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Statement of

Gilbert R. Cisneros, Jr.

Under Secretary of Defense (Personnel and Readiness)

Before The

Senate Veterans Affairs Committee

On Department of Veterans Affairs and Department of Defense Collaboration

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## **Introduction**

Chairman Tester, Ranking Member Moran, and other distinguished Members of the Committee, thank you for the opportunity to discuss the collaborative relationship between the Department of Veterans Affairs (VA) and the Department of Defense (DoD). VA and DoD are working closely to improve the quality, efficiency, and effectiveness of health care and the delivery of benefits and services, while enhancing interoperability and efficiency in our joint operations. We do this primarily via the Joint Executive Committee (JEC), a VA-DoD interagency collaborative body co-chaired by Secretary Remy and myself. We are uniquely situated, not just because of our positions within our respective Departments, but because we are also statutorily charged as the “chief collaborators” on behalf of our Departments. As such, we are the standard-bearers leading nearly all joint efforts between VA and DoD.

As a result of the JEC, our Departments have moved past the historically bifurcated view that DoD’s role ends and VA’s role begins when the Service member separates from military service, to embrace a new appreciation of overlapping interests and intertwined responsibilities across the Service member and Veteran life-cycle. Secretary Remy and I are honored to share our collaborative goals and some of our Departments’ collaboration actions.

## **Joint Framework for Collaborative Success**

While no Service member or Veteran shares identical experiences, there are a broad set of common stages they universally traverse. VA and DoD focus on those moments in each stage to proactively identify and address potential gaps and opportunities for collaboration, coordination, and shared resources. The Fiscal Year (FY) 2004 National Defense Authorization Act (NDAA) directed the establishment of the JEC to maximize coordination and sharing between and within the Departments. There are four subordinate executive committees aligned under the JEC: Health Executive Committee (HEC), Benefits Executive Committee (BEC), Transition Assistance Program Executive Council (TAP-EC), and the Information and Technology Executive Committee (ITEC), in addition to seven independent working groups that focus on a range of specific joint topics, from military sexual trauma to suicide prevention (Attachment 1: Joint Executive Committee Organizational Structure).

As such, the JEC provides a comprehensive senior-leader forum and framework to pursue our collaborative priorities (Attachment 2: FY 2022 VA-DoD Strategic Goals and Priority Objectives – Summary Chart). Together, it works to enhance lines of communication, addresses barriers and challenges to collaborative efforts, facilitates opportunities to improve resource utilization, asserts and supports mutually beneficial opportunities to improve business practices, and allows collaborative exploration on opportunities for high-quality, cost-effective healthcare delivery. Title 38, U.S. Code, Sections 320 and 8111 requires the JEC to produce a strategic plan to shape and focus VA and DoD collaborative work. Guided by the Joint Strategic Plan, the JEC provides an essential forum for leadership from VA, DoD, the Military services, and interagency partners, such as the Department of Labor (DoL), to work cooperatively to drive improvements in the delivery of healthcare, benefits and services, transition, job training and post-service

placement.

Our relationship has never been stronger. A timely example of this strength can be found in the DoD's Independent Review Commission (IRC) on Sexual Assault in the Military. The Commission membership included the assistant secretary from the Office of Public and Intergovernmental Affairs at the Department of Veterans Affairs. This interagency addition was critical to shaping recommendations on victim care and support. As we continue to tackle joint challenges, we lean forward into the authorities Congress has provided by including voices from other federal agencies, critical to Service member and Veterans support. As co-chairs, we recognize the ability to reach our full potential relies on collaboration beyond VA and DoD. As such, in 2019 VA and DoD extended an official invitation to DoL to participate in the JEC. The work and perspective DoL brings to the JEC positively impacts VA and DoD efforts.

Over the last three-years (FY 2019-2021), the VA and DoD—through the JEC—have undertaken 193 targeted actions to achieve 72 joint priorities. Historically, the strategic plan covered only three years and was more of an operational document. As the JEC structure has matured, so too has our collaboration, allowing us to expand our planning cycle to a six-year period. Mr. Remy and I recently signed the VA-DoD Joint Strategic Plan for FY 2022-2027 that focuses on five overarching goals: (1) Health Care Collaboration, (2) Integrated Benefits and Service Delivery, (3) Enhancing Transition and Post-Service Placement, (4) Modernizing Shared Business Operations, and (5) Strengthening Interoperability and Partnerships.

Our vision for the future is included in the FY2022-FY2027 VA-DoD Joint Strategic Plan. Our efforts continue. Through the JEC, we are prioritizing and synchronizing joint initiatives, programs, and policies; increasingly sharing resources; and enhancing interoperability.

#### *Strategic Goal 1: Health Care Collaboration*

Our Departments continue to tackle joint objectives that will provide a consistent, patient-centered healthcare system that delivers excellent quality, access, satisfaction, and value. VA and DoD together manage the two largest health care systems in the nation, which includes an overlapping population. Over the years we have gained value, efficiencies, and consistency and reduced duplication and waste, from a collaborative relationship that provides high-quality care for more than 18 million Service members, Veterans, and eligible beneficiaries.

As a result of the COVID-19 pandemic, telehealth and virtual health use across the country has increased in 2020 and 2021. VA and DoD shared expertise on telehealth delivery during the pandemic and updated training and educational content resulting in a common framework for competency development and service delivery. Together, we will continue embracing telehealth and virtual health to increase access to health care, including for Service members and Veterans who may be unable to travel or are not near an installation or medical facility, with the goal of improving access and outcomes for all beneficiaries.

#### *Strategic Goal 2: Integrated Benefits and Service Delivery*

The JEC aims to deliver comprehensive benefits and services through an integrated beneficiary-centric approach that anticipates and addresses the needs of stakeholders, provides excellent customer service, and is transparent.

The population of VA and DoD beneficiaries is diverse with eligibility for a wide range of benefits through each stage of the Service member and Veteran life-cycle journey. VA and DoD recognize the complexity of this system and continue efforts to enhance the process by integrating technology into joint business operations, eliminating gaps and discrepancies in benefits offered, and improving communication with beneficiaries.

Section 621 of the FY 2019 NDAA required the extension of commissary, exchange, and certain morale, welfare, and recreation retail facility privileges to Veterans awarded the Purple Heart or Medal of Honor, former prisoners of war, those with a service-connected disability, and caregivers for Veterans. This expansion created eligibility for nearly 4.1 million new patrons. In under a year, the teams at VA and DoD worked diligently to develop eligibility criteria, identify and resolve installation access issues, and implement acceptable identifications credentials, successfully implementing the expansion on January 1, 2020.

### *Strategic Goal 3: Enhancing Transition and the Post-Separation Experience*

About 200,000 Service members transition out of the military each year. The transition from military to civilian life—especially the 365-days prior to the 365-days post separation—is widely recognized as a challenging and stressful time for Service members and their families.

As such, the JEC co-chairs directed the re-alignment of the Transition Assistance Program Executive Council (TAP-EC) under the direct purview of the JEC, which connected the co-chairs of the TAP-EC directly to the co-chairs of the JEC. Further, we prioritized enhancing transition and the post-separation experience as a strategic priority. The inclusion of transition and post-service placement in the Joint Strategic Plan reflects our shared focus on providing a comprehensive, timely and a personalized approach to ensure transitioning Service members and Veterans have access to quality care, benefits programs, job training, and post-service placement services at the right time.

*Military to Civilian Readiness (M2C Ready) Framework.* In 2019, the JEC approved the M2C Ready Framework that aligns the myriad of disparate transitional activities, including the Transition Assistance Program (TAP), under one overarching umbrella, and officially designated the transition period as the critical 365-days pre-separation to 365-days post-separation. The six-step framework (Attachment 3: Military to Civilian Transition Readiness (M2CReady) Framework) ensures a Service member leaves the military with easy access to and support of all the benefits and resources to which they are entitled.

M2C Ready is a result of several JEC-sponsored Military to Civilian Transition Summits and Executive Order 13822: *Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life*. Many of the early aspects of M2C Ready were later codified in various NDAAs. M2C Ready has become a holistic, living, adjustable framework that puts the Service member at the center of the process. Its creation facilitated standardized and individualized

assessments conducted by each Military service, addresses known risks of transition and highlights opportunities for improvement.

Significant work has gone into creating a Baseline Well-Being Assessment (BWA) administered by DoD to measure and address a Service member's susceptibility to the social pitfalls of transition. VA and DoD have come together to develop a joint separation health exam (OneSHA initiative) reducing redundancies and creating efficiency. The enhanced statement of benefits (ESOB) will eventually provide a single, authoritative, online statement—hosted at VA.gov—containing a comprehensive, tailored list of eligible post-separation benefits from Departments including the VA, DoD, and DoL with the ability to apply in real-time for those benefits. The JEC approved a prototype of the system in 2020, with implementation slated for 2022. Other efforts included extending eligibility for MilitaryOne Source to Veterans and their families for one-year post service. Military OneSource offers more than 200 support services, including individualized consultations, coaching, and non-medical counseling, and has been actively used in post-military life. Finally, DoD, in partnership with VA and DoL, continue to seek opportunities to provide eligible Service members with job training, employment skills training, apprenticeship, and other employment preparation opportunities to facilitate job access in the civilian sector upon transition from military service.

#### *Strategic Goal 4: Modernizing Shared Business Operations*

VA and DoD are committed to using resources responsibly. While each Department has appropriately separate business operations to support our respective missions, the overlapping population of beneficiaries presents opportunities for a joint approach to gain efficiencies. With this priority in mind, modernizing shared business operations is the JEC's fourth strategic goal. The collaborative work undertaken by VA and DoD identifies and addresses barriers to effective delivery of services through proactive joint planning and execution, innovative technology solutions, and a commitment to financial stewardship. A prime example is our joint work on reimbursement methodology.

DoD and VA have worked together to develop and implement an enterprise-wide payment and reconciliation process to manage medical care workload provided through resource sharing agreements. A successful pilot on an enterprise-wide payment and reconciliation process to manage financial and medical care workload led to the adoption of new joint business rules. Reimbursement between sites consistently meets or exceeds the 30-day target to reconcile and pay clean health care claims. Here in the National Capital Region, the pilot has reduced the billing process from 174 days to 30 days.

#### *Strategic Goal 5: Strengthening Interoperability and Partnerships*

Cross-agency and public-private partnerships create opportunities to drive meaningful change. The effectiveness of any partnership depends on the ability to exchange and use information. VA and DoD continue to strengthen and expand their network of interagency and public-private partnerships to bolster organizational agility and promote operational efficiency. The Departments are committed to improving interoperability. The exchange and use of data

facilitate data-drive decisions, and enable a seamless experience for beneficiaries.

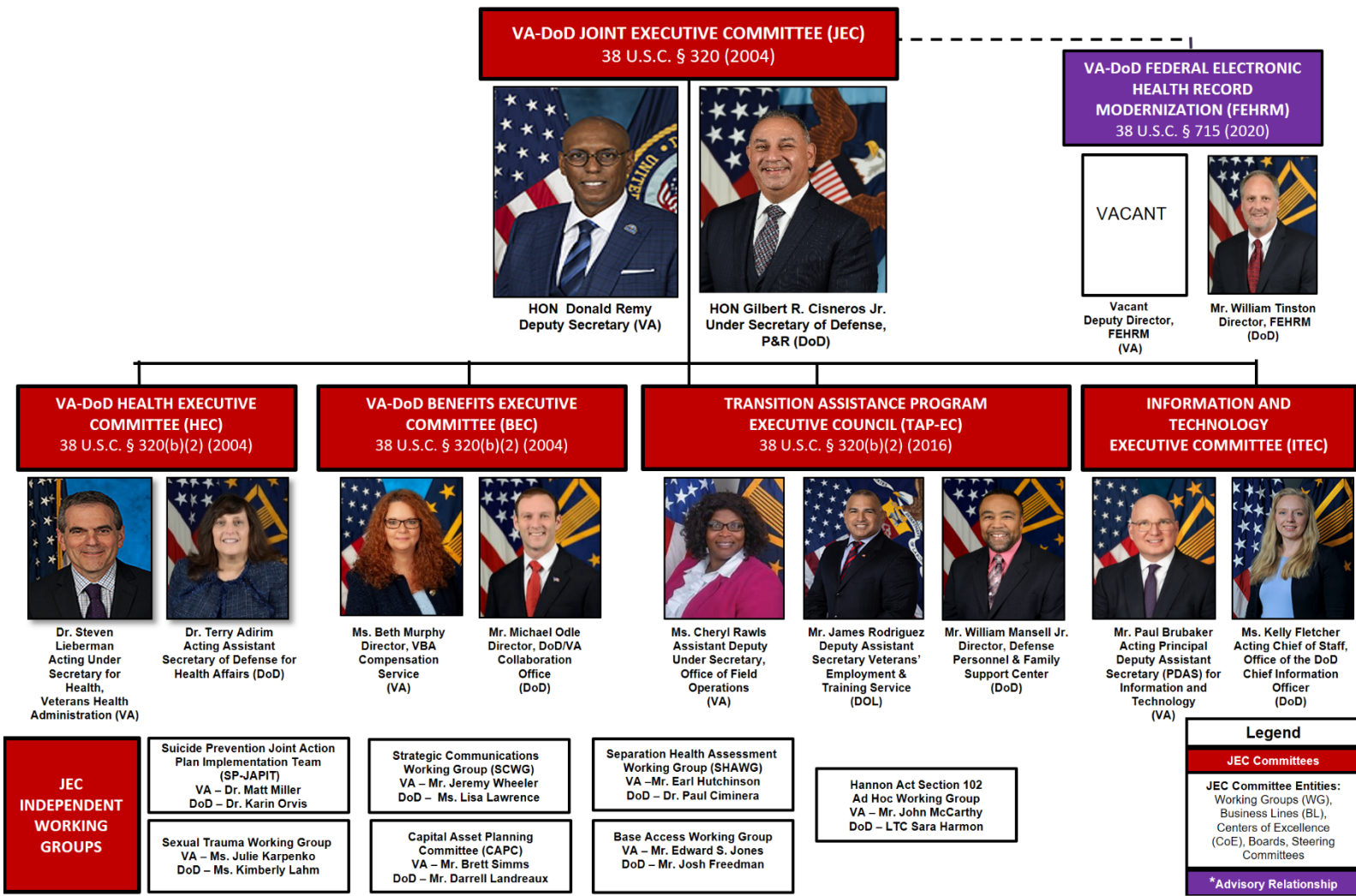
While interoperability and partnership are terms often used in government, this has real implications for joint VA and DoD efforts. Through the guidance and direction of the JEC, VA and DoD have piloted and expanded the adoption of the Defense Medical Logistics Standard Support (DMLSS) inventory management system. Over the course of a multi-year rollout, VA and DoD will continue to integrate a single logistics and supply management system for medical and surgical items and services, leveraging the DoD supply chain and creating a centralized ordering system, rather than using two separate VA and DoD systems. The effort was first piloted at the Captain James A. Lovell Federal Health Care Center (FHCC), a joint VA DoD facility, in North Chicago, Illinois.

Day-in and day-out, we continue to see positive movement on joint efforts that have taken years to achieve. An example is our six-year effort to develop combined capital projects, permit proactive joint capital asset planning, and capital investment in shared medical facilities in a more integrated manner. Differences in Title 10 and Title 38 limit our ability to reach our full potential due to the Departments lacking the necessary authority to plan and build appropriate capacity into our construction and leasing projects to address the needs of our joint patient population. We appreciate the Senate's inclusion of a provision to address this challenge in the FY2022 NDAA.

## **Conclusion**

Thank you again for the opportunity to discuss VA and DoD collaborative efforts. Our joint work is never ending. Our efforts continue. Through the JEC, we are prioritizing and synchronizing joint initiatives, programs, and policies; increasingly sharing resources; and enhancing interoperability. Our vision for the future is included in the FY2022-FY2027 VA-DoD Joint Strategic Plan. We also appreciate your continued support to our Service members, Veterans, their families and caregivers. We look forward to your questions.

Attachment 1: Attachment 1: Joint Executive Committee Organizational Structure



Attachment 2: FY2022-FY2027 VA-DoD Strategic Goals and FY2022 Priority Objectives

<b>Goal 1 – Improve Health Care Collaboration</b>	<b>Goal 2 – Integrate Benefits and Services Delivery</b>	<b>Goal 3 – Enhance the Transition and Post-Separation Experience</b>	<b>Goal 4 – Modernize Shared Business Operations</b>	<b>Goal 5 – Strengthen Interoperability and Partnership</b>
<p>Suicide Prevention</p> <p>Environmental Exposures/Individual Longitudinal Exposure Record (ILER)</p> <p>Telehealth</p> <p>Military Medical Provider Readiness (MMPR)</p> <p>Opioid Safety and Awareness</p> <p>Sexual Trauma Health Care Assistance</p>	<p>Military Personnel Data Transmission</p> <p>Joint Plan to Modernize External Digital Authentication</p> <p>Extension of Certain MWR Privileges to Certain Veterans and their Caregivers</p> <p>Improve the transition from DoD’s SCAADL to VA’s Caregiver Support program</p> <p>Dual Compensation</p> <p>Service Treatment Record (STR) Electronic Sharing</p> <p>Sexual Trauma Benefits Assistance</p>	<p>Military-to-Civilian Transition (M2C Ready)</p> <p>Mandatory Separation Health Examinations</p> <p>Sexual Trauma Transition Assistance</p>	<p>Base Access</p> <p>VA-DoD Reimbursement Process</p> <p>Joint Sharing of Facilities and Services</p> <p>VA-DoD Legislative Collaboration</p> <p>Integrated Disability Evaluation System (IDES)</p> <p>Identity Management</p>	<p>Electronic Health Record (EHR) Modernization Interoperability</p> <p>Joint Data and Analytics Strategy</p>



Attachment 3: Military to Civilian Transition Readiness (M2CReady) Framework

