0	0	0	0	2	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	6	8	8	0	0%

Number of Reserve Component / Guard Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 2	0 / 0	0 / 0	-- / --
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 0	-- / --
Medical Exam (VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 3	0 / 0	-- / 0
	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
PEB (Military Depts / VA)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
Transition (Military Depts)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-- / --
VA Benefits (VA)	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --	-- / --
Total Population Tracked	0 / 0	0 / 0	0 / 0	0 / 0	0 / 3	0 / 3	0 / 0	-- / 0

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Hawaii NHC (N), HI									
Number of Active Cases									
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11			
						Count	# Exceeding Goal	% Exceeding Goal	
	0	0	0	14	3	1	0	0%	
	0	0	0	4	4	2	0	0%	
Medical Exam (VA)	0	0	0	6	36	35	0	0%	
	0	0	0	0	0	20	0	0%	
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--	
Transition (Military Depts)	0	0	0	0	0	0	0	--	
VA Benefits (VA)	0	0	0	0	0	0	0	--	
Total Population Tracked	0	0	0	24	43	58	0	0%	

Number of Reserve Component Cases									
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11			
						Count	# Exceeding Goal	% Exceeding Goal	
	0	0	0	0	0	0	0	--	
	0	0	0	0	0	0	0	--	
Medical Exam (VA)	0	0	0	0	0	0	0	--	
	0	0	0	0	0	0	0	--	
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--	
Transition (Military Depts)	0	0	0	0	0	0	0	--	
VA Benefits (VA)	--	--	--	--	--	--	--	--	
Total Population Tracked	0	0	0	0	0	0	0	--	

Charleston NH (N), SC									
Number of Active Cases									
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11			
						Count	# Exceeding Goal	% Exceeding Goal	
	0	0	0	0	0	0	0	--	
	0	0	0	1	1	1	0	0%	
Medical Exam (VA)	0	0	0	5	8	13	5	38%	
	0	0	0	0	0	0	0	--	
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--	
Transition (Military Depts)	0	0	0	0	0	0	0	--	
VA Benefits (VA)	--	--	--	--	--	--	--	--	
Total Population Tracked	0	0	0	6	9	14	5	36%	

Number of Reserve Component Cases									
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11			
						Count	# Exceeding Goal	% Exceeding Goal	
	0	0	0	0	0	0	0	--	
	0	0	0	0	0	0	0	--	
Medical Exam (VA)	0	0	0	0	0	0	0	--	
	0	0	0	0	0	0	0	--	
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--	
Transition (Military Depts)	0	0	0	0	0	0	0	--	
VA Benefits (VA)	--	--	--	--	--	--	--	--	
Total Population Tracked	0	0	0	0	0	0	0	--	

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Jacksonville NH (N), FL Number of Active Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	1	11	12	0	0%
	0	0	0	3	4	5	0	0%
Medical Exam (VA)	0	0	0	6	15	20	1	5%
	0	0	0	0	0	5	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	10	30	42	1	2%

Number of Reserve Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	1	0	0%
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	1	2	0	0%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	1	3	0	0%

Beaufort NH (N), SC Number of Active Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	2	0	0%
Medical Exam (VA)	0	0	0	9	15	11	0	0%
	0	0	0	0	0	4	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	3	0	0%
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	9	15	20	0	0%

Number of Reserve Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	0	0	0	--

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29 Palms NH (N), CA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	1	3	13	0	0%
Medical Exam (VA)	0	0	0	1	5	7	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	2	8	20	0	0%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	0	0	0	--

Lemoore NH (N), CA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	1	0	1	0	0%
Medical Exam (VA)	1	1	1	2	7	1	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	6	0	0%
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	1	1	1	3	7	8	0	0%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	0	0	0	--

IDES Monthly Report Supplement Throughput Charts - April 2011

Oak Harbor NH (N), WA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	3	0	0	0	--
	0	0	0	3	4	2	0	0%
Medical Exam (VA)	0	0	0	0	6	12	0	0%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	6	10	14	0	0%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	0	0	0	--

Cherry Point NH (N), NC
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	1	1	4	5	5	0	0%
	0	0	0	7	15	4	0	0%
Medical Exam (VA)	0	0	0	3	9	39	1	3%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	1	1	14	29	48	1	2%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	0	0	0	--

IDES Monthly Report Supplement Throughput Charts - April 2011

Quantico NHC (N), VA Number of Active Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	7	9	11	0	0%
	0	0	0	5	9	2	1	50%
Medical Exam (VA)	0	0	0	1	7	16	1	6%
	0	0	0	0	2	7	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	13	27	36	2	6%

Number of Reserve Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	1	0	0%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	0	1	0	0%

Hawaii NHC (M), HI Number of Active Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	14	3	1	0	0%
	0	0	0	4	4	2	0	0%
Medical Exam (VA)	0	0	0	6	36	35	0	0%
	0	0	0	0	0	20	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	24	43	58	0	0%

Number of Reserve Component Cases								
Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	0	0	0	--

IDES Monthly Report Supplement Throughput Charts - April 2011

Charleston NH (M), SC
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	1	1	1	0	0%
Medical Exam (VA)	0	0	0	5	8	13	5	38%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	6	9	14	5	36%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	0	0	0	--

Jacksonville NH (M), FL
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	1	11	12	0	0%
	0	0	0	3	4	5	0	0%
Medical Exam (VA)	0	0	0	6	15	20	1	5%
	0	0	0	0	0	5	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	10	30	42	1	2%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	1	0	0%
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	1	2	0	0%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	1	3	0	0%

IDES Monthly Report Supplement Throughput Charts - April 2011

Beaufort NH (M), SC
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	---
Medical Exam (VA)	0	0	0	9	15	11	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	4	0	0%
Transition (Military Depts)	0	0	0	0	0	0	0	---
VA Benefits (VA)	0	0	0	0	0	0	0	---
Total Population Tracked	0	0	0	9	15	20	0	0%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	---
Medical Exam (VA)	0	0	0	0	0	0	0	---
PEB (Military Depts / VA)	0	0	0	0	0	0	0	---
Transition (Military Depts)	0	0	0	0	0	0	0	---
VA Benefits (VA)	---	---	---	---	---	---	---	---
Total Population Tracked	0	0	0	0	0	0	0	---

29 Palms NH (M), CA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	1	3	13	0	0%
Medical Exam (VA)	0	0	0	1	5	7	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	---
Transition (Military Depts)	0	0	0	0	0	0	0	---
VA Benefits (VA)	0	0	0	0	0	0	0	---
Total Population Tracked	0	0	0	2	8	20	0	0%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	---
Medical Exam (VA)	0	0	0	0	0	0	0	---
PEB (Military Depts / VA)	0	0	0	0	0	0	0	---
Transition (Military Depts)	0	0	0	0	0	0	0	---
VA Benefits (VA)	---	---	---	---	---	---	---	---
Total Population Tracked	0	0	0	0	0	0	0	---

IDES Monthly Report Supplement Throughput Charts - April 2011

Lemoore NH (M), CA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	1	0	1	0	0%
	0	0	0	0	0	0	0	--
Medical Exam (VA)	1	1	1	2	7	1	0	0%
	0	0	0	0	0	0	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	1	1	1	3	7	8	0	0%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	--						

Oak Harbor NH (M), WA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	3	0	0	0	--
	0	0	0	3	4	2	0	0%
Medical Exam (VA)	0	0	0	0	6	12	0	0%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	6	10	14	0	0%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	--						

IDES Monthly Report Supplement Throughput Charts - April 2011

Cherry Point NH (M), NC
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	1	1	4	5	5	0	0%
	0	0	0	7	15	4	0	0%
Medical Exam (VA)	0	0	0	3	9	39	1	3%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	1	1	14	29	48	1	2%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	0	0	0	--

Quantico NHC (M), VA
Number of Active Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	7	9	11	0	0%
	0	0	0	5	9	2	1	50%
Medical Exam (VA)	0	0	0	1	7	16	1	6%
	0	0	0	0	2	7	0	0%
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	0	0	0	0	0	0	0	--
Total Population Tracked	0	0	0	13	27	36	2	6%

Number of Reserve Component Cases

Stage/Phase	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
						Count	# Exceeding Goal	% Exceeding Goal
	0	0	0	0	0	0	0	--
	0	0	0	0	0	0	0	--
Medical Exam (VA)	0	0	0	0	0	1	0	0%
	0	0	0	0	0	0	0	--
PEB (Military Depts / VA)	0	0	0	0	0	0	0	--
Transition (Military Depts)	0	0	0	0	0	0	0	--
VA Benefits (VA)	--	--	--	--	--	--	--	--
Total Population Tracked	0	0	0	0	0	1	0	0%

b. Any IDES Customer Satisfaction Quarterly Reports that have not previously been provided to the Committee Response. *Office of Wounded Warrior Care and Transition Policy*: The most recent published report for the period Oct-Dec 2010, is attached.



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

April 7, 2011

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
ASSISTANT SECRETARY OF DEFENSE (RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)
JOINT STAFF SURGEON
DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATIONS AND STAFF OFFICES

SUBJECT: Integrated Disability Evaluation System (IDES) Customer Satisfaction Quarterly Report

The attached report summarizes customer satisfaction feedback and provides insight into Service member perceptions of their IDES experience, fairness of the process and stakeholder customer service during the period October 1, 2010, to December 31, 2010. The Defense Manpower Data Center (DMDC) administered voluntary, confidential telephone surveys to capture member satisfaction of the three major phases: Medical Evaluation Board (MEB), Physical Evaluation Board (PEB), and Transition Phase, just prior to return to duty or transition to veteran status.

The objective of our ongoing Survey effort is to assist you in understanding the IDES program better through participant input from wounded, ill, and injured Service members, their families, and stakeholders whose contributions will lead to improvements in the process and possible future policy modifications.

The IDES Customer Satisfaction Quarterly Report is designed to:

- Capture satisfaction across the three major phases of the IDES process (MEB, PEB, Transition)
- Capture key aspects of satisfaction within the IDES (experience, fairness, PEBLO, VA MSC)
- Assess satisfaction from multiple sources impacted by the IDES process
- Compare process satisfaction between the IDES and the Legacy DES

We appreciate your support and look forward to working with you to ensure that we achieve our collective goal of ensuring the best possible support to Service members.

John R. Campbell
Deputy Assistant Secretary of Defense
Wounded Warrior Care and Transition Policy

cc:
Under Secretary of Defense (Personnel and Readiness)
Under Secretary of Veterans Affairs (Veterans Benefit Administration)
Under Secretary of Veterans Affairs (Veterans Health Administration)

INTEGRATED DISABILITY EVALUATION SYSTEM
(IDES)

IDES CUSTOMER SATISFACTION QUARTERLY REPORT

OCTOBER 1 – DECEMBER 31, 2010

COMBINED REPORT:
Army, Air Force, Navy, Marine Corps



Department of Defense, Office of the Under Secretary for Personnel and Readiness –
Office of Wounded Warrior Care and Transition Policy (OUSD P&R WWCTP)

INTEGRATED DISABILITY EVALUATION
SYSTEM (IDES) PROGRAM

IDES CUSTOMER SATISFACTION QUARTERLY REPORT

U.S. ARMY

OCTOBER 1 – DECEMBER 31, 2010



Department of Defense, Office of the Under Secretary for Personnel and Readiness –
Office of Wounded Warrior Care and Transition Policy (OUSD P&R WWCTP)



IDES Customer Satisfaction Quarterly Report

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  **IDES Customer Satisfaction Quarterly Report**

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IDES Customer Satisfaction Quarterly Report

INTRODUCTION

The Integrated Disability Evaluation System (IDES) Customer Satisfaction Report provides insight into Service member perceptions of their IDES experience, fairness of process, and stakeholder customer service. The Defense Manpower Data Center (DMDC) administers these voluntary surveys to IDES participants at the completion of the three major phases of the IDES process: the Medical Evaluation Board (MEB), the Physical Evaluation Board (PEB), and the Transition Phase just prior to return to duty or transition to veteran status. To maintain participant confidentiality, all individual Service member responses are confidential and are collected only for the purpose of evaluating the IDES program. Data linking individual participants to their responses are not released.

The report contains four major sections: Overall Results, MEB, PEB and Transition. Each of these sections provides the number of survey participants, satisfaction across four survey composites, and qualitative survey comments. The Overall Results section compares soldier satisfaction levels to members of the other Military Services and to all DoD respondents. The MEB, PEB and Transition sections of the report provide comparisons among Army IDES locations.

The survey composites mentioned above are formed from related survey items and were validated through a factor analysis. These composites are identified as: IDES Experience, Fairness, Physical Evaluation Board Liaison Officer (PEBLO) Customer Service, and VA Military Service Coordinator (MSC) Customer Service. The composites and their constituent survey items are provided in Appendices A-D.

DoD and VA established an IDES performance goal in which 80% of Service members surveyed have an average composite satisfaction score greater than 3.0 on a five-point standard questionnaire Likert scale. This metric is reported in the MEB, PEB and Transition sections by IDES location over the last eight quarters. Results for the quarters during which IDES locations met the percent-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Lastly, qualitative comments provided by Service members between October 1, 2010, and December 31, 2010, are provided by IDES location in the MEB, PEB and Transition sections of the reports. These comments provide a better understanding of Service members' personal experiences and perceptions of the IDES process and how they might relate to IDES program performance.



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SERVICE RESULTS

Soldiers completed 5,439 IDES surveys between January 1, 2008, and December 31, 2010. Service members may complete up to three surveys (MEB, PEB, or Transition survey) as they progress through the IDES process. Table 1 compares Army survey counts to survey completions in other Military Services across DoD.

Table 1. Survey Completions by Military Service (Cumulative Results)

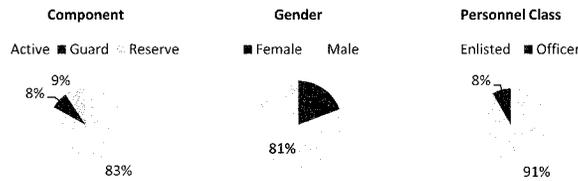
Service	Survey Count
Army	5,439
Air Force	778
Navy	1,754
Marines	2,418
DoD Total	10,389

Performance Over Time

In the following section, Service members who completed at least one survey (MEB, PEB, or Transition) are grouped by the quarter of their most recent phase completion to better understand IDES satisfaction trends over time. For example, a survey participant who completed the PEB phase and is currently enrolled in the IDES process is grouped by the quarter the Service member completed the PEB phase.

Since January 2008, 2,919 Service members in the Army completed at least one survey (MEB, PEB, or Transition). Figure 1 presents respondent demographics by component, gender, and personnel class and Table 2 provides counts of survey participants by the quarter of their most recent phase completion.

Figure 1. Demographics of Survey Participants




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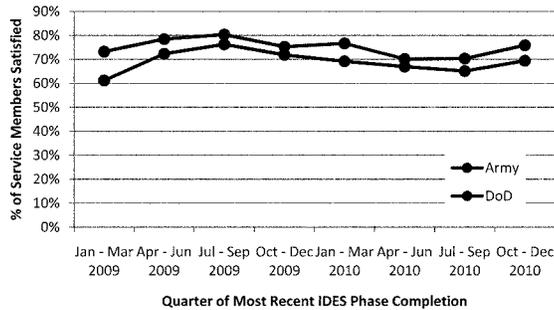
Table 2. Count of Survey Participants

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
ARMY	2,919	56	79	173	251	304	430	803	758
DOD	5,611	134	160	299	469	607	880	1,552	1,318

IDES Experience

Figure 2 compares DoD and Army average satisfaction with IDES experience by quarter of most recent phase completion. Soldier satisfaction increased from 70% in July – September 2010 to 76% in the most recent quarter. Soldiers who completed an IDES phase in the most recent quarter were more satisfied than all DoD participants. Army satisfaction has trended consistently higher than the DoD average since January 2009. The IDES experience composite (Appendix A, Table 23) is comprised of 12 items across the MEB, PEB and Transition surveys.

Figure 2. Service Member Satisfaction with IDES Experience

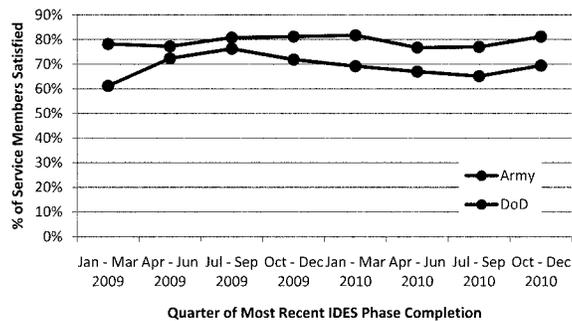


 **IDES Customer Satisfaction Quarterly Report**

IDES Fairness

Figure 3 compares DoD and Army average satisfaction with IDES fairness by quarter of most recent phase completion. Soldier satisfaction increased slightly from 77% in July – September 2010 to 81% in the most recent quarter. Soldiers who completed an IDES phase in the most recent quarter were more satisfied with fairness of the process than all DoD survey participants. Army satisfaction has trended consistently higher than the DoD average since January 2009. The IDES fairness composite (Appendix A, Table 24) is comprised of 7 items across the MEB and PEB surveys.

Figure 3. Service Member Satisfaction with IDES Fairness

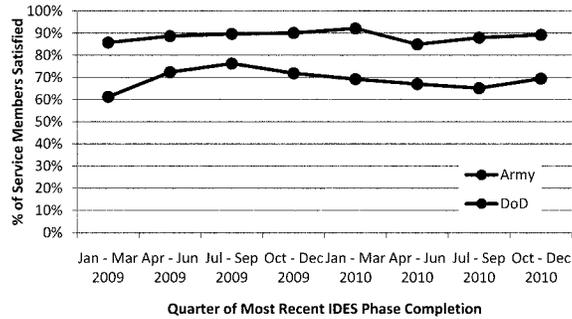


 **IDES Customer Satisfaction Quarterly Report**

IDES PEBLO Customer Service

Figure 4 compares DoD and Army average satisfaction with IDES PEBLO customer service by quarter of most recent phase completion. Soldier satisfaction increased slightly from 88% in July – September 2010 to 89% in the most recent quarter. Soldiers who completed an IDES phase in the most recent quarter were significantly more satisfied with PEBLO customer service than DoD survey participants. Army satisfaction has trended consistently higher than the DoD average since January 2009. The IDES PEBLO customer service composite (Appendix A, Table 25) is comprised of 22 items across the MEB, PEB, and Transition surveys.

Figure 4. Service Member Satisfaction with IDES PEBLO Customer Service

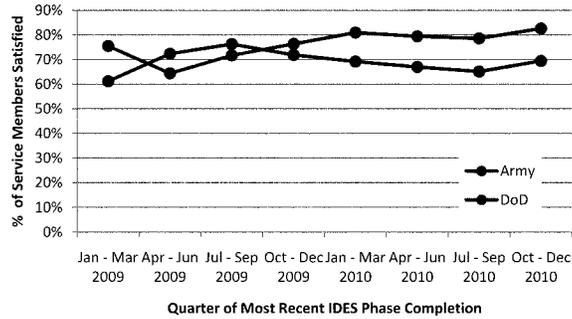


 **IDES Customer Satisfaction Quarterly Report**

IDES MSC Customer Service

Figure 5 compares DoD and Army average satisfaction with IDES MSC customer service by quarter of most recent phase completion. After an initial decline, Soldier satisfaction increased from 64% in April – June 2009 to 83% in the most recent quarter. Soldiers who completed an IDES phase in the most recent quarter were more satisfied with customer service from VA MSCs than DoD survey participants. Army satisfaction has trended consistently higher than the DoD average since October 2009. The IDES MSC customer service composite (Appendix A, Table 26) is comprised of 21 items across the MEB, PEB, and Transition surveys.

Figure 5. Service Member Satisfaction with IDES MSC Customer Service



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MEB RESULTS

Between January 1, 2008, and December 31, 2010, 2,919 Army participants completed the MEB survey and the MEB Phase. Table 3 compares the number of Army MEB survey participants to participants from the other Military Services and all DoD.

Table 3. MEB Survey Participants by Military Service (Cumulative Results)

Service	Survey Count
Army	2,919
Air Force	420
Navy	942
Marines	1,329
DoD Total	5,610

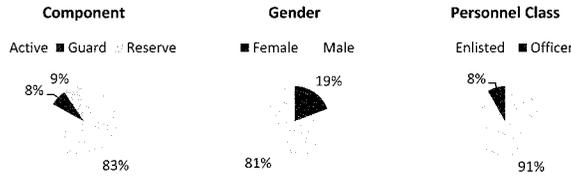
Table 4 lists the proportion of MEB survey participants by IDES Location and Figure 6 shows the demographic breakdown of participants by component, gender, and personnel class.

Table 4. Percent of MEB Survey Participants by IDES Location

IDES Location	Percent of Participants
FT STEWART	17%
WALTER REED	17%
FT CARSON	11%
FT SAM HOUSTON	10%
FT POLK	9%
FT DRUM	8%
FT HOOD	5%
FT BELVOIR	5%
FT MEADE	5%
FT BRAGG	4%
FT BENNING	4%
FT LEWIS	2%
FT WAINWRIGHT	2%
FT RILEY	2%
FT RICHARDSON	1%


IDES Customer Satisfaction Quarterly Report

Figure 6. MEB Survey Participant Demographics



Performance Over Time

The following tables (Tables 5-9) depict the counts of survey participants who completed the MEB phase and the percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, MSC Customer Service, and Fairness by IDES Location. Each table presents results cumulatively, and by quarter of MEB Phase completion. Lists of the items that comprise the MEB survey composites are provided in Appendix B. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October - December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 5. Counts of Survey Participants Who Completed the MEB Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
FT BELVOIR	133	17	23	13	22	19	14	18	7
FT BENNING	105	0	0	0	0	0	17	61	27
FT BRAGG	127	0	0	0	0	0	48	71	8
FT CARSON	322	0	0	8	39	81	73	88	33
FT DRUM	243	0	0	43	43	47	35	56	19
FT HOOD	143	0	0	0	0	0	14	85	44
FT LEWIS	63	0	0	0	0	0	10	34	19
FT MEADE	132	13	19	27	19	21	11	15	6
FT POLK	265	0	16	42	57	40	47	60	3
FT RICHARDSON	22	0	0	1	3	2	6	8	2
FT RILEY	45	0	0	0	0	0	13	25	7
FT SAM HOUSTON	284	0	0	16	59	82	55	54	18
FT STEWART	497	24	69	98	61	50	97	75	23
FT WAINWRIGHT	49	0	0	3	6	19	7	14	0
WALTER REED	489	70	48	61	46	39	30	35	9
ARMY TOTAL	2,919	124	175	312	355	400	477	699	225

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Table 6. Percent of Service Members Satisfied with the IDES Experience (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
FT RICHARDSON	68%			0%	100%	50%	83%	50%	100%
WALTER REED	64%	66%	60%	66%	63%	51%	53%	60%	89%
FT STEWART	74%	79%	75%	79%	72%	60%	70%	76%	97%
FT HOOD	87%						100%	57%	84%
FT SAM HOUSTON	72%			87%	73%	70%	67%	69%	83%
FT BENNING	81%						76%	82%	81%
FT POLK	80%		81%	84%	84%	85%	72%	77%	67%
FT BRAGG	79%						88%	76%	63%
FT CARSON	63%			100%	51%	67%	60%	65%	61%
FT LEWIS	73%						80%	79%	58%
FT DRUM	71%			81%	74%	66%	74%	61%	58%
FT BELVOIR	76%	71%	83%	85%	82%	84%	71%	61%	57%
FT RILEY	67%						69%	68%	57%
FT MEADE	55%	69%	47%	52%	63%	57%	36%	60%	50%
FT WAINWRIGHT	78%			100%	67%	79%	86%	71%	
ARMY AVERAGE	72%	69%	70%	77%	71%	68%	70%	73%	73%

Table 7. Percent of Service Members Satisfied with IDES PEBLO Customer Service (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
FT STEWART	91%	95%	95%	98%	57%	88%	82%	91%	100%
FT RILEY	89%						65%	80%	100%
WALTER REED	84%	76%	85%	90%	87%	69%	93%	99%	100%
FT RICHARDSON	82%			100%	100%	50%	67%	58%	100%
FT HOOD	95%						100%	98%	91%
FT LEWIS	92%						100%	91%	89%
FT SAM HOUSTON	88%			84%	86%	89%	89%	95%	89%
FT BRAGG	93%						96%	92%	88%
FT BENNING	93%						94%	97%	85%
FT BELVOIR	87%	82%	87%	100%	85%	100%	86%	72%	83%
FT MEADE	80%	100%	89%	85%	74%	62%	64%	87%	83%
FT DRUM	90%			100%	91%	93%	89%	88%	79%
FT CARSON	90%			100%	90%	94%	89%	93%	73%
FT POLK	91%		88%	93%	93%	88%	84%	83%	67%
FT WAINWRIGHT	88%			100%	100%	95%	86%	71%	
ARMY AVERAGE	89%	83%	90%	95%	86%	88%	88%	90%	87%

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Table 8. Percent of Service Members Satisfied with IDES MSC Customer Service (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
FT POLK	86%		81%	87%	62%	88%	87%	69%	100%
FT RICHARDSON	86%			0%	100%	100%	100%	75%	100%
FT RILEY	77%						83%	67%	100%
FT BELVOIR	69%	60%	70%	67%	53%	80%	78%	72%	86%
FT BENNING	92%						94%	95%	85%
WALTER REED	62%	55%	58%	52%	68%	57%	62%	70%	83%
FT HOOD	89%						86%	93%	82%
FT CARSON	76%			100%	70%	79%	71%	78%	79%
FT LEWIS	81%						60%	88%	79%
FT STEWART	77%	68%	79%	78%	78%	76%	77%	75%	77%
FT SAM HOUSTON	76%			88%	77%	77%	69%	75%	76%
FT MEADE	67%	69%	63%	67%	79%	55%	73%	71%	75%
FT BRAGG	85%						85%	85%	75%
FT DRUM	76%			91%	83%	76%	70%	71%	47%
FT WAINWRIGHT	80%			100%	100%	79%	85%	100%	
ARMY AVERAGE	76%	60%	71%	75%	76%	76%	77%	82%	79%

Table 9. Percent of Service Members Satisfied with IDES Fairness (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
FT POLK	84%		69%	89%	91%	70%	78%	61%	100%
FT RICHARDSON	81%			0%	100%	100%	83%	71%	100%
FT HOOD	88%						77%	88%	93%
FT BENNING	90%						81%	92%	92%
FT LEWIS	79%						88%	71%	89%
FT STEWART	80%	53%	78%	82%	79%	78%	63%	75%	87%
FT BELVOIR	84%	94%	87%	82%	70%	88%	83%	76%	86%
FT BRAGG	82%						81%	76%	83%
FT RILEY	76%						62%	82%	83%
FT SAM HOUSTON	75%			93%	75%	75%	68%	78%	72%
WALTER REED	66%	69%	74%	63%	69%	65%	57%	58%	71%
FT CARSON	73%			75%	83%	85%	63%	67%	70%
FT DRUM	79%			93%	79%	78%	82%	74%	63%
FT MEADE	71%	67%	74%	67%	59%	70%	91%	87%	50%
FT WAINWRIGHT	78%			100%	50%	88%	57%	79%	
ARMY AVERAGE	77%	75%	77%	80%	78%	78%	76%	78%	82%



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MEB Survey Comments by IDES Location

Ft. Belvoir

- Online nothing has been updated in letting me know what stage I'm in the process. I had to call to find out where I was at in the process.
- The MEB is way too long. I have been in since last October. I shouldn't have to keep asking for my status. They should be contacting me and emailing me about my status. I shouldn't have to go to the hospital and ask the PEBLO.
- I was allowed to speak my mind.
- It was greatly delayed (MEB).
- I met with the person only once [VA MSC] –did not see the person ever again.
- Poor quality of control (case management) -lot of poor managerial skills.
- It (case) was delayed final outcomes were ok. Took almost 10 months.
- It seems like it took a long time just to get started. I plan to COAD (continuation of active duty). There should be a fast track people like me can go through.
- I think it's a great program. Over time I hope it improves. I'm satisfied that they combined the Army and VA. It's necessary. The concept is great for Soldiers. It's just that some doctors don't care for the Soldier and the Soldier sometimes don't get the care they need. It's a great benefit for Soldiers. I think it should be in every installation of the Army. I'm pleased with the concept, but not everyone working on the program is on board. I hope over time that will change. It needs to be expanded.
- Even though the brochure was helpful and they could tell you how long the process would take, no one knew the answers to your questions. They don't have updated current information.

Ft. Benning

- Waiting period [for outcomes] is too long.
- Before they swamped PEBLOs, now I strongly agree [that PEBLO kept me well informed about my case].
- [My PEBLO] could be a little bit faster and organized better.
- Attaching to the Air Force side makes it [process] a little longer, but overall good [timeliness].
- Dr. Hagward did the outstanding job at Ft. Benning.



IDES Customer Satisfaction Quarterly Report

- My case took 2 years-started in 2008 & still resolving.
- I had a hard time to get [PEBLO] to respond. Nice lady, but I had to initiative all correspondence.
- Material [IDES brochure] had to be explained by Medical Board Mgr; then the info became helpful to me.

Ft. Bragg

- The PEBLO needs to give an initial briefing and also later on in the proceedings (NARSUM) as a reminder.
- Didn't say much about my case just that info was being sent to Baltimore. It's taking a long time and still haven't heard anything.
- Process just takes a long time.
- I think this program should be offered everywhere. Maybe a different process could be set up, to manage the packets better, and to let the Service members know what is going on. The packet should have some sort of tracking system (for example: be signed off from person to person).
- [PEBLO] calls me whenever he gets or needs information, otherwise he doesn't keep in touch with me.
- It's [IDES brochure is] helpful but inaccurate. The time frames are way off.
- She [VA MSC] did what she had to do, then all the info went back to my PEBLO. She wasn't the one who was keeping me informed.
- [Timeliness of the process was] horrible, as bad as can be.

Ft. Carson

- My case took so long because of mismanagement by my PEBLO.
- Coming up on my 15th month, still no results from physical.
- The process has good intentions, but there are some disconnects for the VA assessments and phase 3. There should be a priority to get soldiers through the phase 3 appointments quickly.
- VA Rep explained several sections (of IDES brochure), which made things easier. Evaluations were a joke. Doctor asked me a few questions - did not do a physical exam. [I] felt like [I] was being rushed out of doctor's office.
- [IDES] only designed to get people out of the service, not designed to help.



IDES Customer Satisfaction Quarterly Report

- A prelim came in, but they didn't contact me to let me know what was going on. They seemed to rush you out of your process. They want to get you in and out and not worry about your medical care. They say [they will] let the VA take care of it later.
- I had a great PEBLO. Called to check on me; always in contact; was very courteous; never behind on things.
- Dissatisfied [with medical care]. More could have been done.
- I did all research myself [on the MEB]. [I was] told by PEBLO to keep taking [my] meds and go back to duty. [I] never wanted the MEB just wanted help with family. [I have] not gotten any help from anyone and it is very disappointing.
- They told me 6 to 8 months it took over 1 yr.

Ft. Drum

- It is taking a long time. It's been 5 months and I still don't have a rating.
- The VA MSC was very fast; seemed only interested in pushing my case thru did not seem to have my best interest in mind. My PEBLO was very helpful and kept me informed.
- What I was told and what is on paper are two different things.
- I never met with VA.
- All medical care was done by private doctors because I'm remote.
- The PEBLO was the first [person] who explained [the process] to me. He has been very professional. The best part of WTU team has been the DES process from doctor to PEBLO to VA MSC. They called by phone and followed up with emails to keep me up to date.
- I don't know who the VA MSC is and I haven't gotten my evaluation back yet.
- When doing the appointments with the VA provider, I received a phone call that I had an appointment, but the PEBLO didn't know I had an appointment. There [was] no communication [on] both parts. That was the one thing I was dissatisfied with.
- Not very well (regarding whether respondent was informed of legal right to counsel).
- Their [medical] care was more lip-service than actual care.
- The PEBLO was not doing his job properly and I was not informed until later. PEBLO got rude with me and my son when I wanted to have my paper work looked over by legal.



IDES Customer Satisfaction Quarterly Report

- The idea of the program is good, but here at Fort Drum they don't follow the process as it should be done.
- What I was told (about medical exams) and what is on paper are two different things.
- I never met with VA. All medical care was done by private doctors because I'm remote.
- Very dissatisfied with the program. [I] was wounded in 2004-not getting compensation. PEBLO not helpful – [doesn't] return phone calls [and doesn't] provide any contact [info]. Will be losing my house [and] my car.
- Somewhat satisfied [with medical care]. [MEB process] is slow.

Ft. Hood

- Could have been faster.
- The military doctors were not courteous.
- Timeliness was very, very poor and takes entirely too long.
- It is so complicated even being explained over and again. I don't think I would understand. It seems overly complicated.
- [Brochure] had some difficult parts in it, it was confusing.
- [Process is] too slow.
- Completely geared to getting the people out of the service no help or option for those who want to stay in, in whatever capacity.
- It is way too long for people with psychiatric problems at Fort Hood, Texas.
- The process is pretty good, it just takes a while. It took longer than expected.
- PEBLO read it [IDES process brochure] with me and explained it to me.
- My PEBLO is awesome; [I] found a job and ready to transition.
- She [VA MSC] couldn't tell me anything-how to fill out my claim paper.
- Most of my care took place outside of the military. It took an extensive amount of time to have surgery performed.
- [I had] a very bad physician – not helpful at all.



IDES Customer Satisfaction Quarterly Report

- [I had] to contact my PEBLO. Never got a hold of her. Never got Soldier information.
- It took [a] very long [time]. They need to speed the process. It took 1 yr.

Ft. Lewis

- [Took] 6 months to get through the MEB.
- There is no communication between the military and service members. No one seems to be knowledgeable of anything and no one is aware of the timeline to complete the process. It seems way too long and different from the initial time given.
- Timeline is extremely long [with] lots of glitches. The timeline is way off. It's taking 2 to 3 times as long as what they tell us. I think the biggest thing is waiting for the doctor's signature.
- The older way was better because it was done faster if done properly.
- It's very hard to go through this process for almost a year and stay in my regular unit.
- Treatment [is] an after-thought to the process. They [medical care] wouldn't do anything.
- The timeline they give you is off.

Ft. Meade

- The chain of command had no idea how to initiate it properly once it got to PEBLO. Everything was fine and the nurse case practitioner was fine in communicating with me.
- PEBLO was a veteran and should have taken better care of us. He had gone through it [the disability process] years ago; did not meet my expectations. Did not keep me informed.
- Up to this point [my VA rep] was fine, but replaced by another VA rep who was incompetent.

Ft. Polk

- I feel like there were times when I wasn't listened to.
- The PEBLO was not attentive because he was either overwhelmed or lazy. At one point he asked me to stop emailing him things and I had only sent 5 in about 2-3 months.
- I only met with him [VA MSC] twice and didn't spend much time with him.
- We only have one case manager for the entire post with over 300 MEB cases.



IDES Customer Satisfaction Quarterly Report

- I wish it were faster. I was supposed to be out of the military in July.
- My main issue [is] with the processing time. There are not enough people working the program to take care of the thousands of Soldiers going through this process. It took 3 months from my last VA appt just to get my NARSUM. Program should be expanded but needs the resources to handle the case load.

Ft. Richardson

- Due to another patient; this was a somewhat agitated situation [didn't have a chance to speak his mind].
- I had to probe for information. PEBLO sometimes had stuff sitting on his desk.
- [I] was told it would take 6 months - it took a year. [I] learned a lot [from my MEB experience].

Ft. Riley

- He [PEBLO] was the only one who had the information on the program.
- They lost my case 3 times. I'm in since October of 2009 and it started in July. Still haven't received paperwork. There is so many people in the MEB that it doesn't matter. You don't know what's going on.

Ft. Sam Houston

- Doing VA and board together it is going quicker.
- [I asked for an] evaluation for [my] illness, [but] they refused. They forced [me] through the MEB even though [my] illness was escalating. [I] was not diagnosed properly. Only my PEBLO helped me and took me by the hand. [I] feel that my PEBLO was like gold. The evaluation of the illness is too fast and that they don't take the time to really evaluate and just push you through.
- VA rep and PEBLO have been the best people I have dealt with through this whole thing.
- Because I am a physician, I think I was treated differently.
- I did not meet or speak with my PEBLO far into my case and have only met her once.
- I had no contact with VA MSC during MEB and PEB.
- [Timeliness is] very, very, very poor.

**IDES Customer Satisfaction Quarterly Report***Ft. Stewart*

- PEBLO did not clearly explain the process.
- Instructor kind of glazed over everything, but was in depth. I had a packet that broke down the advice. I was given incomplete legal advice (e.g., where to get legal advice).
- I had several military as well as civilian doctors.
- I did not have much communication with the person [VA MSC].
- Very satisfied with the Pilot program.
- Very professional people with expertise who are involved with the process.
- I had to call [my] initial PEBLO to stay abreast of [my] status; however that changed with the second PEBLO. It has been a "wow" experience. They are very thorough.
- That part [keep service member informed of his/her case] should be improved upon. You have a good person doing [the] job but they are limited. [Timeliness] could be improved.

Ft. Wainwright

- No comments.

Walter Reed

- Very slow process. Took about 7 months.
- It [the process] takes forever. I had one medical doctor that was very rude.



PEB RESULTS

Between January 1, 2008, and December 31, 2010, 1,421 Army participants completed the PEB survey and the PEB Phase. Table 10 compares the number of Army PEB survey participants to participants from the other Military Services and all DoD.

Table 10. PEB Survey Participants by Military Service (Cumulative Results)

Service	Survey Count
Army	1,421
Air Force	198
Navy	457
Marines	650
DoD Total	2,726

Table 11 lists the proportion of PEB survey participants by IDES Location and Figure 7 shows the demographic breakdown of participants by component, gender, and personnel class.

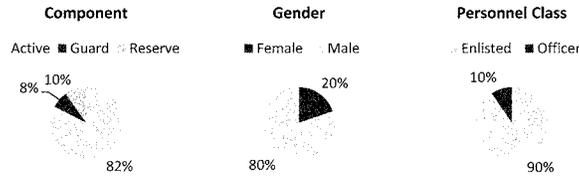
Table 11. Percent of PEB Survey Participants by IDES Location

IDES Location	Percent of Participants
FT STEWART	20%
WALTER REED	20%
FT POLK	11%
FT CARSON	10%
FT SAM HOUSTON	9%
FT DRUM	8%
FT BELVOIR	5%
FT MEADE	5%
FT HOOD	3%
FT BENNING	3%
FT BRAGG	2%
FT LEWIS	1%
FT WAINWRIGHT	1%
FT RILEY	1%
FT RICHARDSON	0%

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Figure 7. PEB Survey Participant Demographics



Performance Over Time

The following tables (Tables 12-16) depict the counts of survey participants who completed the PEB phase and percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, MSC Customer Service, and Fairness by IDES Location. Each table presents results cumulatively, and by quarter of PEB Phase completion. Lists of the items that comprise each PEB survey composite are provided in Appendix C. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October - December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 12. Counts of Survey Participants Who Completed the PEB Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
FT BELVOIR	74	5	15	12	8	14	12	7	1
FT BENNING	48	0	0	0	0	0	4	36	8
FT BRAGG	28	0	0	0	0	0	5	20	3
FT CARSON	139	0	0	0	9	25	44	47	14
FT DRUM	107	0	0	15	15	28	20	21	8
FT HOOD	48	0	0	0	0	0	3	24	21
FT LEWIS	19	0	0	0	0	0	2	9	8
FT MEADE	73	4	15	11	10	11	14	6	2
FT POLK	153	0	4	21	27	29	25	39	8
FT RICHARDSON	4	0	0	0	1	1	1	0	1
FT RILEY	13	0	0	0	0	0	1	7	5
FT SAM HOUSTON	129	0	0	3	18	39	35	22	12
FT STEWART	290	4	38	42	49	35	51	63	8
FT WAINWRIGHT	15	0	0	0	1	5	4	5	0
WALTER REED	281	33	40	44	21	25	13	16	3
ARMY TOTAL	1,421	46	112	148	159	212	234	322	102

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Table 13. Percent of Service Members Satisfied with the IDES Experience (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
HOOD	98%						100%	96%	100%
BRAGG	86%						100%	80%	100%
SAM HOUSTON	78%			100%	69%	74%	71%	68%	100%
BELVOIR	77%	80%	93%	92%	63%	57%	83%	57%	100%
RICHARDSON	75%				100%	100%	0%		100%
CARSON	68%				67%	84%	57%	64%	93%
RILEY	85%						100%	85%	80%
POLK	79%		75%	90%	81%	79%	88%	67%	75%
ALTER REED	65%	58%	68%	80%	52%	72%	46%	63%	67%
LEWIS	79%						100%	89%	63%
DRUM	78%			87%	100%	75%	80%	62%	63%
BENNING	77%						75%	81%	63%
STEWART	75%	100%	86%	71%	73%	83%	59%	93%	63%
MEADE	64%	75%	80%	73%	70%	64%	43%	50%	50%
WAINWRIGHT	80%				100%	80%	75%	80%	
MY AVERAGE	74%	65%	79%	80%	75%	76%	67%	74%	82%

Table 14. Percent of Service Members Satisfied with IDES PEBLO Customer Service (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
LEWIS	100%						100%	100%	100%
BRAGG	93%						100%	90%	100%
RILEY	85%						100%	71%	100%
BELVOIR	84%	100%	87%	83%	75%	79%	83%	86%	100%
RICHARDSON	75%				0%	100%	100%		100%
HOOD	98%						100%	100%	95%
CARSON	89%				78%	96%	80%	96%	93%
SAM HOUSTON	89%			100%	94%	90%	83%	91%	92%
DRUM	82%			83%	100%	89%	90%	90%	88%
BENNING	92%						100%	94%	75%
POLK	92%		75%	100%	96%	80%	96%	87%	75%
STEWART	85%	100%	86%	90%	92%	91%	67%	87%	75%
ALTER REED	79%	88%	85%	80%		88%	46%	81%	67%
MEADE	78%	100%	100%	91%	70%	82%	57%	50%	50%
WAINWRIGHT	87%				100%	100%	100%	60%	
MY AVERAGE	86%	91%	87%	89%	87%	90%	79%	89%	88%

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Table 15. Percent of Service Members Satisfied with IDES MSC Customer Service (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
RILEY	100%						100%	100%	100%
BENNING	96%						100%	94%	100%
BRAGG	93%						100%	90%	100%
POLK	91%		100%	90%	93%	90%	96%	84%	100%
RICHARDSON	75%				0%	100%	100%		100%
ALTER REED	69%	68%	60%	68%	61%	82%	70%	71%	100%
CARSON	90%				78%	96%	90%	89%	92%
SAM HOUSTON	88%		0%	100%	94%	95%	91%	64%	91%
HOOD	94%						100%	96%	90%
DRUM	93%			100%	93%	86%	90%	100%	88%
LEWIS	89%						100%	89%	86%
STEWART	81%	100%	92%	79%	85%	78%	69%	85%	63%
BELVOIR	75%	100%	79%	100%	50%	62%	83%	60%	0%
MEADE	62%	100%	80%	73%	50%	73%	46%	20%	0%
WAINWRIGHT	93%				100%	100%	100%	80%	
QTR AVERAGE	83%	79%	78%	81%	81%	86%	83%	86%	88%

Table 16. Percent of Service Members Satisfied with IDES Fairness (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
RILEY	92%						100%	86%	100%
BENNING	82%						100%	89%	100%
BRAGG	89%						100%	85%	100%
BELVOIR	86%	100%	93%	92%	63%	71%	92%	100%	100%
ALTER REED	78%	73%	68%	86%	76%	88%	54%	81%	100%
RICHARDSON	75%				0%	100%	100%		100%
CARSON	81%				89%	88%	77%	77%	93%
HOOD	85%						100%	79%	90%
DRUM	85%			93%	80%	86%	80%	56%	88%
LEWIS	79%						100%	67%	88%
SAM HOUSTON	78%			33%	83%	69%	83%	80%	83%
POLK	80%		50%	86%	81%	90%	80%	74%	75%
STEWART	83%	100%	86%	81%	80%	88%	76%	89%	63%
MEADE	78%	100%	73%	91%	70%	73%	79%	83%	50%
WAINWRIGHT	87%				0%	100%	100%	80%	
QTR AVERAGE	82%	80%	77%	85%	78%	83%	80%	83%	87%

**PEB Survey Comments by IDES Location***Ft. Belvoir*

- It took a year - this was [my] biggest concern. Your family is on hold, cannot plan for future either civilian or military.

Ft. Benning

- A lot of issues and problems I ran into were due to the PEBLOs. I'm [a] 21 year Service member. I don't need empathy. [It] seemed like we weren't working together, [and] I was working for them. It was degrading.
- [My] package went to PEBLO [and] it was hard to find out what was happening. PEBLO & VA [were] great. As far as communication -need to communicate when the package leaves.

Ft. Bragg

- Process was helpful, but it took a long time.

Ft. Carson

- I loved my PEBLO. [She went] above and beyond. She was great. She gave me her personal number.
- Some [of the] process took longer than it should have. My summary took 90 days.
- My PEBLO and VA MSC were awesome.
- For patients not put in the warrior transition unit, a medical holding within each battalion was effective in managing multiple DES cases. I didn't meet the coordinator until I got my final findings and percentages were done. I didn't know I had a VA MSC.
- Only problem was getting documentation for first injury. [I] had [a] hard time proving [the] injury came in combat theatre, because paperwork had been lost.
- I have been in the DES pilot program for 2 years. It was all very helpful, and it is great that they combine everything in one process. But for a soldier who has to wait for that long while his fellow Soldiers are being deployed and participating in training exercises, that is kind of painful. It makes it a very long 2 years.
- 400 days in the system before I got the final result.
- They transferred me to three different units. I went through for a year and a half. Doctors were getting fired and it would take another three months for an evaluation.

*Ft. Drum*

- I think it's a good program and it works. I don't think it works well for complicated injuries or with serious multiple injuries. It locks and it takes longer than it should.

Ft. Hood

- I never talked to VA until after the PEB transferred [my] case.
- They didn't listen to [my] needs. They went on their opinion as a doctor [instead of] what I expressed to them. What [I] said was not conveyed, but twisted or worded in a way that they felt.
- The process has taken too long.
- They [VA MSC] explained it [rating of disability conditions], but it was a little confusing to me.
- An awesome process. My problem is with lack of help felt that the military doesn't take care of those who hurt fighting for our freedom. Strongly disagree with the disability finding of the Army which widely differed from VA findings.
- Should be a streamlined system for those whom you know are being retained, if only a formality. [I] had to go through series of classes.
- No sense to send files from San Antonio to Seattle, back to San Antonio, then to Fort Hood. Seems like bad management.
- If the Soldiers are going thru the DES process they should automatically go to the WTU.
- [On the] website to check on MEB and or PEB status, PEBLO would not update status. [My] profile status is not correct. Updates were all out of date. [PEBLO] is a pain in butt to get a hold of. [I] was told to stop sending emails about my case.

Ft. Lewis

- The process was most important to them [medical care providers], not my treatment.

Ft. Meade

- Doctors didn't give me a chance, just told me and put me out the board. Baltimore VA Hospital does not treat you right (where evaluation done). 85% of doctors were bad. [With my] PEBLO, [I was] very satisfied, but with VA very dissatisfied.

Ft. Polk

- I never saw a specialist and was never diagnosed and I believe my disability was worse than they recorded.

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- The entire process itself needs to be sped up. It's too long to do the papers. It took me over a year and a half to get out. If they hire two or more case workers, it could be sped up. There was one MEB doctor at Fort Polk. The process could be cut one month if they hire one more doctor.
- [I was] hoping to reclass. They found me fit for duty and they need to review it.

Ft. Riley

- No comments.

Ft. Sam Houston

- Both my PEBLO and VA MSC were very helpful. I have no complaints, the medical care could use some work.
- Overall the process took longer than it should. I [have] seen people take less time before. With the new program it's not the case. I use to evaluate people. It took me 8 months when it should take 2 to 3 months.
- Need to better inform [the] reservist. Active duty, they know everything. When you say reservist they seem to not know.
- PEBLO & VA officer were very helpful.

Ft. Stewart

- They need to can this program. It is nothing but a stressful program for TPU users. I have no idea who managed my case. I don't know if my VA MSC managed it or my PEBLO.
- TRICARE cancelled appointments [and I] was not informed. [I was] sent \$1800 bill to him and not TRICARE. They had him miss appointments.

Ft. Wainwright

- No comments.

Walter Reed

- No comments.



TRANSITION RESULTS

Between January 1, 2008, and December 31, 2010, 1,099 Army participants completed the Transition survey and the Transition Phase. Table 17 compares the number of Army Transition survey participants to participants from the other Military Services and all DoD.

Table 17. Transition Survey Participants by Military Service (Cumulative Results)

Service	Survey Count
Army	1,099
Air Force	158
Navy	342
Marines	439
DoD Total	2,038

Table 18 lists the proportion of Transition survey participants by IDES Location and Figure 8 shows the demographic breakdown of participants by component, gender, and personnel class.

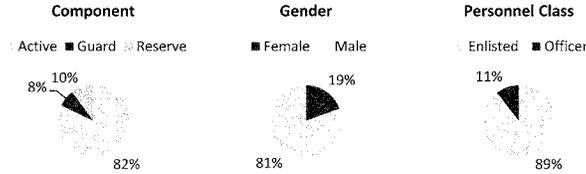
Table 18. Percent of Transition Survey Participants by IDES Location

IDES Location	Percent of Participants
WALTER REED	22%
FT STEWART	22%
FT POLK	10%
FT CARSON	9%
FT SAM HOUSTON	9%
FT DRUM	7%
FT MEADE	5%
FT BELVOIR	5%
FT BENNING	3%
FT HOOD	2%
FT BRAGG	2%
FT WAINWRIGHT	1%
FT LEWIS	1%
FT RILEY	1%

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Figure 8. Transition Survey Participant Demographics



Performance Over Time

The following tables (Tables 19-22) depict the counts of survey participants who completed the Transition phase and percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, and MSC Customer Service by IDES Location. Each table presents results cumulatively, and by quarter of Transition Phase completion. Lists of the items that comprise each Transition survey composite are provided in Appendix D. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October - December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 19. Counts of Survey Participants Who Completed the Transition Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
FT BELVOIR	36	0	0	8	6	6	6	6	4
FT BENNING	19	0	0	0	0	0	0	1	18
FT BRAGG	7	0	0	0	0	0	0	2	5
FT CARSON	86	0	0	0	0	2	22	37	25
FT DRUM	60	0	0	0	9	16	17	11	7
FT HOOD	7	0	0	0	0	0	0	0	7
FT LEWIS	7	0	0	0	0	0	0	1	6
FT MEADE	41	0	3	8	8	7	9	4	2
FT POLK	98	0	1	6	9	18	22	23	19
FT RICHARDSON	3	0	0	0	0	1	0	1	1
FT RILEY	6	0	0	0	0	0	0	3	3
FT SAM HOUSTON	81	0	0	0	3	18	21	26	13
FT STEWART	212	0	3	24	26	48	32	27	52
FT WAINWRIGHT	14	0	0	0	0	0	3	7	4
WALTER REED	198	31	22	28	46	10	15	9	6
ARMY TOTAL	875	31	29	74	107	126	147	158	172

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Table 20. Percent of Service Members Satisfied with the IDES Experience (Transition)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
FT RICHARDSON	100%					100%		100%	100%
FT LEWIS	100%							100%	100%
FT BRAGG	100%							100%	100%
FT RILEY	83%							67%	100%
FT HOOD	86%								86%
FT POLK	89%		100%	100%	89%	94%	86%	91%	79%
FT STEWART	76%		100%	83%	73%	81%	75%	59%	79%
FT BENNING	79%							100%	78%
FT WAINWRIGHT	88%						67%	100%	75%
FT BELVOIR	78%			63%	83%	67%	33%	100%	75%
FT DRUM	77%				100%	98%	71%	55%	71%
WALTER REED	66%	77%	59%	54%	67%	70%	53%	78%	67%
FT SAM HOUSTON	80%				100%	78%	76%	92%	62%
FT CARSON	67%					50%	68%	73%	60%
FT MEADE	63%		67%	100%	75%	57%	56%	0%	50%
ARMY AVERAGE	75%	77%	66%	73%	76%	80%	72%	77%	76%

Table 21. Percent of Service Members Satisfied with IDES PEBLO Customer Service (Transition)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
FT HOOD	100%							0%	100%
FT RICHARDSON	100%					100%		100%	100%
FT LEWIS	100%							100%	100%
FT BRAGG	100%							100%	100%
FT SAM HOUSTON	86%				100%	94%	67%	92%	92%
FT BENNING	89%							100%	89%
FT CARSON	84%					50%	88%	81%	88%
FT DRUM	80%				89%	94%	71%	64%	86%
FT STEWART	82%		100%	71%	92%	88%	81%	63%	83%
FT POLK	90%		100%	100%	89%	100%	86%	91%	79%
FT BELVOIR	81%			88%	83%	83%	67%	85%	75%
FT RILEY	67%							67%	67%
FT WAINWRIGHT	88%						100%	100%	50%
WALTER REED	66%	77%	57%	64%	69%	67%	60%	67%	50%
FT MEADE	68%		100%	75%	100%	100%	44%	0%	0%
ARMY AVERAGE	80%	77%	68%	73%	82%	90%	75%	78%	83%

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Table 22. Percent of Service Members Satisfied with IDES MSC Customer Service (Transition)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
FT HOOD	100%								100%
FT BELVOIR	82%			88%	82%	83%	50%	100%	100%
FT RICHARDSON	67%					0%		100%	100%
FT POLK	91%		100%	82%	89%	94%	83%	100%	84%
FT CARSON	81%					100%	77%	81%	84%
FT LEWIS	88%							100%	83%
FT BENNING	84%							100%	83%
FT STEWART	76%		100%	74%	81%	77%	79%	55%	82%
FT BRAGG	86%							100%	80%
FT SAM HOUSTON	83%				100%	94%	76%	83%	77%
FT WAINWRIGHT	85%						100%	88%	75%
FT DRUM	80%				100%	100%	59%	73%	71%
WALTER REED	67%	69%	53%	60%	68%	71%	60%	86%	67%
FT RILEY	67%							67%	67%
FT MEADE	63%		33%	88%	75%	71%	63%	25%	0%
ARMY AVERAGE	78%	69%	58%	72%	79%	84%	73%	79%	81%



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Transition Survey Comments by IDES Location

Ft. Belvoir

- Prescription refills were hard to get because I moved. Wasn't covered fully by VA yet. [IDES] still better than the old system.
- My PEBLO was very understanding and was always there for me. Some things were out of their hands.
- People come over for job fair and talked to us and promise, but don't contact you. And if contact them they blow you off, not just private companies but also government. They disappear. Jobs I got are through going out in normal manner.

Ft. Benning

- They gave a timeline for [the] process [and] were faster than they stated by 2 months.
- Overall they did a good job. I was one of the first one to go through it in Fort Benning, Georgia.
- [At] my duty station there was no legal counsel available. But PEB was done 100 miles away where there was legal counsel, and my supervisor gave me a hard time wanting to seek legal counsel 100 miles away and would not allow me to take time to do so.
- Attended [TAP] 6 months before transition phase.
- They only wanted to provide care for what I was med boarded for and no other care. I was on my own.

Ft. Bragg

- [My] PEBLO did everything (with case management). [I was] satisfied. It helped a lot.

Ft. Carson

- [The process] took 1 1/2 years.
- I started this program in Oct 09 and lasted until Sept 10.
- At times we had to wait a long time.
- Best thing you do is MEB and VA at the same time.
- The Army is all about taking care of their own, but when it comes to Soldiers on the MEB board they don't care.



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- You can tell them [IDES stakeholders] but they don't listen.
- Having [the] ability to contact her [PEBLO] and have her explain [the process] was important.
- He [legal counsel] was fantastic. He got me my 50% rating.
- I got more information about that [VR&E] when I got out by talking to career centers around here.
- They should offer more info for different situations- it [DTAP] was too broad.
- No one ever told me about voc rehab. I had to research it online.

Ft. Hood

- [I] felt "very above satisfied" (with the 3-day Transition Assistance Program). The course provided a lot of information. Recommends the 3 day course be shortened.
- [I] had a little bit of a problem with [my] case. Info was not being fed to PEBLO readily. Info [wasn't] given to PEBLO in a timely manner (lapse of month). [My] PEBLO [was] very helpful to wife regarding paperwork. [With respect to case management: management means time – [and I] was dissatisfied. [I was] pretty well satisfied w/the overall transition. The people made the experience good.
- 63 days of leave -didn't give enough time. 90 days is too short.

Ft. Lewis

- For people like me who were put out once I was let go. The military medical dept did not want to have anything to do with me, so I ended up going without meds while getting set up with the VA.

Ft. Meade

- I actually attended it [Transition Assistance Program] when I first got to WTU.

Ft. Polk

- I was going to a civilian doctor and he messed me up instead of helping me.
- Lots of information [related to the informal rating] and it was rushed through.
- My PEBLO was not really involved and didn't keep me informed on my case. My MEB was put on hold so it took me over a year to get it completed. Overall it's a good program.
- I had a week and a half between the time I got my results until I had to get out. That is not enough time to organize everything. There was not enough time to express any opinions about such a life changing event.



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- I think the DES is a good program. It should also be offered to 20 year vets who are not entering a claim so when they get out there is no lag time.

Ft. Sam Houston

- For a single parent- they don't give you any info.
- Disappointed in final evaluation from VA. Was discharged with 100% disability and was only going to receive \$3,000 from \$6,000 that I was getting. No outside support after transition. Not all forms were completed when discharged. I found out later I needed to fill out form for a step child as well as for aide and attendance that I needed at home.

Ft. Stewart

- Communication could be better between the doctors and the PEBLO.
- It's a little too drawn out [TAP]. Sometimes you can't get your question answered, because they focus on the bigger things (resume and jobs). For people like me who are going to school, they didn't help that much.
- It [the process] was grueling. I have to resubmit an insurance slip to this day.
- I'm still getting medical care from VA & Army – I saved leave.
- I had 3 different PEBLOs.
- I think that a part of the process should include a brief with legal after you get your percentages. I think that a brief with legal would help a lot of people.
- The whole back end of it, you don't really get any [case management].
- I didn't speak to PEBLO after being told of final board findings.
- I don't know what that is [TAP].
- I have absolutely no idea who she is [VA MSC].
- They call it [TAP] ACAO at Ft. Stewart.
- I don't think I had that option [VR&E].
- The only thing that I had a problem with was the timeline. It was off by months. Everything else was well put together.

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- I didn't deal with them [VA MSCs]. They were available but I didn't need them.
- VA person did nothing for me. The process started in November and I didn't hear anything. I went for my first physical and they didn't get results back until 15th Feb (and I went to doctor week before Thanksgiving).
- It went too fast. I wish I had been better informed. I had 10 days to resolve all after 22 yrs of service [and I] felt hurried.
- PEBLO didn't know all the answers, but knew where I could find them.
- Military care is lacking in quality.
- Transition phase is too short. Too much information for time to absorb it, but a great, great program.
- I have not gone through this program [TAP].

Ft. Wainwright

- No comments.

Walter Reed

- I don't remember anything about that [TAP].

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APPENDIX A

Appendix A provides an overview of IDES survey composites created across the MEB, PEB, and Transition surveys. Tables 23-26 list the items that comprise each survey composite reported in the Service Results section of the report.

Table 23. IDES Experience Composite Map (12 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	24.	How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?
MEB	25.	How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?
MEB	26.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
MEB	27.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation System Pilot process?
PEB	17.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Physical Evaluation Board phase of the Pilot process?
PEB	18.	How satisfied or dissatisfied were you with the <u>overall Physical Evaluation Board phase</u> of determining your retention status in the military?
PEB	19.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
PEB	20.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?
TRANS	19.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Transition phase of the Pilot process?
TRANS	20.	How satisfied or dissatisfied were you with the <u>overall Transition phase</u> after determination of your retention status in the military?
TRANS	21.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
TRANS	22.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

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Table 24. IDES Fairness Composite Map (7 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	10.	You believe the Medical Evaluation Board <u>process</u> was fair.
MEB	11.	In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.
PEB	1.	You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.
PEB	3.	You believe the Physical Evaluation Board process was fair.
PEB	4.	In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.
PEB	5.	You believe your informal Physical Evaluation Board rating was appropriate for your conditions.
PEB	6.	You believe your formal Physical Evaluation Board rating was appropriate for your conditions.



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Table 25. IDES PEBLO Customer Satisfaction Composite Map (22 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	12a.	The PEBLO explained the <u>overall</u> Disability Evaluation Pilot process in a way you could understand.
MEB	12b.	The PEBLO explained the <u>Medical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	12c.	The PEBLO explained the <u>Physical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	13a.	The PEBLO provided timely service.
MEB	13b.	The PEBLO kept you well informed about the status of your case.
MEB	13c.	The PEBLO was attentive to your needs.
MEB	13d.	The PEBLO was courteous in providing service.
MEB	13e.	The PEBLO had your best interests in mind.
MEB	14.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
MEB	15.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?
PEB	7.	During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.
PEB	8a.	The PEBLO provided timely service.
PEB	8b.	The PEBLO kept you well informed about the status of your case.
PEB	8c.	The PEBLO was attentive to your needs.
PEB	8d.	The PEBLO was courteous in providing service.
PEB	8e.	The PEBLO had your best interests in mind.
PEB	9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
PEB	10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?
TRANS	9.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.
TRANS	10.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.
TRANS	11.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
TRANS	12.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

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Table 26. IDES MSC Customer Satisfaction Composite Map (21 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	16a.	The VA MSC provided timely service.
MEB	16b.	The VA MSC kept you well informed about the status of your case.
MEB	16c.	The VA MSC was attentive to your needs.
MEB	16d.	The VA MSC was courteous in providing service.
MEB	16e.	The VA MSC had your best interests in mind.
MEB	17.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
MEB	18.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?
PEB	11a.	The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.
PEB	11b.	The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.
PEB	11c.	The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.
PEB	12a.	The VA MSC provided timely service.
PEB	12b.	The VA MSC kept you well informed about the status of your case.
PEB	12c.	The VA MSC was attentive to your needs.
PEB	12d.	The VA MSC was courteous in providing service.
PEB	12e.	The VA MSC had your best interests in mind.
PEB	13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
PEB	14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to <u>your family</u> ?
TRANS	13.	During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.
TRANS	14.	During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.
TRANS	15.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
TRANS	16.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>your family</u> ?

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APPENDIX B

Appendix B contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES MEB Phase. Tables 27-30 list the items that comprise each survey composite reported in the MEB section of the report. Table 31 presents results by survey item for data collected in the most recent quarter (October – December 2010).

Table 27. MEB Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	24.	How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?
MEB	25.	How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?
MEB	26.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
MEB	27.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation System Pilot process?

Table 28. MEB Fairness Composite Map (2 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	10.	You believe the Medical Evaluation Board <u>process</u> was fair.
MEB	11.	In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.

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Table 29. MEB PEBLO Customer Satisfaction Composite Map (9 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	12a.	The PEBLO explained the <u>overall</u> Disability Evaluation Pilot process in a way you could understand.
MEB	12b.	The PEBLO explained the <u>Medical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	12c.	The PEBLO explained the <u>Physical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	13a.	The PEBLO provided timely service.
MEB	13b.	The PEBLO kept you well informed about the status of your case.
MEB	13c.	The PEBLO was attentive to your needs.
MEB	13d.	The PEBLO was courteous in providing service.
MEB	13e.	The PEBLO had your best interests in mind.
MEB	14.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
MEB	15.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

Table 30. MEB MSC Customer Satisfaction Composite Map (7 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	16a.	The VA MSC provided timely service.
MEB	16b.	The VA MSC kept you well informed about the status of your case.
MEB	16c.	The VA MSC was attentive to your needs.
MEB	16d.	The VA MSC was courteous in providing service.
MEB	16e.	The VA MSC had your best interests in mind.
MEB	17.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
MEB	18.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?

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Table 31. MEB Survey Item Results

Question as it Appears on the Survey	Yes	No	Don't remember	Did not receive the brochure
1. Did you read the brochure that explains the Disability Evaluation System Pilot process?	84%	16%		
Question as it Appears on the Survey				
	Yes	No		
2. Was the Pilot process brochure easy to understand?	86%	14%		
3. Was the information in the Pilot process brochure helpful to you?	94%	6%		
4. Were you informed of your right to legal counsel during the Disability Evaluation System Pilot process?	94%	6%		
5. Do you know the name of the Physical Evaluation Board Liaison Officer (also known as the PEBLO) who was assigned by the military to manage your case?	99%	1%		
6. Do you know the name of the Veterans Affairs Military Services Coordinator (also known as the VA MSC) who was assigned to manage your case?	66%	34%		
19. During the Medical Evaluation Board phase of your case, did the VA Military Services Coordinator managing your case ever mention the VA's role in the Disability Evaluation System Pilot process?	86%	14%		
20. Did the VA Military Services Coordinator managing your case explain the VA's role in the Disability Evaluation System Pilot process in a way you could understand?	96%	4%		
21. During the Medical Evaluation Board phase of your case, did the VA Military Services Coordinator managing your case make sure you knew how to complete your VA disability claim?	78%	22%		
22. Did you receive medical care during the Medical Evaluation Board Phase of the Disability Evaluation System Pilot process?	85%	15%		

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Question as it Appears on the Survey	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
7. The Disability Evaluation System Pilot medical exams associated with your VA disability were thorough.	3%	12%	6%	61%	18%
8. The doctor who conducted your VA disability medical exams was courteous.	0%	3%	4%	58%	35%
9. You had a chance to speak your mind during the Medical Evaluation Board phase of your case.	3%	8%	7%	56%	25%
10. You believe the Medical Evaluation Board process was fair.	4%	9%	7%	59%	22%
11. In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.	5%	9%	9%	59%	19%
12a. The PEBLO explained the overall Disability Evaluation Pilot process in a way you could understand.	3%	5%	3%	54%	35%
12b. The PEBLO explained the Medical Evaluation Board phase of the Pilot process in a way you could understand.	1%	6%	4%	59%	30%
12c. The PEBLO explained the Physical Evaluation Board phase of the Pilot process in a way you could understand.	0%	7%	3%	60%	29%
13a. The PEBLO provided timely service.	3%	12%	4%	51%	30%
13b. The PEBLO kept you well informed about the status of your case.	4%	13%	8%	48%	28%
13c. The PEBLO was attentive to your needs.	1%	10%	7%	50%	31%
13d. The PEBLO was courteous in providing service.	0%	4%	6%	51%	39%
13e. The PEBLO had your best interests in mind.	2%	8%	9%	48%	34%
16a. The VA MSC provided timely service.	3%	3%	4%	66%	23%
16b. The VA MSC kept you well informed about the status of your case.	6%	23%	13%	41%	17%
16c. The VA MSC was attentive to your needs.	4%	12%	8%	56%	20%
16d. The VA MSC was courteous in providing service.	1%	4%	3%	59%	33%
16e. The VA MSC had your best interests in mind.	2%	7%	7%	58%	26%

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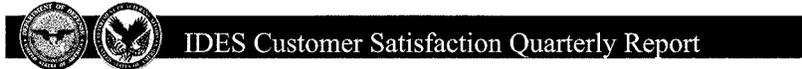



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Question as it Appears on the Survey	Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
14. During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	4%	9%	14%	26%	48%
15. During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	28%	3%	6%	29%	34%
17. During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	12%	12%	13%	34%	29%
18. During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?	26%	7%	5%	36%	26%

Question as it Appears on the Survey	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
23. How satisfied or dissatisfied were you with the medical care you received during the Medical Evaluation Board phase of the Pilot process?	4%	10%	12%	53%	21%
24. How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?	8%	13%	8%	47%	25%
25. How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?	7%	12%	9%	53%	19%

Question as it Appears on the Survey	Very poor	Poor	A mix of poor and good	Good	Very good
26. How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	16%	14%	26%	35%	10%
27. How would you evaluate your overall experience since entering the Disability Evaluation System Pilot process?	7%	7%	23%	49%	13%



APPENDIX C

Appendix C contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES PEB Phase. Tables 32-35 list the items that comprise each survey composite reported in the PEB section of the report. Table 36 presents results by survey item for data collected in the most recent quarter (October – December 2010).

Table 32. PEB Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	17.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Physical Evaluation Board phase of the Pilot process?
PEB	18.	How satisfied or dissatisfied were you with the <u>overall Physical Evaluation Board phase</u> of determining your retention status in the military?
PEB	19.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
PEB	20.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

Table 33. PEB Fairness Composite Map (5 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	1.	You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.
PEB	3.	You believe the Physical Evaluation Board process was fair.
PEB	4.	In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.
PEB	5.	You believe your informal Physical Evaluation Board rating was appropriate for your conditions.
PEB	6.	You believe your formal Physical Evaluation Board rating was appropriate for your conditions.

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Table 34. PEB PEBLO Customer Service Composite Map (8 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	7.	During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.
PEB	8a.	The PEBLO provided timely service.
PEB	8b.	The PEBLO kept you well informed about the status of your case.
PEB	8c.	The PEBLO was attentive to your needs.
PEB	8d.	The PEBLO was courteous in providing service.
PEB	8e.	The PEBLO had your best interests in mind.
PEB	9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
PEB	10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

Table 35. PEB MSC Customer Service Composite Map (10 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	11a.	The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.
PEB	11b.	The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.
PEB	11c.	The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.
PEB	12a.	The VA MSC provided timely service.
PEB	12b.	The VA MSC kept you well informed about the status of your case.
PEB	12c.	The VA MSC was attentive to your needs.
PEB	12d.	The VA MSC was courteous in providing service.
PEB	12e.	The VA MSC had your best interests in mind.
PEB	13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
PEB	14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to <u>your family</u> ?

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Table 36. PEB Survey Item Results

Question as it Appears on the Survey		Yes	No
15.	Did you receive medical care during the Physical Evaluation Board Phase of the Disability Evaluation System?	74%	26%

Question as it Appears on the Survey		Very poor	Poor	A mix of poor and good	Good	Very good
19.	How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	10%	11%	23%	37%	20%
20.	How would you evaluate your overall experience since entering the Disability Evaluation Pilot process?	5%	5%	27%	41%	23%

Question as it Appears on the Survey		Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	6%	10%	9%	26%	49%
10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	23%	3%	8%	25%	43%
13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	10%	8%	9%	32%	40%
14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to your family?	22%	3%	14%	22%	39%

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Question as it Appears on the Survey	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
1. You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.	1%	2%	3%	59%	35%
2. You had a chance to speak your mind during the Physical Evaluation Board phase of your case.	3%	6%	5%	55%	31%
3. You believe the Physical Evaluation Board process was fair.	3%	9%	4%	55%	29%
4. In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.	3%	7%	8%	55%	27%
5. You believe your informal Physical Evaluation Board rating was appropriate for your conditions.	7%	10%	11%	49%	22%
6. You believe your formal Physical Evaluation Board rating was appropriate for your conditions.	5%	14%	9%	53%	20%
7. During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.	3%	6%	3%	44%	43%
8a. The PEBLO provided timely service.	5%	7%	4%	49%	35%
8b. The PEBLO kept you well informed about the status of your case.	6%	7%	4%	47%	36%
8c. The PEBLO was attentive to your needs.	7%	5%	1%	51%	36%
8d. The PEBLO was courteous in providing service.	3%	3%	3%	48%	44%
8e. The PEBLO had your best interests in mind.	3%	7%	4%	46%	39%
11a. The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.	2%	5%	1%	56%	35%
11b. The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.	4%	6%	1%	53%	36%
11c. The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.	4%	5%	0%	59%	32%
12a. The VA MSC provided timely service.	3%	7%	5%	52%	33%
12b. The VA MSC kept you well informed about the status of your case.	4%	16%	5%	45%	30%
12c. The VA MSC was attentive to your needs.	6%	7%	3%	53%	31%

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12d. The VA MSC was courteous in providing service.	2%	5%	2%	62%	29%
12e. The VA MSC had your best interests in mind.	2%	3%	5%	57%	33%

Question as it Appears on the Survey	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
16. How satisfied or dissatisfied were you with the medical care you received during the Physical Evaluation Board phase of the Pilot process?	7%	8%	5%	54%	26%
17. How satisfied or dissatisfied were you with the management of your case during the Physical Evaluation Board phase of the Pilot process?	4%	7%	11%	46%	33%
18. How satisfied or dissatisfied were you with the overall Physical Evaluation Board phase of determining your retention status in the military?	2%	5%	4%	60%	29%



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APPENDIX D

Appendix D contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES Transition Phase. Tables 37-39 list the items that comprise each survey composite reported in the Transition section of the report. Table 40 presents results by survey item for data collected in the most recent quarter (October – December 2010).

Table 37. Transition Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	19.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Transition phase of the Pilot process?
TRANS	20.	How satisfied or dissatisfied were you with the <u>overall Transition phase</u> after determination of your retention status in the military?
TRANS	21.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
TRANS	22.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

Table 38. Transition PEBLO Customer Satisfaction Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	9.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.
TRANS	10.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.
TRANS	11.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
TRANS	12.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

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Table 39. Transition MSC Customer Satisfaction Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	13.	During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.
TRANS	14.	During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.
TRANS	15.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
TRANS	16.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>your family</u> ?

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Table 40. Transition Survey Item Results

Question as it Appears on the Survey		Yes	No
17.	Did you receive medical care during the Transition phase of the Disability Evaluation System Pilot process?	66%	34%

Question as it Appears on the Survey	Very poorly	Poorly	Neither poorly nor well	Well	Very well
3. How well did your legal counsel represent you during the Disability Evaluation System Pilot process?	0%	2%	9%	36%	52%

Question as it Appears on the Survey	Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
11. During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	6%	5%	13%	27%	49%
12. During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	26%	5%	9%	18%	42%
15. During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	7%	10%	14%	32%	37%
16. During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?	26%	5%	11%	21%	36%

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Question as it Appears on the Survey	Very Dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
4. How satisfied or dissatisfied were you with the 3-day Transition Assistance Program (also known as TAP) you attended during the Transition phase?	0%	5%	10%	57%	28%
5. How satisfied or dissatisfied were you with the ½-day Disability Transitional Assistance Program (also known as DTAP) you attended during the Transition phase?	0%	0%	9%	65%	26%
18. How satisfied or dissatisfied were you with the medical care you received during the Transition phase of the Pilot process?	6%	8%	6%	48%	31%
19. How satisfied or dissatisfied were you with the management of your case during the Transition phase of the Pilot process?	4%	12%	8%	54%	24%
20. How satisfied or dissatisfied were you with the overall Transition phase after determination of your retention status in the military?	5%	7%	7%	60%	21%

Question as it Appears on the Survey	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
6. You better understand your options with the Vocational Rehabilitation and Employment Program (VR&E) since entering the Disability Transition Assistance Program.	1%	7%	11%	61%	20%
7. You feel better prepared to transition into the civilian job market since attending the Transition Assistance Program.	3%	7%	11%	61%	17%
8. You had a chance to speak your mind during the Transition phase of your case.	2%	6%	6%	70%	15%
9. During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.	1%	7%	3%	63%	26%
10. During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.	1%	5%	8%	57%	30%
13. During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.	2%	8%	6%	64%	20%
14. During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.	1%	4%	10%	60%	25%

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Question as it Appears on the Survey	Very poor	Poor	A mix of poor and good	Good	Very good
21. How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	12%	16%	19%	34%	19%
22. How would you evaluate your overall experience since entering the Disability Evaluation Pilot process?	5%	7%	28%	41%	19%

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INTEGRATED DISABILITY EVALUATION
SYSTEM (IDES) PROGRAM

IDES CUSTOMER SATISFACTION QUARTERLY REPORT

U.S. AIR FORCE

OCTOBER 1 – DECEMBER 31, 2010



Department of Defense, Office of the Under Secretary for Personnel and Readiness –
Office of Wounded Warrior Care and Transition Policy (OUSD P&R WWCTP)



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INTRODUCTION

The Integrated Disability Evaluation System (IDES) Customer Satisfaction Report provides insight into Service member perceptions of their IDES experience, fairness of process, and stakeholder customer service. The Defense Manpower Data Center (DMDC) administers these voluntary surveys to IDES participants at the completion of the three major phases of the IDES process: the Medical Evaluation Board (MEB), the Physical Evaluation Board (PEB), and the Transition Phase just prior to return to duty or transition to veteran status. To maintain participant confidentiality, all individual Service member responses are confidential and are collected only for the purpose of evaluating the IDES program. Data linking individual participants to their responses are not released.

The report contains four major sections: Overall Results, MEB, PEB and Transition. Each section provides the number of survey participants, satisfaction across four survey composites, and qualitative survey comments. The Overall Results section compares Air Force satisfaction levels to members of the other Military Services and to all DoD respondents. The MEB, PEB and Transition sections of the report provide comparisons among Air Force IDES locations.

The survey composites mentioned above are formed from related survey items and were validated through a factor analysis. These composites are identified as: IDES Experience, Fairness, Physical Evaluation Board Liaison Officer (PEBLO) Customer Service, and VA Military Service Coordinator (MSC) Customer Service. The composites and their constituent survey items are provided in Appendices A-D.

DoD and VA established an IDES performance goal in which 80% of Service members surveyed have an average composite satisfaction score greater than 3.0 on a five-point standard questionnaire Likert scale. This metric is reported in the MEB, PEB and Transition sections by IDES location over the last eight quarters. Results for the quarters during which IDES locations met the percent-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Lastly, qualitative comments provided by Service members between October 1, 2010, and December 31, 2010, are provided by IDES location in the MEB, PEB and Transition sections of the reports. These comments provide a better understanding of Service members' personal experiences and perceptions of the IDES process and how they might relate to IDES program performance.


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SERVICE RESULTS

Airmen completed 778 IDES surveys between January 1, 2008, and December 31, 2010. Service members may complete up to three surveys (MEB, PEB, or Transition survey) as they progress through the IDES process. Table 1 compares Air Force survey counts to survey completions in other Military Services across DoD.

Table 1. Survey Completions by Military Service (Cumulative Results)

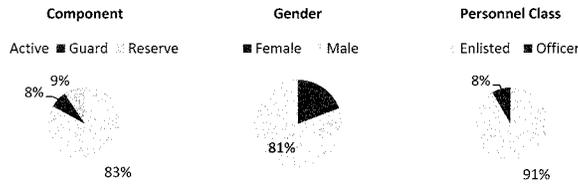
Service	Survey Count
Army	5,439
Air Force	778
Navy	1,754
Marines	2,418
DoD Total	10,389

Performance Over Time

In the following section, Service members who completed at least one survey (MEB, PEB, or Transition) are grouped by the quarter of their most recent phase completion to better understand IDES satisfaction trends over time. For example, a survey participant who completed the PEB phase and is currently enrolled in the IDES process is grouped by the quarter the Service member completed the PEB phase.

Since January 2008, 420 Service members in the Air Force completed at least one survey (MEB, PEB, or Transition). Figure 1 presents respondent demographics by component, gender, and personnel class and Table 2 provides counts of survey participants by the quarter of their most recent phase completion.

Figure 1. Demographics of Survey Participants



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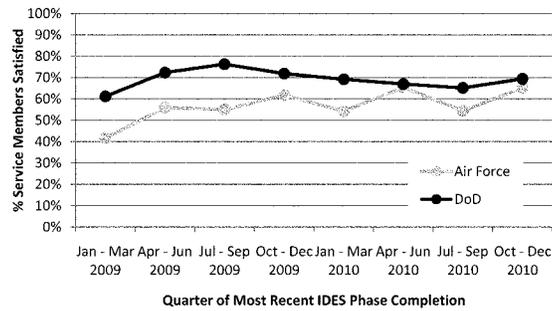
Table 2. Count of Survey Participants

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
AIR FORCE	420	24	25	20	34	59	79	90	46
DOD	5,611	134	160	299	469	607	880	1,552	1,318

IDES Experience

Figure 2 compares DoD and Air Force average satisfaction with IDES experience by quarter of most recent phase completion. Air Force satisfaction increased from 54% in Q4 of FY10 (July – September 2010) to 65% in the most recent quarter. However, Air Force satisfaction has trended consistently lower than the DoD average since January 2009. The IDES experience composite (Appendix A, Table 23) is comprised of 12 items across the MEB, PEB and Transition surveys.

Figure 2. Service Member Satisfaction with the IDES Experience



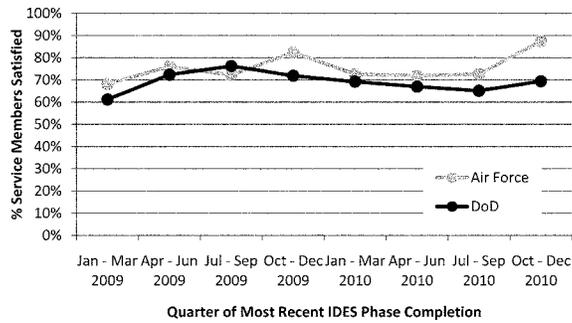
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IDES Fairness

Figure 3 compares DoD and Air Force average satisfaction with IDES fairness by quarter of most recent phase completion. After little change in satisfaction across the last three quarters of FY10, Air Force satisfaction with fairness increased substantially, from 73% in Q4 of FY10 (July – September 2010) to 88% in the most recent quarter. Air Force satisfaction has trended consistently higher than the DoD average since October 2009. The IDES fairness composite (Appendix A, Table 24) is comprised of 7 items across the MEB and PEB surveys.

Figure 3. Service Member Satisfaction with IDES Fairness



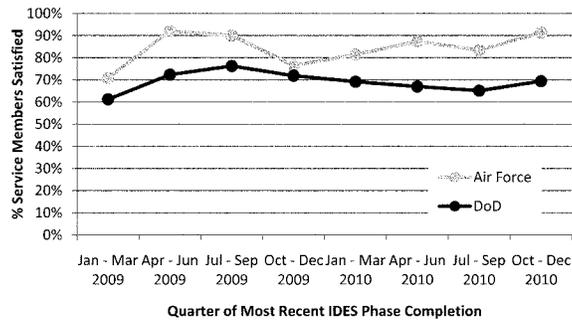
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IDES PEBLO Customer Service

Figure 4 compares DoD and Air Force average satisfaction with IDES PEBLO customer service by quarter of most recent phase completion. After a decrease in satisfaction in Q4 of FY10 (July – September 2010), Air Force satisfaction increased to 91% in the most recent quarter. Air Force satisfaction has trended consistently higher than the DoD average since January 2009. The IDES PEBLO customer service composite (Appendix A, Table 25) is comprised of 22 items across the MEB, PEB, and Transition surveys.

Figure 4. Service Member Satisfaction with IDES PEBLO Customer Service



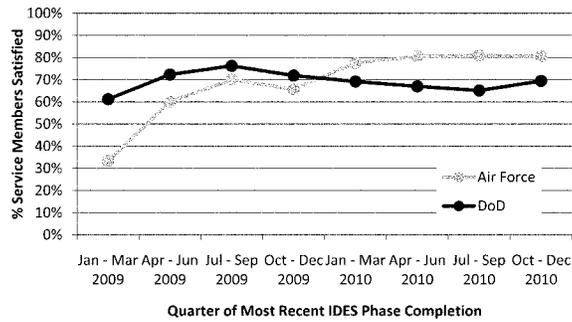
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IDES MSC Customer Service

Figure 5 compares DoD and Air Force average satisfaction with IDES MSC customer service by quarter of most recent phase completion. Consistent with the two previous quarters, 80% of Air Force survey participants who completed an IDES phase in the most recent quarter (Oct-Dec 2010) were satisfied with customer service provided by VA MSCs. Air Force satisfaction has trended consistently higher than the DoD average since January 2010. The IDES MSC customer service composite (Appendix A, Table 26) is comprised of 21 items across the MEB, PEB, and Transition surveys.

Figure 5. Service Member Satisfaction with IDES MSC Customer Service





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MEB RESULTS

Between January 1, 2008, and December 31, 2010, 420 Air Force participants completed the MEB survey and the MEB Phase. Table 3 compares the number of Air Force MEB survey participants to participants from the other Military Services and all DoD.

Table 3. MEB Survey Participants by Military Service (Cumulative Results)

Service	Survey Count
Army	2,919
Air Force	420
Navy	942
Marines	1,329
DoD Total	5,610

Table 4 lists the proportion of MEB survey participants by IDES Location and Figure 6 shows the demographic breakdown of participants by component, gender, and personnel class.

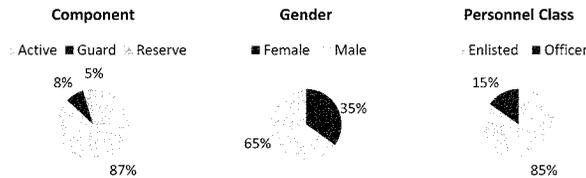
Table 4. Percent of MEB Survey Participants by IDES Location

IDES Location	Percent of Participants
ANDREWS AFB	63%
TRAVIS AFB	12%
NELLIS AFB	9%
ELMENDORF AFB	8%
MACDILL AFB	5%
VANCE AFB	3%

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Figure 6. MEB Survey Participant Demographics



Performance Over Time

The following tables (Tables 5-9) depict the counts of survey participants who completed the MEB phase and the percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, MSC Customer Service, and Fairness by IDES Location. Each table presents results cumulatively, and by quarter of MEB Phase completion. Lists of the items that comprise the MEB survey composites are provided in Appendix B. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October - December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 5. Counts of Survey Participants Who Completed the MEB Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
ANDREWS AFB	263	34	17	34	20	27	21	17	8
ELMENDORF AFB	34	0	0	1	5	9	5	12	2
MACDILL AFB	20	0	1	0	0	10	8	1	0
NELLIS AFB	40	0	0	5	4	13	11	7	0
TRAVIS AFB	52	0	0	3	5	19	11	8	6
VANCE AFB	11	0	1	1	2	6	0	1	0
AIR FORCE TOTAL	420	34	19	44	36	84	56	46	16

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Table 6. Percent of Service Members Satisfied with the IDES Experience (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
ELMENDORF AFB	74%			0%	80%	67%	100%	67%	100%
ANDREWS AFB	47%	71%	41%	38%	60%	52%	62%	47%	75%
TRAVIS AFB	56%			100%	60%	47%	73%	38%	50%
MACDILL AFB	70%		100%			70%	63%	100%	
NELLIS AFB	64%			80%	50%	62%	70%	57%	
VANCE AFB	55%		0%	100%	100%	33%		100%	
AF AVERAGE	53%	71%	42%	48%	64%	55%	69%	54%	69%

Table 7. Percent of Service Members Satisfied with IDES PEBLO Customer Service (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
ELMENDORF AFB	97%			100%	100%	100%	100%	82%	100%
ANDREWS AFB	79%	82%	82%	76%	80%	85%	86%	88%	100%
TRAVIS AFB	81%			100%	80%	79%	82%	75%	83%
MACDILL AFB	95%		100%			100%	88%	100%	
NELLIS AFB	90%			100%	100%	85%	82%	100%	
VANCE AFB	82%		100%	100%	50%	83%		100%	
AF AVERAGE	83%	82%	84%	82%	83%	87%	86%	89%	94%

Table 8. Percent of Service Members Satisfied with IDES MSC Customer Service (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
ANDREWS AFB	57%	43%	71%	61%	60%	63%	76%	75%	88%
TRAVIS AFB	81%			100%	60%	80%	82%	75%	67%
ELMENDORF AFB	76%			0%	80%	89%	100%	67%	50%
VANCE AFB	100%		100%	100%	100%	100%		100%	
MACDILL AFB	95%		100%			90%	100%	100%	
NELLIS AFB	82%			60%	100%	83%	80%	86%	
AF AVERAGE	67%	43%	74%	63%	69%	81%	83%	76%	75%

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Table 9. Percent of Service Members Satisfied with IDES Fairness (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
ELMENDORF AFB	83%				100%	80%	100%	67%	100%
ANDREWS AFB	67%	77%	65%	87%	80%	76%	71%	73%	86%
TRAVIS AFB	67%			100%	75%	67%	73%	38%	83%
VANCE AFB	82%		100%	100%	50%	83%		100%	
NELLIS AFB	79%			60%	50%	77%	90%	100%	
MACDILL AFB	74%		100%			100%	50%	0%	
AF AVERAGE	70%	77%	68%	68%	76%	79%	74%	68%	86%

MEB Survey Comments by IDES Location

Elmendorf AFB

- No comments.

Andrews AFB

- [My] health doctor was horrible.
- I only met with her [VA MSC] once. They [VA MSC] said everything went through the PEBLO. The PEBLO was the one who kept me informed.

Nellis AFB

- No comments.

Travis AFB

- They were going through a staff change and became disorganized. [I was] unable to enter Pilot program due to [a] staff change at Travis Air Force space. New person coming in to Pilot program was uncertain how to do her job. After several weeks the PEBLO came in somewhat dissatisfied and got me into Travis Air Force space. As far as the Pilot program, it's impossible for me to judge because my VA was in Travis or McClellan Airpark VA.
- Since entering the program my providers jumped the gun. There was no testing done. My PEBLO was friendly and professional, however, she did not keep me informed about what was going on with

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my case and could not answer any of my questions. The VA MSC has been very helpful to me.

- [I'm] being treated by civilians because of my rare condition and [I] live in a rural location.
- VA never could get it going [referring to case management]. PEBLO made things work.
- Info is in there [IDES brochure], but there is too much fine print. You want to make sure you read it carefully.

PEB RESULTS

Between January 1, 2008, and December 31, 2010, 195 Air Force participants completed the PEB survey and completed the PEB Phase. Table 10 compares the number of Air Force PEB survey participants to participants from the other Military Services and all DoD.

Table 10. PEB Survey Participants by Military Service (Cumulative Results)

<u>Service</u>	<u>Survey Count</u>
Army	1,421
Air Force	195
Navy	457
Marines	650
DoD Total	2,723

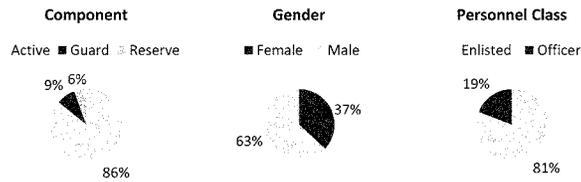
Table 11 lists the proportion of PEB survey participants by IDES Location and Figure 7 shows the demographic breakdown of participants by component, gender, and personnel class.

Table 11. Percent of PEB Survey Participants by IDES Location

<u>IDES Location</u>	<u>Percent of Participants</u>
ANDREWS AFB	77%
TRAVIS AFB	7%
ELMENDORF AFB	6%
NELLIS AFB	5%
VANCE AFB	3%
MACDILL AFB	3%


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Figure 7. PEB Survey Participant Demographics



Performance Over Time

The following tables (Tables 12-16) depict the counts of survey participants who completed the PEB phase and percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, MSC Customer Service, and Fairness by IDES Location. Each table presents results cumulatively, and by quarter of PEB Phase completion. Lists of the items that comprise each PEB survey composite are provided in Appendix C. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October - December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 12. Counts of Survey Participants Who Completed PEB Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
ANDREWS AFB	149	18	19	14	15	21	10	6	3
ELMENDORF AFB	12	0	0	0	0	3	4	5	0
MACDILL AFB	5	0	0	0	1	0	4	0	0
NELLIS AFB	10	0	0	0	3	5	2	0	0
TRAVIS AFB	13	0	0	0	1	1	7	3	1
VANCE AFB	6	0	0	0	0	5	1	0	0
AIR FORCE TOTAL	195	18	19	14	20	35	28	14	4

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Table 13. Percent of Service Members Satisfied with the IDES Experience (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
ANDREWS AFB	50%	56%	63%	43%	40%	62%	60%	33%	100%
TRAVIS AFB	85%				100%	100%	86%	100%	0%
ELMENDORF AFB	75%					67%	75%	80%	
NELLIS AFB	70%				67%	60%	100%		
MACDILL AFB	60%				0%		75%		
VANCE AFB	50%					60%	0%		
AF AVERAGE	55%	56%	63%	43%	45%	63%	71%	64%	75%

Table 14. Percent of Service Members Satisfied with IDES PEBLO Customer Service (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
ANDREWS AFB	72%	83%	79%	86%	67%	76%	80%	50%	100%
TRAVIS AFB	85%				100%	100%	86%	100%	0%
ELMENDORF AFB	100%					100%	100%	100%	
NELLIS AFB	100%				100%	100%	100%		
MACDILL AFB	80%				0%		100%		
VANCE AFB	67%					80%	0%		
AF AVERAGE	76%	83%	79%	86%	70%	83%	86%	79%	75%

Table 15. Percent of Service Members Satisfied with IDES MSC Customer Service (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
ANDREWS AFB	68%	56%	68%	83%	71%	67%	90%	50%	100%
TRAVIS AFB	83%				100%	100%	88%	100%	0%
VANCE AFB	100%					100%	100%		
ELMENDORF AFB	92%					100%	75%	100%	
NELLIS AFB	80%				67%	80%	100%		
MACDILL AFB	60%				0%		75%		
AF AVERAGE	72%	56%	68%	83%	68%	77%	86%	77%	75%

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Table 16. Percent of Service Members Satisfied with IDES Fairness (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
TRAVIS AFB	92%				100%	100%	86%	100%	100%
ANDREWS AFB	72%	72%	84%	79%	60%	76%	90%	67%	100%
ELMENDORF AFB	75%					67%	100%	60%	
NELLIS AFB	70%				67%	60%	100%		
VANCE AFB	67%					80%	0%		
MACDILL AFB	60%				0%		75%		
AF AVERAGE	73%	72%	84%	79%	60%	74%	86%	71%	100%

PEB Survey Comments by IDES Location

- No comments were provided by Air Force PEB survey participants in the most recent quarter (Oct – Dec 2010).



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TRANSITION RESULTS

Between January 1, 2008, and December 31, 2010, 158 Air Force participants completed the Transition survey and completed the Transition Phase. Table 17 compares the number of Air Force Transition survey participants to participants from the other Military Services and all DoD.

Table 17. Transition Survey Participants by Military Service (Cumulative Results)

Service	Survey Count
Army	1,099
Air Force	158
Navy	342
Marines	439
DoD Total	2,038

Table 18 lists the proportion of Transition survey participants by IDES Location and Figure 8 shows the demographic breakdown of participants by component, gender, and personnel class.

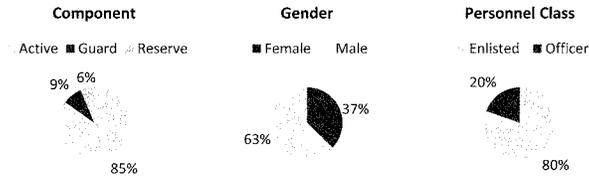
Table 18. Percent of Transition Survey Participants by IDES Location

IDES Location	Percent of Participants
ANDREWS AFB	78%
ELMENDORF AFB	6%
TRAVIS AFB	5%
NELLIS AFB	5%
VANCE AFB	4%
MACDILL AFB	3%

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Figure 8. Transition Survey Participant Demographics



Performance Over Time

The following tables (Tables 19-22) depict the counts of survey participants who completed the Transition phase and percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, and MSC Customer Service by IDES Location. Each table presents results cumulatively, and by quarter of Transition Phase completion. Lists of the items that comprise each Transition survey composite are provided in Appendix D. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October - December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 19. Counts of Survey Participants Who Completed Transition Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
ANDREWS AFB	74	6	8	8	11	7	13	3	2
ELMENDORF AFB	4	0	0	0	0	0	0	4	0
MACDILL AFB	4	0	0	0	0	1	0	3	0
NELLIS AFB	7	0	0	0	1	1	3	2	0
TRAVIS AFB	6	0	0	0	0	0	2	2	2
VANCE AFB	3	0	0	0	0	0	1	2	0
AIR FORCE TOTAL	98	6	8	8	12	9	19	16	4

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Table 20. Percent of Service Members Satisfied with the IDES Experience (Transition)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
TRAVIS AFB	83%						100%	50%	100%
ANDREWS AFB	49%	67%	50%	63%	45%	29%	54%	67%	50%
NELLIS AFB	86%				100%	100%	67%	100%	
ELMENDORF AFB	75%							75%	
VANCE AFB	67%						100%	50%	
MACDILL AFB	50%					0%		67%	
AF AVERAGE	55%	67%	50%	63%	50%	33%	63%	69%	75%

Table 21. Percent of Service Members Satisfied with IDES PEBLO Customer Service (Transition)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
TRAVIS AFB	83%						100%	100%	50%
ANDREWS AFB	58%	67%	86%	50%	64%	57%	62%	33%	50%
ELMENDORF AFB	100%							100%	
NELLIS AFB	86%				100%	100%	67%	100%	
VANCE AFB	67%						100%	50%	
MACDILL AFB	50%					0%		67%	
AF AVERAGE	63%	67%	86%	50%	67%	56%	68%	75%	50%

Table 22. Percent of Service Members Satisfied with MSC Customer Service (Transition)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
TRAVIS AFB	100%						100%	100%	100%
ANDREWS AFB	66%	60%	38%	88%	70%	71%	75%	33%	50%
ELMENDORF AFB	100%							100%	
NELLIS AFB	100%				100%	100%	100%	100%	
VANCE AFB	67%						100%	50%	
MACDILL AFB	50%					0%		67%	
AF AVERAGE	71%	60%	38%	88%	73%	67%	83%	75%	67%

**IDES Customer Satisfaction Quarterly Report****Transition Survey Comments by IDES Location***Andrews AFB*

- My PEBLO had no clue because she was new. She was not given proper training before taking on the assignment as a PEBLO. As far as the PEB process, I find it difficult to understand how they can make a decision about your condition without examining you. [They] are using a standardized computer printout asking questions to come up with your findings.

Elmendorf AFB

- No comments.

Nellis AFB

- No comments.

Travis AFB

- No comments.

Vance AFB

- No comments.



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APPENDIX A

Appendix A provides an overview of IDES survey composites created across the MEB, PEB, and Transition surveys. Tables 23-26 list the items that comprise each survey composite reported in the Service Results section of the report.

Table 23. IDES Experience Composite Map (12 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	24.	How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?
MEB	25.	How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?
MEB	26.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
MEB	27.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation System Pilot process?
PEB	17.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Physical Evaluation Board phase of the Pilot process?
PEB	18.	How satisfied or dissatisfied were you with the <u>overall Physical Evaluation Board phase</u> of determining your retention status in the military?
PEB	19.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
PEB	20.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?
TRANS	19.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Transition phase of the Pilot process?
TRANS	20.	How satisfied or dissatisfied were you with the <u>overall Transition phase</u> after determination of your retention status in the military?
TRANS	21.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
TRANS	22.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

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Table 24. IDES Fairness Composite Map (7 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	10.	You believe the Medical Evaluation Board <u>process</u> was fair.
MEB	11.	In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.
PEB	1.	You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.
PEB	3.	You believe the Physical Evaluation Board process was fair.
PEB	4.	In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.
PEB	5.	You believe your informal Physical Evaluation Board rating was appropriate for your conditions.
PEB	6.	You believe your formal Physical Evaluation Board rating was appropriate for your conditions.



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Table 25. IDES PEBLO Customer Satisfaction Composite Map (22 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	12a.	The PEBLO explained the <u>overall</u> Disability Evaluation Pilot process in a way you could understand.
MEB	12b.	The PEBLO explained the <u>Medical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	12c.	The PEBLO explained the <u>Physical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	13a.	The PEBLO provided timely service.
MEB	13b.	The PEBLO kept you well informed about the status of your case.
MEB	13c.	The PEBLO was attentive to your needs.
MEB	13d.	The PEBLO was courteous in providing service.
MEB	13e.	The PEBLO had your best interests in mind.
MEB	14.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
MEB	15.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?
PEB	7.	During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.
PEB	8a.	The PEBLO provided timely service.
PEB	8b.	The PEBLO kept you well informed about the status of your case.
PEB	8c.	The PEBLO was attentive to your needs.
PEB	8d.	The PEBLO was courteous in providing service.
PEB	8e.	The PEBLO had your best interests in mind.
PEB	9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
PEB	10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?
TRANS	9.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.
TRANS	10.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.
TRANS	11.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
TRANS	12.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

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Table 26. IDES MSC Customer Satisfaction Composite Map (21 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	16a.	The VA MSC provided timely service.
MEB	16b.	The VA MSC kept you well informed about the status of your case.
MEB	16c.	The VA MSC was attentive to your needs.
MEB	16d.	The VA MSC was courteous in providing service.
MEB	16e.	The VA MSC had your best interests in mind.
MEB	17.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
MEB	18.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?
PEB	11a.	The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.
PEB	11b.	The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.
PEB	11c.	The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.
PEB	12a.	The VA MSC provided timely service.
PEB	12b.	The VA MSC kept you well informed about the status of your case.
PEB	12c.	The VA MSC was attentive to your needs.
PEB	12d.	The VA MSC was courteous in providing service.
PEB	12e.	The VA MSC had your best interests in mind.
PEB	13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
PEB	14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to <u>your family</u> ?
TRANS	13.	During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.
TRANS	14.	During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.
TRANS	15.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
TRANS	16.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>your family</u> ?

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APPENDIX B

Appendix B contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES MEB Phase. Tables 27-30 list the items that comprise each survey composite reported in the MEB section of the report. Table 31 presents results by survey item for data collected in the most recent quarter (October – December 2010).

Table 27. MEB Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	24.	How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?
MEB	25.	How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?
MEB	26.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
MEB	27.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation System Pilot process?

Table 28. MEB Fairness Composite Map (2 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	10.	You believe the Medical Evaluation Board <u>process</u> was fair.
MEB	11.	In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.

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Table 29. MEB PEBLO Customer Satisfaction Composite Map (9 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	12a.	The PEBLO explained the <u>overall</u> Disability Evaluation Pilot process in a way you could understand.
MEB	12b.	The PEBLO explained the <u>Medical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	12c.	The PEBLO explained the <u>Physical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	13a.	[The PEBLO] provided timely service.
MEB	13b.	[The PEBLO] kept you well informed about the status of your case.
MEB	13c.	[The PEBLO] was attentive to your needs.
MEB	13d.	[The PEBLO] was courteous in providing service.
MEB	13e.	[The PEBLO] had your best interests in mind.
MEB	14.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
MEB	15.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

Table 30. MEB MSC Customer Satisfaction Composite Map (7 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	16a.	[The VA MSC] provided timely service.
MEB	16b.	[The VA MSC] kept you well informed about the status of your case.
MEB	16c.	[The VA MSC] was attentive to your needs.
MEB	16d.	[The VA MSC] was courteous in providing service.
MEB	16e.	[The VA MSC] had your best interests in mind.
MEB	17.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
MEB	18.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?

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Table 31. MEB Survey Item Results

Question as it Appears on the Survey	Yes	No	Don't remember	Did not receive the brochure
1. Did you read the brochure that explains the Disability Evaluation System Pilot process?	81%	19%		
Question as it Appears on the Survey	Yes	No	Don't remember	
2. Was the Pilot process brochure easy to understand?	100%	0%		
3. Was the information in the Pilot process brochure helpful to you?	92%	8%		
4. Were you informed of your right to legal counsel during the Disability Evaluation System Pilot process?	92%	8%		
5. Do you know the name of the Physical Evaluation Board Liaison Officer (also known as the PEBLO) who was assigned by the military to manage your case?	100%	0%		
6. Do you know the name of the Veterans Affairs Military Services Coordinator (also known as the VA MSC) who was assigned to manage your case?	79%	21%		
19. During the Medical Evaluation Board phase of your case, did the VA Military Services Coordinator managing your case ever mention the VA's role in the Disability Evaluation System Pilot process?	92%	8%		
20. Did the VA Military Services Coordinator managing your case explain the VA's role in the Disability Evaluation System Pilot process in a way you could understand?	100%	0%		
21. During the Medical Evaluation Board phase of your case, did the VA Military Services Coordinator managing your case make sure you knew how to complete your VA disability claim?	64%	36%		
22. Did you receive medical care during the Medical Evaluation Board Phase of the Disability Evaluation System Pilot process?	80%	20%		

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Question as it Appears on the Survey	Strongly disagree	Disagree	Neither disagree nor agree		Strongly agree
			Agree	Agree	
7. The Disability Evaluation System Pilot medical exams associated with your VA disability were thorough.	0%	14%	14%	71%	0%
8. The doctor who conducted your VA disability medical exams was courteous.	0%	6%	6%	63%	25%
9. You had a chance to speak your mind during the Medical Evaluation Board phase of your case.	0%	7%	13%	60%	20%
10. You believe the Medical Evaluation Board process was fair.	0%	7%	14%	71%	7%
11. In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.	0%	0%	0%	86%	14%
12a. The PEBLO explained the overall Disability Evaluation Pilot process in a way you could understand.	0%	6%	0%	63%	31%
12b. The PEBLO explained the Medical Evaluation Board phase of the Pilot process in a way you could understand.	0%	0%	0%	75%	25%
12c. The PEBLO explained the Physical Evaluation Board phase of the Pilot process in a way you could understand.	0%	7%	7%	71%	14%
13a. The PEBLO provided timely service.	0%	6%	13%	56%	25%
13b. The PEBLO kept you well informed about the status of your case.	6%	6%	13%	56%	19%
13c. The PEBLO was attentive to your needs.	0%	6%	0%	69%	25%
13d. The PEBLO was courteous in providing service.	0%	0%	0%	69%	31%
13e. The PEBLO had your best interests in mind.	0%	7%	0%	73%	20%
16a. The VA MSC provided timely service.	0%	7%	7%	79%	7%
16b. The VA MSC kept you well informed about the status of your case.	0%	40%	13%	40%	7%
16c. The VA MSC was attentive to your needs.	0%	20%	13%	60%	7%
16d. The VA MSC was courteous in providing service.	0%	0%	7%	80%	13%
16e. The VA MSC had your best interests in mind.	0%	14%	0%	71%	14%

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Question as it Appears on the Survey	Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
14. During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	0%	6%	6%	13%	75%
15. During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	17%	0%	0%	0%	83%
17. During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	0%	20%	20%	13%	47%
18. During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?	50%	0%	0%	25%	25%
23. How satisfied or dissatisfied were you with the medical care you received during the Medical Evaluation Board phase of the Pilot process?	0%	25%	8%	50%	17%
24. How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?	0%	13%	13%	69%	6%
25. How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?	0%	20%	10%	50%	20%

Question as it Appears on the Survey	Very poor	Poor	A mix of poor and good	Good	Very good
26. How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	7%	27%	20%	33%	13%
27. How would you evaluate your overall experience since entering the Disability Evaluation System Pilot process?	0%	7%	27%	53%	13%



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APPENDIX C

Appendix C contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES PEB Phase. Tables 32-35 list the items that comprise each survey composite reported in the PEB section of the report. Table 36 presents results by survey item for data collected in the most recent quarter (October - December 2010).

Table 32. PEB Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	17.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Physical Evaluation Board phase of the Pilot process?
PEB	18.	How satisfied or dissatisfied were you with the <u>overall Physical Evaluation Board phase</u> of determining your retention status in the military?
PEB	19.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
PEB	20.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

Table 33. PEB Fairness Composite Map (5 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	1.	You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.
PEB	3.	You believe the Physical Evaluation Board process was fair.
PEB	4.	In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.
PEB	5.	You believe your informal Physical Evaluation Board rating was appropriate for your conditions.
PEB	6.	You believe your formal Physical Evaluation Board rating was appropriate for your conditions.

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Table 34. PEB PEBLO Customer Service Composite Map (8 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	7.	During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.
PEB	8a.	The PEBLO provided timely service.
PEB	8b.	The PEBLO kept you well informed about the status of your case.
PEB	8c.	The PEBLO was attentive to your needs.
PEB	8d.	The PEBLO was courteous in providing service.
PEB	8e.	The PEBLO had your best interests in mind.
PEB	9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
PEB	10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

Table 35. PEB MSC Customer Service Composite Map (10 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	11a.	The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.
PEB	11b.	The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.
PEB	11c.	The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.
PEB	12a.	The VA MSC provided timely service.
PEB	12b.	The VA MSC kept you well informed about the status of your case.
PEB	12c.	The VA MSC was attentive to your needs.
PEB	12d.	The VA MSC was courteous in providing service.
PEB	12e.	The VA MSC had your best interests in mind.
PEB	13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
PEB	14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to <u>your family</u> ?




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Table 36. PEB Survey Item Results

Question as it Appears on the Survey		Yes	No
15.	Did you receive medical care during the Physical Medical Evaluation Board Phase of the Disability Evaluation System?	75%	25%

Question as it Appears on the Survey		Very poor	Poor	A mix of poor and good	Good	Very good
19.	How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	0%	25%	25%	0%	50%
20.	How would you evaluate your overall experience since entering the Disability Evaluation Pilot process?	0%	0%	25%	25%	50%

Question as it Appears on the Survey		Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	0%	25%	0%	0%	75%
10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	0%	0%	0%	0%	100%
13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	0%	0%	33%	0%	67%
14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to your family?	0%	0%	0%	0%	100%

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Question as it Appears on the Survey	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
1. You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.	0%	0%	0%	75%	25%
2. You had a chance to speak your mind during the Physical Evaluation Board phase of your case.	0%	0%	0%	67%	33%
3. You believe the Physical Evaluation Board process was fair.	0%	0%	0%	100%	0%
4. In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.	0%	0%	0%	100%	0%
5. You believe your informal Physical Evaluation Board rating was appropriate for your conditions.	0%	50%	0%	50%	0%
6. You believe your formal Physical Evaluation Board rating was appropriate for your conditions.	0%	100%	0%	0%	0%
7. During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.	0%	25%	0%	50%	25%
8a. The PEBLO provided timely service.	0%	25%	0%	25%	50%
8b. The PEBLO kept you well informed about the status of your case.	0%	25%	0%	25%	50%
8c. The PEBLO was attentive to your needs.	0%	25%	0%	25%	50%
8d. The PEBLO was courteous in providing service.	0%	25%	0%	25%	50%
8e. The PEBLO had your best interests in mind.	0%	25%	0%	25%	50%
11a. The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.	33%	0%	0%	67%	0%
11b. The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.	25%	0%	0%	75%	0%
11c. The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.	0%	25%	0%	75%	0%
12a. The VA MSC provided timely service.	0%	0%	0%	100%	0%
12b. The VA MSC kept you well informed about the status of your case.	25%	0%	0%	50%	25%
12c. The VA MSC was attentive to your needs.	0%	0%	0%	100%	0%

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12d.	The VA MSC was courteous in providing service.	0%	0%	0%	100%	0%
12e.	The VA MSC had your best interests in mind.	0%	0%	0%	100%	0%
16.	How satisfied or dissatisfied were you with the medical care you received during the Physical Evaluation Board phase of the Pilot process?	0%	0%	0%	67%	33%
17.	How satisfied or dissatisfied were you with the management of your case during the Physical Evaluation Board phase of the Pilot process?	25%	0%	0%	50%	25%
18.	How satisfied or dissatisfied were you with the overall Physical Evaluation Board phase of determining your retention status in the military?	0%	0%	0%	75%	25%



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APPENDIX D

Appendix D contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES Transition Phase. Tables 37-39 demonstrate the decomposition of Transition survey composites reported in the Transition section of the report. Table 40 presents results by survey item for data collected in the most recent quarter (October - December 2010).

Table 37. Transition Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	19.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Transition phase of the Pilot process?
TRANS	20.	How satisfied or dissatisfied were you with the <u>overall Transition phase</u> after determination of your retention status in the military?
TRANS	21.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
TRANS	22.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

Table 38. Transition PEBLO Customer Satisfaction Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	9.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.
TRANS	10.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.
TRANS	11.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
TRANS	12.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

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Table 39. Transition MSC Customer Satisfaction Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	13.	During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.
TRANS	14.	During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.
TRANS	15.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
TRANS	16.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>your family</u> ?

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Table 40. Transition Survey Item Results

Question as it Appears on the Survey	Yes	No
1. Did you have legal counsel available to you throughout the Disability Evaluation System Pilot process?	0%	0%
2. Did you use legal counsel to represent you at any point during the Disability Evaluation System Pilot process?	0%	0%
17. Did you receive medical care during the Transition phase of the Disability Evaluation System Pilot process?	75%	25%

Question as it Appears on the Survey	Very poorly	Poorly	Neither poorly nor well	Well	Very well
3. How well did your legal counsel represent you during the Disability Evaluation System Pilot process?	0%	0%	0%	0%	0%

Question as it Appears on the Survey	Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
11. During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	0%	33%	33%	0%	33%
12. During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	0%	0%	0%	0%	0%
15. During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	0%	0%	50%	0%	50%
16. During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?	0%	0%	0%	0%	0%

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Question as it Appears on the Survey	Very Dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
4. How satisfied or dissatisfied were you with the 3-day Transition Assistance Program (also known as TAP) you attended during the Transition phase?	0%	0%	0%	100%	0%
5. How satisfied or dissatisfied were you with the 1/2-day Disability Transitional Assistance Program (also known as DTAP) you attended during the Transition phase?	0%	50%	0%	0%	50%
6. You better understand your options with the Vocational Rehabilitation and Employment Program (VR&E) since entering the Disability Transition Assistance Program.	0%	0%	0%	100%	0%
7. You feel better prepared to transition into the civilian job market since attending the Transition Assistance Program.	0%	25%	0%	50%	25%
8. You had a chance to speak your mind during the Transition phase of your case.	0%	0%	0%	75%	25%
9. During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.	0%	0%	0%	100%	0%
10. During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.	0%	0%	50%	50%	0%
13. During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.	0%	33%	33%	33%	0%
14. During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.	25%	25%	0%	50%	0%
18. How satisfied or dissatisfied were you with the medical care you received during the Transition phase of the Pilot process?	0%	0%	0%	50%	50%
19. How satisfied or dissatisfied were you with the management of your case during the Transition phase of the Pilot process?	0%	33%	0%	33%	33%
20. How satisfied or dissatisfied were you with the overall Transition phase after determination of your retention status in the military?	0%	0%	0%	67%	33%

Question as it Appears on the Survey	Very poor	Poor	A mix of poor and good	Good	Very good
21. How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	25%	0%	50%	25%	0%
22. How would you evaluate your overall experience since entering the Disability Evaluation Pilot process?	0%	25%	50%	25%	0%

INTEGRATED DISABILITY EVALUATION
SYSTEM (IDES) PROGRAM

IDES CUSTOMER SATISFACTION QUARTERLY REPORT

U.S. NAVY

OCTOBER 1 – DECEMBER 31, 2010



Department of Defense, Office of the Under Secretary for Personnel and Readiness –
Office of Wounded Warrior Care and Transition Policy (OUSD P&R WWCTP)



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IDES Customer Satisfaction Quarterly Report

INTRODUCTION

The Integrated Disability Evaluation System (IDES) Customer Satisfaction Report provides insight into Service member perceptions of their IDES experience, fairness of process, and stakeholder customer service. The Defense Manpower Data Center (DMDC) administers these voluntary surveys to IDES participants at the completion of the three major phases of the IDES process: the Medical Evaluation Board (MEB), the Physical Evaluation Board (PEB), and the Transition Phase just prior to return to duty or transition to veteran status. To maintain participant confidentiality, all individual Service member responses are confidential and are collected only for the purpose of evaluating the IDES program. Data linking individual participants to their responses are not released.

The report contains four major sections: Overall Results, MEB, PEB and Transition. Each section provides the number of survey participants, satisfaction across four survey composites, and qualitative survey comments. The Overall Results section compares Navy satisfaction levels to members of the other Military Services and to all DoD respondents. The MEB, PEB and Transition sections of the report provide comparisons among Navy IDES locations.

The survey composites mentioned above are formed from related survey items and were validated through a factor analysis. These composites are identified as: IDES Experience, Fairness, Physical Evaluation Board Liaison Officer (PEBLO) Customer Service, and VA Military Service Coordinator (MSC) Customer Service. The composites and their constituent survey items are provided in Appendices A-D.

DoD and VA established an IDES performance goal in which 80% of Service members surveyed have an average composite satisfaction score greater than 3.0 on a five-point standard questionnaire Likert scale. This metric is reported in the MEB, PEB and Transition sections by IDES location over the last eight quarters. Results for the quarters during which IDES locations met the percent-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Lastly, qualitative comments provided by Service members between October 1, 2010, and December 31, 2010, are provided by IDES location in the MEB, PEB and Transition sections of the reports. These comments provide a better understanding of Service members' personal experiences and perceptions of the IDES process and how they might relate to IDES program performance.

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SERVICE RESULTS

Sailors completed 1,754 IDES surveys between January 1, 2008, and December 31, 2010. Service members may complete up to three surveys (MEB, PEB, or Transition survey) as they progress through the IDES process. Table 1 compares Navy survey counts to survey completions in other Military Services across DoD.

Table 1. Survey Completions by Military Service (Cumulative Results)

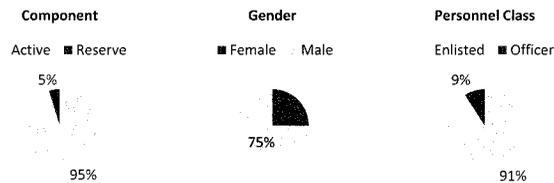
Service	Survey Count
Army	5,439
Air Force	778
Navy	1,754
Marines	2,418
DoD Total	10,389

Performance Over Time

In the following section, Service members who completed at least one survey (MEB, PEB, or Transition) are grouped by the quarter of their most recent phase completion to better understand IDES satisfaction trends over time. For example, a survey participant who completed the PEB phase and is currently enrolled in the IDES process is grouped by the quarter the Service member completed the PEB phase.

Since January 2008, 943 Service members in the Navy completed at least one survey (MEB, PEB, or Transition). Figure 1 presents respondent demographics by component, gender, and personnel class and Table 2 provides counts of survey participants by the quarter of their most recent phase completion.

Figure 1. Demographics of Survey Participants



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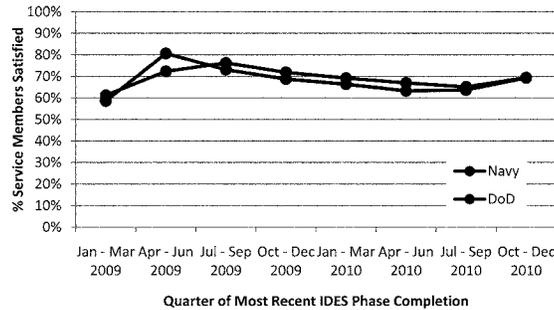
Table 2. Count of Survey Participants

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
NAVY	943	29	31	67	96	110	128	248	189
DOD	5,611	134	160	299	469	607	880	1,552	1,318

IDES Experience

Figure 2 compares DoD and Navy average satisfaction with IDES experience by quarter of most recent phase completion. Consistent with trends in satisfaction DoD-wide, Navy satisfaction increased from 64% in July – September 2009 to 69% in the most recent quarter. Prior to the quarter ending in December 2010, Navy satisfaction trended slightly lower than the DoD average since July 2009. The IDES experience composite (Appendix A, Table 23) is comprised of 12 items across the MEB, PEB and Transition surveys.

Figure 2. Service Member Satisfaction with the IDES Experience



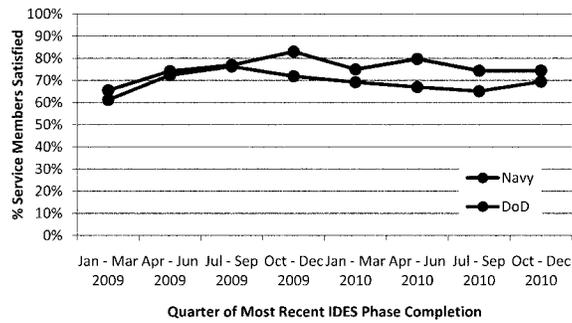
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IDES Fairness

Figure 3 compares DoD and Navy average satisfaction with IDES fairness by quarter of most recent phase completion. Navy satisfaction remained unchanged in the most recent quarter with 74% of Service members indicated they were satisfied with fairness. Although the gap is narrowing, Navy satisfaction has trended consistently higher than the DoD average since October 2009. The IDES fairness composite (Appendix A, Table 24) is comprised of 7 items across the MEB and PEB surveys.

Figure 3. Service Member Satisfaction with IDES Fairness



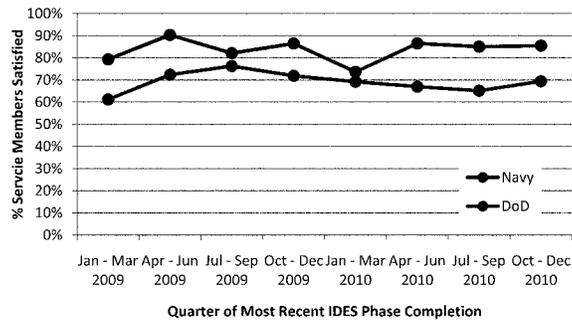
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IDES PEBLO Customer Service

Figure 4 compares DoD and Navy average satisfaction with IDES PEBLO customer service by quarter of most recent phase completion. Navy satisfaction remained unchanged in the most recent quarter with 85% of Service members indicating they are satisfied with PEBLO customer service. Navy satisfaction has trended consistently higher than the DoD average since January 2009. The IDES PEBLO customer service composite (Appendix A, Table 25) is comprised of 22 items across the MEB, PEB, and Transition surveys.

Figure 4. Service Member Satisfaction with IDES PEBLO Customer Service



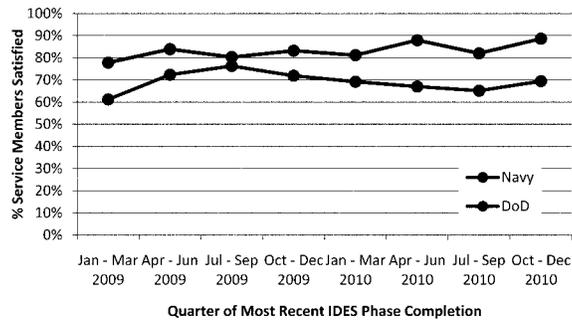
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IDES MSC Customer Service

Figure 5 compares DoD and Navy average satisfaction with IDES MSC customer service by quarter of most recent phase completion. Navy satisfaction increased from 82% in July – September 2010 to 89% in the most recent quarter. Navy satisfaction has trended consistently higher than the DoD average since January 2009. The IDES MSC customer service composite (Appendix A, Table 26) is comprised of 21 items across the MEB, PEB, and Transition surveys.

Figure 5. Service Member Satisfaction with IDES MSC Customer Service



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MEB RESULTS

Between January 1, 2008, and December 31, 2010, 942 Navy participants completed the MEB survey and the MEB Phase. Table 3 compares the number of Navy MEB survey participants to participants from the other Military Services and all DoD.

Table 3. MEB Survey Participants by Military Service (Cumulative Results)

Service	Survey Count
Army	2,919
Air Force	420
Navy	942
Marines	1,329
DoD Total	5,610

Table 4 lists the proportion of MEB survey participants by IDES Location and Figure 6 shows the demographic breakdown of participants by component, gender, and personnel class.

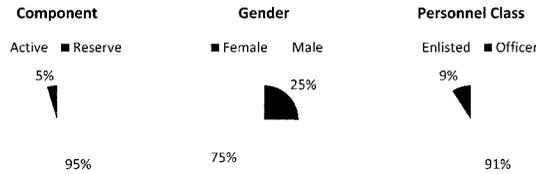
Table 4. Percent of MEB Survey Participants by IDES Location

IDES Location	Percent of Participants
SAN DIEGO NMC	52%
BETHESDA NNMC	23%
PORTSMOUTH NMC	8%
BREMERTON NH	8%
CAMP PENDLETON	6%
CAMP LEJEUNE NH	3%

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Figure 6. MEB Survey Participant Demographics



Performance Over Time

The following tables (Tables 5-9) depict the counts of survey participants who completed the MEB phase and the percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, MSC Customer Service, and Fairness by IDES Location. Each table presents results cumulatively, and by quarter of MEB Phase completion. Lists of the items that comprise the MEB survey composites are provided in Appendix B. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October - December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 5. Counts of Survey Participants Who Completed the MEB Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
BETHESDA NMC	213	28	32	17	19	15	14	13	6
BREMERTON NH	71	0	8	10	13	16	13	10	1
CAMP LEJEUNE NH	33	0	2	6	6	8	4	6	1
CAMP PENDLETON	61	0	7	29	8	7	8	2	0
PORTSMOUTH NMC	78	0	0	0	0	0	11	43	24
SAN DIEGO NMC	486	39	59	91	64	52	69	71	41
NAVY TOTAL	942	67	108	153	110	98	119	145	73

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Table 6. Percent of Service Members Satisfied with the IDES Experience (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
BETHESDA NMMC	66%	57%	69%	65%	79%	67%	50%	62%	83%
SAN DIEGO NMC	66%	69%	71%	64%	64%	60%	58%	68%	78%
PORTSMOUTH NMC	71%						73%	72%	67%
BREMERTON NH	69%		75%	70%	62%	73%	55%	50%	0%
CAMP LEJEUNE NH	48%		0%	50%	67%	50%	50%	50%	0%
CAMP PENDLETON	59%		71%	69%	50%	43%	38%	50%	
NAVY AVERAGE	65%	64%	69%	65%	65%	61%	60%	66%	73%

Table 7. Percent of Service Members Satisfied with IDES PEBLO Customer Service (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
BREMERTON NH	93%		75%	90%	100%	64%	92%	100%	100%
CAMP LEJEUNE NH	73%		50%	81%	67%	63%	100%	67%	100%
PORTSMOUTH NMC	95%						100%	98%	88%
SAN DIEGO NMC	79%	66%	85%	79%	75%	79%	81%	80%	97%
BETHESDA NMMC	87%	78%	84%	94%	95%	87%	100%	100%	83%
CAMP PENDLETON	85%		100%	83%	75%	71%	100%	100%	
NAVY AVERAGE	83%	71%	84%	82%	81%	81%	89%	88%	87%

Table 8. Percent of Service Members Satisfied with IDES MSC Customer Service (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
BREMERTON NH	91%		100%	80%	82%	94%	92%	90%	100%
CAMP LEJEUNE NH	90%		0%	83%	100%	100%	100%	100%	100%
BETHESDA NMMC	77%	63%	79%	81%	79%	86%	83%	69%	100%
PORTSMOUTH NMC	88%						70%	58%	98%
SAN DIEGO NMC	81%	81%	85%	77%	79%	81%	55%	74%	87%
CAMP PENDLETON	90%		85%	93%	63%	100%	100%	100%	
NAVY AVERAGE	82%	74%	84%	81%	81%	87%	87%	80%	92%

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Table 9. Percent of Service Members Satisfied with IDES Fairness (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
CAMP LEJEUNE NH	77%		0%	100%	100%	50%	100%	67%	100%
SAN DIEGO NMC	73%	73%	83%	67%	77%	73%	71%	71%	75%
BETHESDA NMMC	71%	62%	70%	87%	67%	77%	75%	77%	75%
PORTSMOUTH NMC	78%						73%	83%	73%
BREMERTON NH	73%		57%	60%	77%	80%	85%	75%	0%
CAMP PENDLETON	68%		86%	77%	57%	14%	86%	50%	
NAVY AVERAGE	73%	69%	76%	72%	75%	69%	75%	74%	73%



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MEB Survey Comments by IDES Location

Bethesda NNMC

- [Thoroughness of medical exam] depends upon the doc. [I] had [a] 2 hour appointment [that] lasted 15 minutes. [It] seemed scripted.
- Some exams were [thorough] & some weren't.
- [I was] satisfied with the PEBLO, but not with the doctors.

Bremerton NH

- At appointments [we] weren't treated as human. No common courtesy and [doctors were] not listening to me. [The] general practitioner was in a hurry. Some were really good.

Camp Lejeune NH

- No comments.

Portsmouth NMC

- DoD side not satisfied. VA side very satisfied.
- If it [IDES brochure] would have been more detailed [it] would have been better.
- One of the biggest problems I had was that I had to pay my own money to drive 40 miles for just an ear check that lasted 5 minutes. All they did is put a scope in my ear. Another thing is the appointments are one after another. It's hard to find a ride that quickly every single day.
- [It was a] great program when it started. Every person I met was good to me. Hope the process [will] continue to be good.
- [I] would like to know more about where my case is and if it has been reviewed. My PEBLO and VA MSC were pretty good. I like the fact that I will know my rating when I get out instead of waiting once I'm out.

San Diego NMC

- It would [be] nice to be kept appraised of timelines instead of being left in the dark. If you are trying to get resumes/residence it would be nice to know the timelines.
- My MEBLO was great. I had a MEBLO, but not a PEBLO.
- [Of the] 4 doctors I had, 2 were not courteous and 2 were neutral. I haven't received [my



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outcome] yet. They lost paperwork - resubmitted paperwork.

- I did not have a PEBLO.
- I did not have a VA MSC assigned. I don't know who it is.
- The Department of Defense is very disorganized, substandard and just typical Department of Defense. The VA was wonderful and does a good job. My PEBLO is a good person, but is just over worked. She has no time.
- [Process] took longer than expected time.
- Just stressful not knowing what's going to happen next. Everyone has been helpful, but just not knowing what's going on is what makes it very stressful.
- VA was great, PEBLO did his job, but the case manager was trash. He took four months to do something that should have only taken one month.
- [I] was hurting all the time [and] felt shoved around. PEBLO helped out when he could. VA MSC was not helpful at all. [I fell] down the stairs; VA MSC did not acknowledge [my] ankle problem [and] said instead that [I] had a shoulder problem. [My] paperwork could not be found half the time.
- My MEBLO was great. I had a MEBLO but not a PEBLO.
- [The IDES brochure] gives a broad spectrum of what you are going through; really doesn't help the Service member. [My] exam was thorough.
- [Timeliness was] fair.
- I like the program. My issue is that the people in charge of the program don't communicate with the Service members unless the Service member contacts them. The timeline is off as well.

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PEB RESULTS

Between January 1, 2008, and December 31, 2010, 457 Navy participants completed the PEB survey and the PEB Phase. Table 10 compares the number of Navy PEB survey participants to participants from the other Military Services and all DoD.

Table 10. PEB Survey Participants by Military Service (Cumulative Results)

Service	Survey Count
Army	1,421
Air Force	198
Navy	457
Marines	650
DoD Total	2,726

Table 11 lists the proportion of PEB survey participants by IDES Location and Figure 7 shows the demographic breakdown of participants by component, gender, and personnel class.

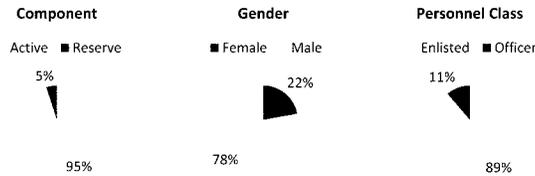
Table 11. Percent of PEB Survey Participants by IDES Location

IDES Location	Percent of Participant
SAN DIEGO NMC	51%
BETHESDA NMMC	30%
CAMP PENDLETON	9%
BREMERTON NH	5%
CAMP LEJEUNE NH	3%
PORTSMOUTH NMC	3%

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Figure 7. PEB Survey Participant Demographics



Performance Over Time

The following tables (Tables 12-16) depict the counts of survey participants who completed the PEB phase and percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, MSC Customer Service, and Fairness by IDES Location. Each table presents results cumulatively, and by quarter of PEB Phase completion. Lists of the items that comprise each PEB survey composite are provided in Appendix C. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October – December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 12. Counts of Survey Participants Who Completed the PEB Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
BETHESDA NMC	133	12	16	21	6	5	11	12	0
BREMERTON NH	21	0	1	4	1	5	8	2	0
CAMP LEJEUNE NH	13	0	0	0	2	4	6	1	0
CAMP PENDLETON	40	0	0	7	15	7	6	5	0
PORTSMOUTH NMC	13	0	0	0	0	0	0	6	7
SAN DIEGO NMC	231	5	13	37	40	41	33	49	13
NAVY TOTAL	451	17	30	69	64	62	64	75	20

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Table 13. Percent of Service Members Satisfied with the IDES Experience (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
PORTSMOUTH NMC	85%							83%	98%
SAN DIEGO NMC	69%	20%	85%	76%	68%	68%	67%	67%	69%
BREMERTON NH	76%		100%	50%	100%	60%	88%	100%	
CAMP PENDLETON	68%			100%	67%	86%	33%	40%	
BETHESDA NMMC	64%	42%	44%	71%	83%	60%	64%	67%	
CAMP LEJEUNE NH	62%				100%	50%	50%	100%	
NAVY AVERAGE	68%	35%	63%	75%	70%	68%	64%	68%	75%

Table 14. Percent of Service Members Satisfied with IDES PEBLO Customer Service (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
PORTSMOUTH NMC	100%							100%	100%
SAN DIEGO NMC	77%	20%	82%	70%	75%	76%	73%	95%	85%
BREMERTON NH	95%		100%	100%	100%	80%	100%	100%	
CAMP LEJEUNE NH	65%				100%	100%	83%	0%	
BETHESDA NMMC	83%	83%	63%	90%	83%	100%	100%	80%	
CAMP PENDLETON	83%			100%	80%	100%	67%	60%	
NAVY AVERAGE	81%	65%	77%	81%	78%	82%	81%	87%	90%

Table 15. Percent of Service Members Satisfied with IDES MSC Customer Service (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
PORTSMOUTH NMC	92%							83%	100%
SAN DIEGO NMC	87%	60%	92%	81%	85%	95%	91%	92%	92%
CAMP PENDLETON	97%			100%	100%	100%	100%	80%	
BREMERTON NH	90%		100%	100%	100%	80%	88%	100%	
CAMP LEJEUNE NH	85%				50%	100%	83%	100%	
BETHESDA NMMC	78%	58%	60%	65%	50%	83%	82%	83%	
NAVY AVERAGE	85%	59%	76%	85%	84%	87%	89%	89%	95%

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Table 16. Percent of Service Members Satisfied with IDES Fairness (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
SAN DIEGO NMC	82%	20%	92%	84%	80%	76%	91%	76%	82%
PORTSMOUTH NMC	62%							50%	71%
CAMP PENDLETON	78%			88%	87%	88%	50%	60%	
BREMERTON NH	71%		100%	75%	100%	60%	63%	100%	
BETHESDA NMC	71%	67%	69%	76%	67%	80%	64%	67%	
CAMP LEJEUNE NH	69%				100%	50%	80%	0%	
NAVY AVERAGE	77%	53%	80%	81%	86%	74%	78%	71%	63%

PEB Survey Comments by IDES Location

Portsmouth NMC

- People did what they had to do in the proper time frame. [My] paperwork got lost in the old system [and I] was transferred to pilot system.

San Diego NMC

- I would recommend the PEBLO would get more involved. They should provide more updates once the package is sent.
- I knew the pilot program took a long time. I suggest they improve by letting the service member know what is going on by calling them.
- The only way you can tell your side of the story is to go before an evaluation board in Wash, DC. Everything else is before a doctor. My evaluation took place at Balboa, in San Diego. Based on the caseloads I saw it seemed that there should be more staff helping. Takes too long to process caseloads. [I] did not receive status updates. All he did [PEBLO] was pass the paperwork along. Caseloads are heavy. Returning [Service members] are subjected to long waiting period. There needs to be more support from the VA & the military itself. [I have] been going through process for 2 yrs. [My] file was lost when the process first started. More people are needed on the job to process cases. Toward the end things got better.
- Liaison person: problem with order expiring. [Need a] better liaison between personnel commands & medical system. Try to eliminate gaps in orders.



TRANSITION RESULTS

Between January 1, 2008, and December 31, 2010, 342 Navy participants completed the Transition survey and the Transition Phase. Table 17 compares the number of Navy Transition survey participants to participants from the other Military Services and all DoD.

Table 17. Transition Survey Participants by Military Service (Cumulative Results)

Service	Survey Count
Army	1,099
Air Force	158
Navy	342
Marines	439
DoD Total	2,038

Table 18 lists the proportion of Transition survey participants by IDES Location and Figure 8 shows the demographic breakdown of participants by component, gender, and personnel class.

Table 18. Percent Transition Survey Participants by IDES Location

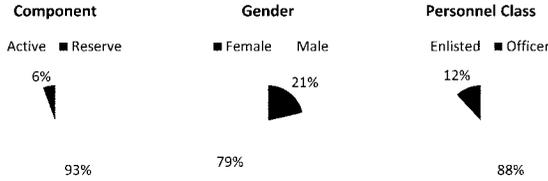
IDES Location	Percent of Participants
SAN DIEGO NMC	50%
BETHESDA NMMC	31%
CAMP PENDLETON	10%
BREMERTON NH	6%
CAMP LEJEUNE NH	2%
PORTSMOUTH NMC	1%

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Figure 8. Transition Survey Participant Demographics



Performance Over Time

The following tables (Tables 19-22) depict the counts of survey participants who completed the Transition phase and percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, and MSC Customer Service by IDES Location. Each table presents results cumulatively, and by quarter of Transition Phase completion. Lists of the items that comprise each Transition survey composite are provided in Appendix D. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October - December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 19. Counts of Survey Participants Who Completed the Transition Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
BETHESDA NNMC	53	8	7	7	8	4	3	2	3
BREMERTON NH	13	0	0	0	3	1	1	4	4
CAMP LEJEUNE NH	2	0	0	0	0	0	1	1	0
CAMP PENDLETON	22	0	0	1	2	6	7	3	3
SAN DIEGO NMC	95	0	0	9	22	16	19	19	10
NAVY TOTAL	185	8	7	17	35	27	31	29	20

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Table 20. Percent of Service Members Satisfied with the IDES Experience (Transition)

	Cumulative	Oct - Dec 2008	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010
BREMERTON NH	62%				0%	100%	100%	75%	75%
BETHESDA NMC	60%	50%	43%	57%	38%	75%	67%	50%	67%
SAN DIEGO NMC	74%			67%	86%	75%	68%	74%	60%
CAMP PENDLETON	59%			100%	100%	67%	43%	67%	33%
CAMP LEJEUNE NH	50%						100%	0%	
NAVY AVERAGE	67%	50%	43%	65%	69%	74%	65%	69%	60%

Table 21. Percent of Service Members Satisfied with IDES PEBLO Customer Service (Transition)

	Cumulative	Oct - Dec 2008	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010
BREMERTON NH	100%				100%	100%	100%	100%	100%
BETHESDA NMC	79%	75%	36%	71%	75%	75%	67%	100%	100%
CAMP PENDLETON	73%			100%	100%	50%	71%	100%	67%
SAN DIEGO NMC	68%			56%	82%	69%	68%	68%	50%
CAMP LEJEUNE NH	0%						0%	0%	
NAVY AVERAGE	73%	75%	66%	65%	83%	67%	68%	76%	68%

Table 22. Percent of Service Members Satisfied with IDES MSC Customer Service (Transition)

	Cumulative	Oct - Dec 2008	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010
BREMERTON NH	100%				100%	100%	100%	100%	100%
CAMP PENDLETON	86%			100%	100%	83%	71%	100%	100%
SAN DIEGO NMC	63%			88%	95%	79%	74%	79%	81%
BETHESDA NMC	59%	75%	33%	50%	86%	50%	50%	50%	33%
CAMP LEJEUNE NH	100%						100%	100%	
NAVY AVERAGE	78%	75%	33%	75%	94%	76%	73%	83%	79%



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Transition Survey Comments by IDES Location

Bethesda NNMC

- It took a year and a half. I entered January 2009 and just got my stuff back in September this year when I retired.

Bremerton NH

- There is nothing written out explaining what steps are happening. Step by step with instruction on what needs to be done would be helpful - what I need to do or who to see. After I picked my 90 days to separate it took the navy 67 days to confirm the date, leaving me in limbo. You would think it would be a faster process.

Camp Pendleton

- Part of the time [responding to whether legal counsel was available]. Only had 2 JAG Officers (military lawyers) to handle cases and they were overwhelmed.

San Diego NMC

- It was too long [referring to DTAP].
- [The process] took too long. They [legal counsel] gave me good advice.
- If I knew what I know now I would have [spoken my mind].
- [The process] takes so long. You can't make any life/career/family decisions until you get results, but [it] does prepare you for the worst case scenario.
- DES pilot should have helped me transfer from military to civilian, but it has not. Active military should have set me up with VA and primary care. I took 20 days leave before med retired and VA wouldn't look at me and [my] base doctor wouldn't see me because I was getting out. Need [a] centralized system.
- As far as the DoD side goes, you're not encouraged to speak your own mind [and] it's not geared towards individuals speaking [their] mind. You are put under pressure from your peers not to seek medical attention. As far as the leaders there needs to be some kind of training and awareness of this process and what the Service members are going through without patronizing the Service members. There needs to be some empathy. They could learn this from the civilian or VA side. It's a learning process, but a good process.



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APPENDIX A

Appendix A provides an overview of IDES survey composites created across the MEB, PEB, and Transition surveys. Tables 23-26 list the items that comprise each survey composite reported in the Service Results section of the report.

Table 23. IDES Experience Composite Map (12 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	24.	How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?
MEB	25.	How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?
MEB	26.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
MEB	27.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation System Pilot process?
PEB	17.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Physical Evaluation Board phase of the Pilot process?
PEB	18.	How satisfied or dissatisfied were you with the <u>overall Physical Evaluation Board phase</u> of determining your retention status in the military?
PEB	19.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
PEB	20.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?
TRANS	19.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Transition phase of the Pilot process?
TRANS	20.	How satisfied or dissatisfied were you with the <u>overall Transition phase</u> after determination of your retention status in the military?
TRANS	21.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
TRANS	22.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

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Table 24. IDES Fairness Composite Map (7 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	10.	You believe the Medical Evaluation Board <u>process</u> was fair.
MEB	11.	In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.
PEB	1.	You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.
PEB	3.	You believe the Physical Evaluation Board process was fair.
PEB	4.	In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.
PEB	5.	You believe your informal Physical Evaluation Board rating was appropriate for your conditions.
PEB	6.	You believe your formal Physical Evaluation Board rating was appropriate for your conditions.



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Table 25. IDES PEBLO Customer Satisfaction Composite Map (22 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	12a.	The PEBLO explained the <u>overall</u> Disability Evaluation Pilot process in a way you could understand.
MEB	12b.	The PEBLO explained the <u>Medical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	12c.	The PEBLO explained the <u>Physical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	13a.	The PEBLO provided timely service.
MEB	13b.	The PEBLO kept you well informed about the status of your case.
MEB	13c.	The PEBLO was attentive to your needs.
MEB	13d.	The PEBLO was courteous in providing service.
MEB	13e.	The PEBLO had your best interests in mind.
MEB	14.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
MEB	15.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?
PEB	7.	During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.
PEB	8a.	The PEBLO provided timely service.
PEB	8b.	The PEBLO kept you well informed about the status of your case.
PEB	8c.	The PEBLO was attentive to your needs.
PEB	8d.	The PEBLO was courteous in providing service.
PEB	8e.	The PEBLO had your best interests in mind.
PEB	9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
PEB	10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?
TRANS	9.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.
TRANS	10.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.
TRANS	11.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
TRANS	12.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

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Table 26. IDES MSC Customer Satisfaction Composite Map (21 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	16a.	The VA MSC provided timely service.
MEB	16b.	The VA MSC kept you well informed about the status of your case.
MEB	16c.	The VA MSC was attentive to your needs.
MEB	16d.	The VA MSC was courteous in providing service.
MEB	16e.	The VA MSC had your best interests in mind.
MEB	17.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
MEB	18.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?
PEB	11a.	The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.
PEB	11b.	The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.
PEB	11c.	The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.
PEB	12a.	The VA MSC provided timely service.
PEB	12b.	The VA MSC kept you well informed about the status of your case.
PEB	12c.	The VA MSC was attentive to your needs.
PEB	12d.	The VA MSC was courteous in providing service.
PEB	12e.	The VA MSC had your best interests in mind.
PEB	13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
PEB	14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to <u>your family</u> ?
TRANS	13.	During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.
TRANS	14.	During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.
TRANS	15.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
TRANS	16.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>your family</u> ?



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APPENDIX B

Appendix B contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES MEB Phase. Tables 27-30 list the items that comprise each survey composite reported in the MEB section of the report. Table 31 presents results by survey item for data collected in the most recent quarter (October - December 2010).

Table 27. MEB Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	24.	How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?
MEB	25.	How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?
MEB	26.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
MEB	27.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation System Pilot process?

Table 28. MEB Fairness Composite Map (2 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	10.	You believe the Medical Evaluation Board <u>process</u> was fair.
MEB	11.	In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.



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Table 29. MEB PEBLO Customer Satisfaction Composite Map (9 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	12a.	The PEBLO explained the <u>overall</u> Disability Evaluation Pilot process in a way you could understand.
MEB	12b.	The PEBLO explained the <u>Medical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	12c.	The PEBLO explained the <u>Physical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	13a.	The PEBLO provided timely service.
MEB	13b.	The PEBLO kept you well informed about the status of your case.
MEB	13c.	The PEBLO was attentive to your needs.
MEB	13d.	The PEBLO was courteous in providing service.
MEB	13e.	The PEBLO had your best interests in mind.
MEB	14.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
MEB	15.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

Table 30. MEB MSC Customer Satisfaction Composite Map (7 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	16a.	The VA MSC provided timely service.
MEB	16b.	The VA MSC kept you well informed about the status of your case.
MEB	16c.	The VA MSC was attentive to your needs.
MEB	16d.	The VA MSC was courteous in providing service.
MEB	16e.	The VA MSC had your best interests in mind.
MEB	17.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
MEB	18.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?

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Table 31. MEB Survey Item Results

Question as it Appears on the Survey	Yes	No	Don't remember	Did not receive the brochure
1. Did you read the brochure that explains the Disability Evaluation System Pilot process?	85%	15%		
Question as it Appears on the Survey				
	Yes	No	Don't remember	
2. Was the Pilot process brochure easy to understand?	90%	10%		
3. Was the information in the Pilot process brochure helpful to you?	90%	10%		
4. Were you informed of your right to legal counsel during the Disability Evaluation System Pilot process?	94%	6%		
5. Do you know the name of the Physical Evaluation Board Liaison Officer (also known as the PEBLO) who was assigned by the military to manage your case?	82%	18%		
6. Do you know the name of the Veterans Affairs Military Services Coordinator (also known as the VA MSC) who was assigned to manage your case?	60%	40%		
19. During the Medical Evaluation Board phase of your case, did the VA Military Services Coordinator managing your case ever mention the VA's role in the Disability Evaluation System Pilot process?	89%	11%		
20. Did the VA Military Services Coordinator managing your case explain the VA's role in the Disability Evaluation System Pilot process in a way you could understand?	100%	0%		
21. During the Medical Evaluation Board phase of your case, did the VA Military Services Coordinator managing your case make sure you knew how to complete your VA disability claim?	86%	14%		
22. Did you receive medical care during the Medical Evaluation Board Phase of the Disability Evaluation System Pilot process?	81%	19%		

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Question as it Appears on the Survey	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
7. The Disability Evaluation System Pilot medical exams associated with your VA disability were thorough.	3%	16%	8%	56%	17%
8. The doctor who conducted your VA disability medical exams was courteous.	3%	4%	1%	60%	32%
9. You had a chance to speak your mind during the Medical Evaluation Board phase of your case.	4%	8%	4%	57%	26%
10. You believe the Medical Evaluation Board process was fair.	3%	16%	6%	65%	10%
11. In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.	0%	16%	16%	57%	11%
12a. The PEBLO explained the overall Disability Evaluation Pilot process in a way you could understand.	0%	9%	4%	55%	32%
12b. The PEBLO explained the Medical Evaluation Board phase of the Pilot process in a way you could understand.	1%	11%	1%	59%	27%
12c. The PEBLO explained the Physical Evaluation Board phase of the Pilot process in a way you could understand.	3%	9%	4%	60%	24%
13a. The PEBLO provided timely service.	1%	7%	4%	56%	31%
13b. The PEBLO kept you well informed about the status of your case.	1%	24%	13%	41%	21%
13c. The PEBLO was attentive to your needs.	1%	13%	7%	60%	18%
13d. The PEBLO was courteous in providing service.	1%	3%	0%	62%	34%
13e. The PEBLO had your best interests in mind.	1%	7%	13%	48%	30%
16a. The VA MSC provided timely service.	1%	6%	1%	76%	16%
16b. The VA MSC kept you well informed about the status of your case.	1%	19%	16%	48%	15%
16c. The VA MSC was attentive to your needs.	1%	9%	7%	64%	18%
16d. The VA MSC was courteous in providing service.	1%	3%	1%	67%	27%
16e. The VA MSC had your best interests in mind.	3%	5%	14%	56%	23%

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Question as it Appears on the Survey	Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
14. During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	3%	6%	14%	43%	34%
15. During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	19%	6%	0%	44%	31%
17. During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	5%	8%	21%	35%	32%
18. During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?	35%	0%	6%	47%	12%

Question as it Appears on the Survey	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
23. How satisfied or dissatisfied were you with the medical care you received during the Medical Evaluation Board phase of the Pilot process?	5%	7%	14%	49%	25%
24. How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?	4%	8%	18%	51%	18%
25. How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?	4%	15%	17%	45%	19%

Question as it Appears on the Survey	Very poor	Poor	A mix of poor and good	Good	Very good
26. How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	6%	11%	38%	33%	13%
27. How would you evaluate your overall experience since entering the Disability Evaluation System Pilot process?	1%	7%	38%	40%	14%



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APPENDIX C

Appendix C contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES PEB Phase. Tables 32-35 list the items that comprise each survey composite reported in the PEB section of the report. Table 36 presents results by survey item for data collected in the most recent quarter (October – December 2010).

Table 32. PEB Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	17.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Physical Evaluation Board phase of the Pilot process?
PEB	18.	How satisfied or dissatisfied were you with the <u>overall Physical Evaluation Board phase</u> of determining your retention status in the military?
PEB	19.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
PEB	20.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

Table 33. PEB Fairness Composite Map (5 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	1.	You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.
PEB	3.	You believe the Physical Evaluation Board process was fair.
PEB	4.	In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.
PEB	5.	You believe your informal Physical Evaluation Board rating was appropriate for your conditions.
PEB	6.	You believe your formal Physical Evaluation Board rating was appropriate for your conditions.

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Table 34. PEB PEBLO Customer Service Composite Map (8 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	7.	During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.
PEB	8a.	The PEBLO provided timely service.
PEB	8b.	The PEBLO kept you well informed about the status of your case.
PEB	8c.	The PEBLO was attentive to your needs.
PEB	8d.	The PEBLO was courteous in providing service.
PEB	8e.	The PEBLO had your best interests in mind.
PEB	9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
PEB	10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

Table 35. PEB MSC Customer Service Composite Map (10 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	11a.	The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.
PEB	11b.	The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.
PEB	11c.	The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.
PEB	12a.	The VA MSC provided timely service.
PEB	12b.	The VA MSC kept you well informed about the status of your case.
PEB	12c.	The VA MSC was attentive to your needs.
PEB	12d.	The VA MSC was courteous in providing service.
PEB	12e.	The VA MSC had your best interests in mind.
PEB	13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
PEB	14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to <u>your family</u> ?




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Table 36. PEB Survey Item Results

Question as it Appears on the Survey		Yes	No
15.	Did you receive medical care during the Physical Medical Evaluation Board Phase of the Disability Evaluation System?	80%	20%

Question as it Appears on the Survey		Very poor	Poor	A mix of poor and good	Good	Very good
19.	How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	20%	5%	20%	35%	20%
20.	How would you evaluate your overall experience since entering the Disability Evaluation Pilot process?	10%	5%	25%	35%	25%

Question as it Appears on the Survey		Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	5%	10%	0%	50%	35%
10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	14%	0%	14%	14%	57%
13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	5%	5%	5%	50%	35%
14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to your family?	0%	0%	0%	43%	57%

Question as it Appears on the Survey		Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
1.	You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.	0%	10%	0%	65%	25%
2.	You had a chance to speak your mind during the Physical Evaluation Board phase of your case.	0%	16%	11%	63%	11%
3.	You believe the Physical Evaluation Board process was fair.	0%	15%	5%	65%	15%

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4.	In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.	5%	10%	5%	65%	15%
5.	You believe your informal Physical Evaluation Board rating was appropriate for your conditions.	0%	33%	6%	50%	11%
6.	You believe your formal Physical Evaluation Board rating was appropriate for your conditions.	0%	13%	0%	80%	7%
7.	During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.	0%	11%	0%	68%	21%
8a.	The PEBLO provided timely service.	0%	5%	10%	65%	20%
8b.	The PEBLO kept you well informed about the status of your case.	10%	5%	20%	45%	20%
8c.	The PEBLO was attentive to your needs.	0%	6%	6%	67%	22%
8d.	The PEBLO was courteous in providing service.	0%	0%	0%	70%	30%
8e.	The PEBLO had your best interests in mind.	0%	0%	20%	55%	25%
11a.	The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.	0%	0%	0%	95%	5%
11b.	The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.	0%	10%	0%	90%	0%
11c.	The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.	0%	10%	0%	85%	5%
12a.	The VA MSC provided timely service.	0%	15%	5%	70%	10%
12b.	The VA MSC kept you well informed about the status of your case.	0%	33%	6%	50%	11%
12c.	The VA MSC was attentive to your needs.	0%	5%	10%	75%	10%
12d.	The VA MSC was courteous in providing service.	0%	0%	0%	80%	20%
12e.	The VA MSC had your best interests in mind.	0%	5%	10%	70%	15%

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Question as it Appears on the Survey	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
16. How satisfied or dissatisfied were you with the medical care you received during the Physical Evaluation Board phase of the Pilot process?	0%	19%	0%	56%	25%
17. How satisfied or dissatisfied were you with the management of your case during the Physical Evaluation Board phase of the Pilot process?	5%	16%	0%	68%	11%
18. How satisfied or dissatisfied were you with the overall Physical Evaluation Board phase of determining your retention status in the military?	5%	10%	10%	70%	5%



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APPENDIX D

Appendix D contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES Transition Phase. Tables 37-39 demonstrate the decomposition of Transition survey composites reported in the Transition section of the report. Table 40 presents results by survey item for data collected in the most recent quarter (October - December 2010).

Table 37. Transition Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	19.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Transition phase of the Pilot process?
TRANS	20.	How satisfied or dissatisfied were you with the <u>overall Transition phase</u> after determination of your retention status in the military?
TRANS	21.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
TRANS	22.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

Table 38. Transition PEBLO Customer Satisfaction Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	9.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.
TRANS	10.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.
TRANS	11.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
TRANS	12.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

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Table 39. Transition MSC Customer Satisfaction Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	13.	During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.
TRANS	14.	During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.
TRANS	15.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
TRANS	16.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>your family</u> ?

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Table 40. Transition Survey Item Results

Question as it Appears on the Survey	Yes	No	Don't remember/ Don't know
1. Did you have legal counsel available to you throughout the Disability Evaluation System Pilot process?	88%	12%	
2. Did you use legal counsel to represent you at any point during the Disability Evaluation System Pilot process?	26%	74%	
17. Did you receive medical care during the Transition phase of the Disability Evaluation System Pilot process?	80%	20%	

Question as it Appears on the Survey	Very poorly	Poorly	Neither poorly nor well	Well	Very well
3. How well did your legal counsel represent you during the Disability Evaluation System Pilot process?	0%	0%	0%	40%	60%

Question as it Appears on the Survey	Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
11. During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	18%	6%	24%	24%	29%
12. During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	50%	13%	0%	25%	13%
15. During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	12%	12%	12%	29%	35%
16. During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?	50%	0%	0%	50%	0%

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Question as it Appears on the Survey	Very Dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
4. How satisfied or dissatisfied were you with the 3-day Transition Assistance Program (also known as TAP) you attended during the Transition phase?	15%	15%	0%	31%	38%
5. How satisfied or dissatisfied were you with the 1/2-day Disability Transitional Assistance Program (also known as DTAP) you attended during the Transition phase?	6%	13%	0%	44%	38%
18. How satisfied or dissatisfied were you with the medical care you received during the Transition phase of the Pilot process?	0%	13%	6%	50%	31%
19. How satisfied or dissatisfied were you with the management of your case during the Transition phase of the Pilot process?	5%	15%	15%	40%	25%
20. How satisfied or dissatisfied were you with the overall Transition phase after determination of your retention status in the military?	5%	10%	10%	60%	15%

Question as it Appears on the Survey	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
6. You better understand your options with the Vocational Rehabilitation and Employment Program (VR&E) since entering the Disability Transition Assistance Program.	0%	0%	15%	54%	31%
7. You feel better prepared to transition into the civilian job market since attending the Transition Assistance Program.	0%	19%	25%	44%	13%
8. You had a chance to speak your mind during the Transition phase of your case.	0%	21%	5%	58%	16%
9. During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.	5%	5%	5%	58%	26%
10. During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.	5%	0%	26%	47%	21%
13. During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.	0%	0%	0%	72%	28%
14. During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.	0%	5%	16%	53%	26%

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	Question as it Appears on the Survey	Very poor	Poor	A mix of poor and good	Good	Very good
21.	How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	25%	10%	35%	20%	10%
22.	How would you evaluate your overall experience since entering the Disability Evaluation Pilot process?	10%	20%	25%	25%	20%

INTEGRATED DISABILITY EVALUATION
SYSTEM (IDES) PROGRAM

IDES CUSTOMER SATISFACTION QUARTERLY REPORT

U.S. MARINE CORPS

OCTOBER 1 – DECEMBER 31, 2010



Department of Defense, Office of the Under Secretary for Personnel and Readiness –
Office of Wounded Warrior Care and Transition Policy (OUSD P&R WWCTP)



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INTRODUCTION

The Integrated Disability Evaluation System (IDES) Customer Satisfaction Report provides insight into Service member perceptions of their IDES experience, fairness of process, and stakeholder customer service. The Defense Manpower Data Center (DMDC) administers these voluntary surveys to IDES participants at the completion of the three major phases of the IDES process: the Medical Evaluation Board (MEB), the Physical Evaluation Board (PEB), and the Transition Phase just prior to return to duty or transition to veteran status. To maintain participant confidentiality, all individual Service member responses are confidential and are collected only for the purpose of evaluating the IDES program. Data linking individual participants to their responses are not released.

The report contains four major sections: Overall Results, MEB, PEB and Transition. Each section provides the number of survey participants, satisfaction across four survey composites, and qualitative survey comments. The Overall Results section compares Marine Corps satisfaction levels to members of the other Military Services and to all DoD respondents. The MEB, PEB and Transition sections of the report provide comparisons among Marine Corps IDES locations.

The survey composites mentioned above are formed from related survey items and were validated through a factor analysis. These composites are identified as: IDES Experience, Fairness, Physical Evaluation Board Liaison Officer (PEBLO) Customer Service, and VA Military Service Coordinator (MSC) Customer Service. The composites and their constituent survey items are provided in Appendices A-D.

DoD and VA established an IDES performance goal in which 80% of Service members surveyed have an average composite satisfaction score greater than 3.0 on a five-point standard questionnaire Likert scale. This metric is reported in the MEB, PEB and Transition sections by IDES location over the last eight quarters. Results for the quarters during which IDES locations met the percent-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Lastly, qualitative comments provided by Service members between October 1, 2010, and December 31, 2010, are provided by IDES location in the MEB, PEB and Transition sections of the reports. These comments provide a better understanding of Service members' personal experiences and perceptions of the IDES process and how they might relate to IDES program performance.



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SERVICE RESULTS

Marines completed 2,418 IDES surveys between January 1, 2008, and December 31, 2010. Service members may complete up to three surveys (MEB, PEB, or Transition survey) as they progress through the IDES process. Table 1 compares Marine Corps survey counts to survey completions in other Military Services across DoD.

Table 1. Survey Completions by Military Service (Cumulative Results)

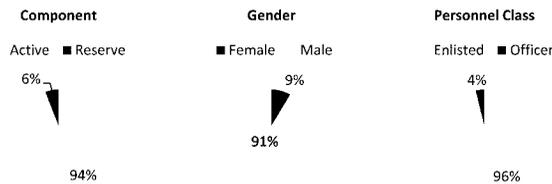
Service	Survey Count
Army	5,439
Air Force	778
Navy	1,754
Marines	2,418
DoD Total	10,389

Performance Over Time

In the following section, Service members who completed at least one survey (MEB, PEB, or Transition) are grouped by the quarter of their most recent phase completion to better understand IDES satisfaction trends over time. For example, a survey participant who completed the PEB phase and is currently enrolled in the IDES process is grouped by the quarter the Service member completed the PEB phase.

Since January 2008, 1,329 Service members in the Marine Corps completed at least one survey (MEB, PEB, or Transition). Figure 1 presents respondent demographics by component, gender, and personnel class and Table 2 provides counts of survey participants by the quarter of their most recent phase completion.

Figure 1. Demographics of Survey Participants




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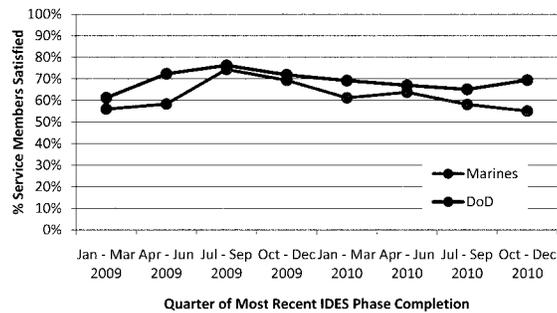
Table 2. Count of Survey Participants

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
MARINES	1,329	25	25	39	88	134	243	411	325
DOD	5,611	134	160	299	469	607	880	1,552	1,318

IDES Experience

Figure 2 compares DoD and Marine Corps average satisfaction with IDES experience by quarter of most recent phase completion. Marine Corps satisfaction decreased from a high of 74% in July – September 2009 to a low of 55% in the most recent quarter. Marine Corps satisfaction has trended consistently lower than the DoD average since January 2009. The IDES experience composite (Appendix A, Table 23) is comprised of 12 items across the MEB, PEB and Transition surveys.

Figure 2. Service Member Satisfaction with the IDES Experience



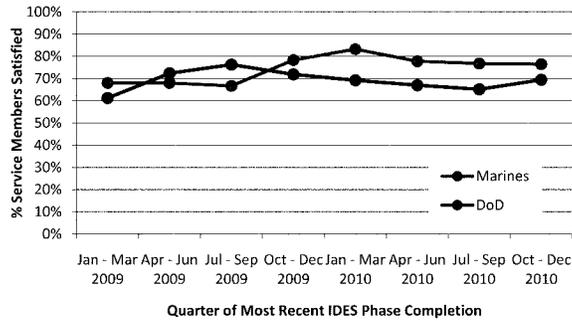
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IDES Fairness

Figure 3 compares DoD and Marine Corps average satisfaction with IDES fairness by quarter of most recent phase completion. Marine Corps satisfaction remained unchanged over the last three quarters with 76% of Service members indicating they are satisfied with fairness. Although the gap is narrowing, Marine Corps satisfaction has trended consistently higher than the DoD average since October 2009. The IDES fairness composite (Appendix A, Table 24) is comprised of 7 items across the MEB and PEB surveys.

Figure 3. Service Member Satisfaction with IDES Fairness

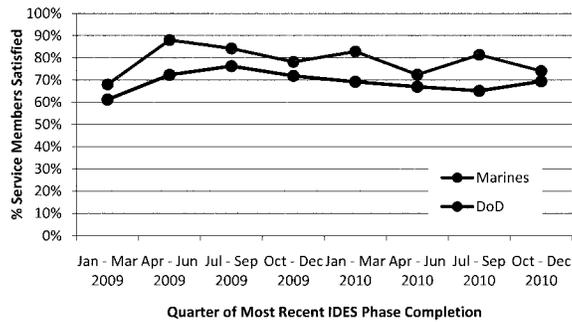


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IDES PEBLO Customer Service

Figure 4 compares DoD and Marine Corps average satisfaction with IDES PEBLO customer service by quarter of most recent phase completion. Marine Corps satisfaction decreased from 81% in July – September 2010 to 74% in the most recent quarter. Although Marine Corps satisfaction varies considerably across quarters, it has trended consistently higher than the DoD average since January 2009. The IDES PEBLO customer service composite (Appendix A, Table 25) is comprised of 22 items across the MEB, PEB, and Transition surveys.

Figure 4. Service Member Satisfaction with IDES PEBLO Customer Service

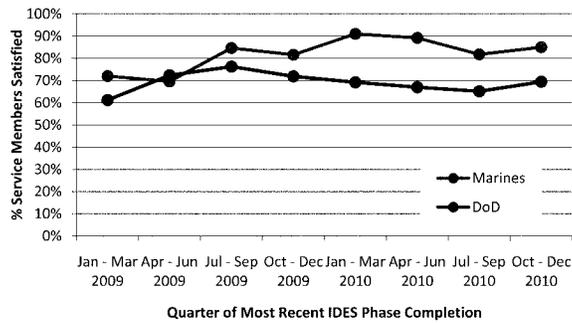


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IDES MSC Customer Service

Figure 5 compares DoD and Marine Corps average satisfaction with customer service provided by VA MSCs by quarter of most recent phase completion. Marine Corps satisfaction increased slightly from 82% in July – September 2010 to 85% in the most recent quarter. Since July 2009, Marine Corps satisfaction has trended consistently higher than the DoD average. The IDES MSC customer service composite (Appendix A, Table 26) is comprised of 21 items across the MEB, PEB, and Transition surveys.

Figure 5. Service Member Satisfaction with IDES MSC Customer Service



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MEB RESULTS

Between January 1, 2008, and December 31, 2010, 1,329 Marine Corps participants completed the MEB survey and the MEB Phase. Table 3 compares the number of Marine Corps MEB survey participants to participants from the other Military Services and all DoD.

Table 3. MEB Survey Participants by Military Service (Cumulative Results)

Service	Survey Count
Army	2,919
Air Force	420
Navy	942
Marines	1,329
DoD Total	5,610

Table 4 lists the proportion of MEB survey participants by IDES Location and Figure 6 shows the demographic breakdown of participants by component, gender, and personnel class.

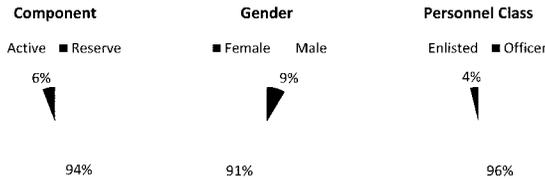
Table 4. Percent of MEB Survey Participants by IDES Location

IDES Location	Percent of Participants
CAMP LEJEUNE NH	35%
SAN DIEGO NMC	29%
BETHESDA NNMC	19%
CAMP PENDLETON	16%
PORTSMOUTH NMC	1%

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Figure 6. MEB Survey Participant Demographics



Performance Over Time

The following tables (Tables 5-9) depict the counts of survey participants who completed the MEB phase and the percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, MSC Customer Service, and Fairness by IDES Location. Each table presents results cumulatively, and by quarter of MEB Phase completion. Lists of the items that comprise the MEB survey composites are provided in Appendix B. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October - December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 5. Counts of Survey Participants Who Completed the MEB Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
BETHESDA NMC	246	22	27	22	30	20	11	18	5
BREMERTON NH	5	0	0	0	0	2	2	1	0
CAMP LEJEUNE NH	471	0	14	63	89	58	114	72	61
CAMP PENDLETON	214	0	1	29	32	44	49	52	7
MACDILL AFB	1	0	0	0	1	0	0	0	0
PORTSMOUTH NMC	10	0	0	0	0	0	0	8	2
SAN DIEGO NMC	382	23	40	70	47	42	69	61	30
MARINES TOTAL	1,329	45	82	184	199	166	245	212	105

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Table 6. Percent of Service Members Satisfied with the IDES Experience (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
BETHESDA NMC	62%	59%	67%	82%	53%	65%	73%	72%	60%
CAMP PENDLETON	62%		0%	66%	63%	59%	59%	63%	71%
PORTSMOUTH NMC	40%							38%	50%
CAMP LEJEUNE NH	46%		71%	60%	43%	41%	45%	40%	43%
SAN DIEGO NMC	62%	74%	62%	67%	74%	69%	62%	48%	40%
MACDILL AFB	100%				100%				
BREMERTON NH	20%					50%	0%	0%	
MARINES AVERAGE	56%	67%	64%	66%	55%	56%	53%	50%	46%

Table 7. Percent of Service Members Satisfied with PEBLO Customer Service (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
PORTSMOUTH NMC	90%							88%	100%
CAMP PENDLETON	89%		100%	93%	81%	81%	84%	94%	100%
BETHESDA NMC	82%	91%	81%	91%	73%	99%	82%	99%	100%
SAN DIEGO NMC	78%	77%	88%	84%	83%	78%	70%	75%	63%
CAMP LEJEUNE NH	67%		79%	78%	57%	70%	69%	68%	63%
BREMERTON NH	100%					100%	100%	100%	
MACDILL AFB	0%				0%				
MARINES AVERAGE	77%	84%	84%	84%	69%	80%	73%	79%	68%

Table 8. Percent of Service Members Satisfied with MSC Customer Service (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
PORTSMOUTH NMC	90%							89%	100%
CAMP PENDLETON	89%		100%	97%	94%	88%	89%	88%	100%
CAMP LEJEUNE NH	87%		93%	94%	87%	88%	88%	68%	81%
BETHESDA NMC	76%	70%	67%	88%	69%	84%	73%	82%	89%
SAN DIEGO NMC	78%	77%	87%	79%	81%	82%	85%	71%	62%
MACDILL AFB	100%				100%				
BREMERTON NH	100%					100%	100%	100%	
MARINES AVERAGE	83%	74%	80%	86%	84%	85%	85%	81%	77%

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Table 9. Percent of Service Members Satisfied with IDES Fairness (MEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
BETHESDA NMC	76%	74%	71%	74%	80%	83%	82%	81%	100%
CAMP PENDLETON	78%		0%	85%	79%	82%	74%	77%	83%
SAN DIEGO NMC	80%	86%	83%	94%	75%	83%	77%	67%	71%
CAMP LEJEUNE NH	76%		71%	71%	75%	88%	80%	72%	68%
PORTSMOUTH NMC	67%							71%	50%
BREMERTON NH	50%					50%	50%		
MARINES AVERAGE	77%	83%	76%	82%	76%	84%	78%	73%	71%



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MEB Survey Comments by IDES Location

Bethesda NNMC

- Everyone did their job, but my case took longer than it should have. Timing is my only comment. It took a month longer than it should have.

Camp Lejeune NH

- [Medical exams were] thorough, but too time consuming.
- I have an injury and can't remember everything. I can only remember certain things like who to contact.
- [Process] takes a long time. I was told [I have] another 6 to 7 months or more.
- The timeliness is not set on. I would have to call to remind them because they forgot a lot of things like contacting back. It took a very long time.
- I recommend when you are asking responses: Why does it start with negative to positive? You will have more positive responses if you go from positive to negative.
- [I'm] not able to speak my mind to anyone. You speak to counselors and they tell you what they want you to do.
- [Process] could [have] been a little bit faster. They should determine it on the Marine and not on a piece paper.
- [I] had one day brief by PEBLOs on the process. [They] gave us a booklet, were very disorganized, and started on last page of it. This was in a classroom session.
- They [legal counsel] are hard to get a hold of.
- [I don't] get listened to.
- A lot of us [have] a problem [with] contacting case workers. I got lied to when [a] case worker said he replied when he didn't. At one point my medical records [were] lost. [I] was told I needed to do NMA again, when in fact my paper work was sent to old NMA without notifying me. So [the] decision was made with [my] old NMA.
- If the [is] person going through [the] pilot and served over 20 years in the Marines, [he] should keep his VA papers and not go through the whole process again if found fit. People 18 to 20 years in the military are treated unfairly. [It] was a year and a half ago [that I spoke with my PEBLO]. [I] spoke with [PEBLO] one time since my findings came back after a year and a half. I have a recovery coordinator does more than the PEBLO. System needs a lot of work.



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- In program more than a year, [which] involves driving an hour and a half one way at least once a week to check up on my package, not reimbursed for mileage. [I] was told VA had results in March, [but] I found out in November after going there myself and finding out. PEBLO made notes that [he] had notified me [in his report], but had not.
- Some parts [of the IDES brochure I] didn't understand.
- Lack of information/barrier between VA rep and PEBLO.
- The process should be sped up. Should have a tracking system.
- [I was] very happy once file left the base. [It] took more than 120 days to get package ready. [The] doctor sat on it [and the] board didn't touch it for 2 weeks. VA docs took 47 days to get the file back. No excuse.
- After [I] read brochure, things were not clear. Medical doctor & other staff were not able to help [me]. [I] experienced a giant run-around. [I was] not [informed of legal right to counsel] at the beginning. [I] started having problems [and] got upset with everybody involved. Then [I] was told about [my] legal rights.
- [My] PEBLO didn't seem to like his job. Lost exams, forgot to give me exams, and took longer than supposed to.
- They [medical doctors] lost the exam and had to redo it after 3 months. [I'm] having to turn [down] job offers because [it is] too long [of] a process. Also interfered with training that would improve my prospects.
- Yes and no [regarding helpfulness of the IDES brochure]. Some of [the] timelines were not followed.
- Whenever [I] tried to get in touch [with my PEBLO], [PEBLO] wouldn't respond, wouldn't call back, [and] would not say when I turned in paperwork [and] whether it was right or not.
- [I] didn't know who the PEBLO [was] until [the] appeal process.
- Initially knew the PEBLO but [PEBLO] could never be reached. [I] was never informed that [I] was changed to another PEBLO and then to a 3rd one.
- [I] feel they [MEB] did not listen. The process is good as a whole, but when it is all said and done and all that they look at is what is written by the doctor and the nonmedical assessment. What is the point?
- The first meeting [with my PEBLO] was most helpful and beneficial.
- The military was poor, but the VA side was on top of everything.
- [I] was told 6 months, but took over a year. Paperwork expired [and I] had to go through it



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again. [They] let my paperwork expire without acting. [It was] impossible to get a hold of [my] PEBLO.

- After 2 years [I] could not get a diagnosis of a skin problem caused by explosion in Iraq. Though [it is] mentioned in my evaluation, the severity of it is not mentioned.
- People at the VA were awesome. My case manager wasn't super on top of things. As soon as a LT. JG Cooke took over, things started moving. She knew what was going on and kept paperwork in order.
- Med board & management packages - they need to hire more people. Paper sitting around and expiring.

Camp Pendleton

- Rushed [referring to medical exam].
- The PEBLO only taught a class and had no part with [my] board.

Portsmouth NMC

- No comments.

San Diego NMC

- It [process] needs to go by faster.
- VA was very rushed and they missed things. My package sat for almost a month where it was completed, but not sent out.
- I never spoke to my PEBLO.
- There are a lot of people who couldn't explain to me what was going on and what to do as far as helping me through the process and telling me what it was like. When you go through all of this they always make it sound like your case is going to be approved and that is not the case.
- No one has returned [my] phone calls and paperwork is expiring.
- Timeliness and professionalism need improvement.
- Some [doctors] were nice some weren't.
- [I] had concerns about work/had problems getting in touch w/legal counsel. [I] was told [to] suck up [my] problems and deal w/them. [I] have 14 yrs of service [and have] given up on



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legal counsel; not there to deal w/situations as they arise. [I am still] waiting on [my] finding. Before going there [medical exams] I heard horrible stories. Most of the staff was nice; except for one person at the X-ray lab. Doctors did listen. [I] was told [I] had options; but could not practice them. I had 3 surgeries [and] wanted get off limited duty; but was not permitted. [I] have 4 kids and a wife. 3 months past EAS end of contract. Medical evaluation was fair; lack of knowledge was not. No one told [me] what was going on. [I] would get different answers from different people. DES Pilot Program seems to be more fair; still room for improvement. Improve the communication; let the wounded warriors know what is going [on], [and] give them a better chance to prepare for the future.

- The liaison officer was civilian. [I] feel that he is awful. In fact, [I've] tried to have my PEBLO switched, [but] to no avail. He is unavailable and not attentive or thorough and has lost paperwork about 8 or 9 times. He has mixed up [my] MEB board papers with another Marine's. [I] feel [PEBLO] should not have a job! Due to confidential info on [my] paperwork such as ss# (social security number), [I] feel [I am] being out at risk for identity theft.
- I wish [I] could have just had 1 doctor.
- [I] started process in Aug or Sept. [Process is] complicated, cumbersome and confusing.
- [I] feel the job title needs to be added prior to injury during the evaluation/assessment.

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PEB RESULTS

Between January 1, 2008, and December 31, 2010, 650 Marine Corps participants completed the PEB survey and the PEB Phase. Table 10 compares the number of Marine Corps PEB survey participants to participants from the other Military Services and all DoD.

Table 10. PEB Survey Participants by Military Service (Cumulative Results)

Service	Survey Count
Army	1,421
Air Force	198
Navy	457
Marines	650
DoD Total	2,726

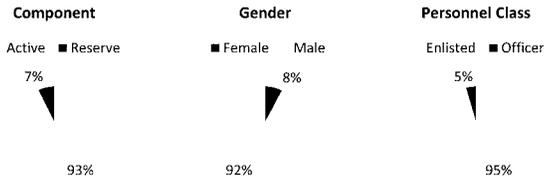
Table 11 lists the proportion of PEB survey participants by IDES Location and Figure 7 shows the demographic breakdown of participants by component, gender, and personnel class.

Table 11. Percent of PEB Survey Participants by IDES Location

IDES Location	Percent of Participants
CAMP LEJEUNE NH	32%
SAN DIEGO NMC	27%
BETHESDA NMMC	25%
CAMP PENDLETON	15%


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Figure 7. PEB Survey Participant Demographics



Performance Over Time

The following tables (Tables 12-16) depict the counts of survey participants who completed the PEB phase and percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, MSC Customer Service, and Fairness by IDES Location. Each table presents results cumulatively, and by quarter of PEB Phase completion. Lists of the items that comprise each PEB survey composite are provided in Appendix C. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October – December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 12. Counts of Survey Participants Who Completed the PEB Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
BETHESDA NNMC	161	20	7	18	15	13	17	12	3
CAMP LEJEUNE NH	210	0	0	6	23	47	55	63	16
CAMP PENDLETON	99	0	0	0	3	23	18	41	14
PORTSMOUTH NMC	2	0	0	0	0	0	0	0	2
SAN DIEGO NMC	177	3	7	29	27	33	27	39	12
MARINES TOTAL	649	23	14	53	68	116	117	155	47

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Table 13. Percent of Service Members Satisfied with the IDES Experience (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
PORTSMOUTH NMC	100%								100%
CAMP PENDLETON	73%				67%	78%	72%	68%	79%
CAMP LEJEUNE NH	61%			50%	57%	68%	60%	56%	75%
SAN DIEGO NMC	75%	67%	71%	63%	63%	79%	51%	74%	67%
BETHESDA NMMC	64%	45%	85%	72%	87%	69%	69%	50%	67%
MARINES AVERAGE	67%	48%	79%	75%	66%	73%	68%	63%	74%

Table 14. Percent of Service Members Satisfied with IDES PEBLO Customer Service (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
PORTSMOUTH NMC	100%								100%
BETHESDA NMMC	79%	80%	57%	72%	87%	92%	69%	75%	100%
CAMP PENDLETON	88%				100%	80%	83%	90%	93%
CAMP LEJEUNE NH	74%			67%	70%	68%	71%	83%	81%
SAN DIEGO NMC	81%	100%	86%	93%	67%	79%	74%	87%	75%
MARINES AVERAGE	79%	91%	71%	83%	74%	76%	73%	85%	85%

Table 15. Percent of Service Members Satisfied with IDES MSC Customer Service (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
PORTSMOUTH NMC	100%								100%
CAMP PENDLETON	94%				100%	87%	100%	90%	100%
CAMP LEJEUNE NH	89%			88%	100%	94%	87%	82%	100%
BETHESDA NMMC	75%	60%	88%	88%	80%	100%	73%	55%	100%
SAN DIEGO NMC	88%	100%	71%	90%	86%	89%	92%	92%	80%
MARINES AVERAGE	86%	65%	79%	89%	89%	91%	88%	86%	93%

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Table 16. Percent of Service Members Satisfied with IDES Fairness (PEB)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
PORTSMOUTH NMC	100%								100%
BETHESDA NNMC	79%	70%	71%	78%	100%	85%	82%	92%	100%
SAN DIEGO NMC	78%	0%	57%	86%	89%	79%	67%	77%	92%
CAMP LEJEUNE NH	76%			67%	61%	79%	82%	73%	88%
CAMP PENDLETON	74%				67%	70%	63%	73%	71%
MARINES AVERAGE	77%	61%	64%	81%	81%	78%	79%	75%	89%

PEB Survey Comments by IDES Location

Bethesda NNMC

- Once everything went to the board there was no way to check a status or get a timeline. This increases stress on the Service members. There should be some way to trace or track the package.

Camp Lejeune NH

- I wish they had a way to get more information to check the status and to see if it is moving somewhere so if I have questions or wanted to know where my case is because your life runs around it. I can't be on leave and have to stay in the area.
- I didn't talk to the PEBLO until the findings came back. I just had the case manager who didn't know much and was rude.
- [I] feel [I] was left in the dark [about] anything on [my] case.
- Constant difficulty reaching PEBLO. Misplaced paper work – [the] whole thing was [a] complete mess. Board itself [is] not managed properly- understaffed.
- It [the process of determining retention status] took too long. Two years passed EAS.

Camp Pendleton

- I got 20 percent and that's bad on them not understanding that. Also you should be able place a formal form in front of them and plea your case.
- I had 2 PEBLOS. One PEBLO would get mad and yell at me whenever I would call about my status, but the other was helpful.



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- They didn't want to see me because they thought they may find something else that would slow the process down.
- [I] never had a VA coordinator.

San Diego NMC

- I don't remember meeting or talking to this person [VA MSC].
- [I] did not meet the PEBLO until [my] findings came back. It was no one's fault - kind of the way it went down. No one's fault. [I] was not satisfied with the findings, but felt that the whole process was fair. [Timeliness was] unpredictable.
- [My] doctors in Balboa disagreed w/PEB findings. Commanding Officer [was] also disappointed. [I] did not get to speak to anyone w/the PEB. No assistance. People who put [in] the PEB package did not include the addendum. Diagnosis was not included. [They] did not consider his PTSD and cancer and after treatment. [An] appeal was filed, [but I was] told there is nothing to appeal. Case was closed. [I was] held back from cancer treatment [and] not allowed to retire. [I] first met [my] PEBLO when [I] got final board findings. They are just going through the numbers, no particular concern for the Service member. Program [is] not run as designed. Just going through the procedures, just waiting for DoD, nothing else happens, it also delays things [and] makes it a lot more difficult. DoD was trying their best to separate me before getting the medical care. [I] went through chain of command and commanding general involved to get my illnesses treated. The treatment itself was fine.
- The PEBLO would tell me to contact the case worker and the case worker would send me to the PEBLO. They don't work for us. Someone should figure out what roles belong to the PEBLO and case worker. I thought the process would take much less time than what it's taking. 2-3 months; not 6 months or longer.



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TRANSITION RESULTS

Between January 1, 2008, and December 31, 2010, 439 Marine Corps participants completed the Transition survey and the Transition Phase. Table 17 compares the number of Marine Corps Transition survey participants to participants from the other Military Services and all DoD.

Table 17. Transition Survey Participants by Military Service (Cumulative Results)

Service	Survey Count
Army	1,099
Air Force	158
Navy	342
Marines	439
DoD Total	2,038

Table 18 lists the proportion of Transition survey participants by IDES Location and Figure 8 shows the demographic breakdown of participants by component, gender, and personnel class.

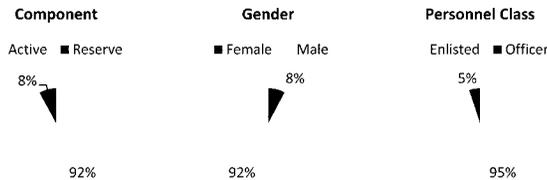
Table 18. Percent of Transition Survey Participants by IDES Location

IDES Location	Percent of Participants
CAMP LEJEUNE NH	32%
SAN DIEGO NMC	28%
BETHESDA NNMC	28%
CAMP PENDLETON	12%

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Figure 8. Transition Survey Participant Demographics



Performance Over Time

The following tables (Tables 19-22) depict the counts of survey participants who completed the Transition phase and percent of Service members satisfied with their IDES Experience, PEBLO Customer Service, and MSC Customer Service by IDES Location. Each table presents results cumulatively, and by quarter of Transition Phase completion. Lists of the items that comprise each Transition survey composite are provided in Appendix D. Results are sorted from the highest percent of Service members satisfied to lowest percent of Service members satisfied based the most recent quarter (October - December 2010). The cumulative percent of Service members satisfied is shaded in gray, and serves as a baseline for interpreting quarterly results at each IDES location. Results for the quarters during which IDES locations met the 80%-satisfied goal appear in green. Results for quarters not meeting the goal appear in red.

Table 19. Counts of Survey Participants Who Completed the Transition Phase by IDES Location

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
BETHESDA NMMC	99	13	12	10	14	9	12	9	5
CAMP LEJEUNE NH	84	0	0	0	6	10	35	23	10
CAMP PENDLETON	33	0	0	0	0	3	12	10	8
SAN DIEGO NMC	88	0	1	5	14	21	20	13	14
MARINES TOTAL	304	13	13	15	34	43	79	55	37

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Table 20. Percent of Service Members Satisfied with the IDES Experience (Transition)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
CAMP PENDLETON	79%					100%	58%	90%	65%
SAN DIEGO NMC	73%		0%	80%	79%	67%	70%	85%	71%
CAMP LEJEUNE NH	64%				67%	60%	68%	81%	60%
BETHESDA NNMC	66%	46%	58%	50%	79%	67%	63%	44%	40%
MARINES AVERAGE	69%	46%	54%	60%	76%	67%	69%	69%	68%

Table 21. Percent of Service Members Satisfied with IDES PEBLO Customer Service (Transition)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
CAMP PENDLETON	76%					100%	58%	80%	88%
BETHESDA NNMC	74%	85%	75%	80%	64%	89%	67%	44%	50%
SAN DIEGO NMC	71%		100%	80%	79%	62%	61%	77%	77%
CAMP LEJEUNE NH	71%				67%	60%	76%	70%	70%
MARINES AVERAGE	72%	85%	77%	67%	71%	70%	68%	69%	78%

Table 22. Percent of Service Members Satisfied with IDES MSC Customer Service (Transition)

	Cumulative	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009	Jan - Mar 2010	Apr - Jun 2010	Jul - Sep 2010	Oct - Dec 2010
CAMP PENDLETON	97%					100%	92%	100%	100%
SAN DIEGO NMC	80%		100%	100%	79%	81%	85%	73%	100%
BETHESDA NNMC	73%	73%	64%	80%	57%	78%	91%	63%	100%
CAMP LEJEUNE NH	85%				83%	90%	85%	81%	70%
MARINES AVERAGE	81%	73%	67%	71%	71%	84%	82%	85%	82%



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Transition Survey Comments by IDES Location

Bethesda NMMC

- My VA MSC, Sonya Fleming, was always there to help me out. [She] always had answers for my many questions [and] even stayed after hours to help me. She was great.
- The timeline was the worst part. It took a long time and I couldn't get any answers and was kept in the dark about what was going on and what I should be doing. I wasn't prepared when I received my discharge date and only had 30 days to prepare for moving my family across country. Info should get passed a lot better.

Camp Lejeune NH

- I was given a sonogram; was not a thorough exam.
- If a member is going home and waiting for separation they should be allowed to change their med facility. [It's] hard to get [a] referral when primary doctor is in another state.
- It took forever for me to get medical care. I went to an area where they could only offer me in-service care.
- I was told it would take 3-6 months and it took 1 year and 3 months. Let people know what the true timeline will be.
- Entering the program, the wounded warrior should explain what your options could be. They had a very negative attitude towards myself because they messed up the paperwork and they wanted to blame me. They even told me it was their fault.

San Diego NMC

- The pilot process is a good program and I like it a lot. I have no complaints.
- I didn't have much contact with my PEBLO.
- The pilot program was great. [The] only thing [is] when you don't know if you are going to be kept or let go it is hard to proceed with your life without knowing.
- There is a long wait for your findings. You can't start anything in life until you know what's going on.
- A lot of info in little time [Transition Assistance Program]. Need more 2 days.



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APPENDIX A

Appendix A provides an overview of IDES survey composites created across the MEB, PEB, and Transition surveys. Tables 23-26 list the items that comprise each survey composite reported in the Service Results section of the report.

Table 23. IDES Experience Composite Map (12 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	24.	How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?
MEB	25.	How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?
MEB	26.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
MEB	27.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation System Pilot process?
PEB	17.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Physical Evaluation Board phase of the Pilot process?
PEB	18.	How satisfied or dissatisfied were you with the <u>overall Physical Evaluation Board phase</u> of determining your retention status in the military?
PEB	19.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
PEB	20.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?
TRANS	19.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Transition phase of the Pilot process?
TRANS	20.	How satisfied or dissatisfied were you with the <u>overall Transition phase</u> after determination of your retention status in the military?
TRANS	21.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
TRANS	22.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

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Table 24. IDES Fairness Composite Map (7 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	10.	You believe the Medical Evaluation Board <u>process</u> was fair.
MEB	11.	In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.
PEB	1.	You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.
PEB	3.	You believe the Physical Evaluation Board process was fair.
PEB	4.	In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.
PEB	5.	You believe your informal Physical Evaluation Board rating was appropriate for your conditions.
PEB	6.	You believe your formal Physical Evaluation Board rating was appropriate for your conditions.



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Table 25. IDES PEBLO Customer Satisfaction Composite Map (22 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	12a.	The PEBLO explained the <u>overall</u> Disability Evaluation Pilot process in a way you could understand.
MEB	12b.	The PEBLO explained the <u>Medical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	12c.	The PEBLO explained the <u>Physical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	13a.	The PEBLO provided timely service.
MEB	13b.	The PEBLO kept you well informed about the status of your case.
MEB	13c.	The PEBLO was attentive to your needs.
MEB	13d.	The PEBLO was courteous in providing service.
MEB	13e.	The PEBLO had your best interests in mind.
MEB	14.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
MEB	15.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?
PEB	7.	During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.
PEB	8a.	The PEBLO provided timely service.
PEB	8b.	The PEBLO kept you well informed about the status of your case.
PEB	8c.	The PEBLO was attentive to your needs.
PEB	8d.	The PEBLO was courteous in providing service.
PEB	8e.	The PEBLO had your best interests in mind.
PEB	9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
PEB	10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?
TRANS	9.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.
TRANS	10.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.
TRANS	11.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
TRANS	12.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

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Table 26. IDES MSC Customer Satisfaction Composite Map (21 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	16a.	The VA MSC provided timely service.
MEB	16b.	The VA MSC kept you well informed about the status of your case.
MEB	16c.	The VA MSC was attentive to your needs.
MEB	16d.	The VA MSC was courteous in providing service.
MEB	16e.	The VA MSC had your best interests in mind.
MEB	17.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
MEB	18.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?
PEB	11a.	The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.
PEB	11b.	The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.
PEB	11c.	The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.
PEB	12a.	The VA MSC provided timely service.
PEB	12b.	The VA MSC kept you well informed about the status of your case.
PEB	12c.	The VA MSC was attentive to your needs.
PEB	12d.	The VA MSC was courteous in providing service.
PEB	12e.	The VA MSC had your best interests in mind.
PEB	13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
PEB	14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to <u>your family</u> ?
TRANS	13.	During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.
TRANS	14.	During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.
TRANS	15.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
TRANS	16.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>your family</u> ?



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APPENDIX B

Appendix B contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES MEB Phase. Tables 27-30 list the items that comprise each survey composite reported in the MEB section of the report. Table 31 presents results by survey item for data collected in the most recent quarter (October - December 2010).

Table 27. MEB Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	24.	How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?
MEB	25.	How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?
MEB	26.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
MEB	27.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation System Pilot process?

Table 28. MEB Fairness Composite Map (2 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	10.	You believe the Medical Evaluation Board <u>process</u> was fair.
MEB	11.	In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.



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Table 29. MEB PEBLO Customer Satisfaction Composite Map (9 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	12a.	The PEBLO explained the <u>overall</u> Disability Evaluation Pilot process in a way you could understand.
MEB	12b.	The PEBLO explained the <u>Medical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	12c.	The PEBLO explained the <u>Physical Evaluation Board phase</u> of the Pilot process in a way you could understand.
MEB	13a.	The PEBLO provided timely service.
MEB	13b.	The PEBLO kept you well informed about the status of your case.
MEB	13c.	The PEBLO was attentive to your needs.
MEB	13d.	The PEBLO was courteous in providing service.
MEB	13e.	The PEBLO had your best interests in mind.
MEB	14.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
MEB	15.	During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

Table 30. MEB MSC Customer Satisfaction Composite Map (7 Items)

Survey	Question Number	Question as it Appears on the Survey
MEB	16a.	The VA MSC provided timely service.
MEB	16b.	The VA MSC kept you well informed about the status of your case.
MEB	16c.	The VA MSC was attentive to your needs.
MEB	16d.	The VA MSC was courteous in providing service.
MEB	16e.	The VA MSC had your best interests in mind.
MEB	17.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
MEB	18.	During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?

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Table 31. MEB Survey Item Results

Question as it Appears on the Survey	Yes	No	Don't remember	Did not receive the brochure
1. Did you read the brochure that explains the Disability Evaluation System Pilot process?	81%	19%		
<hr/>				
Question as it Appears on the Survey	Yes	No	Don't remember	
2. Was the Pilot process brochure easy to understand?	91%	9%		
3. Was the information in the Pilot process brochure helpful to you?	91%	9%		
4. Were you informed of your right to legal counsel during the Disability Evaluation System Pilot process?	81%	19%		
5. Do you know the name of the Physical Evaluation Board Liaison Officer (also known as the PEBLO) who was assigned by the military to manage your case?	76%	24%		
6. Do you know the name of the Veterans Affairs Military Services Coordinator (also known as the VA MSC) who was assigned to manage your case?	65%	35%		
19. During the Medical Evaluation Board phase of your case, did the VA Military Services Coordinator managing your case ever mention the VA's role in the Disability Evaluation System Pilot process?	87%	13%		
20. Did the VA Military Services Coordinator managing your case explain the VA's role in the Disability Evaluation System Pilot process in a way you could understand?	100%	0%		
21. During the Medical Evaluation Board phase of your case, did the VA Military Services Coordinator managing your case make sure you knew how to complete your VA disability claim?	88%	12%		
22. Did you receive medical care during the Medical Evaluation Board Phase of the Disability Evaluation System Pilot process?	78%	22%		

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Question as it Appears on the Survey	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
7. The Disability Evaluation System Pilot medical exams associated with your VA disability were thorough.	0%	14%	8%	63%	14%
8. The doctor who conducted your VA disability medical exams was courteous.	0%	2%	4%	58%	36%
9. You had a chance to speak your mind during the Medical Evaluation Board phase of your case.	4%	12%	6%	54%	24%
10. You believe the Medical Evaluation Board process was fair.	3%	14%	9%	55%	18%
11. In comparison with other case outcomes you have heard about, you think your Medical Evaluation Board case outcome was fair.	4%	19%	9%	51%	18%
12a. The PEBLO explained the overall Disability Evaluation Pilot process in a way you could understand.	7%	7%	1%	59%	25%
12b. The PEBLO explained the Medical Evaluation Board phase of the Pilot process in a way you could understand.	2%	11%	1%	65%	21%
12c. The PEBLO explained the Physical Evaluation Board phase of the Pilot process in a way you could understand.	1%	11%	3%	65%	20%
13a. The PEBLO provided timely service.	11%	19%	6%	47%	16%
13b. The PEBLO kept you well informed about the status of your case.	19%	22%	6%	35%	18%
13c. The PEBLO was attentive to your needs.	7%	12%	15%	50%	15%
13d. The PEBLO was courteous in providing service.	3%	7%	6%	60%	23%
13e. The PEBLO had your best interests in mind.	4%	12%	14%	53%	17%
16a. The VA MSC provided timely service.	6%	12%	6%	60%	15%
16b. The VA MSC kept you well informed about the status of your case.	4%	24%	12%	46%	13%
16c. The VA MSC was attentive to your needs.	2%	7%	8%	67%	16%
16d. The VA MSC was courteous in providing service.	1%	3%	3%	71%	22%
16e. The VA MSC had your best interests in mind.	2%	4%	12%	63%	18%

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Question as it Appears on the Survey	Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
14. During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	13%	17%	23%	23%	25%
15. During the Medical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	52%	6%	10%	17%	15%
17. During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	2%	20%	15%	38%	24%
18. During the Medical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?	43%	2%	11%	25%	18%

Question as it Appears on the Survey	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
23. How satisfied or dissatisfied were you with the medical care you received during the Medical Evaluation Board phase of the Pilot process?	6%	5%	14%	55%	20%
24. How satisfied or dissatisfied were you with the management of your case during the Medical Evaluation Board phase of the Pilot process?	17%	21%	10%	38%	15%
25. How satisfied or dissatisfied were you with the overall Medical Evaluation Board phase of determining your retention status in the military?	12%	17%	21%	39%	12%

Question as it Appears on the Survey	Very poor	Poor	A mix of poor and good	Good	Very good
26. How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	29%	23%	24%	20%	4%
27. How would you evaluate your overall experience since entering the Disability Evaluation System Pilot process?	16%	16%	30%	31%	7%



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APPENDIX C

Appendix C contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES PEB Phase. Tables 32-35 list the items that comprise each survey composite reported in the PEB section of the report. Table 36 presents results by survey item for data collected in the most recent quarter (October - December 2010).

Table 32. PEB Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	17.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Physical Evaluation Board phase of the Pilot process?
PEB	18.	How satisfied or dissatisfied were you with the <u>overall Physical Evaluation Board phase</u> of determining your retention status in the military?
PEB	19.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
PEB	20.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

Table 33. PEB Fairness Composite Map (5 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	1.	You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.
PEB	3.	You believe the Physical Evaluation Board process was fair.
PEB	4.	In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.
PEB	5.	You believe your informal Physical Evaluation Board rating was appropriate for your conditions.
PEB	6.	You believe your formal Physical Evaluation Board rating was appropriate for your conditions.

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Table 34. PEB PEBLO Customer Service Composite Map (8 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	7.	During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.
PEB	8a.	The PEBLO provided timely service.
PEB	8b.	The PEBLO kept you well informed about the status of your case.
PEB	8c.	The PEBLO was attentive to your needs.
PEB	8d.	The PEBLO was courteous in providing service.
PEB	8e.	The PEBLO had your best interests in mind.
PEB	9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
PEB	10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

Table 35. PEB MSC Customer Service Composite Map (10 Items)

Survey	Question Number	Question as it Appears on the Survey
PEB	11a.	The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.
PEB	11b.	The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.
PEB	11c.	The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.
PEB	12a.	The VA MSC provided timely service.
PEB	12b.	The VA MSC kept you well informed about the status of your case.
PEB	12c.	The VA MSC was attentive to your needs.
PEB	12d.	The VA MSC was courteous in providing service.
PEB	12e.	The VA MSC had your best interests in mind.
PEB	13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
PEB	14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to <u>your family</u> ?



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Table 36. PEB Survey Item Results

Question as it Appears on the Survey		Yes	No
15.	Did you receive medical care during the Physical Medical Evaluation Board Phase of the Disability Evaluation System?	73%	27%

Question as it Appears on the Survey		Very poor	Poor	A mix of poor and good	Good	Very good
19.	How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	13%	15%	23%	36%	13%
20.	How would you evaluate your overall experience since entering the Disability Evaluation Pilot process?	9%	4%	32%	45%	11%

Question as it Appears on the Survey		Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
9.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	11%	7%	16%	36%	31%
10.	During the Physical Evaluation Board phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	58%	0%	0%	33%	8%
13.	During the Physical Evaluation Board phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	2%	17%	12%	29%	39%
14.	During the Physical Evaluation Board phase, to what extent was the Veterans Affairs Military Services Coordinator managing your case helpful to your family?	25%	13%	0%	25%	38%

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Question as it Appears on the Survey	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
1. You understood that the Physical Evaluation Board fitness decision is based only on conditions that make you unfit to serve in your job and grade.	0%	4%	7%	58%	31%
2. You had a chance to speak your mind during the Physical Evaluation Board phase of your case.	2%	15%	2%	65%	15%
3. You believe the Physical Evaluation Board process was fair.	0%	15%	2%	64%	19%
4. In comparison with other case outcomes you have heard about, you think your Physical Evaluation Board case outcome was fair.	7%	9%	9%	51%	24%
5. You believe your informal Physical Evaluation Board rating was appropriate for your conditions.	7%	18%	2%	50%	23%
6. You believe your formal Physical Evaluation Board rating was appropriate for your conditions.	4%	15%	0%	70%	11%
7. During the Physical Evaluation Board Phase, the Physical Evaluation Board Liaison Officer managing your case explained the Physical Evaluation Board process in a way you could understand.	2%	7%	2%	57%	33%
8a. The PEBLO provided timely service.	4%	9%	0%	60%	28%
8b. The PEBLO kept you well informed about the status of your case.	11%	20%	2%	48%	20%
8c. The PEBLO was attentive to your needs.	6%	13%	2%	55%	23%
8d. The PEBLO was courteous in providing service.	0%	2%	4%	64%	30%
8e. The PEBLO had your best interests in mind.	2%	4%	9%	57%	28%
11a. The VA Military Services Coordinator explained your right to a Formal Physical Evaluation Board in a way you could understand.	0%	7%	0%	71%	21%
11b. The VA Military Services Coordinator explained how the Veterans Affairs Rating Board rates disability conditions in a way you could understand.	0%	9%	0%	68%	23%
11c. The VA Military Services Coordinator explained the Veterans Affairs appeals process in a way you could understand.	2%	7%	0%	65%	26%
12a. The VA MSC provided timely service.	0%	5%	0%	73%	23%
12b. The VA MSC kept you well informed about the status of your case.	0%	23%	12%	49%	16%
12c. The VA MSC was attentive to your needs.	0%	5%	5%	70%	20%

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12d.	The VA MSC was courteous in providing service.	0%	2%	0%	66%	32%
12e.	The VA MSC had your best interests in mind.	0%	2%	7%	64%	27%

Question as it Appears on the Survey	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
16. How satisfied or dissatisfied were you with the medical care you received during the Physical Evaluation Board phase of the Pilot process?	3%	12%	21%	55%	9%
17. How satisfied or dissatisfied were you with the management of your case during the Physical Evaluation Board phase of the Pilot process?	7%	13%	9%	52%	20%
18. How satisfied or dissatisfied were you with the overall Physical Evaluation Board phase of determining your retention status in the military?	4%	6%	13%	66%	11%



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APPENDIX D

Appendix D contains the results of the customer satisfaction survey administered to Service members after the completion of the IDES Transition Phase. Tables 37-39 demonstrate the decomposition of Transition survey composites reported in the Transition section of the report. Table 40 presents results by survey item for data collected in the most recent quarter (October - December 2010).

Table 37. Transition Experience Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	19.	How satisfied or dissatisfied were you with the <u>management</u> of your case during the Transition phase of the Pilot process?
TRANS	20.	How satisfied or dissatisfied were you with the <u>overall Transition phase</u> after determination of your retention status in the military?
TRANS	21.	How would you evaluate the <u>timeliness</u> of the Pilot process since entering the Disability Evaluation Pilot process?
TRANS	22.	How would you evaluate your <u>overall experience</u> since entering the Disability Evaluation Pilot process?

Table 38. Transition PEBLO Customer Satisfaction Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	9.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.
TRANS	10.	During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.
TRANS	11.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>you</u> ?
TRANS	12.	During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to <u>your family</u> ?

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Table 39. Transition MSC Customer Satisfaction Composite Map (4 Items)

Survey	Question Number	Question as it Appears on the Survey
TRANS	13.	During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.
TRANS	14.	During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.
TRANS	15.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>you</u> ?
TRANS	16.	During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to <u>your family</u> ?

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Table 40. Transition Survey Item Results

Question as it Appears on the Survey	Yes	No	Don't remember/ Don't know
1. Did you have legal counsel available to you throughout the Disability Evaluation System Pilot process?	88%	12%	
2. Did you use legal counsel to represent you at any point during the Disability Evaluation System Pilot process?	18%	82%	
17. Did you receive medical care during the Transition phase of the Disability Evaluation System Pilot process?	17%	83%	

Question as it Appears on the Survey	Very poorly	Poorly	Neither poorly nor well	Well	Very well
3. How well did your legal counsel represent you during the Disability Evaluation System Pilot process?	0%	0%	17%	33%	50%

Question as it Appears on the Survey	Not at all helpful	Slightly helpful	Somewhat helpful	Helpful	Very helpful
11. During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to you?	8%	17%	17%	22%	36%
12. During the Transition phase, to what extent was the Physical Evaluation Board Liaison Officer managing your case helpful to your family?	46%	0%	8%	23%	23%
15. During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to you?	6%	6%	8%	31%	50%
16. During the Transition phase, to what extent was the VA Military Services Coordinator managing your case helpful to your family?	29%	7%	7%	21%	36%

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Question as it Appears on the Survey	Very Dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
4. How satisfied or dissatisfied were you with the 3-day Transition Assistance Program (also known as TAP) you attended during the Transition phase?	0%	8%	11%	43%	38%
5. How satisfied or dissatisfied were you with the 1/2-day Disability Transitional Assistance Program (also known as DTAP) you attended during the Transition phase?	0%	6%	11%	46%	37%
18. How satisfied or dissatisfied were you with the medical care you received during the Transition phase of the Pilot process?	4%	11%	7%	39%	39%
19. How satisfied or dissatisfied were you with the management of your case during the Transition phase of the Pilot process?	3%	8%	19%	35%	35%
20. How satisfied or dissatisfied were you with the overall Transition phase after determination of your retention status in the military?	5%	3%	19%	43%	30%

Question as it Appears on the Survey	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
6. You better understand your options with the Vocational Rehabilitation and Employment Program (VR&E) since entering the Disability Transition Assistance Program.	0%	12%	15%	53%	21%
7. You feel better prepared to transition into the civilian job market since attending the Transition Assistance Program.	6%	14%	11%	42%	28%
8. You had a chance to speak your mind during the Transition phase of your case.	0%	6%	8%	56%	31%
9. During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case explained what to expect during the Transition phase in a way you could understand.	6%	6%	3%	46%	40%
10. During the Transition phase of your case, the Physical Evaluation Board Liaison Officer managing your case had your best interests in mind.	3%	3%	9%	50%	35%
13. During the Transition phase, the VA Military Services Coordinator who was assigned to manage your case explained the VA's role in a way you could understand.	3%	3%	6%	56%	33%
14. During the Transition phase, the VA Military Services Coordinator managing your case had your best interests in mind.	0%	6%	3%	47%	44%

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Question as it Appears on the Survey	Very poor	Poor	A mix of poor and good	Good	Very good
21. How would you evaluate the timeliness of the Pilot process since entering the Disability Evaluation Pilot process?	16%	19%	27%	8%	30%
22. How would you evaluate your overall experience since entering the Disability Evaluation Pilot process?	11%	3%	31%	28%	28%

3. For each branch of the military, please provide a detailed plan for how the IDES process will be implemented at overseas locations.

Response. This data was previously provided to SVAC on March 29, 2011, regarding the November 18, 2010, hearing.

Navy: The Navy and Marine Corps have agreed in concept that the overseas (OCONUS) assigned personnel, requiring a referral into IDES, will receive permanent change of station orders to a continental United States (CONUS) location where sufficient resources exist to support the needs of the servicemember and family. The CONUS location will depend on the medical condition, the potential separation site, and the personal desires of the Sailor or Marine. However, the location must be near a Navy or Marine Corps activity for detailing and separation purposes and a Veterans Affairs (VA) medical facility to accomplish the compensation and pension evaluation. The VA has been active in the Navy OCONUS implementation meetings to date and has been informed that we project approximately 170 cases annually. The VA has not expressed any objections or concerns to the plan since caseload will be dispersed across the country.

Air Force: Proposed Plan for Overseas IDES is to return Airmen either to TRAVIS AFB or ANDREWS AFB; those in PACAF would be sent on medical TDY Orders to Travis; those in USAFE would be sent on medical TDY orders to Andrews. Compensation and Pension exams will be scheduled in advance with the Military Services Coordinator and the PEBLO will coordinate timely TDY orders. The Airmen will return to their OCONUS duty station pending the decision of the Physical Evaluation Board. Air Force has finalized the overseas proposal and forwarded a copy of the memo to VA. Our intent is to meet with representatives from Veterans Affairs to identify requirements for Military Services Coordinators and Compensation and Pension Exams.

Army: Based upon guidance received from The Surgeon General on March 25, 2011, the Army intends to bring Soldiers that are assigned overseas and are referred into the disability evaluation system to a continental United States (CONUS) location for processing through IDES. The Soldier will receive permanent change of station (PCS) orders to an installation that has an active IDES program and that is near the Soldier's home of record. When it is in the best interest of the Soldier and his or her family to remain at their overseas location, the Soldier, as an exception to policy and in lieu of PCS orders, will be provided medical temporary duty orders to travel to a CONUS location to complete those aspects of the disability process that are not available in the OCONUS location (e.g. the compensation and pension examination) and then return to their duty station. Given that the anticipated workload will be spread among all IDES sites, no significant increase in cases at any one location is expected. The Army will continue to develop this plan and thoroughly discuss it with the VA.

RESPONSE TO POSTHEARING QUESTIONS SUBMITTED BY SENATOR PATTY MURRAY TO HON. WILLIAM J. LYNN III, DEPUTY SECRETARY, U.S. DEPARTMENT OF DEFENSE

Question 1. A strategic goal of the Integrated Mental Health Strategy is to reduce stigma through successful public communication and use of innovative technological approaches. How are both approaches directly addressing servicemembers' concerns about avoiding detrimental effects on their career when seeking mental health care?

Response. The Departments are coordinating public communications regarding mental health care availability and effectiveness to ensure that there are adequate and consistent sources of information that directly address Servicemembers' concerns about seeking care. These concerns most often involve effect on career, effect on peer acceptance, effect on family acceptance and interference with presence on the job. Messaging from DOD leaders emphasize that seeking care is a sign of strength, and that seeking mental health care will not adversely affect one's career.

An example of the technological approach being utilized is the Department's National Center for Telehealth and Technology (T2), which is engaged in multiple projects to help servicemembers access information and care while avoiding concern that accepting care in innovative ways. One such project is afterdeployment.org, a web-based application spanning 18 topics: post-traumatic stress, depression, anger, drugs and alcohol, tobacco, physical injury, resilience, military sexual trauma, health and wellness, sleep, families and friendships, anxiety, Traumatic Brain Injury, life stress, stigma, families with kids, spirituality and work adjustment. Designed to provide an online and anonymous self-care solution, the Web site offers multiple access points to learn, immerse, and engage in behavior-change strategies. Features include topical libraries, self-assessments, video-based personal stories, interactive workshops, community forums, expert blogs and a provider training por-

tal. To date, evaluation of the Web site indicates it is effective and well-received and the site has approximately 5,000 monthly visitors.

T2 has also developed the "T2 Virtual PTSD Experience" a Web-based 3D virtual world resource providing an interactive, immersive tool that informs users about PTSD causes, symptoms and resources for care. This tool, accessible 24/7 from a personal computer, allows servicemembers, veterans, and their families to access PTSD-related resources in a convenient, personal, and anonymous way.

Question 2. The Department's Extremity and Amputation Center of Excellence is a joint program established to conduct clinical research as well as develop scientific information aimed at saving injured extremities, avoiding amputation, and preserving and restoring function of injured extremities. The Department has already developed the concept of operations for the structure, mission and goals for the Center, so what is delaying final approval?

Response. The Department is examining the implementation status of this and other Centers for Excellence. We would welcome the opportunity to brief you or your staff on their current status, and the targets and goals for meeting the objectives of each Center.

Question 3. Today, the Vision Center of Excellence, the Hearing Center of Excellence, and the Limb Extremity Center of Excellence all face major challenges in meeting their mandated objectives due to insufficient resources, limited staffing, lack of organizational governance oversight, and inadequate funding. Please provide the Committee with a detailed time line, complete with targets and goals, for each Center.

Response. The Department is examining the implementation status of these and other Centers for Excellence. We would welcome the opportunity to brief you or your staff on their current status, and the targets and goals for meeting the objectives of each Center.

Question 4. There are serious challenges in combating the stigma associated with seeking mental health care. The Department is still struggling to make it acceptable to ask for help. In the meantime, providing confidentiality for servicemembers to seek treatment is very important. Additionally, commanders have an obligation to know how fit and ready those in their units are. What is an acceptable balance of these concerns?

Response. There are no easy solutions to this problem. As you indicate, an acceptable balance includes measures to ensure confidentiality for routine matters and notification to commanders in more serious cases.

Confidentiality for routine mental health evaluations must be present so that each individual servicemember can overcome the common reluctance to seek help early. In July 2009, the Department issued a directive type memorandum in order to help achieve this aim. In more serious cases, such as those involving threat of harm to self or others, or risk of endangering the military mission, commanders must be notified.

Question 5. What is the Department doing to improve conditions in the Warrior Transition Units? Is there a way that VA can assist?

Response. The Army and Marine Corps have taken significant steps to improve conditions in the Warrior Transition Units (WTUs) and Wounded Warrior Regiment (WWR). The Army created a systematic framework called the Comprehensive Transition Plan (CTP), a structured multidisciplinary process accomplished for every Warrior in Transition that includes an individual plan that the Warrior in Transition builds for him/herself with the support of the WTU cadre. This process allows Warriors in Transition to customize their recovery process, enabling them to set and reach their personal goals.

There are also currently 56 Ombudsmen at 31 sites, usually co-located with a military treatment facility (MTF). These Ombudsmen advocate for Warriors in Transition and Families as they deal with various issues related to health care and transition, such as physical disability processing, reserve component medical retention, transition to the VA, and pay issues. In addition, Veterans Benefit Advisors and Veterans Health Advisors are available to help Warriors in Transition and their Families apply for VA benefits and to coordinate health care to ensure a smooth transition for those Soldiers who will be transitioning to Veteran status.

The Department leadership and the Army continues to work with Congress to fund military construction projects, including the development of Warrior Transition complexes that will serve both Warriors in Transition and their Families. To date, more than \$1.2 billion dollars has been spent or obligated to improve the accessibility and quality of Wounded Warrior barracks. Construction of complexes continues through FY 2012 at which time 20 state-of-the-art complexes will be in operation.

The Marine Corps WWR continues to enhance its capabilities to provide added care and support to wounded, ill, and injured (WII) Marines and their families in accordance with the Commandant's Planning Guidance. The WWR has evolved from its initial focus, standing up programs and services to address the immediate needs of Marines and families as well as building capabilities and structure based on confirmed requirements and findings in warrior care.

The WWR currently has 49 Recovery Care Coordinators (RCCs) located in the WWR headquarters and battalions, military treatment facilities, and VA Polytrauma Centers. The RCC program continually adopts improvements to help WII Marines and families through heightened coordination with all WII Marines' advocates, which include Federal Recovery Coordinators.

Marine Section Leaders have the ability to provide motivation and daily accountability to help Marines meet their established goals, and there is mandatory participation in the Warrior Athlete Reconditioning Program (WAR-P) for Marines in the WWR. As part of the Integrated Disability Evaluation System (IDES), Marines receive support from Regional Limited Duty Coordinators who assist Marines processing through the system, and Wounded Warrior Attorneys who provide advice.

The Marine Corps has also evolved a practice of staying in contact with Marines post-transition via the Call Center or District Injured Support Coordinators, who are located throughout the country, to ensure identified transition needs have been satisfied. The Call Center also receives calls for assistance and serves as the WWR's hub for social media outreach to include Facebook and Twitter, which helps ensure Marines and families stay up-to-date on warrior care.

The Department has also focused considerable effort to improve and streamline the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) processes and reduce paperwork requirements to more efficiently move a servicemember's disability package through the adjudication process. The collaboration between the Department of Defense (DOD) and the Department of Veterans Affairs (VA) ensures that Warriors in Transition have priority processing by the Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA) 90 days prior to separating so they can receive their VA benefits and health care immediately upon discharge.

Question 6. What is the Department doing at Joint Base Lewis-McChord to address the average wait time for a servicemember in the Integrated Disability Evaluation System (IDES) pilot program to get a medical examination, especially given that this program is being implemented worldwide?

Response. At the time of the hearing, the VA completed disability examinations at Joint Base Lewis-McChord in an average of 46 days for Active Component (AC) soldiers and 49 days for Reserve Component (RC) soldiers. DOD is working with VA to improve IDES timeliness at all locations, including Joint Base Lewis-McChord. To address timeliness for our Servicemembers at Joint Base Lewis-McChord, DOD and VA monitor IDES performance, examine timelines, and identify VA staffing and resource requirements so that solutions can be effectively implemented to achieve timeliness goals. As a result, DOD has 14 IDES-related hiring actions pending at Joint Base Lewis-McChord and anticipates the additional staff will dramatically improve IDES timeliness for Servicemembers there.

Question 7. In the Joint Base Lewis-McChord Integrated Disability Evaluation System (IDES) pilot program the ratio of servicemembers to DOD case managers is 130 soldiers to 1 case manager. This is well over the goal of 20 servicemembers for every 1 case manager. What is the Department doing to address this troubling ratio?

Response. To address this ratio, the Department and the Services are working aggressively to hire additional Physical Evaluation Board Liaison Officers (PEBLOs) to reach the desired case manager ratio of 1:20. Providing better, expedited IDES processing is a priority for the Department and we are actively engaged at the individual installation level to accomplish this.

Question 8. The joint electronic health record (EHR) is the largest program ever developed between VA and DOD. The continuum of quality health care for millions of servicemembers and veterans is depending on the success of this project. Please provide a time-line for delivery, project costs, and expectations.

Response. The work continues on implementation plans and the refinement of initial cost and schedule estimates. Despite this ongoing work, the Department does not have a completed timeline for delivery or project costs at this time. The Secretaries of Defense and Veterans Affairs chair recurring meetings on the integrated EHR (iEHR) and agreed to the joint development/acquisition of a number of functional capabilities/applications for iEHR, using the following business rules:

- Purchase commercially available solutions for joint use whenever possible and cost effective;
- Adopt applications developed by DOD, VA, or Federal agencies if a modular commercial solution is not available and currently exists inside government; and
- Approve joint application development on a case by case basis, and only if a modular commercial or federally-developed solution is not available.

Moving forward, the Departments will continue efforts to develop a joint EHR by taking the following steps:

- Implement the EHR Governance Model
- Name EHR Program Executive
- Complete development of common data model, translation service and other building blocks of the “To Be” architecture
- Finish negotiations for Data Center consolidation
- Implement pilots of the EHR Graphic User Interface (GUI)
- Finalize VA use of the DOD data model and acquisition of services
- Purchase Enterprise Service Bus for both Departments
- Establish Open Source Custodial Agent

Question 9. How will the Department, along with VA, improve the reporting and tracking of potential cases of hazardous exposures?

Response. DOD will improve reporting and tracking by creating individual longitudinal exposure records (ILERs), where multiple information management systems are mined for exposure related information and the results made available to the VA for diagnoses, treatment, and claims adjudication. The ILERs will, among other things, serve to take the burden of proof off our Veterans to prove Service-connected exposures.

Question 10. As members of the Guard and reserves transition in and out of active duty, they repeatedly switch between TRICARE, private insurance, and VA medical care. This creates a number of concerns regarding coordination of care, quality oversight, and the ability of the servicemember and family to manage those changes. How are these transitions being tracked by the Department, and effectively managed?

Response. Tracking the care of Guard and Reserve members transitioning in and out of active duty is far more difficult, in part because private insurance partners generally do not share enrollment data or health care documents with DOD. That said, there are provisions in Federal law that assist with these transitions, and the Department has undertaken a number of efforts to further assist Guard and Reservists.

For example, the Uniformed Services Employment and Reemployment Rights Act (USERRA) provides that a person returning to a civilian job after military service is entitled to reinstatement of employer-provided health insurance coverage. Members of the Guard and Reserve may choose to enroll in TRICARE Reserve Select, which allows them to select TRICARE as their insurance provider while they are in a civilian status. Additionally, Guard/Reserve servicemembers and their families are eligible for TRICARE coverage up to 180 days pre-deployment, and 180 days post-deployment. If they are already a TRICARE Reserve Select member their premiums will be waived during this time period.

Furthermore, the Virtual Lifetime Electronic Record (VLER), once completed, will aid servicemembers, both Active Duty and Guard and Reserve, as they transition to and from the Military Health System by ensuring their information can be exchanged between DOD, VA, other agencies, and the private sector.

Chairman MURRAY. Thank you. Secretary Lynn, you said that you want to go beyond the 300 days. We are not there yet. When do we expect to reach the goal of 300 days?

Mr. LYNN. The hope is to have the system which is now implemented in about half or for half the servicemembers, half of 26,000. We hope to have that system fully implemented by the end of this year, so that is this fiscal year, this fall.

Chairman MURRAY. So the 15,000 that Secretary Gould talked about that are in the new system?

Mr. LYNN. There is another 14 or so thousand that are in the old system. We want to transition those over the next six or so months into the new system.

What we found, though, as we transition them in, what happens is that initially we actually get quite a lowering of the number of days as we work through the more routine cases on the faster system.

But then what we find is that the time tends to come back up as we hit the harder backlog of cases. We need to work our way through that backlog which is what we are doing now with the existing cases, and so the data has actually gone up from where it was last fall.

But we are working our way through that backlog. When we get our way through that backlog, we will then have a system where we are taking members who start in the new system and finished in the new system. At that point we should hit that 295 days. I cannot give you a date but I would say—

Chairman MURRAY. Are we talking months or years?

Mr. LYNN. I would say 1 to 2 years.

Chairman MURRAY. It still will take that long just to get people—

Mr. LYNN. I would hope to do it in a shorter period of time, but I do not want to overpromise.

Chairman MURRAY. Is there anything this Committee can do to help expedite that, because these are individuals who are living in limbo.

Mr. LYNN. Well, I think both Departments are committed to putting their resources toward working through the backlogs; and also when you go to a new system, you create transition difficulties. You need to surge resources to bases and facilities that are having problems.

So, we have committed with our VA partners to do that. It is going to take over \$700 million over several years. So, we are certainly looking. We will present that in our budget. We would certainly look for congressional support to spend those resources.

Chairman MURRAY. This Committee needs to know honestly what the budget needs are because this is an obligation. We throw around 13,000, 300 days. These are individuals who are living through this, and I am very conscious of that. So we want to work with you, but we need honest budgets from both of you about what that will take.

Mr. LYNN. Absolutely.

Chairman MURRAY. I referenced something in my opening remarks that I want to ask about. The Department of Defense provided this Committee with information on those servicemembers who have died while they were enrolled in the joint disability program. Of the 34 deaths, 13 were suicides or drug overdoses. That is very troubling information.

That means that the rate of suicide for those that are going through this program is more than double the rate of the Army and the Marine Corps. So, I wanted to ask both of you what your respective Departments are doing to address this troubling trend of suicides within the joint disability program?

Mr. LYNN. Madam Chairman, the level of suicides is too high. Frankly, it is too high Department-wide. It is, as you know, higher with the people facing the challenges with disabilities. Certainly,

they have a more challenging life, and we need to do everything we can to ease those challenges.

Part of it is what we just discussed. We need to make the disability evaluation system, that transition from DOD to VA, as expeditious and as congenial as possible. That is what we are about.

We also need to support families and servicemembers with disabilities strongly in terms of the care coordinators, in terms of wounded warrior transition units. We need to inform families of the warning signs for suicides.

Chairman MURRAY. You are saying we need to do that. Are we doing that?

Mr. LYNN. Yes, we are.

Chairman MURRAY. How is that being done?

Mr. LYNN. Well, the system that is in place right now is we work with care coordinators to alert them to the signs.

Chairman MURRAY. Actively, so everybody is involved in this?

Mr. LYNN. Actively. Everybody is involved in this. The warrior transition units are particularly trained to look for signs and they are trained in how to deal with those. We have a broader suicide prevention system. We pay particular attention to the families of servicemembers because they are the most likely to be in a position to observe the early warning signs.

Chairman MURRAY. Something is not working when we have this high number. Can you give me ideas or even a commitment to go back and take a look at these numbers and really look at our outreach? What are we doing to help support our families? Is it over use of drugs? And, come back to us because this is just unacceptable.

Mr. LYNN. The numbers are too high, and I am happy to come back to you, Madam Chair.

Chairman MURRAY. OK. Secretary Gould how about in the VA?

Mr. GOULD. First of all, the numbers that you mentioned I just became aware of quite recently, and it is tragic to hear about the individual losses going down that list of individuals from DOD that have committed suicide. It is heart wrenching.

As Secretary Lynn just said, we are very focused on making sure this transition goes well. The individuals who obviously are in that data are all on active duty and under the care of the DOD during that time.

What we are trying to do is backstop in that process. VA is moving in parallel while those individuals are getting direct care. Bill has mentioned all of the various attributes of that.

When transition time does come, VA is very focused on making sure that we are working to prevent suicides. We are conducting outreach and public education. We are amping up the resources that we bring to the fight on these issues. We are working to destigmatize it. We have a national crisis line that has served over 400,000 people. Approximately 14,000 have been saved since 2007. We are working very, very hard and in a very focused fashion.

Chairman MURRAY. Now, as result of the Joshua Omvig bill that we all worked to pass and support, I know that.

I just want to say, Secretary Gould, I am very concerned about the high number of suicides, as I just said; but knowing that, we need to double our efforts with the soldiers who are coming out of

that program and leaving, because once they have left the program they are out there in the world, and we have to make sure that we are finding them.

So, I am hoping that you take a look at those numbers and reflect on that given what we are doing with servicemembers who leave and go into the VA system.

Mr. GOULD. Chairman Murray, we will. I would add and I think we all agree that the IDES systems is absolutely better than the legacy system. It is shorter. It eliminates the pay gap. The whole purpose here is not to put a veteran family in a situation where they do not have a paycheck. We want to make sure we are moving to that world. We do not want them to have to confront multiple medical examinations. The new system has one.

So we think that on the whole the IDES system, despite the fact that it can and will be better, is a much better system than the one we are leaving behind.

Chairman MURRAY. I think we all agree on that; but in the meantime, as you both just said, it is a while before we transition into that.

So, I would like for the record for the both of you to provide the number of servicemembers and veterans who committed suicide or overdosed, who were in the warrior transition units and in the VA for the first time.

So, if you could get back to me with those numbers I would appreciate it.

Senator Isakson.

Secretary Lynn, I am told by Jim Lorraine.

Secretary Lynn, I am told by Jim Lorraine at the Charlie Norwood VA and Laurie Ott, one of the big community supporters of that, that the Federal recovery program is essential to getting the seamless transition working, FRCs I think they call them.

They commended the Department and the VA on establishing those. But there are only 22 Federal recovery coordinators in the United States and only two in Georgia where every ground troop from the U.S. Army goes through Georgia, either at Benning or Stewart, before they are deployed.

It seems like 22 is a very small number of people to coordinate the transition of those wounded veterans from active duty to veterans care.

What are you all doing to expand the Federal recovery program, the coordinator program, and how are you working to better get coordination between those coordinators working better?

Mr. LYNN. Coordination is the key word there, Senator. The Federal recovery coordination program referred to is a VA program and I will turn to Secretary Gould.

We have a parallel program called recovery care coordinator that complements that. We have actually 146 recovery care coordinators. That is a DOD program that handles people as they are in the DOD system that coordinates with their families, helps them navigate through that system. That is at 67 different installations. I do not know how many are in the installation you cited. We can get that for you.

They then coordinate with the Federal recovery coordination system which is a VA system. The objective is to make those two systems work seamlessly and in a complementary fashion.

Let me ask Scott to talk about the FRC program.

Mr. GOULD. Senator, just to get a sense of the numbers here, about the 1,300 clients in that system were served by individuals that you mentioned. About 80 percent customer satisfaction rating for that.

I view this as a joint program. Our predecessor started this in 2007 and recognized the following reality, that we had two agencies absolutely dedicated to taking care of their troops but what we wanted to focus on is making sure that the transition works more effectively.

I think there is a very strong role. Bill and I have committed to a review of the Federal recovery coordinator program. We are going to hear a report next month in the Senior Oversight Committee, and the whole goal is to provide that person who has a view that extends between agencies and make sure that any last barrier can be knocked down, and any margin of additional service that we can provide to those most seriously wounded, ill, and injured warriors is provided.

Senator ISAKSON. Well, if, as Secretary Lynn says, he has 163—is that right?

Mr. LYNN. One hundred forty-six.

Senator ISAKSON. If he has 146 coordinators at active duty and you have 22 in the FRC, that ratio itself begs the question: are we not understaffed, because the number is going to be about equal.

Mr. GOULD. And, Senator, if that were the extent of the people who are focused to provide care coordination in VA, then I would conclude, as you have, that there is imbalance, but it is not.

We have hundreds of people dedicated to care coordination roles within VA, and Mr. Lynn has just cited those individuals within DOD who provide that function. The Federal recovery coordinators are the layer on top of that which make sure that all of the individuals who are focused on providing care ordination, case management, team leaders, nurses on the ground, physicians, et cetera, at these facilities are working together across the boundary, and so the Federal recovery coordinators are really that top layer that ensures that the final measure of coordination is occurring between the two entities.

But we have literally hundreds of people dedicated to that in the same way that the service does in our individual domains. What we want to do is function better across agencies.

Senator ISAKSON. Well, you used a word that I hear very often that is problematic for me and that is layer. Sometimes there are too many layers and that is when people fall through the cracks.

So, I think working on the coordination between those layers in the handoff is critical. And, my time is almost up, but I do want to mention one other thing. I have always taken great joy in the great logistics of our military and the great utilization they do and how they get so much done with so little.

But I am really worried with Walter Reed closing and Bethesda taking over all of the work in this area, and the number of wounded warriors and their types of injuries from the wars we have been

in, and coming to Washington, I am wondering if Bethesda is going to be able to handle the weight of that.

In Augusta, and I am not shilling for the home team here, but they are at 50 percent capacity at the VA hospital there. They could treat double the number of soldiers that they are treating right now.

It would seem to me that with the numbers growing like you said in the testimony that I would like for you all to take a look at what facilities VA has around the country that are maybe underutilized in that rehabilitation so we can get better ratios for our soldiers. When we reach that level at Bethesda, we are sure we have the capacity to treat them.

Mr. GOULD. Senator, I would be pleased to do that. We are constantly looking for opportunities to joint venture. In fact, we have nine locations across the country now that are under active consideration.

Senator ISAKSON. Thank you.

Chairman MURRAY. Senator Tester.

Senator TESTER. Thank you, Madam Chair. It is not my home team so I can say this.

I think it makes perfect sense to take a look at those facilities and figure out which ones. I mean, these are, well, I mean, it you do not want to overload one if the others are working. So, I appreciate Senator Isakson bringing that up.

Deputy Secretary Lynn, you guys know the statistics for unemployment for our veterans as they come back in. It is atrocious. True, we are coming out of the worst recession since the 1930s. But the fact of the matter is where unemployment rates are for our veterans returning from combat are totally unacceptable.

The chairman has a bill of which I am a co-sponsor of that she referenced in our opening remarks, and one of the things it does is it establishes a system for certifying the work and the skills gained in the active military service.

Can you clarify whether the DOD has the ability to establish such a system? And what it does is basically if you have a medic that is working in the medical field or if you have a truck driver, the list goes on and on. There are a lot of skills that are learned in the military. To be able to certify to the private sector once they get out of the DOD, be able to certify to the private sector that they have these skills.

Does the DOD have the ability?

Mr. LYNN. I will have to get back to you for the record. I am not aware of any program like that.

Senator TESTER. If we were to set a program up like that, would you have the ability? Do you know that? If you do not, that is fine. You can get back to me on it. If we were to set a program up where the military, the Department of Defense, certifies that the work that these folks have done in the field establishes them at a level of expertise for the private sector, would the DOD have that ability?

Mr. LYNN. Let me get back to you.

Senator TESTER. I appreciate that.

I think it is critically important. We heard from not 2 or 3 weeks ago a young gentleman by the name of Eric Smith in here who

could not get a job in the medical field because there was no recognition of the work he had done as a medic, which is pretty incredible.

Deputy Secretary Gould, we have talked about electronic medical records for a long, long time. The GAO came out with a report or expressed concerns that the DOD and the VA lacked the mechanisms for identifying and implementing an efficient and effective IT solutions to create a joint system. I am sure you are aware of that. Can you speak to the measures you have taken to address that?

Mr. GOULD. Senator, I would be happy to. If I might, just to add for Bill Lynn's sake, at the VA we have been very focused on this issue. I think you are right. It is an opportunity for our veterans to translate the skills that they have, and so we actually have been working with DOD on this.

VA has a system in place to help translate those skills that you are talking about. Someone who drives a truck in the military, who logs 100,000 miles under combat conditions, they ought to be safe for America's roads. Can we find a way to do that a little bit more easily and efficiently? My sense is we can.

Senator TESTER. Yes, and before I get—I will not ask this question again because you heard it but the fact is once they get to the VA end of things, once they get under your supervision, it is too late. This process has to be started when they are in the active military because it is important we certify what they have done.

So, I appreciate that.

Mr. GOULD. Sure.

Senator TESTER. I appreciate, Deputy Secretary, I appreciate you being willing to get back to us and talk to us about how the Chairman's bill will work, in fact, in the military because if it does not work we are going to have to address that then.

How about the GAO concerns about the IT between DOD and VA?

Mr. GOULD. Senator, I think the GAO concerns are legitimate, and as a result, the two secretaries got together and said we are going to fix it. That is the reason why we decided to implement a joint common electronic platform for our health records.

But one thing if I could say quickly that should give this Committee confidence that we are heading down the right road despite Secretary Lynn's concerns about the challenge of doing that is we have already delivered a prototype of the new interface. We will have in place by July of this year the new graphical user interface that will be the front-end of the system.

Senator TESTER. Does that address the GAO concerns?

Mr. GOULD. It does directly so it provides that common interface that both the DOD doctors and VA doctors have said would optimize their ability to treat patients in the system. We will have a single sign on in the North Chicago VA by the end of this year, and last, we will have significant functionality shared between the two agencies by June 2012. We are moving down the road quickly on incremental delivery of this new system.

Senator TESTER. So, would it be fair to say the recent concerns that GAO put forth, you have addressed all the concerns?

Mr. GOULD. I think that is fair to say that GAO has laid out an objective analysis of where we were, and in the last 60 to 90 days

we have taken enormous strides forward. Those recommendations and the direction that the Secretary has set have got us going to address these. We will do that.

Senator TESTER. Are there any concerns that are not being addressed?

Mr. GOULD. No.

Senator TESTER. OK. I am out of time.

Chairman MURRAY. Senator Johanns.

Senator JOHANNNS. Thank you, Madam Chair.

Let me just offer for the record. I think, Senator Tester, you have a good idea here. When you think about our military today, it is vastly different than my generation, if you will, 30 years ago or 40 years ago.

These are true professionals. These are men and women who come and oftentimes make a career in the military. They are all volunteer. They are getting outstanding training. They are developing specialties in given areas that would translate to the private sector. I just wonder if we are not utilizing, fully utilizing that in terms of trying to employ them as they leave and return to the private sector.

This is not well known but USDA actually has college where we grant degrees. Taxpayers do not pay for it so it is self-sustaining. But it is almost like that kind of concept, and I did not come prepared today to testify on that but you have turned a light bulb on in my head. I think it is a good idea and would be happy to work with you, Senator Tester, on that.

Let me, if I might, start my questioning with a thought or two about mental health services. One of the things I mentioned in my opening statement is—just raise the question—are there enough evaluators as part of the backlog in terms of getting services? The fact that we have our evaluators just as busy as they possibly can be, doing as much as we possibly can, but we have positions open or we do not have enough. I would like to hear your thoughts on that, either one of you. It is actually a question for both of you.

Mr. GOULD. So, Senator, let me start in. We have almost 20,000 people in the VA focused on mental health care delivery, social service workers, clinicians, physicians, and the like.

So, I believe that we have adequate resources in VA to be able to respond to any demand that DOD places on it. In fact, one of the things that Bill Lynn and I are working to do is to make sure that the process is as quick and efficient as it can be so that we do not create a logjam within the Armed Forces that would, as Senator Tester mentioned earlier, create a readiness issue for us.

So, we are very focused on that. We believe we have the right capability. Deploying it at the moment in time where it is needed is a challenge. We need to get better advance data about where the demand will be and we have put in place contracting resources to be able to handle that surge capacity so that when we pick up the phone and call for additional services we can bring those into the challenge of processing individuals in IDES.

Senator JOHANNNS. Secretary Lynn, any thoughts?

Mr. LYNN. Yes. The biggest challenge that we have in this area is bringing the resources to the right place at the right time. And,

by that I mean, we need to particularly focus on units that are deploying and then just returned from deployment.

That tends to be a surge. Several thousand come to one location in a single point in time, and it overwhelms any reasonable number of mental health professionals they might have. They are just never going to have enough to deal with that surge in the confined period of time that you really want to.

And, what you want to do is do an evaluation of people when they come home. You actually want to do baseline before they go. You want to do an evaluation when they come home, and then you want to do one 90 or 120 days later because oftentimes issues pop up that are delayed.

What we have been trying to do in working with VA to tackle that is to make much greater use of virtual resources, not try and have a full complement of people on-site necessarily. That would be very difficult logistically to do. But to use virtual tools, to use Skype, use online materials.

What this does is gives you an opportunity to have a personal consultation with each member rather than just say fill out a form which is the old method. In doing that, we have been particularly dependent on the resources that Scott just mentioned.

We need to be able to take mental health professionals from around the country, point them to Fort Bragg or Fort Hood or Camp Lejeune, whatever the unit is returning to, so that we can bring that level of attention to the unit when they need that.

The Army in particular has stepped out and has pioneered in this. The Marine Corps and the other services are going right behind them in doing it, and I think we can make significant progress in that area.

Senator JOHANNIS. OK. I am out of time.

Chairman MURRAY. Thank you very much.

Senator Brown.

**STATEMENT OF HON. SCOTT P. BROWN,
U.S. SENATOR FROM MASSACHUSETTS**

Senator BROWN OF MASSACHUSETTS. Thank you, Madam Chair.

Last December, GAO found that one of your pilot sites which, to be fair, was experiencing severe staffing shortages, spent an average of 140 days to complete just one exam. I know the desired timeline is 45 days. What is going on with that particular site? Are things getting better? Either one I guess.

Mr. LYNN. Why do not I start. I mean, I think you have got the numbers right. I am not sure which site you are talking about. But there are challenges in making this transition. Overall, where we stand right now is that the old system, the average, the average not just for the evaluation but to get through the whole system is about 540 days.

The average to get through the new system right now stands just under 400. We have a goal of getting it under 300. To get to that point what we have to do is deal exactly with the choke points that you are talking about, and our plan is to surge resources, in this case medical resources, to these choke points to get that backlog removed so that we hit the targeted number of days for each stage in the process, 45 as you said for the medical evaluation.

Senator BROWN OF MASSACHUSETTS. So is streamlining still to be at 400 days, 300 days, is that considered streamlining still? I mean, is that a realistic number?

Mr. LYNN. Certainly, relative to 540.

Senator BROWN OF MASSACHUSETTS. Yes. But when you are the servicemember trying to get on with your life, I mean, it is an eternity.

Mr. LYNN. Fair enough. Go ahead.

Mr. GOULD. Senator, I would just add that one of the challenges, I think one of the limitations of focusing on the time in the system is that there are actually two forces at work here.

One is that we want to provide that servicemember with as much time as they and their families need to make that adjustment, and if that means a month or 2 months or 3 months and they are on military pay and they are getting military health care and their family is on TRICARE and we know where to find them and we know where to house them, that is a positive in my view.

On the other hand, you do have individuals who say, look, I have come to terms with this. It has been life altering but my life is not over. I am ready for that transition. I think that is where you are pointing. That time needs to be shorter.

What we are striving to create here is a system that allows the individual and the services the flexibility to get what each individual case requires. Our standard here is the veteran-centric approach which is what is good for them, what is right for them. We are also using other measures than length of time through the process. Customer satisfaction being one. Utilization being another.

So, we are trying to find a balanced score card of how to measure people in this process and take care of them while we do.

Senator BROWN OF MASSACHUSETTS. Are you concerned at all that, you know, when you are dealing with the contracting departments that they may be outpaced by innovative developments in IT and are you using things and are you adapting about using things like cloud data storage? Are you up on those things?

Mr. GOULD. Senator, yes, I think this is one of the key components of the integrated electronic health record that secretaries Gates and Shinseki recently directed our two organizations to do.

And, if I could just pick up a couple of key components there. One is we are adopting an open standard, common standard for data. We are building a new interface on a common basis. We are turning to the private sector to build the applications that will be part of this joint common electronic health platform. So we are leveraging to the maximum extent possible even so far as to use open source techniques to increase our rate of innovation and improve the rates of change that we have in our electronic health record systems.

Senator BROWN OF MASSACHUSETTS. Just to stick with you for a second, sir, I cannot tell you how many hearings—I was just at hearing previously when we were talking about FEMA giving monies out inappropriately though no fraud, just through a mistake.

I have had hearings with Senator Carper, and just monies that are going out under Medicare and Medicaid just through mistakes, 76 billion a year, and, you know, it is just a mistake. OK great.

How sure will you be in the VA knowing that if Lieutenant Colonel Brown comes before you and you have everything that I am the right guy and that I am getting the benefits that I deserve?

Mr. GOULD. That is a complex set of issues there. One is how effectively are we managing IT and making sure we do not have those high dollar mistakes.

I think I am proud of our change in performance over the last 2 years at VA. When we came on board there were over 300 separate IT projects. Today there are a little over 100. Only 20 percent of those projects were meeting their milestone goals, cost, schedule, and technical performance. Today over 80 percent are meeting those.

Bill and I have committed to use that process called agile development in this joint development exercise that we are about to go through, and so we are bringing a sense of urgency and oversight and quality of management to this process that I think will avoid or lower substantially the risk that we might misspend money in this process.

Senator BROWN OF MASSACHUSETTS. Thank you.

Thank you, Madam Chair.

Chairman MURRAY. Thank you.

Senator Begich.

**STATEMENT OF HON. MARK BEGICH,
U.S. SENATOR FROM ALASKA**

Senator BEGICH. Thank you, Madam Chair, and again thank both of you for being here again for the opportunity to have a few questions.

We had a conversation, Secretary Gould, regarding Alaska and kind of how to deliver services and how to make sure they get the delivery. Can you give me some thoughts in regards especially around telemedicine? That is one of our biggest opportunities I think in rural health care not only for our State but I think for any State, Senator Tester's, or others.

So, could you give me some thoughts of how and what you see as an avenue and what the potential improvements are down the road in regard to telehealth and how you see that working especially in rural communities and then how connect up with existing services that may exist already in rural Alaska?

Mr. GOULD. Senator, thank you for that question.

This is an exciting area for VA and for the delivery of medical care. As you know, VA is one of the country's leaders and innovators in telemedicine and telehealth.

What makes it so sensible for VA to go out and go out hard, we are about a \$165 million a year in investment in telemedicine and telehealth now, is that it essentially lowers the amount of time that a physician is in transit and puts him right out there in rural communities like your own and Senator Tester's. There are communities where our biggest concern is delivering high quality care and creating and maximizing access.

So, the use of telemedicine and telehealth allows someone in a remote, rural or very rural location to be able to tap into the expertise and specialty care that VA has throughout the system.

So, I see us using more of it. I see a strong business case for that to happen, and we are committed and engaged to rolling out telemedicine and telehealth nationwide.

Senator BEGICH. Have you done, and when I say you I mean the VA, have they done a kind of strategic plan and kind of here is where we want to be with telehealth 5 years from now, 10 years from now? Is that something that has been developed because it will require resources, partnerships? Is that something that could be available to me or to the Committee if there is such a report done?

Mr. GOULD. Certainly. There is a study and review, essentially the development of a business case with a clear vision, a net present value analysis that goes with that and the first wave of funds have obviously already been committed since we are a leader in this field. But we are putting additional money onto that this very year. I would be happy to share that with you.

Senator BEGICH. Very good. I know we have introduced legislation about co-pays with regard to telemedicine. I do not know if you have had a chance to look at it. If you have not, we would be happy to share it with you because we think one is a cost saver for the VA. More people accessing it in certain ways will prevent higher costs in travel, higher cost in doctor visits and time consumption.

So, if you have not looked at the legislation, we will share it with your office. I forgot to mention it to you when you came to see me that day.

Mr. GOULD. Thank you, Senator. It sounds like an innovative approach to essentially finding more efficient ways for us to deliver care.

Senator BEGICH. A little more incentive to get them on that.

You may have answered this already during discussion earlier both of you but, Secretary Lynn, let me ask, and I know as a Member of the Armed Services Committee, DOD does their thing and then VA does their thing. Having you both here today is, I think, a great statement of kind of how these connections occur.

Can you just from, and again you may have said it earlier. I want to just, I guess, hear it for myself. Do you think the Department of Defense, do you think they are stepping in the right direction aggressively enough in regards to recognizing that this transition that occurs to the VA, you do not just stop and say OK VA you deal with it? Do you think there is a culture change occurring enough that DOD recognizes their relationship with the soldier does not end when they are discharged?

Mr. LYNN. Yes, I think there has been a culture change, Senator, and I think it is happening at multiple levels. At the top, Secretaries Shinseki and Gates have started from the very beginning meeting jointly to ensure that we have this seamless transition in the most recent set-up meetings. We talked about it today as really focused on implementing this integrated disability evaluation system and on gaining a joint electronic health record system.

So, I think that top level focuses there but I think that has permeated the organizations. The Army and the Marine Corps, the other services tell me that the level of cooperation at the base level between base commanders and VA is unprecedented, that they deal with them now every day.

Part of it is with this disability evaluation system. But I think it is a broader relationship that is being built to accomplish just what you are talking about to make sure this transition that occurs is completely seamless.

And, then finally in terms of the processes, the Integrated Disability Evaluation System which replaces the legacy DES which not only was not a system at all, it was actually a series of overlapping and inconsistent systems. Hence the integrated.

It had several problems. As we talked about with Senator Brown, processing time was too long. The processes themselves were contradictory. You got two medical evaluations. The doctors had different opinions as they do.

But maybe the biggest problem from the individual member is that it led often to a gap in pay and benefits. You would exit the DOD system and then it would take 6 or 9 months before you got fully into the VA system and actually got a check which is of course what it is.

I think the new system, I do not want to say completely because you are going to find exceptions but it is designed to eliminate that gap, that we now keep them on the DOD payroll until they transition into the VA system, and that frankly creates a bill, but it is a bill well worth paying. So I think at that process level as well we have a cultural change in terms of how we view this.

Senator BEGICH. I know my time is up. I know that is usually the biggest challenge for both the VA but DOD is kind of understanding that, and it sounds like you are making those good strides, that the soldier does not end the day they are discharged. They continue on, and there is this new integrated ability to ensure that, as you just described it, they do not have that gap of pay or benefits that are critical for that. Thank you.

Obviously, the Committee Chairman who has put this meeting together today is really looking at this on an ongoing basis because I think that is where we hear, at least I hear the biggest complaints is that kind of once you are done with the DOD, then you are kind of out there in no man's land, and VA is trying to look at the process.

So I appreciate both of you being here today.

Chairman MURRAY. Thank you very much.

Secretary Gould, as you know, last week the Circuit Court of Appeals ruled that VA's mental health services are inadequate and ordered the Department to work with the district court to revamp its entire mental health care system.

I absolutely agree that more needs to be done to meet the mental health needs of veterans, but that ruling really was based on a number of points that I did not think were true and disagreed with.

As all of us know, in the past several years Congress has made improvements to the VA's mental health programs and made it a high priority. We passed the Joshua Omvig Suicide Prevention Act, the Justin Bailey Act, and we increased funding for mental health services that allowed us to hire more than 6,000 new mental health caseworkers since 2005.

Those new professionals are seeing patients throughout the system including at many of our VA's clinics. And, I know that VA is

currently revising the clinical standards that have transformed mental health care systems throughout the VA.

There are absolutely things that the VA can do better especially reaching out to our veterans in rural America, and we know that VA and DOD have to work better together to make sure that mental health care needs are dealt with appropriately.

I wanted to ask you today if you can discuss what the Department is going to do with respect to that Ninth Circuit ruling.

Mr. GOULD. Chairman Murray, thank you, and I think you are quite right to summarize at a high level of both the active involvement of this Committee in oversight and the changes that have been driven by legislation, by vigorous oversight, and of course, the work that the VA has done as well to improve mental health care and adjudication of claims at VA.

The decision was based on 2007 data, and we have traveled a long way in the 4 years since then. Our review will be to ask DOJ to honestly look at this. Meanwhile, we are working as hard as we can to comprehensively improve mental health care.

Examples would be initiatives like our 24/7 crisis line, a 99 percent performance standard for 24-hour contact for anybody who is in crisis; 14 days or less, a 98 percent performance standard there. If somebody has an issue they can see somebody in 2 weeks' time.

We are vigorously pursuing outreach like suicide prevention. We have public service announcements, marketing campaigns, buses driving around cities with 800 numbers to call and coordinators in every local community dedicated to flushing this out and bringing people forward and destigmatizing the need to find help.

And last, we are focused on research. We are figuring out how to prevent this, how to protect people from it, and we are even inquiring into brain changes that will occur when someone is in a situation like this. We are also modernizing our disability claims system.

So we will ask DOJ to take a look at this very hard, and meanwhile we are focused on doing what we can do which is to improve the continuum of care between DOD and VA.

Chairman MURRAY. OK. I appreciate that very much.

I mentioned the in my opening remarks the issue of prosthetics, and I heard from a veteran recently who had received advanced prosthetics from the military, and I understand that when he went to the VA to get them adjusted, the VA employees had never seen the model that he was using before and, like I said, they were more interested in looking at that than they were in looking at him.

Secretary Gould, I wanted to ask you what needs to happen to raise the quality of prosthetic care to the level that the military provides today?

Mr. GOULD. Chairman Murray, first of all, for that individual, our deepest concerns and to focus on providing them the care that they need.

Working with DOD on this is a little bit like working with DARPA. I mean, there is no question DOD has the primary responsibility for the advanced prosthetics. They have world-class facilities in three locations across the United States, the funding to do that, and they can focus those resources on the people who need

them and who need state-of-the-art bleeding-edge technology to be able to provide in this prosthetics world.

We have 40,000 folks who have prosthetic devices in the VA, and by definition, we are restricted to providing technology that is commercially available. So, the DOD has got the lead stuff. We are providing commercially available. No question over time—

Chairman MURRAY. I thought the VA did research.

Mr. GOULD. We do research as well, but not at the level and the sophistication and with the focus on so few individuals that DOD is able to employ in this instance. We do not have the same level of prosthetic leading-edge technology. We think we do it second to none for a broad base of individuals who have lost or had amputations due to vascular problems, not from combat.

Chairman MURRAY. There has been a lot of progress in setting up the DOD/VA extremity and amputations center of excellence. When can we expect that to be fully operational?

Mr. GOULD. Chairman Murray, as you pointed out earlier, I think that is a question of both DOD and VA collaboration and cooperation on that. I would turn to Secretary Lynn for that piece of the puzzle.

This is the centers of excellence in DOD.

Mr. LYNN. Yes. Congress has directed several centers of excellence, not just for prosthetics.

Chairman MURRAY. Correct.

Mr. LYNN. There is the vision center. What I think I owe you, Madam Chairman, is I think we need to take a close look at where we are because, frankly, in preparing for this hearing I did a comprehensive review of what was directed and where we stood, and I think we are not where we need to be. So, what I would rather do is come back to you after taking a quick, relatively quick look, come back to you with a plan for how we are going to implement this.

Chairman MURRAY. I would very appreciate that because we have a lot of frustration with those centers, that is, in getting them up and established, and I am hearing a lot of complaints about how far behind it is. So, if you can get back to me directly with that, I would appreciate it.

Senator TESTER.

Senator TESTER. Thank you, Madam Chair.

For you Deputy Secretary Lynn, we have an Air Force Base in Great Falls called Malmstrom Air Force Base which we are particularly proud of in Montana and I think throughout the country.

The issue of a medical records repository, which I do not know if you know anything about this, but the Air Force is looking to put a medical records repository, several of them around this country. Malmstrom Air Force Base is in the running. We have got Montana State University right next to that Air Force Base. It has a phenomenal amount of health technology system medical billing coding, medical transcription courses. It would be a perfect fit. There was a site survey recently completed on Malmstrom.

Can you provide me or is it within your purview to be able to provide me with any details on the nature of the facilities being reviewed for suitability and discuss the current timetable for implementation of that?

Mr. LYNN. That particular one, no. But what I can tell you it is as part of the integrated electronic health record that Secretary Shinseki and Gates have directed at a foundational level what will make this successful is the use of common data is for the same record to go from DOD to VA with the servicemember.

The initial piece and in many ways the most important is to go with common data. Part of that is we are going to rely on common data centers. We are going to utilize common data centers. Where we are in terms of actual site locations I cannot get into at this point.

Senator TESTER. Can you get into it, can you go back and check?

Mr. LYNN. I will certainly go back and check.

Senator TESTER. And let me know who is being considered and where we are at in that process?

Mr. LYNN. Yes.

Senator TESTER. You are a gentleman and a scholar. Thank you.

Deputy Secretary Gould, you and Joan Evans were in the other day in my office. I appreciate that visit. We talked about a pilot project around Vet Centers in, shall I say, frontier/rural areas of this country to really determine what kind of impacts there are because we have so many veterans living in rural areas, whether it is in Alaska, Montana, or other rural areas around this country.

A pilot project in a highly rural area, I think, would be a great benefit. And, I just bring it up for the record today to make sure that it is on your radar screen and that we could work together potentially, work for that kind of a pilot.

Mr. GOULD. Senator, thank you. It is, and we appreciate that suggestion.

Senator TESTER. I appreciate your comment.

Last, and I appreciate the Chairman going for any second round. American Indians serve in our Armed Forces at very, very high percentages, high greater numbers than any other ethnic group from a proportional standpoint. Health care for veterans on our Indian reservations is an ongoing struggle. Unemployment rates are through the roof.

Are there any collaborative efforts that either of you know to specifically target the population in Indian country as they transition from the DOD to the VA?

Mr. GOULD. We have recently appointed a senior executive to focus on native peoples, their veterans' issues. We are focusing across the country on their needs, developing policies directly suited for them. We focus in our Yellow Ribbon and outreach efforts on making sure that every veteran is aware and enrolled in the system as early as possible. We are achieving about a 95-percent rate of penetration on that, and so, we are very focused on making sure that we have the people resources in place and the programs to be able to serve Native Americans.

Senator TESTER. I appreciate that. In these programs and as you are gathering information, is there any opportunity or effort, either one, to talk to the folks on the ground in Indian country to find out how they feel they could be served in a way that makes sense both from an effective standpoint and a monetary standpoint?

Mr. GOULD. Absolutely, Senator. In fact, we treat that as an intergovernmental issue with the tribal governments and extensive

travel and outreach, engagement both when the tribes' representatives come here to Washington, extensive travel for Assistant Secretary Tammy Duckworth and her team is part of how we are trying to improve our outreach.

Senator TESTER. I appreciate that very much.

Thank you, Madam Chair, and I want to once again thank you both for being here today. I appreciate it.

Chairman MURRAY. Thank you. Senator Begich.

Senator BEGICH. Madam Chair, just a couple of quick questions. I want to follow up, Secretary Gould. You had said that, in response to the Chairman's question, you do some research but you can use only commercially available prosthetics. Was that right?

Mr. GOULD. Correct. We are restricted to use commercially available prosthetics. Among the reasons for that are the very large number of people that need to have prosthetics supported over time so they have to be maintained, and we also use that to create competitive pricing among all the possible vendors that are out there so that we can get, obviously, the best value and the highest quality product for the prosthetics devices that we do purchase from the private sector.

Senator BEGICH. So it does not create a problem because if there is something that is not commercially available, how do you deal with that?

Mr. GOULD. That is probably the challenge that Chairman Murray's constituent had. They left the DOD care, had a state-of-the-art system in place, but went for VA care, found that it was something so new that they were not able to make the repairs or make the adjustments.

What we have done is embed our VHA personnel, prosthetics personnel, in the DOD system so we have folks who are there who can get a window into that.

I imagine that, I hope that the conversation that unfolded was, look, we do not know how to figure that out but we will figure out how to get you care. And, I would be very interested to hear kind of what happened as the next step in that conversation.

Senator BEGICH. If I can explore it just a second longer. If the mechanism was unable to be dealt with or repaired under VA, but DOD installed it, did they have the expertise?

Mr. GOULD. Yes.

Senator BEGICH. So why does not VA just contract with DOD and have it done?

Mr. GOULD. I imagine that the next step was to have that person go and get the care and service that they needed. I would think the Chairman's question and your follow-up to be about, are we doing as much as we can for those veterans who wear prostheses in our system, all 40,000 of them, many of them with diabetes and so on over time, I believe the answer is a wholehearted yes. We have a plan to further improve our system. We are working with our DOD colleagues on that.

My earlier comments were just to show that there is an agency who is designated under law to be the primary lead for prosthetics and that is DOD; and as a consequence, the money, the people, the focus has resulted in world-class capabilities that would not be sensible to duplicate in the VA. But we still are able to avail ourselves

of their knowledge and we are learning from them. In fact, all industry then picks up the best inventions that they have and tries to make them commercially available.

Senator BEGICH. I will leave it at that. I just want to echo, and we have talked about this also, what Senator Tester said about Indian country, especially in Alaska, how to deliver services in the very rural areas as we talked earlier about telemedicine but also just ensuring that they receive the benefits, the contact is there, and then how to use as we have talked to the VA for the last couple of years since I have been here on how we maximize, especially in Alaska because it is very different than the rest of the country, in how Indian health care is delivered.

Indian health care is done by a consortium of tribes. It is managed throughout the whole State. It is not done by the Indian Health Services which is a different kind of model, actually we would argue the better model and actually is proving to be a much better delivery of services within the Indian Health Service.

But because of that, and especially in rural areas, we have veterans who live in rural areas who are trying to get access but in order to do that it is very complicated to get to Anchorage or Fairbanks or some of the hubs.

But yet we have clinics that are operated by the tribal consortium of Indian Health Services that are right next to their home, sitting right there. In one case, we are building one of two in the country in Nome, Alaska, \$170 million state-of-the-art facility of the Indian Health Services to manage that whole area there, and there is no reason to replicate that from a veterans' standpoint when the service is high quality there.

So I know your office or the VA has been working with us aggressively trying to figure out how to do this and to deliver this. So again, I just want to put on the record that we are anxious to find what that magical opportunity is because we know when it is all done, it is just about hard cash and how to pay for the services, the Indian Health Services does, but the VA, veterans gone over there.

But the reality is taxpayers are paying for both of these anyway. So it is to me more of an accounting issue. I just want to emphasize our point here that we want to continue to work with you to figure out what that right opportunity is even if it is a small demonstration project of areas of remoteness that are not connected by road and some very clear clarification so we are not privatizing the VA. We are not doing any of that. We are just trying to create access with another government agency that has great quality service equal to the VA. So I just want to put that forward.

Mr. GOULD. Senator, thank you. Alaska has clearly been a big innovator here. One of our roles in VA is that we have to be flexible enough to work in partnership to create that community of care; and if there is a more efficient way, a better way for us to do it, we should certainly look into it.

Senator BEGICH. Thank you.

Thank you, Madam Chair.

Chairman MURRAY. Thank you very much.

I just wanted to mention to both of you, we have had a lot of discussion today about the joint disability evaluation system. At joint

base Lewis-McChord in my homestate of Washington, the average time that a soldier waits to get a medical examination today is 84 days. That is well over the target of 45 days, and the ratio of servicemembers to DOD case managers is 130 soldiers to one case manager, well over the goal of 20 to 1. And, we know that soldier satisfaction is only 54 percent.

So, we have heard from a lot of soldiers who put their lives on hold, their families on hold, that they are concerned about this process. I appreciate the comments you have made today, and I know the transition is difficult. But we have got to keep focusing on this because these are real families that are struggling.

With that, I do want to thank Secretary Gould and Secretary Lynn for sharing with us their views today on what the VA and DOD can do together to better care for our servicemembers and veterans with both the visible and the invisible wounds of war.

Next week, as I mentioned, this Committee is going to be hearing testimony from returning servicemembers and veterans who are going to speak about their experiences and talk about areas where the two Departments from their viewpoint can improve coordination to better meet their needs.

I did want to say I was very encouraged this morning to hear that the VA has now assisted more than 625 severely wounded veterans in applying for the new services under the caregiver program.

We have been following that very closely. It is very important to us, taking a long time to get to this point, but I am glad that those families can now begin to receive those very important benefits. It is going to make a big difference in their lives.

With that, I look forward to working with both of you, the VA and the Department of Defense, in the months ahead as we continue to make sure that our transitioning servicemembers get the best care and services as quickly as possible. I appreciate both of you again being here today.

This hearing is adjourned.

[Whereupon, at 11:33 a.m., the Committee was adjourned.]