Department of Veterans Affairs and Department of Defense Joint Executive Committee Joint Strategic Plan Fiscal Years 2013-2015

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EXECUTIVE SUMMARY

The *Department of Veterans Affairs (VA) and the Department of Defense (DoD) Joint Executive Committee (JEC) Joint Strategic Plan* (JSP) is the primary source document that conveys to the Secretaries of the Departments the JEC's recommendations for the strategic direction of joint coordination and sharing efforts between the two Departments. Co-Chaired by the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness, the JEC manages and implements the joint priorities monitored by the Secretaries of both Departments.

Joint Governance

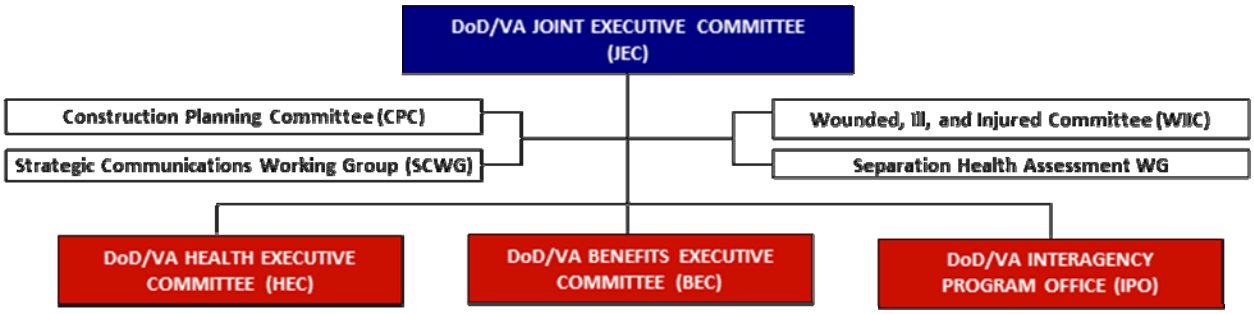
For the past five years, joint VA-DoD priorities were overseen by two different governance bodies, the JEC and the Senior Oversight Committee (SOC).

- The JEC was created by Congressional action in 2004 to increase resource sharing between VA and DoD. The JEC was designed to focus on broad issues affecting all Service members.
- The Secretary of Defense formed the SOC in 2007. The purpose of the SOC was to ensure that the recommendations of the various task forces and commissions established to address the issues identified at Walter Reed Army Medical Center were promptly and properly integrated and implemented, coordinated, and resourced.

On January 19, 2012, the JEC Co-Chairs agreed to consolidate the SOC and JEC forums. This decision was based on a recommendation from DoD's Recovering Warrior Task Force. The overarching purpose of the consolidation was to streamline processes between the Departments of Veterans Affairs and Defense in order to make more efficient use of time and resources, benefiting Service members, Wounded, Ill, and Injured Warriors, Veterans, and their families.

As a result of the consolidation, the subordinate Health Executive Committee (HEC), Benefits Executive Committee (BEC), Interagency Program Office (IPO), and Independent Working Groups (IWGs) assumed increased responsibilities in order to maintain the Departments' commitment to collaborative issues, especially those pertaining to Wounded, Ill, and Injured Service members and Veterans. Of specific concern to the Task Force was ensuring that the new consolidated committee adequately addressed any new and emerging recovering warrior issues. As a result, the Departments created a Wounded, Ill, and Injured Committee under the JEC to oversee these matters. The figure below represents the current JEC organizational structure. The HEC, BEC, and IPO each have sub-working groups that are not represented on this chart.

Figure 1 – JEC Organization Chart



Based on this consolidation, the sub-committees reaffirmed and/or identified current and emerging issues and challenges that need to guide the Departments' long term strategic planning efforts.

Current and Emerging Major Initiatives

The sub-committees will focus on the following current and emerging major initiatives in Fiscal Years (FY) 2013-2015.

The HEC will focus on the following priorities:

- Joint Pharmacy initiatives
- Deployment Health issues such as Camp Lejeune and the Individual Longitudinal Exposure Record (ILER)
- Integrated Mental Health Strategy including the Suicide Prevention and the Suicide Repository
- Joint Market Health Strategy Opportunities, Resource Sharing, and Joint Ventures
- Integrated Electronic Health Record (iEHR)
- James A. Lovell Federal Health Care Center
- Warrior Care & Coordination Task Force implementation of recommendations
- Credentialing

The BEC will focus on the following priorities:

- Significantly increasing the availability of sharing electronic information (Service Treatment Records, Defense Department [DD] Form 214, Disability Benefits Questionnaire)
- Increasing communication efforts to share benefits information

The IPO will focus on the following priorities:

- Establishing iEHR Initial Operating Capability (IOC) which includes, architecture, design, infrastructure, and initial clinical capabilities

- Expanding the exchange of health data within the private sector, DoD, and VA

The following section provides a more comprehensive overview of the JEC strategic direction for FY 2013-2015.

Strategic Framework

Although the governance structure was merged in 2012, the strategic framework and scope of the joint VA-DoD issues remains the same. Joint VA-DoD efforts are aligned under three primary goals: Benefits & Services, Health Care, and Efficiencies of Operation. These three goals are supported by three cross-functional foundational elements: Interoperability, Client-centric focus, and Partnerships. The foundational elements are cross-cutting and fundamental to all VA-DoD efforts.

Figure 2 – JSP Strategic Framework

Mission Statement	Optimize the health and well being of Service members, Veterans and their eligible beneficiaries
Vision Statement	Provide a single system experience of lifetime services through an interdependent partnership that establishes a national model for excellence, quality, access, satisfaction, and value.

Benefits and Services	**Health Care**	**Efficiencies of Operation**
Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and addresses client needs.	Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.

Interoperability	Ensure that authorized beneficiary and medical data are accessible, usable, shared and secure to meet the needs of clients, customers and stakeholders.
Client Centric Focus	Understand the current and future client to deliver high-quality health care, benefits and services that exceed their expectations.
Partnerships	Increase capabilities, efficiencies and effective outcomes in health care, benefits and services through collaboration and "whole of nation" partnerships.

The JSP for FY 2013-2015 reflects VA and DoD's joint priorities managed within the consolidated JEC governance structure. The plan updates and expands upon the performance objectives from the JSP FY 2011-2013. VA and DoD continue to refine joint planning efforts using a performance-based methodology to develop objectives that are designed to be "SMART": Specific, Measurable, Achievable, Realistic, and Time-bound.

Through this approach, VA and DoD are better able to:

- Articulate desired outcomes;
- Define strategic objectives, initiatives, and performance measures;
- Identify a consistent method for measuring and reporting program performance;
- Create more accountability to compel organizations to concentrate time, resources, and energy on achieving objectives; and
- Demonstrate progress toward objectives and improve transparency to senior leaders in DoD, VA, and Congress, as well as Veterans, Service members, and other stakeholders.

The collaborative work between VA and DoD to ensure leadership, commitment, and accountability in FY 2013-2015 is highlighted in the following Goals, Sub-goals, and major initiatives.

Goals, Sub-goals and SMART Objectives

Joint VA-DoD efforts are aligned under three primary Goals which are supported by Sub-Goals and SMART Objectives. Sub-goals are the high-level actions necessary to achieve the desired outcome of each strategic goal. Sub-goals connect the broad mission, vision, and strategic goals to tangible actions. SMART objectives articulate the activities and milestones needed to achieve these goals.

Goal 1: Benefits and Services

Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and addresses client needs.

VA and DoD will continue to streamline the benefits application process, eliminate duplicate requirements, and improve and correct business practices that currently complicate the transition from Active Duty to Veteran status through enhanced Departmental collaboration. These efforts will be accomplished through joint initiatives that ensure dissemination and accessibility of information on the multitude of benefits and services available to both VA and DoD beneficiaries.

To meet its goal of delivering comprehensive benefits and services the BEC will work collaboratively in FY 2013-2015 to pursue the following Sub-goals:

- Increase knowledge of VA and DoD benefits and services.

The Pre-Discharge Sub-Goal has been removed from this strategic plan and the BEC is currently reviewing and considering recommendations for a possible repurposing of this BEC working group.

Goal 2: Health Care

Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.

VA and DoD are committed to working together to improve the access, quality, effectiveness, and efficiency of health care for Service members, Veterans, and their beneficiaries. Subject matter experts from both Departments engage in collaborative work on a regular basis through the HEC and its WGs. The HEC oversees the cooperative efforts of each Department's health care organizations and supports mutually beneficial opportunities to improve business practices and ensures high quality, cost effective health care services for both VA and DoD beneficiaries.

The attributes of quality, access to care, value, and client satisfaction are critical to all HEC objectives as a basic foundation for providing high quality health care.

To meet its goal of providing high quality care, the HEC will work collaboratively in FY 2013-2015 to pursue the following:

- Quality: Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.
- Access: Facilitate improved availability and access for all Service members, Veterans, and their beneficiaries, to assure that they receive responsive care whenever they need it, in traditional and evolving delivery methods, while eliminating or reducing disparities and removing any barriers to care and health care utilization.
- Value: Encourage substantive improvement for patient-focused, high-value care, which includes the delivery of the right health care to the right person, at the right time, for the right price through the use of reliable health care cost and quality information.
- Satisfaction: Ensure client satisfaction by assessing various aspects of their health care experience in comparison to their expectations, to include their assessment of improvement in their health status.

Goal 3: Efficiencies of Operation

Establish a national model for effective and efficient delivery of benefits and services through joint planning and execution.

VA and DoD in collaboration with the IPO will work together to integrate and share appropriate information electronically via the use of enterprise architectures and data management strategies that support timely, secure, and accurate data delivery of health care and benefits. The Departments will continue to retain the responsibility for requirements development, life-cycle program management, financial management, information technology development and implementation.

VA and DoD will facilitate opportunities to improve resource utilization, enhance the coordination of business processes and practices by improving the management of capital assets, leveraging the Department's purchasing power, maximizing the recovery of funds directed for the provision of health care services, developing complementary work force plans, and designing methods to enhance other key business functions.

To meet its goal of effective and efficient operations the HEC, BEC, IPO and IWGs will work collaboratively in FY 2013-2015 to pursue the following Sub-goals:

- Jointly refine and improve the Integrated Disability Evaluation System (IDES) process.
- Oversee the entire life-cycle of the paper military Service Treatment Record (STR).
- Ensure appropriate Departments, Agencies, Service members, Veterans, and representatives have immediate and secure access to reliable and accurate benefits-related data.
- Ensure the highest level of economic and organizational efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.
- Evaluate the effectiveness and efficiency of the Captain James A. Lovell Federal Health Care Center five-year demonstration project.
- Inform Veterans, Service members, military families, and other stakeholders of key, identified strategic messages and priorities of the JEC.
- Identify, propose, and increase collaboration opportunities for Joint Capital Asset Planning.
- Develop a common set of criteria or process for performing separation health assessments for eligible Service members who are leaving the military to meet the requirements of both Departments.

In addition to the work being done within the HEC, BEC, IPO, and IWGs, the Departments are leading two high-level task forces to focus on two priority cross-cutting issues: Veterans employment and care coordination. The Veterans Employment Task Force and the Care and Coordination Task Force are Co-Chaired by VA and DoD and involve many representatives from the HEC, BEC, and IPO. The JEC is informed of their work and where appropriate, the work is sustained and embedded into the Sub-councils and Working Groups.

Conclusion

The JEC leadership will continue to set the strategic direction using the JSP framework for joint coordination and sharing efforts between VA and DoD. The VA/DoD JEC JSP FY 2013-2015 updates and expands upon the objectives from the JSP FY 2011-2013. These enhancements are designed to help VA and DoD demonstrate and track progress toward defined goals, objectives, and end-states, also providing the continuum to successfully meet the needs of Service members, Veterans, and their beneficiaries.

Goal 1 – Benefits and Services

VA and the DoD are committed to an outcome performance objective process. The following reflects the templates created by the respective working groups to help steer and reach success. The templates will also demonstrate the magnitude of the day-to-day work being performed by both Departments.

Goal 1 - Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and addresses client needs.

FY 2013-2015 JSP Objective 1.1.A

Goal 1: Benefits and Services - Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and address client needs.	Working Group	BEC Communications of Benefits and Services Working Group
Sub-goal 1.2: Increase knowledge of VA and DoD benefits and services.		
SMART Objective 1.2.A: Leverage military and VA communication outlets to share benefits information, as evidenced by a 25 percent increase in information sites available to Service members and Veterans on benefits and services provided by VA and DoD by September 30, 2015.		
Activities & Milestones	1. Develop a comprehensive Social Media marketing plan to increase awareness of VA/DoD benefits and services by December 31, 2012. 2. Jointly create web informational products, in coordination with the VA/DoD Collaboration Office, on VA/DoD benefits and services that target and educate Service members undergoing processing within the Integrated Disability Evaluation System by December 31, 2012. 3. Review Early Communication messages to Service members for content by March 31, 2013. 4. Conduct reviews of eBenefits content material quarterly. 5. Provide the ability to track Benefits Delivery at Discharge (BDD)/Quick Start web page visits by September 30, 2012. 6. Work with the appropriate VA/DoD subject matter experts to ensure that at least two media-related products, one broadcast and one print, continue to be produced by September 30 annually through FY 2015. 7. Coordinate a minimum of two joint outreach events by September 30, 2013, and annually thereafter. 8. Enhance the VA/DoD Military Services and Pre-Discharge Web sites to provide updated information that is relevant to lifecycle events by September 30, 2013, and annually thereafter. 9. Conduct quarterly reviews of various VA and DoD Web sites' content of VA/Office of Secretary of Defense (OSD)/Services benefits-related information beginning second quarter 2013.	
Recommended Metric(s)	• Increase eBenefits visibility by advertising the eBenefits portal on an average of two VA or DoD sites per quarter. • Increase by 20 percent the number of VA and DoD Web sites that host the eBenefits URL by fourth quarter 2013 and annually thereafter. • Ensure a minimum of 30 percent content of VA/OSD/Services' benefits-related information on the various VA and DoD Web sites are reviewed for accuracy and that 100 percent of any new benefits mandated by law are disseminated to Service members, Veterans, and their families by September 30, 2013, and annually thereafter.	

Goal 2 – Health Care

VA and DoD are committed to an outcome performance objective process. The following reflects the templates created by the respective working groups to help steer and reach success. The templates will also demonstrate the magnitude of the day-to-day work being performed by both Departments.

Goal 2 – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.

FY 2013-2015 JSP Objective 2.1.A

<table>
<tr><td colspan="2">Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.</td><td>Working Group</td><td>Health Executive Council (HEC) Patient Safety Working Group</td></tr>
<tr><td colspan="4">Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.</td></tr>
<tr><td colspan="4">SMART Objective 2.1.A: Decrease overall preventable harm to VA and DoD patients due to hospital acquired conditions such as falls, decubitus ulcers, and adverse medication events (aligned with the Department of Health and Human Services' Partnership for Patients national campaign) by September 30, 2014; sustain the decreased level of preventable harm to patients through September 30, 2015.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">1. Patient Safety Reporting Analysis
a) Share aggregated data from patient safety event reports to enable lessons learned from each Department's data analysis techniques. Jointly develop educational resources (i.e., webinars, job aides, toolkits) focused on preventing falls, decubitus ulcers, and adverse medication events by September 30, 2013.
2. Root Cause Analysis (RCA)
a) Evaluate existing Departmental strategies to optimize use of RCA information by both Departments.
b) Milestone: Complete due diligence to evaluate a single common RCA process for both Departments by September 30, 2014.
3. Medication Safety
a) Collaborate to prevent adverse medication events, and educate VA and DoD patients through health literacy promotion and awareness activities. Each Department to share its algorithm/process for determining release of a patient safety medication alert by September 30, 2013.
b) Institute a joint standardized algorithm to determine when a patient safety medication alert should be issued by September 30, 2015.
c) Issue new prescription standards to improve patient literacy for use of personal medication by September 30, 2015.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• Decrease cases of hospital acquired decubitus ulcers per 1,000 discharges with a length of stay greater than four days.
• Decrease number of falls occurring during a patient's course of care that results in unintended harm/injury to the patient.</td></tr>
</table>

FY 2013-2015 JSP Objective 2.1.B

Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	HEC Patient Safety Working Group
Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.		
SMART Objective 2.1.B: Decrease preventable hospital readmissions within thirty days of discharge for targeted, high-risk conditions (aligned with the Department of Health and Human Services' Partnership for Patients national campaign) by September 30, 2015.		
Activities & Milestones	1. Data methodology: Exchange data methodology considerations to measure readmissions and track progress across each Department to encompass data sources, exclusions, inclusions, and risk adjustment considerations, by September 30, annually. 2. Share lessons from the Departments' hospitals which have successfully implemented programs/initiatives yielding lower rates of hospital readmissions by December 31, 2013. 3. Share proposed data methodologies to calculate preventable hospital readmissions for targeted high risk conditions across the Departments by September 30, 2014. 4. Transitions/Coordination of Care: Collaborate on activities to promote safe transition/coordination of care for patients across care settings (hospital, home, physician office, etc.), by September 30, annually. 5. Jointly develop an educational resource (i.e., webinar or job aide) describing lessons from safe transitions/coordination of care and efforts to reduce preventable hospital readmissions by September 30, 2015.	
Recommended Metric(s)	• Decrease preventable thirty-day hospital readmissions for targeted, high-risk conditions.	

FY 2013-2015 JSP Objective 2.1.C

Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	HEC Evidence Based Practice Working Group
Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.		
SMART Objective 2.1.C: Lead the development of evidence-based clinical practice guidelines to enhance high quality health care by increasing information sharing annually as evidenced by a) completing 100 percent of joint VA/DoD evidenced based clinical practice guidelines (EBCPGs) against the target of four guidelines, b) 100 percent of EBCPGs completed annually that are posted on the Web sites.		
Activities & Milestones	1. Employ clinically diverse and collaborative groups to develop, update, adapt, adopt, and/or revise four EBCPGs by September 30, annually. Post guidelines to www.healthquality.va.gov and https://www.QMO.amedd.army.mil. 2. Formally introduce via podium presentations, abstracts, or exhibits, two EBCPGs at professional conferences, within six months of their completion date. 3. Collaborate with national professional health organizations when judged beneficial to VA and DoD to develop clinical practice guidelines. 4. Achieve National Guidelines Clearinghouse approval and recognition on all issued EBCPGs within one year after submission. 5. Track the number of EBCPGs posted on the National Guidelines Clearinghouse website by September 30, annually. 6. Track the number of internet requests over the previous fiscal year by September 30, annually. 7. Track the number of CPG tools ordered over the previous fiscal year by September 30, annually.	
Recommended Metric(s)	• Percentage of EBCPG's completed against the target of four guidelines annually. • Number of VA/DoD EBCPGs completed that are posted on the indicated websites annually.	

FY 2013-2015 JSP Objective 2.1.D

Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	HEC Health Professions Education Working Group
Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.		
SMART Objective 2.1.D: Increase staff ability to provide quality health care, as evidenced by a) increasing VA-DoD trainee exchanges; b) designing, implementing, and evaluating the Short Form Learner's Perception Survey (SFLPS) for VA and DoD health professions trainees, and c) maintaining Graduate Medical Education (GME) training capacity in the National Capital Region (NCR) through September 30, 2015.		
Activities & Milestones	1. Design Short Form Learner's Perception Survey (SFLPS) for VA and DoD health professions trainees by June 30, 2013. 2. Pilot SFLPS at one site by June 30, 2014. 3. Pilot the VA and DoD Trainee Affiliation Agreement (TAA) at two locations by June 30, 2014. 4. Implement two VA and DOD health care trainee exchanges by June 30, 2015. 5. Report VA and DoD SFLPS effectiveness to the HEC by December 31, 2014. 6. Report VA and DoD health care trainee exchange results to the HEC by December 31, 2015. 7. Complete final assessment of the NCRGME capacity within six months following final Defense Base Closure and Realignment (BRAC) report.	
Recommended Metric(s)	• Maintain GME training capacity in the NCR during Academic Year (AY) 2013-2014 (July 1, 2013 - June 30, 2014) and AY 2014-2015 (July 1, 2014 - June 20, 2015) compared to the baseline established in AY 2010-2011. • Design and testing of SFLPS completed by June 30, 2013. Pilot and test SFLPS during AY 2013-2014. • Report effectiveness of SFLPS to HEC by December 31, 2014.	

FY 2013-2015 JSP Objective 2.1.E

Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	HEC Deployment Health Working Group
Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.		
SMART Objective 2.1.E: Coordinate joint efforts to increase sharing of health surveillance information, review relevant literature on hazardous environmental exposures, and share Service member and Veteran health information between VA and DoD, so that situations in theater, which place these populations at risk, are identified, and VA and DoD responses are appropriately coordinated.		
Activities & Milestones	1. Review DoD's identification of major environmental and occupational exposure incidents in theater, DoD's provision of data to VA, and develop appropriate VA and DoD follow-up activities, including outreach to Service members and Veterans, and provide an assessment to the HEC and other relevant stakeholders, by September 30, annually. 2. Develop and implement an interagency plan to evaluate the potential long-term effects of exposure to burn pits and other airborne hazards in theater, including health surveillance, research, and identification of possible preventive measures for future deployments, by September 30, 2013. 3. Review and discern the lessons learned from the DoD development of the Operation Tomadachi Registry, which will include the names and locations of US Service members and family members located in Japan during the radiation release, and the sharing of Registry data with VA, by September 30, 2013. 4. Analyze relevant research literature and government reports on deployment-related environmental exposures and provide strategic recommendations to the HEC, to mitigate and prevent the potential health effects of hazardous exposures, by September 30, annually.	
Recommended Metric(s)	• Number of major environmental and occupational exposure incidents, which warrant VA and DoD medical surveillance, provision of related medical care, or other follow-up activities by September 30, annually. • Number of recommendations, briefings, and information papers based on scientific analyses and other activities, which are forwarded to the HEC and JEC by September 30, annually.	

FY 2013-2015 JSP Objective 2.1.F

Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	HEC Psychological Health/Traumatic Brain Injury (PH/TBI) Working Group
Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.		
SMART Objective 2.1.F: Promote a common standard of care to support Traumatic Brain Injury (TBI) by: a) continuing to identify at least two research, policy or administrative findings annually that were translated into clinical care recommendations in both Departments by September 30, 2013 with an overall target of four by September 30, 2014, b) determining the number of Military Health System and VA providers who have received standardized training on early identification and initial treatment of TBI in DoD and VA by June 30, 2013, developing a standard series of trainings on TBI screening, evaluation, and treatment appropriate to specific age cohorts by September 30, 2014, and delivering these trainings to 40 percent of providers in acute care and primary care settings by September 30, 2015, c) developing and implementing a set of common measures and standards across DoD and VA for rehabilitation patient care outcomes by September 30, 2015, to include those relevant to cognitive rehabilitation.		
Activities & Milestones	1. Identify and recommend for translation, TBI research, policy or administrative findings into practical applications, programs, or clinical recommendations that improve health care delivery for those with TBI by September 30, 2014. 2. Develop and implement joint training programs in TBI care by September 30, 2014, with training delivered to 40 percent of acute and primary care providers by September 30, 2015. 3. Develop joint outcome metrics for rehabilitation care for those patients who receive TBI services across the continuum of care by January 31, 2014, with implementation and tracking beginning by September 30, 2015. 4. Coordinate measures and standards of rehabilitation for TBI through development of common definitions and measures to be used across DoD and VA by September 30, 2014, with implementation of identified metrics by September 30, 2015. 5. Initial catalog of available trainings on TBI assessment and treatment will be completed by June 30, 2013; shared training, appropriate to age cohort will be available by September 30, 2014.	
Recommended Metric(s)	• Training will be delivered to 40 percent of targeted providers in acute care and primary care settings by September 30, 2015. • Identify two research findings entering clinical translation for each reporting year. • Achieve one common implementation of the Institute of Medicine recommendations for cognitive rehabilitation by September 30, 2014, with other recommendations relevant to each Department completed by the same reporting period.	

FY 2013-2015 JSP Objective 2.1.G

Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	HEC Psychological Health/Traumatic Brain Injury (PH/TBI) Working Group
Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.		
SMART Objective 2.1.G: Increase the knowledge of suicide risk and prevention strategies throughout VA and DoD as evidenced by a) disseminating new knowledge of suicide prevention practices, programs, and tools, b) standardizing suicide reporting utilizing a joint suicide data repository, c) expanding crisis intervention through the Veterans Crisis Line by increasing contacts by eight percent over FY 2012 by September 30, 2013, and by determining the appropriate target levels for September 30, 2014, and 2015, by the end of each previous year, and d) expanding coordination on community outreach efforts by tracking cross-referrals from the two Departments' suicide prevention websites and utilizing consistent outreach messages.		
Activities & Milestones	1. VA and DoD will continue to participate in ongoing discussions through the Suicide Prevention and Risk Reduction Committee (SPARRC) about how to share resources, develop programs, and monitor outcomes related to suicide prevention monthly through September 30, 2013. 2. To ensure that Service members and Veterans have access to consistent, high quality suicide prevention services and resources across the two Departments, VA and DoD will pursue multiple dissemination methods including joint conferences, webinars, electronic messages to DoD, VA, and community stakeholders (e.g., health care providers) to release and exchange new information and recommendations on suicide prevention. 3. During the years when there is a joint Suicide Prevention Conference, DoD and VA will conduct a survey with Suicide Prevention Conference participants to assess their satisfaction, knowledge gained, and anticipated changes in practice related to the conference. Data from the survey will be used to guide future program planning. 4. Update the DoD/VA Suicide Prevention Web site with relevant content developed as part of on-going SPARRC meetings quarterly. 5. Provide crisis intervention hotline services through the Veterans Crisis Line for Veterans and Service members and their families by providing ongoing marketing of the 1-800-273-TALK (8255) "push 1" option. This effort will consist of joint and field/service-specific materials, Public Service Announcements and social media to be distributed to increase the hotline services by eight percent over FY 2012 by September 30, 2013, and determining appropriate target increases for September 30, 2014, and 2015, by the end of each previous year. 6. The DoD/VA Suicide Data Task Group will provide an annual report that includes both DoD and VA suicide metrics.	
Recommended Metric(s)	• During the years when there is a Suicide Prevention Conference, over 85 percent of Suicide Prevention Conference participants will rate the conference as "very good" or "excellent" on a five-point scale from "poor" to "excellent." • Develop a minimum of two alternative educational / dissemination processes or events during the years when there is no Suicide Prevention Conference. • Track the number of users that utilize the DoD/VA Suicide Prevention Web site. Increase total contacts to the Veterans Crisis Line by eight percent by September 30, 2013, over FY 2012 levels. Targets will be revised by September 30, annually for FY 2014 and FY 2015.	

FY 2013-2015 JSP Objective 2.1.H

<table>
<tr><td colspan="2">Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.</td><td>Working Group</td><td>HEC Psychological Health/Traumatic Brain Injury (PH/TBI) Working Group</td></tr>
<tr><td colspan="4">Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.</td></tr>
<tr><td colspan="4">SMART Objective 2.1.H: Promote continuously improving high quality care for mental health treatment for Service members, Veterans, and their families by ensuring that the latest scientific findings translate into clinical practice by a) identifying by September 30, annually at least two changes in clinical practice for potential implementation in the Departments, b) training 25 additional trainers/consultants in DoD and VA in evidenced based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD), depression, and other psychological health (PH) conditions by September 30, 2013, and an additional 25 trainers/consultants by September 30, 2014, and c) provide training and consultation in EBPs for PTSD to 600 providers by September 30, 2013, with a target of providing training and consultation in PTSD, depression, and other PH conditions to an additional 1,000 staff by September 30, 2014, and d) train 2,000 providers in military culture each year by September 30, 2013, 2014, and 2015.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">1. Provide standardized training on evidence-based psychotherapies and military culture and report on delivery of training on a semi-annual basis by March 31 and September 30 each fiscal year.
2. Promote the translation of mental health related research into innovative actions, programs, and policies for returning Service members, Veterans, and families, by identifying at least two promising changes in clinical practice for potential implementation by September 30, annually.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• Train and consult with 600 VA and DoD providers in the use of consistent models of EBP for PTSD, depression, and other PH conditions by September 30, 2013, with an additional 1,000 staff trained by September 30, 2014.
• Train 25 VA and DoD trainers/consultants in EBPs for depression and other PH conditions to allow for broader dissemination and sustainability by September 30, 2013, with an additional 25 trainers/consultants trained by September 30, 2014.
• Train approximately 2,000 VA, DoD Direct Care, DoD Network care and community providers participating in the military culture online trainings by September 30, 2013, and approximately 2,000 providers annually thereafter.</td></tr>
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FY 2013-2015 JSP Objective 2.1.I

Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	Vision Center of Excellence (VCE)
Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.		
SMART Objective 2.1.I: The VCE will be fully functional and will meet the FY 2008 National Defense Authorization Act requirements to improve the prevention, diagnosis, mitigation, treatment, research, and rehabilitation of military eye injuries and diseases, including visual dysfunction related to Traumatic Brain Injury (TBI) for Service members and Veterans by September 30, 2015.		
Activities & Milestones	1. Lead development of clinical practice guidance by inventorying existing VA and DoD vision-related clinical guidelines to identify gaps, revision needs, or additional guidance documents by July 31, 2013 and annually thereafter. 2. Engage with Casualty Care Communities to develop and deploy an instructional program for the proper use of the Fox eye shield by September 30, 2013. 3. Identify and document ocular simulation usage in VA and DoD ocular training programs (e.g., ophthalmology residencies, combat medic training, etc.) by September 30, 2013. Identify requirements for new simulation capability requirements by September 30, 2014. 4. Complete a needs analysis of patient education tools related to vision loss by September 30, 2014, and deploy patient education tools by September 30, 2015. 5. Develop annual vision research priorities by June 30, 2013 for FY 2014 and then annually thereafter to include research of co-morbid conditions. 6. Working with other centers of excellence, develop the concept and business case analysis for an Allied (DoD/VA/Academia/Commercial) Neuro-Sensory Poly-Trauma Research Collaboration by December 31, 2013. 7. Working with other centers of excellence, develop the concept and business case analysis for a DoD/VA Multi-Sensory Care and Research Center by September 30, 2015. 8. Coordinate the development of an updated and validated visual functioning questionnaire for age specific populations of Service members and Veterans with eye injuries and diseases by March 31, 2015. 9. Collaborate with VA and DoD planning committees, vision and blind rehabilitation practitioners, and consumers to review salient literature and standards to develop consensus on best-practice guidance to accommodate the needs of visually impaired Service members and Veterans for VA and DoD facilities by September 30, 2015. 10. Develop a communication network plan to integrate the Research and Rehabilitation communication network with distributed VCE central and regional sites by September 30, 2014. Expand communication effort into a nationally integrated network involving all stakeholders, VCE sites, and VA Medical Centers/Military Treatment Facilities by September 30, 2015. 11. Produce consensus validated lexicon of terms associated with eye/vision dysfunction by September 30, 2013 to assist integration of rehabilitation and reintegration services across the VA, DoD, and other communities of interest.	
Recommended Metric(s)	• Metrics are defined as project milestone metrics that will establish VCE operational capability and will be reported as dates. Milestones are achieved with an overall goal of achieving 80 percent by target date.	

FY 2013-2015 JSP Objective 2.1.J

Goal 2: Health Care - Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value consistently across the Departments.	Working Group	Hearing Center of Excellence (HCE)
Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.		
SMART Objective 2.1.J: The HCE will fully meet the FY 2009 National Defense Authorization Act requirements to share clinical auditory system injury data with VA, as well as to improve auditory care for members of the Armed Forces and Veterans through a series of programs and processes aligned for the prevention, diagnosis, mitigation, treatment, and rehabilitation of hearing loss, and auditory system injuries by September 30, 2015.		
Activities & Milestones	1. Transition from initial interim Director and select HCE Director and Deputy, and put forward senior leadership positions for classification and hire by September 30, 2013. 2. Establish DoD-wide Military Treatment Facility (MTF) procurement integrated with VA for hearing aids and implants by December 31, 2012, with option for TRICARE network usage by September 30, 2014. 3. Complete and implement data sharing agreement for VA access to Defense Occupational and Environmental Health Readiness System (DOEHRS) by December 31, 2013. 4. Obtain DoD-wide certification and accreditation for clinical data registry feeds by September 2014. 5. Identify and implement transparent strategy to quantify research relationships and resources by June 30, 2013. 6. Create a comprehensive plan and strategy to integrate multisensory blast research with other DoD and joint DoD/VA Centers of Excellence by December 31, 2013. 7. Develop and deploy a hearing protection/noise campaign by December 31, 2013. 8. Establish hearing accessions, readiness, and retention standards and develop strategy to standardize fitness for duty determination by December 31, 2013. 9. Develop prototype and pilot test a Joint Hearing and Auditory System Injury Registry (JHASIR) by December 31, 2013; and develop fully operational registry--with full spectrum data feeds from clinical, surveillance, and occupational sources by September 30, 2015. 10. Finalize joint communications strategy with VA, to include a signed data sharing agreement for DOEHRS and JHASIR, and a Memorandum of Understanding (MOU) integrating DoD/VA implant centers by September 30, 2014. 11. Evaluate HCE website/social media numerical trends as a marker of prevention campaign effectiveness and a guide for strategic communications course correction, quarterly. 12. Facilitate coordination across the research community to identify and prioritize auditory-vestibular gaps and solutions; outline available resources; and detail current efforts and partnerships by September 30, 2015.	
Recommended Metric(s)	• Track and trend the number of acoustic injuries per year. • Track and trend the number of hearing aids and implants purchased per MTF thru VA's Denver Acquisition and Logistics Center with comparative analysis of cost savings through VA, and correlate with number of patients rehabilitated per year.	

FY 2013-2015 JSP Objective 2.1.K

<table>
<tr><td colspan="2">Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.</td><td>Working Group</td><td>Extremity Trauma and Amputation Center of Excellence (EACE)</td></tr>
<tr><td colspan="4">Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.</td></tr>
<tr><td colspan="4">SMART Objective 2.1.K: Enhance the quality of care for members of the Armed Forces and Veterans who have sustained traumatic extremity injuries and amputations through Joint DoD and VA research efforts, conducted under the auspices of the EACE. Research efforts will focus on the standardization and validation of approaches for the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations across the DoD and VA by September 30, 2015.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">1. Hire the DoD staff identified in the EACE Concept of Operations who will work at the amputee care centers, and the Central Executive Office, along with the VA staff requirements, during FY 2013.
2. Identify, summarize, and provide data to support updated clinical research gap areas by September 30, 2013, and annually thereafter.
3. Staff, direct, and execute a multi-site, clinically-relevant DoD/VA intramural research program that is fully functional by September 30, 2013.
4. Coordinate EACE research efforts with all other Centers of Excellence (CoEs), VA, Defense Advanced Research Projects Agency, US Army Medical Research and Material Command (USAMRMC), and other DoD research activities by September 30, 2014.
5. Enhance standardization of care across DoD and VA and ensure that evidence-based patient care practices are available and followed. Foster evidence-based changes to VA/DoD Clinical Practice Guidelines (CPGs) for extremity trauma and amputation care (i.e. CPG for the Rehabilitation of Lower Limb Amputation).
a) Goals – review/validate existing lower extremity CPG by September 30, 2013, initiate a new, upper extremity CPG by October 1, 2012, and annually incorporate appropriate evidence-based changes.
6. Translate relevant research findings to clinical practice through modification to existing, or development of new, Clinical Practice Guidelines by September 30, 2014.
7. Develop criteria for assessing the patient care treatment programs within the VA/DoD Amputation System of Care by September 30, 2013, and evaluate annually thereafter.
8. Develop criteria to evaluate patient satisfaction by September 30, 2013, determine a baseline by September 30, 2014, and evaluate annually thereafter.
9. To enhance standardization and evidence-based practices, the seven VA Regional Amputee Care and fifteen Polytrauma Amputation Network sites will either sustain or acquire their amputation specialty certification from the Commission on Accreditation of Rehabilitation Facilities by January 1, 2014.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• At initial operating capability (IOC) 50 percent of staff will be hired – target date to IOC is October 1, 2012. At full operating capability (FOC), 90 percent of staff will be hired – target date to FOC is October 1, 2013.
• Provide summary of research gap areas to DoD and VA for use in funding relevant intra- and extramural efforts by September 30, annually.
• Develop a minimum of six key research initiatives to fill clinical research gap areas that will be utilized to drive intramural research program(s) by September 30, annually.</td></tr>
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	• Initiate at least three DoD/VA collaborative efforts and facilitate new intramural research protocols by September 30, annually. • Publish six peer-reviewed publications, and present 12 podium/platform presentations at national and international conferences by September 30, annually. • Ensure that the Orthotic and Prosthetic Services at all three DoD Amputee Care Centers attain accreditation from the American Board for Certification in Orthotics, Prosthetics and Pedorthics by September 30, 2014. • Demonstrate an annual improvement in patient care treatment programs, based on the assessment criteria established by September 30, 2013. • Demonstrate annual improvement in patient satisfaction over the established baseline by September 30, 2014. • Provide research program briefs to Clinical and Rehabilitative Medicine, Research Area Directorate, USAMRMC, and the Veterans Health Administration (VHA) in an effort to minimize redundancy of research efforts and enhance complementary/collaborative research activities by September 30, annually. • Develop clinical relevance summary for all published manuscripts (semi-annually) to enhance communication and reduce redundant efforts. Publish first summary by October 1, 2012 and every six months thereafter.

FY 2013-2015 JSP Objective 2.1.L

Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	HEC Medical Research Working Group
Sub-goal 2.1: Quality – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.		
SMART Objective 2.1.L: Ensure coordination on medical research, including identification of new research directions and approaches, identification of gaps in scientific knowledge, and development of recommendations on future research coordination by September 30, 2015.		
Activities & Milestones	1. Organize periodic, joint program reviews of the DoD and VA portfolios on major topics, in order to identify new approaches and identify gaps in scientific knowledge (at least two reviews by September 30, annually). 2. Develop update of bibliography of medical articles related to Service members and Veterans deployed to Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn monthly. 3. Review the coordination of DoD and VA longitudinal cohort studies of the long-term health effects of military service, by September 30, annually. 4. Revise the "VA/DoD Collaboration Guidebook for Healthcare Research," to include scientists who are experienced in collaborative research, by September 30, 2013.	
Recommended Metric(s)	• Development of comprehensive reports on the periodic, joint program reviews of the DoD and VA portfolios on major topics, to improve interagency research coordination (at least two reports by September 30, annually). • Provision of monthly bibliography to DoD and VA scientists, related to deployed Service members and Veterans, including at least 600 medical articles by September 30, annually. • Written review of DoD and VA longitudinal cohort studies on the long-term health effects of military service by September 30, annually. • Publish the revised "VA/DoD Collaboration Guidebook for Healthcare Research," by December 31, 2013.	

FY 2013-2015 JSP Objective 2.2.A

Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	HEC Psychological Health/Traumatic Brain Injury (PH/TBI) Working Group
Sub-goal 2.2: Access – Facilitate improved availability and access for all Service members, Veterans, and their beneficiaries, to assure that they receive responsive care whenever they need it, in traditional and evolving delivery methods, while eliminating or reducing disparities and removing barriers to care and health care utilization.		
SMART Objective 2.2.A: Facilitate improved availability and access to health care for all Service members and Veterans at risk for Traumatic Brain Injury (TBI), by analyzing and enhancing as indicated, current DoD and VA comprehensive TBI screening and evaluation programs as evidenced by a) meeting 95 percent TBI screening for deployed Service members in DoD who are exposed to a potential concussive event by September 30, 2013 and annually thereafter, b) meeting 95 percent TBI screening completion rate for Veterans entering VHA care by September 30, 2013, and annually thereafter c) analyzing current TBI screening and evaluation protocols for potential implementation for non-combat related injury in non-deployed or garrison based Service members and Veterans by September 30, 2015, d) broadening awareness of deployment and non-deployment related TBI in Service members, Veterans, and their care providers by September 30, 2014, and e) expanding telemedicine applications for TBI evaluation by September 30, 2014 and provider consultation for TBI related questions by September 30, 2015.		
Activities & Milestones	1. Analyze screening and diagnostic data to determine rates of diagnosis following screening in the Veteran and Service member population by September 30, 2013. 2. Recommend the most suitable implementation strategy for garrison based TBI screening protocols based on analysis of current VA and DoD screening and evaluation procedures by September 30, 2015. 3. Improve and expand DoD/VA education and public awareness campaigns to highlight prevention strategies, promote safety, and heighten awareness and understanding of signs and symptoms of TBI and available resources by March 31, 2014. 4. Review the findings of the VA pilot telemedicine protocol for secondary evaluation for TBI following a positive screen by September 30, 2014. Share findings with HEC Telehealth Work Group. Develop a joint telehealth evaluation protocol and implement those protocols at identified DoD sites by September 30, 2015. 5. Produce an implementation plan for TBI screening by DoD and VA of individuals with non-deployment related injuries, by September 30, 2015.	
Recommended Metric(s)	• Both Departments will achieve a 95 percent screening rate for TBI in their target populations, reportable by September 30, annually. • Establish metrics and methodology for counting the type and volume of educational and training materials downloaded by providers from specified DoD and VA websites, the type and proficiency level of online training being accessed by clinical providers, and the type and volume of education materials distributed to targeted medical and other facilities. Report on the established metrics by September 30, 2014. Determine methodology to survey Veterans and Service members on campaign reach and effectiveness by September 30, 2015. • At least three DoD or VA telehealth TBI screening sites in rural regions of continental United States will meet a 95 percent TBI screening rate by September 30, 2015. • Establish coordinated tele-consultation protocols and educational programming for clinical providers working with patients with TBI, with one joint education and training program for VA and DoD telehealth providers by September 30, 2015.	

FY 2013-2015 JSP Objective 2.2.B

<table>
<tr><td colspan="2">Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.</td><td>Working Group</td><td>HEC Psychological Health/Traumatic Brain Injury (PH/TBI) Working Group</td></tr>
<tr><td colspan="4">Sub-goal 2.2: Access – Facilitate improved availability and access for all Service members, Veterans, and their beneficiaries, to assure that they receive responsive care whenever they need it, in traditional and evolving delivery methods, while eliminating or reducing disparities and removing barriers to care and health care utilization.</td></tr>
<tr><td colspan="4">SMART Objective 2.2.B: Improve access to and reduce the stigma associated with seeking mental health care services through the use of public education campaigns, self help strategies, and transitional programs as evidenced by a) maintaining continuity of mental health care during times of transitions (e.g., location change, change in status, change in health care system) through the inTransition program, b) increasing the development of social media aspects of DoD's and VA's psychological health outreach and public education campaigns, c) increasing the number of visits to realwarriors.net and maketheconnection.net by 10 percent annually over the previous year, d) maintaining the number of substantive visits, as determined by standard website utilization metrics, to militarymentalhealth.org and afterdeployment.org annually e) maintaining or increasing the percent of VA and DoD primary care clinics that have integrated behavioral health care as determined by the baseline as of September 30, 2012; determine targets for maintenance or increase in the next fiscal year by September 30 annually, and f) increasing availability and utilization of psychological health-related mobile electronic applications to expand access to relevant psychological health information and services.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">1. Assist with continuity of mental health care during times of transition for Service members through acceptance and enrollment in the inTransition program. This will be achieved annually through various outreach efforts inside and outside the continental United States by the following means: onsite briefings at Military Treatment Facilities (MTF), Veterans Treatment Centers with MTFs, conference presentations and exhibits, collaboration with organizations to promote the program, attendance, and presentations at DoD Yellow Ribbon Reintegration events, as well as by utilizing available technology (e.g. teleconference, webinars, videoconferences).
2. Continue efforts, including use of web resources, social media, and coordinated messaging between VA and DoD to improve content and expand the reach of and/or implement expanded outreach campaigns to reduce the stigma of seeking care for psychological health conditions by September 30, annually.
3. Develop methods to promote the utilization of web based self-help strategies and mobile applications for mental health concerns by November 30, 2014.
4. Maintain/expand the reach of behavioral health integration into primary care programs by September 30, 2013 and beyond.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• Program satisfaction of Service members enrolled in the inTransition program as measured annually by monitoring the following metrics and with a target of 90 percent or better on each metric: a) Did the assistance you received from the inTransition Program increase the likelihood that you would continue your treatment at your new location? b) Were you satisfied with your experience? c) Did the product or service meet your needs? Begin by September 30, 2013 and annually thereafter.
• Develop social media plan, identify baseline social media metrics by September 30, 2013, and identify yearly target annually.</td></tr>
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	• Increase the number of visits to realwarriors.net and maketheconnection.net by 10 percent annually and report progress on a semi-annual basis. • Maintain the number of substantive visits to self-help resources including militarymentalhealth.org and afterdeployment.org and report progress on a semi-annual basis. • Increase the number of downloads of psychological health-related mobile smart phone applications by 10 percent each year and report progress on a semi-annual basis. • Identify a revised baseline for the percent of VA and DoD primary care clinics that have integrated behavioral health care as of September 30, 2012 and set the specific targets to be met by September 30, 2013, and annually thereafter.

FY 2013-2015 JSP Objective 2.2.C

Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	HEC Pain Management Working Group
Sub-goal 2.2: Access – Facilitate improved availability and access to health care for all Service members, Veterans, and their beneficiaries, to assure that they receive responsive care whenever they need it, in traditional and evolving delivery methods, while eliminating or reducing disparities and removing any barriers to care and health care utilization.		
SMART Objective 2.2.C: Ensure patients receive the same type and standard of care for pain management regardless of whether they receive care in a VA or DoD facility, and that there is no interruption in treatment as a result of moving between health care systems, by developing and implementing a model system of integrated, timely, continuous, and expert pain management for Service members, Veterans, and other beneficiaries, to include metrics, by September 30, 2015.		
Activities & Milestones	1. Standardize assessment and clinical practice patterns in a stepped care model of pain management by September 30, 2015. 2. Collaborate with the HEC Continuing Education and Training Work Group to develop and deploy appropriate education and training for each level of care to assure that clinicians acquire and demonstrate the capabilities needed at their level and setting by September 30, 2013. 3. Develop a pain data registry that will ensure the development and dissemination of outcomes-driven, evidence-based pain management. The registry will provide continuous quality improvement for use within VA and DoD by September 30, 2013. 4. Collaborate as appropriate with the HEC Information Management/Information Technology Work Group to ensure technical requirements and integration issues are appropriately addressed. 5. Develop and initiate a demonstration project for a model system of integrated pain management by December 31, 2013. 6. Develop system, patient, and clinical outcome metrics for the demonstration project by October 30, 2013. 7. Evaluate results of the demonstration project by January 30, 2015. 8. Develop an enterprise model system of integrated pain management by May 30, 2015. 9. Implement a model system of integrated pain management in both DoD and VA by September 30, 2015.	
Recommended Metric(s)	Metrics will be developed for the following types of outcomes within 60 days prior to implementation of the demonstration project. • System Outcomes (examples include processes of care, implementation of standard assessment and treatment planning, planning and implementing relevant training, and implementing relevant research). • Patient Outcomes (examples include bio-psychosocial outcomes and patient satisfaction). • Clinician Outcomes (examples include completion rates for pain management training and education, number of clinicians with appropriate certifications, and satisfaction scores).	

FY 2013-2015 JSP Objective 2.2.D

Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	HEC Telehealth Working Group
Sub-goal 2.2: Access – Facilitate improved availability and access to health care for all Service members, Veterans, and their beneficiaries, to assure that they receive responsive care whenever they need it, in traditional and evolving delivery methods, while eliminating or reducing disparities and removing barriers to care and health care utilization.		
SMART Objective 2.2.D: Increase the size, scope, and number of joint telehealth collaborations between the Departments by leveraging already existing initiatives (e.g., Integrated Mental Health Strategy Strategic Actions) and facilitating the establishment of new collaborations by September 30, 2014. Determine related metrics with targets by September 30, 2014.		
Activities & Milestones	1. Produce a report to the HEC and JEC that establishes a baseline of the current provision of telehealth services between VA and DoD and identify challenges that need to be addressed in expanding these activities by March 31, 2013. 2. Identify significant policy issues that impact the two Departments' ability to collaboratively develop telehealth services by March 31, 2013, and where appropriate, obtain legal review by June 30, 2013, and submit joint recommendations for any enabling legislation by September 30, 2013. 3. Interface with interdepartmental work groups and resources working on credentialing and privileging (C&P) (e.g., Credentialing Policy Ad Hoc Work Group and Credentialing Process Coordinating Committee) by December 31, 2013. Leverage their work on C&P for telehealth and make recommendations to HEC leadership on a C&P process for telehealth across DoD that can link with VA by March 31, 2014. Subject to approval and implementation of these recommendations, DoD and VA will agree and adopt a standardized approach by September 30, 2014 to streamline credentialing and privileging of providers to undertake telehealth-based services between the Departments. Develop implementation plan for adopting this standardized approach at an established target number of locations by September 30, 2015. 4. Examine opportunities to share existing telehealth training resources with the Continuing Education & Training Work Group by June 30, 2014, and disseminate training programs or courses in identified areas by June 30, 2015.	
Recommended Metric(s)	Targets will be developed for the following metrics by September 30, 2014: • Number of locations where the standardized C&P approach will be adopted and by when. • Number of new joint telehealth collaborations established between the Departments by September 30, annually. • Number of telehealth training programs or courses disseminated by September 30, annually.	

FY 2013-2015 JSP Objective 2.3.A

<table>
<tr><td colspan="2">Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.</td><td>Working Group</td><td>Vision Center of Excellence (VCE)</td></tr>
<tr><td colspan="4">Sub-goal 2.3: Value – Encourage substantive improvement for patient-focused, high-value care, which includes the delivery of the right health care to the right person, at the right time, for the right price through the use of reliable health care cost and quality information.</td></tr>
<tr><td colspan="4">SMART Objective 2.3.A: The VCE will fully operationalize and meet the FY 2008 National Defense Authorization Act requirements to implement a Vision Registry to track eye injuries, guide research, promote best practices, and guide clinical education for the treatment of eye and vision related injuries for Service members and Veterans by ensuring the Vision Registry capabilities support the needs of the VA and DoD providers, research, and educational communities by September 30, 2015.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3"><u>Program of Acquisition (POA):</u>
1. Initiation of Business Case Analysis (BCA) documentation to acquire a milestone decision by December 31, 2013.
2. Completion of documentation to transition Vision Registry to acquire a milestone decision by December 31, 2014.
3. Submission of documentation for milestone decision by June 30, 2015.
<u>Registry Governance:</u>
4. Development of registry's data management informatics governance structure by December 31, 2013.
5. Implementation of registry's data management informatics governance by December 31, 2014.
6. Inclusion of other communities of interest in registry's data management informatics governance by September 30, 2015.
<u>Registry Data Abstraction, Analysis and Sharing:</u>
7. Continue abstraction of DoD vision and related theater and garrison data into the Vision Registry with not less than 96 percent data accuracy by March 31, 2013.
8. Initiation of analysis of abstracted DoD theater, garrison, and VA longitudinal data from the Vision Registry to support VCE's mission by September 30, 2014.
9. Submission of initial analysis of abstracted VA and DoD longitudinal data from the Vision Registry to support clinical practice guideline development or guide research or inform educational program content by September 30, 2015.
10. Publish a DoD/VA vision registry data description document by September 30, 2013.
11. Share vision-related clinical data definitions to facilitate harmonization between integrated Electronic Health Record and vision registry efforts in conjunction with the iEHR Working Group.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• Vision Registry data quality is maintained at not less than 96 percent starting March 31, 2013.</td></tr>
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FY 2013-2015 JSP Objective 2.3.B

Goal 2: Health Care - Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.	Working Group	HEC Interagency Clinical Informatics Board (ICIB)
Sub-goal 2.3: Value – Encourage substantive improvement for patient-focused, high-value care, which includes assuring the delivery of the right person, at the right time, for the right price through the use of reliable health care cost and quality information.		
SMART Objective 2.3.B: Facilitate development of initial integrated Electronic Health Record (iEHR) capability requirements through initiation of 12 Capability Integrated Product Teams by September 30, annually through FY 2015.		
Activities & Milestones	1. Coordinate with and provide input to Interagency Program Office (IPO) and Departmental iEHR implementation strategies by December 31, 2012. 2. Complete requirements definition and Business Justification Packages (BJPs) for six iEHR Capabilities by March 31, 2013. 3. Complete requirements definition and BJPs for an additional six iEHR Capabilities by March 31, 2014. 4. Complete requirements definition and BJPs for an additional six iEHR Capabilities by March 31, 2015.	
Recommended Metric(s)	• Meet a minimum of 75 percent of proposed activities and milestone target dates listed above.	

FY 2013-2015 JSP Objective 2.3.C

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<tr><td colspan="2">Goal 2: Health Care – Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value, consistently across the Departments.</td><td>Working Group</td><td>DoD/VA Interagency Program Office (IPO)</td></tr>
<tr><td colspan="4">Sub-goal 2.3: Create an authoritative source of health information for the estimated 18 million DoD and VA beneficiaries, which includes the delivery of a highly flexible, reliable, secure, maintainable and sustainable system.</td></tr>
<tr><td colspan="4">SMART Objectives 2.3.C:
1. Implement initial consolidation of DoD and VA health care systems into Defense Information Systems Agency (DISA) Defense Enterprise Computing Centers (DECCs).
2. Deliver Single-Sign-On and Context Management (SSO/CM) capability to pre-determined DoD and VA facilities in support of integrated Electronic Health Records (iEHR) risk reduction efforts.
3. Achieve iEHR Initial Operating Capability (IOC) in 2014:
a) Provide a single iEHR Presentation Layer through a standardized and reusable framework for the Direct Care end user role.
b) Deploy iEHR Infrastructure and two clinical capabilities (Lab and Immunization) to two sites - San Antonio, TX (SATX) and Hampton Roads, VA (HR).
c) Fix pharmacy capability to North Chicago James A. Lovell Federal Health Care Center (JAL FHCC).
4. Develop iEHR roadmap to deliver common DoD/VA capabilities prioritized by the Integrated Clinical Informatics Board.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">iEHR INCREMENT 1: Set the conditions for a joint DoD/VA transition to iEHR through three critical activities – Deploy SSO/CM capability, initial consolidation of DoD and VA health care systems into DISA DECCs, and complete Development Test Center (DTC).
1. Obtain authorization to transition Increment 1 activities to the Deployment Phase (Milestone C) by December 31, 2012.
2. Deploy SSO/CM capability to initial sites: Tripler, Portsmouth, and Landstuhl by March 31, 2012.
3. Obtain authorization to perform enterprise deployment of Increment 1 capabilities to additional 16 DoD sites (Full Deployment Decision) by May 31, 2013.
4. Complete mapping local data to Healthcare Data Dictionary (HDD) at HR, SATX, and Salt Lake City by February 28, 2013.
5. Achieve DTC/Development and Test Environment (DTE) with Full Operational Capability by September 31, 2013.
6. Complete deployment of SSO/CM to 16 additional DoD and VA sites – by April 30, 2014.

iEHR INCREMENT 2: Phased deployment of iEHR Infrastructure and two clinical capabilities (Lab and Immunization) to SATX and HR in FY 2014. In addition, fix pharmacy capability to JAL FHCC.
7. Deploy iEHR Portal, with read-only capability, to HR, SATX, and JAL FHCC by July 31, 2013.
8. Deploy phase one of clinical documentation write back functionality to HR and SATX: allergies, treatment plan, immunizations, diagnostics and vitals by November 30, 2013.
9. Deploy phase two of clinical documentation write back functionality to HR and SATX: clinical notes, assessments, encounter history, deferrals, consults, and problem list by</td></tr>
</table>

	January 31, 2014. 10. Deploy Common Pharmacy, Lab, and Immunization computerized provider order entry (CPOE) capabilities by April 30, 2014. 11. Complete common clinical decision support system and integrate with CPOE features by June 30, 2014. 12. Deploy new iEHR Infrastructure to HR and SATX: Service Oriented Architecture/Enterprise Service Bus, Identity Management, Portal Framework, Access Control, SSO/CM, Network and Security Architecture by September 31, 2014. 13. Complete the limited fielding (Initial Operating Capability) of Increment 2 iEHR capabilities to evaluate their performance in production environment by September 31, 2014. 14. Delivery of additional primary ancillary fulfillment of Lab, Immunization, and Pharmacy capabilities still in planning. iEHR Increments 3 – *n*: Deployment of additional clinical capabilities in planning phase. 15. Develop an FY 2013 Execution Plan and Spend Plan and align with clinical capability prioritization provided by the functional sponsor [(Interagency Clinical Informatics Board (ICIB)] by September 30, 2013. 16. Develop an FY 2014 Execution Plan and Spend Plan and align with clinical capability prioritization provided by the functional sponsor (ICIB) by September 30, 2013. **Agile development methodology dictates the time-bound release of capabilities. Accordingly, the scope of these releases highlighted as 'Activities and Milestones' may alter in execution towards the SMART Objectives, which the DoD/VA IPO will measure final performance against.*
Recommended Metric(s)	• Develop iEHR Infrastructure and Core Services to support initial clinical capability insertion in the new iEHR baseline by January 31, 2014. • *Additional metrics are being developed. These metrics will focus on measures of clinical care and quality to include: Efficiency, Patient Satisfaction, Compliance with Federal Regulations, Healthier Outcomes for Beneficiaries, Patient Safety, and Healthcare Costs.*

Goal 3 – Efficiency of Operations

VA and DoD are committed to the outcome performance objective process. The following reflects the templates created by the respective working groups to help steer and reach success. The templates will also demonstrate the magnitude of the day-to-day work being performed by both Departments.

Goal 3 – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.

FY 2013-2015 JSP Objective 3.1.A

Goal 3: Efficiencies of Operation – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	BEC Disability Evaluation System Working Group
Sub-goal 3.1: Jointly refine and improve the Integrated Disability Evaluation System (IDES) process.		
SMART Objective 3.1.A: Military Departments and VA ensure 80 percent of Active component IDES referrals will be able to complete the disability evaluation process in 295 days and 80 percent of Reserve component IDES referrals will be able to complete the disability evaluation process in 305 days by September 30, 2015.		
Activities & Milestones	1. Ensure Military Departments and Veterans Benefits Administration assess and adjusts staffing of DoD Physical Evaluation Board Liaison Officers (PEBLOs) and VA Military Service Coordinators (MSCs), respectively, to meet staff/case ratios and report to the BEC by October 31, 2012, and quarterly thereafter. 2. Investigate potential alternatives for replacement of Veterans Tracking Application technology by September 30, 2013. 3. Establish a baseline for IDES customer satisfaction using Likert Scale survey instruments and evaluate the program and process based on results by November 30, 2013. 4. Identify baseline average number of days to provide benefit notification by October 1, 2012 (objective is 30 days). Reduce the number of days over the 30 day objective by 50 percent by September 30, 2013. 5. Analyze results from the electronic case file transfer pilot and make recommendations by December 31, 2013. 6. Identify policy recommendations for policy improvements as needed. 7. Collaborate with BEC Communications Working Group and provide material for communications as needed. 8. The VR&E team will coordinate with the Services to assure eligible Service members enrolled in IDES are aware of their VR&E benefits.	
Recommended Metric(s)	• Percentage of Service members who will complete the IDES process within 295 days for Active component wounded, ill, or injured and 305 days for Reserve component with a target of 70 percent by September 30, 2013, 80 percent by September 30, 2014, and then maintain 80 percent by September 30, 2015. • Percentage of sites where PEBLO staff/case ratio requirements are met with a target of 80 percent by September 30, 2015. • Percentage of sites where MSC staff/case ratio requirements are met with a target of 80 percent by September 30, 2015. • Average number of days to benefits notification is reduced by 50 percent in FY 2013, and achieve and maintain a 30 day goal in FY 2014 and 2015.	

FY 2013-2015 JSP Objective 3.2.A

Goal 3: Efficiencies of Operation - Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	BEC Medical Records and Service Working Group
Sub-goal 3.2: Oversee the entire life-cycle of the paper military Service Treatment Record (STR).		
SMART Objective 3.2.A: Improve post-separation STR information sharing for benefits processing as evidenced by a) Implementing policy and procedures resulting in a decrease of the volume of loose and late flowing medical documentation by 95 percent by September 30, 2014, b) increase the availability of STR information to the VA and DoD designated benefits determination decision makers to 95 percent within 45 days of separation, and c) develop and implement policy, procedures, and Information Technology tools to eliminate the manual transfer of the paper STR from DoD and replace the manual process with a fully electronic mechanism for transferring the post-separation STR to VBA to support the adjudication of benefits by September 30, 2013.		
Activities & Milestones	1. Finalize coordination of the Interagency Memorandum of Agreement (MOA) between VA and DoD regarding the roles and responsibilities for each Department as it pertains to transfer, storage and use of STRs for VA benefits determination by September 30, 2013. 2. Set up a VBA/DoD collaborative Tiger Team with identified offices and subject matter experts by November 30, 2012. 3. For FY 2013 and 2014, continue to work in close collaboration with the BEC IS/IT and HEC IM/IT Working Groups to develop and jointly test technical solutions to support global access to scanned patient records, artifacts and STR information. 4. Conduct a complete review and identify in which DoD systems the STR information is located and determine what is still in paper and needs to be scanned by January 31, 2013. 5. Identify possible courses of action and level of effort and present courses of action to BEC Co-Chairs for decision by October 01, 2012. 6. Between October 01, 2012 and September 30, 2013, find funding, develop, test, pilot, and implement (to include ingest into VBMS) by end of fiscal year 2013 (September 30, 2013). 7. Discontinue the transmission of paper STRs from DoD to VBA by October 01, 2013	
Recommended Metric(s)	• Military Departments (MILDEPS) will reduce the volume of late flowing documents being transferred to VA by 50 percent of their October 1, 2012 baseline by September 30, 2013 and by an additional 50 percent of the beginning baseline for FY 2014 and 2015. • MILDEPS and VA Records Management Center (RMC) will reduce their known backlogs of loose medical documentation by 50 percent of their October 1, 2012 baseline by September 30, 2013 and by an additional 50 percent of the beginning baseline for FY 2014 and 2015.	

FY 2013-2015 JSP Objective 3.3.A

<table>
<tr><td colspan="2">Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.</td><td>Working Group</td><td>BEC Information Sharing/Information Technology (BEC IS/IT)</td></tr>
<tr><td colspan="4">Sub-goal 3.3: Ensure appropriate Departments, Agencies, Service members, Veterans, and representatives have immediate and secure access to reliable and accurate benefits-related data.</td></tr>
<tr><td colspan="4">SMART Objective 3.3.A: Support electronic information sharing for benefits processing via the Virtual Lifetime Electronic Record (VLER) initiative; and provide Service members, Veterans, and their representative access to administrative and health information by accomplishing the following VLER Benefits objectives: a) sharing of electronic administrative, personnel and health information for disability claims processing (VLER Capability Area 2 [VCA 2]) by December 2014, b) increasing electronic information sharing (VCA 3) with additional partners (external to DoD, VA, and Social Security Administration) to facilitate benefits provision for Service members, Veterans, and their dependent by December 2014, and c) ensuring appropriate Service member and Veteran access to a single portal (eBenefits) for health and benefits information (VCA 4) by December 2014 by (i) increasing the number of eBenefits user accounts by 10 percent quarterly in FY 2013, then decreasing the percentage in future fiscal years, (ii) adding one integrated strategic partner with sign-on capabilities per quarter, and (iii) adding one self-service application per quarter.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">GENERAL
1. Provide support of requirements related activities specific to interagency IS/IT by receiving status updates from the following stakeholders quarterly:
a) Requirements Working Group for VLER Benefits
b) BEC Medical Records Working Group, Disability Evaluation System (DES) IT DD Form 214 (Certificate of Release or Discharge from Active Duty) data sharing
c) Federal Case Management Tool, Information Sharing Initiative
d) Servicemembers' Group Life Insurance On-line Enrollment System
e) Others as identified

VLER Benefits
Complete the following by December 31, 2012:

1. Identify and document Use Cases to support VLER benefits delivery (requirements, business needs, processes, rules and gap analysis) to support expanded capability for VCA 3.
2. Develop VCA 3-4 expanded capability documentation (Integrated Master Schedule, Business Requirements, Master Test Plan, Concept of Operations, and other planning documents).
3. Provide foundational health data made available through VCA 1 to VBA benefits adjudicators.
4. In collaboration with the BEC Communication of Benefits and Services Working Group, develop and distribute communication products for consistent internal and external messaging.

Complete the following by September 30, 2013:</td></tr>
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	1. Develop and establish baseline metrics to address efficiency, timeliness, accessibility, enhancements, and user satisfaction of electronic information sharing processes. 2. SOES application to be available in eBenefits for SGLI election by January, 2013. 3. Develop business intelligence functional requirements to determine eligibility for applicable benefits. 4. VA will provide and sustain portlets in support of the DoD/VA eBenefits web portal to improve information exchange between eBenefits (VCA 4) and other consumers. 5. Increase the number of eBenefits users throughout FY 2013-2015 with enrollments of Defense Self-Service (DS) Logon by ensuring 100% of all newly accessed Active Duty and National Guard and Reserve members of the military services in possession of a Common Access Card obtain a DS Logon. 6. Provide additional eBenefits applications and functionality through the implementation of the approved eBenefits Candidate Quarterly Release Plan for FY2013 to include; Claim Status Enhancements for Survivors; Payment History Enhancements; Veterans Online Application; VLER Authorization Forms; Knowledge Management Integration; Letter Generator Enhancements; Disability Profile Dashboard; enhanced integration with VA for VETS and VetSuccess; DoD Human Resource links; Enhanced User Personalization for Wounded, Ill or Injured; Benefits Explorer; Message Center Enhancements; Health Artifact Information Systems Integration; Veteran Job Bank; and, annual plans thereafter. 7. Continue to add integrated strategic partners throughout FY 2013-2015 with single sign-on capabilities as specified in the eBenefits Candidate Quarterly Release Plan for FY 2013. 8. Begin to capture VCA 2 Lessons Learned and incorporate into subsequent implementations by March 31, 2013. 9. Conduct a Pilot to share DD 214 data from DoD via DPRIS with a State Department of Veterans Affairs and with a National Veteran Service Organization to provide access to DD 214 data from DoD via DPRIS through the Stakeholders Enterprise Portal by April, 2013 with a formal report recommending a way forward and implementation plan to be delivered by June, 2013. 10. After verification DD Form 214 information is available electronically, eliminate mailing of paper forms to VA-Austin and Department of Labor. Complete the following by December 31, 2014: 1. Track DS Logon distribution by DoD Military Service and monitor milestone of complete implementation for all existing and transitioning Service members by November 8, 2013. 2. Completed implementation of a single portal for Service members and Veterans to access health and benefits information (VCA 4) – eBenefits Full Operational Capability. 3. Develop evaluation data collection tools for VCAs 2-4 expanded capability. 4. Expand family structure within Defense Enrollment Eligibility Reporting System to support Veteran benefits. 5. Leverage the eBenefits portal as the platform for providing benefits related information and associated persona-based self-service functionalities throughout FY 2013-2015.
Recommended Metric(s)	<u>VLER Benefits</u> • Metrics will be developed by March 31, 2013 which will address the following performance areas: – Efficiency of electronic information sharing for benefits provision processes

	– Timeliness of electronic information sharing across DoD and VA for benefits adjudication – Accessibility of electronic information for benefits adjudication – Capability enhancement (e.g., data elements shared, auto-population capability) – User satisfaction • eBenefits Candidate Quarterly Release Plan FY 2013, FY 2014, and FY 2015. • Increase the number of eBenefits users to 2.5 million by September 30, 2013.

FY 2013-2015 JSP Objective 3.4.A

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	HEC Continuing Education and Training Working Group
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.A: Expand the number of continuing education and in-service training programs shared between VHA and DoD in order to optimize resources for both Departments, as evidenced by the a) the sharing of 650 programs in FY 2013, b) generating a direct cost avoidance of $22,100,000 for FY 2013 and c) developing targets for shared training and cost avoidance for FY 2014 and FY 2015.*		
Activities & Milestones	1. Utilize enhanced Learning Management capabilities in VHA and DoD as they become available to enhance participant data management and to facilitate the deployment of training between agencies by September 30, 2013, and annually thereafter. 2. Share training generated by the federal agencies that are participants in the VHA Interagency Healthcare Training Consortia with DoD by September 30, 2013. 3. Maintain the scope and volume of training deployed as part of the Virtual Grand Rounds initiative by September 30, 2013, and annually thereafter. 4. Collaborate with Defense Health Services Systems and Military Health System Learn to increase the deployment of shared training with DoD for FY 2013 and annually thereafter. 5. Leverage special initiatives to develop and deploy high value education and training programs in VHA and DoD for FY 2013 and annually thereafter. 6. Continue to utilize a statistical model utilizing the past three year's performance to establish performance targets for the upcoming years (FY 2013 by October 1, 2012, FY 2014 by September 30, 2013, and FY 2015 by September 30, 2014).	
Recommended Metric(s)	• The total number of programs shared between VHA and DoD each fiscal year with a target of 650 programs for FY 2013. • Direct cost avoidance generated as a result of shared training between VHA and DoD with a target of $22,100,000 for FY 2013. *The data necessary to calculate FY 2014 and FY 2015 targets is generated by FY 2012 and FY 2013 performance and thus the FY2014/2015 targets cannot be generated until the end of FY 2012 and FY 2013 respectively.	

FY 2013-2015 JSP Objective 3.4.B

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	HEC Continuing Education and Training Working Group
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.B: In collaboration with applicable HEC Work Groups, VHA and DoD deploy a minimum of 22 Virtual Clinical Grand Rounds training programs to VHA and DoD health care providers on high priority clinical topics related to the ongoing health care of Service members and Veterans by September 30, 2013, and annually thereafter through FY 2015.		
Activities & Milestones	1. Support collaboration between VHA and DoD clinical officials and staff to design and develop Virtual Clinical Grand Rounds training programs to VHA and DoD health care providers on high priority clinical topics related to the health care of Service Members and the ongoing care of Veterans by September 30, 2013. 2. Collaborate with VHA and DoD Training, media and Information Technology staff and officials to optimize the distributed learning architecture between VHA and DoD to assure the convenient access of Virtual Grand Rounds Training programs for VHA and DoD clinical staff by September 30, 2013. 3. Deploy a minimum of 22 virtual clinical grand rounds programs to VHA and DoD staff by September 30, 2013 and annually thereafter through FY 2015. 4. Develop and implement a valid and reliable strategy for calculating the number of VHA and DoD staff who successfully complete the individual episodes of clinical grand rounds training by December 30, 2013, and annually thereafter through FY 2015. 5. Collect and report the data on staff participation and successful completion of the virtual clinical grand rounds programs commencing in FY 2013 by December 30, 2013, and annually thereafter through FY 2015.	
Recommended Metric(s)	• The number of Virtual Clinical Grand Rounds programs deployed to VHA and DoD staff with a target of 22 deployed annually. • The number of VHA and DoD staff participating and successfully completing the Virtual Clinical Grand Rounds programs, with a target of 6,000 annually.	

FY 2013-2015 JSP Objective 3.4.C

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	HEC Continuing Education and Training Working Group
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.C: Enhance in-service and continuing education training effectiveness in VHA/DoD integrated and joint venture sites by deploying 100 percent of the requested continuing education and in-service training curriculum by September 30, annually.		
Activities & Milestones	1. Continue to refine, as needed, the pre-arrival, orientation, and post arrival continuing education and in-service training deployed at the James A. Lovell Federal Health Care Center (JALFHCC) by September 30, annually through FY 2015. 2. Design, develop, and deploy continuing education and in-service training curriculum to requesting joint venture sites by September 30, annually through FY 2015.	
Recommended Metric(s)	• Deploy all required continuing education and in-service training to 100 percent of the JALFHCC staff by September 30 each year from FY 2013-2015. • Deploy needs based joint venture site training to 100 percent of the Joint Venture Sites requesting such training by September 30 each year from FY 2013-2015.	

FY 2013-2015 JSP Objective 3.4.D

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	HEC Continuing Education and Training Working Group
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.D: Reduce identified overlap in mandatory training required of VA and DoD personnel who also serve in the other Department by providing a waiver process for mandatory courses determined to have overlapping content by September 30, 2014, and by providing waivers for 100 percent of overlapping courses approved for such waivers by the appropriate VA and DOD officials. (Note: This objective may be extended if additional mandatory training is deployed in FY 2015 or if courses that were previously assessed are modified or replaced).		
Activities & Milestones	By September 30, 2014 the Workgroup will: 1. Identify all mandatory courses required by VHA and DoD for which the other Department has a comparable mandatory course by September 30, 2013. 2. Assess overlapping mandatory courses required by VHA and DoD to determine those with comparable curricula by March 30, 2014. 3. Seek approval to grant waivers to the other Departments personnel who have taken the comparable course by May 31, 2014. 4. Provide a waiver to those persons who have taken comparable mandatory courses in the other Department for those courses approved to be included in the waiver process, pending approval from appropriate VA and DOD officials by September 30, 2014.	
Recommended Metric(s)	During FY 2013: • Number of identified overlapping mandatory training courses in VHA and the uniformed services (Army, Navy, and Air Force) with comparable criteria that make the training courses eligible for the waiver process. • Number of waivers provided to VA and DoD personnel approved to be included in the waiver process.	

FY 2013-2015 JSP Objective 3.4.E

<table>
<tr><td colspan="2">Goal: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.</td><td>Working Group</td><td>HEC Information Management (IM)/Information Technology (IT) Working Group</td></tr>
<tr><td colspan="4">Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.</td></tr>
<tr><td colspan="4">SMART Objective 3.4.E: Support legacy health data sharing initiatives through the continued sharing of secured electronic health information with VA at the time of a Service member's separation and enhanced sharing of secured bidirectional electronic health information (including artifacts and images) in real-time between the Departments for shared patients.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">1. DoD NeuroCognitive Assessment Tool and VA Veterans Health Information Systems and Technology Architecture (VistA) Imaging Interface
a) VA providers' enterprise-wide will be able to view DoD neurocognitive assessment data by September 30, 2013.
b) DoD and VA program offices will jointly monitor and report progress on the status of technical solutions which support the electronic sharing of neurocognitive assessment data to the HEC IM/IT Work Group by October 31, 2012, February 28, 2013, June 30, 2013, and October 31, 2013.*
2. DoD/VA Joint Patient Registries
a) The DoD/VA Vision Center of Excellence (VCE) will submit a six month progress report of the Defense Veterans Eye Injury and Vision Registry (DVEIVR) Pilot Project to the HEC IM/IT Work Group by January 31, 2013, June 30, 2013, and January 31, 2014.*
b) VCE will begin capturing and analyzing ocular informatics data workflows to support the DVEIVR Pilot Project by December 31, 2012.
3. DoD Health Artifact Imaging Management System (HAIMS) and VA VistA Imaging Interface
a) DoD will have completed training for 6000 of 6000 additional users on HAIMS by June 30, 2013.
b) DoD and VA program offices will jointly report on the status of technical solutions which support global access and global awareness of scanned patient records and related artifacts to the HEC IM/IT Work Group by October 31, 2012, February 28, 2013, June 30, 2013, and October 31, 2013.*
4. DoD/VA Multipurpose Network Gateways:
a) DoD and VA program offices will jointly monitor, assess, and report bandwidth and network performance of the North, South, East, and West DoD/VA multipurpose network gateways to the HEC IM/IT Work Group by October 31, 2012, February 28, 2013, June 30, 2013, and October 31, 2013.*
*Note: The need for recurring program office progress reports will be reviewed annually.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• Trend and report health information sharing metrics (compare previous fiscal year to current fiscal year statistics) to the HEC and JEC as requested. Metrics will include, but not be limited to the increases in:</td></tr>
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	– The number of DoD Service members with historical data transferred to VA. – The number of DoD's Pre- and Post-Deployment Health Assessment (PPDHA) forms and Post-Deployment Health Re-Assessments (PDHRA) forms transferred to VA. – The number of unique individuals with PPDHA and PDHRA forms transferred to VA – The number of DoD personnel with health data available real-time to DoD and VA providers – The number of patients flagged as "active dual consumers" for VA/DoD computable pharmacy and allergy data exchange – The number of data queries by DoD and VA providers • Availability of multipurpose DoD/VA network gateways will be monitored, flagged, and reported in 100 percent of the occasions when the threshold of less than 98.5 percent is breached • Trend and report the number of DoD/VA shared patients with neurocognitive assessment data available to VA • Trend and report the number of DoD images accessed by VA providers

FY 2013-2015 JSP Objective 3.4.F

Goal 3: Efficiencies of Operations - Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	Health Architecture Review Board (HARB)
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.F: Support the mission for joint VA/DoD electronic health information sharing by promoting the collaborative development of core architecture artifacts and the adoption of national standards for interagency Health Information Technology (HIT) systems in support of an integrated electronic health record (iEHR) and other joint VA/DoD HIT investments.		
Activities & Milestones	1. Establish a standard methodology for the development of VA/DoD joint HIT architecture artifacts by June 30, 2013. 2. Identify and document architecture lessons learned with a focus on information sharing across VA/DoD Health Information Management/Information Technology capabilities and brief findings to the HEC by June 30, 2013. 3. In coordination with the DoD/VA Interagency Program Office, complete the review and approval of foundational infrastructure capability architecture products and clinical capability architecture products by June 30, 2013 to support the iEHR initial operating capability milestone schedule. 4. Provide advocacy for VA/DoD joint architecture positions within at least one Standards Development Organization, one Open Source community, and one Federal Architecture community by March 31, 2013. 5. Update the target VA/DoD Health Standards Profile with national HIT and other standards applicable to VA/DoD electronic health information sharing projects by September 30, 2013. 6. The Transition Application Plan Integrated Product Team will brief the HARB on a quarterly basis on the transition plans for DoD/VA legacy health data sharing initiatives by June 30, 2013, September 30, 2013, December 31, 2013, and March 31, 2014.	
Recommended Metric(s)	• Eighty percent of DoD/VA electronic health data sharing initiatives reviewed in FY 2013 are compliant with the appropriate HIT standards.	

FY 2013-2015 JSP Objective 3.4.G

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	HEC Acquisition and Medical Materiel Management (A&MMM) Working Group
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.G: Identify and leverage joint VA/DoD medical contracting venues and business practices to mutually benefit both Departments and their medical facilities by expanding the number of pharmaceutical and equipment joint contracts and increase usage, with a target of expanding joint contract usage by five percent by September 30, annually.		
Activities & Milestones	1. Increase collaborative logistics and clinical participation in joint/standardization programs across VA/DoD. Share standardization business processes and identify opportunities for VA/DoD joint/standardization initiatives by April 01, annually. 2. Track the number and dollar value of purchases made by both organizations using contracts based on joint requirements and provide sales data covered by joint contracts to the HEC on a bi-annual basis. 3. VA National Acquisition Center and the Defense Logistics Agency will report results of their participation in joint/standardization programs to the HEC by September 30, annually.	
Recommended Metric(s)	• Percent of total sales that VA and DoD made using acquisition programs with prices based on their joint requirements to obtain lower prices for both organizations, to be reported semi-annually. • Dollar value of costs avoided by VA and DoD by using acquisition programs based on the use of their joint requirements resulting in lower product prices for both organizations, to be reported semi-annually.	

FY 2013-2015 JSP Objective 3.4.H

<table>
<tr><td colspan="2">Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.</td><td>Working Group</td><td>HEC Acquisition and Medical Materiel Management (A&MMM) Working Group</td></tr>
<tr><td colspan="4">Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.</td></tr>
<tr><td colspan="4">SMART Objective 3.4.H: Utilize the joint VA and DoD medical surgical business intelligence (BI) tool to achieve cost efficiencies, as evidenced by increasing the dollar amount of product price reductions achieved as a result of using the BI tool from FY 2013 through FY 2015 by $5M per year for a total of $15M.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">1. Provide methods at the national, regional, and facility level to automatically identify the lowest contracted price on medical surgical items by December 31, 2014.
2. Report to the HEC on agency progress to establish and formalize use of synchronized and standardized BI data and/or tools on a semi-annual basis.
3. VA Logistics Program Executive Office and VHA Procurement and Logistics Office will incorporate the use of the business intelligence tool in their business model by December 31, 2012.
a) Develop process flows by December 15, 2012.
b) Chief Procurement and Logistics Office approves process flows by March 15, 2013.
c) Monitor contract purchases against BI tool recommendations and site history by September 30, 2014.
4. DoD will integrate the Product Data Base data for downstream system usage by December 31, 2014.
a) Consolidate two-step process of research and purchase into one transactional session for Defense Medical Logistics Standard System users by March 31, 2013.
b) Analyze and monitor Generation IV Prime Vendor Master Medical Catalog against BI tool recommendations quarterly.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">Based on joint VA and DoD medical surgical BI tool.
• Increase dollar amount of medical surgical product price reductions from $73M baseline. (Target: increase of $15M by end of FY 2015).</td></tr>
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FY 2013-2015 JSP Objective 3.4.I

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	HEC Acquisition and Medical Materiel Management (A&MMM) Working Group
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.I: Develop a business case, to determine the benefits, costs, and risks of combining the DoD and VA Pharmaceutical Prime Vendor (PPV) Programs into a single federal PPV contract by November 30, 2012.		
Activities & Milestones	1. VA National Acquisition Center and the Defense Logistics Agency Troop Support will report results of the business case analysis to the HEC at the end of each fiscal quarter or as directed by the HEC. 2. Develop next steps based on the results and decision of the business case analysis as directed by the HEC.	
Recommended Metric(s)	• Develop cost reduction metrics based on decisions from the business case analysis. • Realized cost reductions across the current DoD/VA PPV programs. • Reduction or mitigation in acquisition and other business risks associated with the DoD/VA PPV programs.	

FY 2013-2015 JSP Objective 3.4.J

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	HEC Financial Management Working Group
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.J: Promote the submission of enterprise level Joint Incentive Fund (JIF) projects that advance the joint priorities of VA and DoD by a) developing criteria and gaining HEC approval for selecting joint priorities by December 31, annually and; b) monitoring approved enterprise level JIF proposals to determine if they are meeting the joint priorities by September 30, 2015.		
Activities & Milestones	1. Identify joint VA and DoD enterprise level JIF priorities and develop guidance for the submission of projects that advance these priorities and obtain HEC approval by December 31, 2012, and annually thereafter. 2. Monitor approved enterprise level JIF proposals to determine if they are meeting the joint priorities post funding and start up, on a quarterly basis beginning January 1, 2014.	
Recommended Metric(s)	• Report the number and dollar amount of JIF submissions that meet enterprise level joint priorities for use of JIF funds with a target of increasing the number of such proposals submitted annually. • Percent of JIF projects that achieve 80 percent of their stated obligation rate objectives after funding.	

FY 2013-2015 JSP Objective 3.4.K

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	HEC Financial Management Working Group
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.K: Increase oversight of all previously approved Joint Incentive Fund (JIF) funded projects by identifying those projects that are at risk of not meeting their stated objectives on an annual basis and reducing the number of active projects older than three years by 50 percent by September 30, 2013, with all projects older than three years closed by September 30, 2015.		
Activities & Milestones	1. Develop a process for identifying current JIF projects that are at highest risk for not meeting their stated objectives by March 31, 2013. 2. Review all existing JIF projects and identify those at highest risk of not meeting their stated objectives by June 30, 2013. 3. Monitor high-risk projects and take steps to terminate or remediate those projects that are determined to be at risk for not meeting their stated objectives in accordance with the established protocol on a quarterly basis beginning January 1, 2014. 4. Analyze all current JIF projects older than three years from year of funding and close them out in accordance with the established protocol by September 30, 2015.	
Recommended Metric(s)	• Number of current JIF projects that are at risk for not meeting their stated objectives that are terminated or remediated. • Number and percentage of successful JIF projects, those that are older than three years (at the point of this review) that are closed out.	

FY 2013-2015 JSP Objective 3.4.L

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	HEC Financial Management Working Group
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.L: Increase the quality of payment claims for exams performed as part of the Integrated Disability Evaluation System (IDES) by providing appropriate guidance in accordance with the billing Memorandum of Agreement, active auditing and tracking on a quarterly basis and comparing results to the initial FY 2011 baseline. Effort is to be completed by September 30, 2013. Complete 98 percent of IDES claims without error by FY 2015.		
Activities & Milestones	1. Monitor quality IDES claims (defined as properly completed IDES claims without errors that can be reimbursed as submitted) by September 30, annually. 2. Issue additional guidance to VA and DoD facilities as needed.	
Recommended Metric(s)	• IDES claims completed without errors that can be reimbursed as submitted: 90 percent by September 30, 2013, 95 percent by September 30, 2014, and 98 percent by September 30, for 2015.	

FY 2013-2015 JSP Objective 3.4.M

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	HEC Joint Venture & Resource Sharing Working Group
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.M: Increase efficiencies by a) improving collaboration and sharing activities with the purpose of reducing annual operational costs by at least five percent for each sharing initiative selected, and b) assist existing and new sharing sites in identifying sharing initiative performance metrics annually by December 31.		
Activities & Milestones	1. Select new joint market/sharing sites, based upon selection criteria that include: proximity location of VA and DoD facilities; beneficiary enrollments; purchased care expenditures; and planned (out years) construction, annually by December 31. 2. Collaborate with JEC Construction Planning Committee to receive input on areas where construction or leased projects are proposed. 3. Selected joint markets/sharing sites will identify and implement the product lines/services or business processes they want to improve. This will include identification of performance baselines and metrics (targeting a minimum of five percent cost savings) to be used annually to measure performance. Selected joint market/sharing sites will report performance measures annually beginning with the first quarter FY 2013 for FY 2012.	
Recommended Metric(s)	• Eighty percent of selected sharing sites/markets will report product line/service efficiencies or process improvements with a target of five percent annual reduction in operational cost for each sharing initiative selected in FY 2012 and annually thereafter. Metrics used to measure performance improvements may include: - Decrease in purchased care costs or cost avoidance (cost savings/ cost avoidance in dollars). - Increased patient access into VA or DoD treatment facilities (percent increase of patient recapture). - Increase in number of referrals between VA and DoD (percent decrease of private sector care referrals/ cost avoidance. - Business process improvements (cost savings in dollars).	

FY 2013-2015 JSP Objective 3.4.N

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	James A. Lovell Federal Health Care Center Advisory Board (JALFHCC)
Sub-goal 3.4: Ensure the highest level of economic and organization efficiency, effectiveness, and productivity of VA and DoD health care systems while utilizing systematic measurement that leverages information technologies and data sharing efficiencies.		
SMART Objective 3.4.N: Evaluate the effectiveness and efficiency of the five-year demonstration project, begun October 1, 2010, that integrated VA and DoD medical care in a first-of-its-kind Federal Health Care Center (FHCC), as outlined in an Executive Agreement for the JALFHCC signed by VA and DoD in April 2010, in accordance with the National Defense Authorization Act FY 2010.		
Activities & Milestones	To develop a comprehensive evaluation plan of the JALFHCC, to enable VA and DoD to make an informed decision about whether the JALFHCC should continue after the end of the demonstration, and to provide useful information for other integrations that may be considered in the future, the Departments will undertake the following initiatives: 1. Determine the costs associated with the workarounds required due to Information Technology capabilities at the FHCC for each year of the demonstration, including the costs of hiring additional staff and of managing the administrative burden due to the workarounds, by October 31, 2012 and annually thereafter. 2. Develop an evaluation plan, including the performance measures, standards, and target scores, to be used to evaluate the 15-integration benchmarks for the FHCC demonstration by June 30, 2013. 3. Establish measures related to the cost-effectiveness of the FHCC's care and operations to be included as a part of the evaluation plan by June 30, 2013. 4. Submit a Final Report to Congress based on a comprehensive evaluation of the FHCC March 29, 2016 (no later than 180 days after the fifth anniversary of the date of execution of the Executive Agreement) and meeting all requirements of Public Law 111-84 – October 28, 2009 – National Defense Authorization Act for FY 2010. 5. Fix pharmacy capability at North Chicago JALFHCC to address current operational issues, by December 31, 2014. Provide updated capability in support of Initial Operating Capability (IOC) for the integrated Electronic Health Record (iEHR) effort by September 30, 2014. 6. As a risk reduction effort to inform the overall iEHR enduring solution, conduct a pilot of JANUS Graphical User Interface (GUI) Write-back of Allergies Data to clinical data stores. This will allow practitioners to update patient electronic health records with allergy information to determine drug-drug interactions prior to dispensing; thereby improving patient safety. It in planned to be operational in North Chicago by March 31, 2013.	
Recommended Metric(s)	• Provide status reports highlighting accomplishments, challenges, and barriers related to the completion of each element of the JALFHCC strategic plan to the HEC quarterly. • The DoD/VA Interagency Program Office (IPO) will work with VA (Office of Information and Technology and VHA), DoD, and JALFHCC Officials to develop plans with clear definitions, specifications, deliverables, and timeframes for IT capabilities and how those plans relate to the iEHR effort by December 31, 2012.	

FY 2013-2015 JSP Objective 3.5.A

Goal 3: Efficiencies of Operation – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution).	Working Group	JEC Strategic Communications Working Group (SCWG)
Sub-goal 3.5: Inform Veterans, Service Members, military families, and other stakeholders of key, identified strategic messages, priorities, and accomplishments of the JEC and VA/DOD collaboration.		
SMART Objective 3.5.A: Increase awareness and transparency of VA/DoD strategic messages, priorities, and accomplishments among Veterans, Service members, military families, Congress, and other key stakeholders, as evidenced by a) maintaining and executing coordinated communications plans, and b) collaborating with JEC sub committees and working groups on an ongoing basis.		
Activities & Milestones	1. Execute the Public Affairs and Congressional Affairs Outreach Plans on an ongoing basis and make necessary adjustments as VA/DoD programs grow and evolve. Coordinate updates to the written plans by June 30, annually. 2. Ensure all communications efforts in support of the JSP reflect the values, mission, and goals of both the Military Health System Strategic Plan and the VA Strategic Plan. 3. Plan, execute, and evaluate joint/coordinated communications activities as appropriate: a) Media events (multi-media). b) Press releases or statements, to be scheduled in advance at monthly CWG calls and quarterly meetings or in coordination with SecDef/SecVA joint public events. 4. Maintain a long-term message calendar for upcoming actions, announcements, and releases. Update the calendar quarterly. 5. Ensure each Department's Web site links to communications products on the other Department's Web site as required to cross-promote communications products and improve access to helpful information. 6. Continue ongoing collaboration with HEC, BEC, IPO, and JEC working groups by attending quarterly meetings and providing updates.	
Recommended Metric(s)	• Media Monitoring: Public Affairs will track and assess media coverage of the joint/collaborative programs and related issues on an on-going basis. Results are to be segregated according to appropriate programs, and program recommendations made periodically. When need for substantive changes is seen, recommendations are to be made within 60 days. • Social Media Monitoring: Public Affairs will employ social media monitoring tools to track and assess the tone and content of discussions related to the appropriate programs. Results are to be segregated according to appropriate programs, and program recommendations made periodically. When need for substantive changes is seen, recommendations are to be made within 60 days. • Media/Congressional Query Monitoring: Public Affairs will continue to coordinate with Congressional/Legislative Affairs to track and assess the tone and content of queries from the media and from Congress to gauge their perceptions of the programs' efficacy and understanding the programs and advantages for Service members, recommending appropriate changes within 60 days.	

FY 2013-2015 JSP Objective 3.6.A

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	JEC Construction Planning Committee (CPC) Working Group
Sub-goal 3.6: Identify opportunities to further improve collaboration for Joint Capital Asset Planning and increase the number of projects for shared medical facilities the Departments submit for consideration.		
SMART Objective 3.6.A: Identify and increase collaborative opportunities for Joint Capital Asset Planning by: a) communicating to field planners the potential for additional opportunities if proposed legislation changes are enacted and b) enhancing the sharing of data elements and its delivery to planners to aid in identifying needs and developing joint construction or leasing solutions on an annual basis.		
Activities & Milestones	1. Invite appropriate CPC members from each Department to participate in VA's Strategic Capital Investment Planning (SCIP) and DoD's Capital Investment Decision Making (CIDM) meetings to assist in identifying possible projects that may benefit through joint collaboration before the start of each Department's planning cycle. 2. Update the CPC Charter to modify the scope statement in recognition of its efforts beyond physical construction to include leasing and to expand membership to include Service representation by December 31, 2012. 3. Document a standardized, repeatable process for ongoing data sharing to inform annual SCIP and CIDM processes by December 31, 2012. 4. Re-submit like legislation to leadership if appropriate for submittal in FY 2014 National Defense Authorization Act. If proposed legislation is approved, communicate no later than 90 days after bill enactment, the benefit of legislation changes to field planners and other interested parties. 5. Develop additional data elements to enhance joint planning efforts by November 30, 2012. Currently the elements being used are population, workload, and proximity.	
Recommended Metric(s)	• Number of additional data elements added for joint planning purposes. • Number of projects identified annually with the potential for joint build or shared lease to inform the SCIP and CIDM processes early in the planning engagement cycle.	

FY 2013-2015 JSP Objective 3.7.A

Goal 3: Efficiencies of Operations - Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	JEC Separation Health Assessment Working Group
Sub-goal 3.7: Develop a pilot to test performing separation health assessments for eligible Service members who are leaving the military, to meet the requirements of both Departments. The pilot will allow Service members to choose either VA or DoD to perform their exam in accordance with governing statutes and regulations to assess likely workload (and cost) for the two Departments.		
SMART Objective 3.7.A: Improve coordination and sharing of Service member and Veteran health information between VA and DoD as demonstrated by a) analyzing the data returned from the 2012 Pilot and comparing to the baseline percentage of separating Service members receiving separation health assessments, within 180 days of separation, b) develop strategic options informed by the pilot and the "VOW to Hire Veterans Act" (2011), and c) evaluate the impact of uniform separation health assessment efforts on the percentage of separating Service members filing compensation and pension claims with VA.		
Activities & Milestones	1. Synchronize and coordinate all health related activities at discharge to reduce duplication of efforts between VA and DoD. All data collected will be bi-directionally accessible to both Departments, as appropriate by June 29, 2013. 2. Analyze the impact (for both financial resources and personnel time) of any proposed policy changes for assessing health status at the time of separation by March 31, 2013. 3. Compare data previously captured at the time of separation with the baseline data obtained in the 2012 pilot for suitability, consistency, and relevance by March 31, 2013. 4. Develop a short and long-term plan by December 15, 2013, to develop the "standardized" separation health assessment program, if that option is supported. 5. Review and make recommendations to improve the baseline health information collected at discharge to improve delivery of benefits and health care transition by December 15, 2013, if a comprehensive separation assessment is not supported. 6. Have VA begin providing DoD with data on a semi- annual basis on the types of conditions claimed by Service members who file for VA disability prior to discharge beginning June 29, 2013.	
Recommended Metric(s)	If the JEC elects to establish a requirement for standardized Separation Health Assessment, possible metrics might include: • The percentage of Service members receiving a separation health assessment or examination within 180 days of separation or transition. • The percentage of separating Service members by Service who complete a Separation Health Assessment that is viewable by both Departments. • The percentage of separating Service members who file for VA disability benefits prior to discharge annually. • The percentage of separating Service members who file for VA disability benefits within one year of separation.	

FY 2013-2015 JSP Objective 3.8.A

Goal 3: Efficiencies of Operations – Establish a national model for the effective and efficient delivery of benefits and services through joint planning and execution.	Working Group	DoD/VA Interagency Program Office (IPO)
Sub-goal 3.8: Virtual Lifetime Electronic Record (VLER) Health – Ensure portability and accessibility to health data for Service members, Veterans, and authorized representatives.		
SMART Objective 3.8.A: Deliver secure and seamless access to and exchange of clinical data with the private sector, VA, and DoD for clinical encounters as evidenced by a) completing the National Rollout of the Foundational Health Data Set by December 31, 2015; b) implementing Direct Project pilots by September 30, 2014 (VA) and exploring the implementation of a Direct Pilot by September 30, 2014 (DoD); and c) developing the adapter and gateway to enable Health Information Exchange (HIE) between the integrated Electronic Health Record (iEHR) and private sector HIE organizations by September 30, 2015.		
Activities & Milestones	1. In support of the VLER Health National Rollout, DoD and VA will implement their respective Departments' gateway and adapter technical upgrades, to facilitate continued participation in eHealth (formerly Nationwide Health Information Network) Exchange activities, by June 30, 2013. 2. DoD will explore the implementation of a Direct Project pilot to test the application of Direct with private sector HIE organizations by September 30, 2013. 3. The IPO will compile and evaluate lessons learned from the Direct Project pilot by September 30, 2015.	
Recommended Metric(s)	• Establish the IPO VLER Health Program Office to manage the VLER Health technology portfolio by October 1, 2012. • DoD will upgrade to CONNECT Version 3.X by June 30, 2013. • DoD and VA, collectively, will begin implementing the eHealth Exchange capability to exchange the VLER Foundational Health Data Set at three sites per quarter beginning in the second quarter of FY 2013. • DoD will identify three candidate locations for a Direct pilot to send C32 Summary of Care documents to and receive Clear and Legible Reports from private sector providers using the Direct Project secure messaging capability by the third quarter of FY 2013.	

Appendix A
Glossary of Acronyms

A&MMM – Acquisition and Medical Material Management
AY – Academic Year
BCA – Business Case Analysis
BEC – Benefits Executive Council
BDD – Benefits Delivery at Discharge
BI – Business Intelligence
BJP – Business Justification Packages
BRAC – Base Realignment and Closure
C&P – Compensation and Pension
C&P – Credentialing & Privileging
CIDM – Capital Investment Decision Making
CoE – Center of Excellence
CONOPs – Concept of Operations
CPC – Construction Planning Committee
CPGs – Clinical Practice Guidelines
CPOE – Computerized Provider Order Entry
CWG – Communications Working Group
DECCs – Defense Enterprise Computing Centers
DES – Disability Evaluation System
DoD – Department of Defense
DoD/VA – Department of Defense/Veterans Administration
DISA – Defense Information Systems Agency
DOEHRS – Defense Occupational and Environmental Health Readiness System
DS logon – Defense Self-Service logon
DTC – Development Test Center
DTE – Development Test Environment
DVEIVR – Defense and Veterans Eye Injury and Vision Registry
EACE – Extremity Injuries & Amputations Centers of Excellence
EBCPG – Evidenced Based Clinical Practice Guidelines
EBP – Evidence Based Practice
FHCC – Federal Health Care Center
FOC – Full Operating Capacity
FOC – Full Operating Capabilities
FY – Fiscal Year
GME – Graduate Medical Education
HAIMS – Health Artifact Imaging Management Systems
HARB – Health Architecture Review Board HCE – Hearing Center of Excellence
HEC – Health Executive Council
HDD – Health Data Dictionary
HIE – Health Information Exchange
HIT – Health Information Technology

HR – Hampton Roads
ICIB – HEC Interagency Clinical Informatics Board
IDES – Integrated Disability Evaluation System
iEHR – Integrated Electronic Health Record
IM/IT – Information Management/Information Technology
IOC – Initial Operating Capacity
IOC – Initial Operating Capabilities
IOM – Institute of medicine
IPO – Interagency Program Office
IS/IT – Information Sharing/Information Technology
IWG – Independent Working Groups
JALFHCC – Captain James A. Lovell Federal Health Care Center
JEC – Joint Executive Council
JHASIR – Joint Hearing Loss and Auditory System Injury Registry
JIF – Joint Incentive Fund
JSP – Joint Strategic Plan
LPS – Learner's Perception Survey
MOU - Memorandum of Understanding
MSC – Military Service Coordinator
MTF – Military Treatment Facility
NCR – National Capital Region
NwHIN – Nationwide Health Information Network
OSD – Office of Secretary of Defense
PDHRA – Post Deployment Health Reassessment
PEBLO – Physical Evaluation Board Liaison Officer
PH – Psychological Health
PH/TBI – Psychological Health/Traumatic Brain Injury
POA – Program of Acquisition PPDHA – Pre and Post Deployment Health Assessment
PPV – Pharmaceutical Prime Vendor
PTSD – Post Traumatic Stress Disorder
RC – Reserve Component
RCA - Root Cause Analysis
RCP – Recovery Coordination Program
RSMs – Recovering Service Members
SCIP – Strategic Capital Investment Planning
SCWG – JEC Strategic Communications Working Group
SATX – San Antonio, TX
SGLI – Service members Group Life Insurance
SFLPS – Short Form Learner's Perception Survey
SMART – Specific, Measureable, Achievable, Realistic, and Time-bound
SOC – Senior Oversight Committee
SOES – Servicemember On-line Enrollment System
SPARRC – Suicide Prevention and Risk Reduction Committee
SSA – Social Security Administration
SSO/CM – Single-Sign-On and Context Management

STR – Service Treatment Record
TAA - Training Affiliation Agreement
TAP – Transition Assistance Program
TBI – Traumatic Brain Injury
USAMRMC – US Army Medical Research and Material Command
VA – Department of Veterans Affairs
VBA – Veterans Benefits Administration
VCA – VLER Capability Area
VCE – Vision Center of Excellence
VHA – Veterans Health Administration
VISN – Veteran Integrated Service Networks
VLER – Virtual Lifetime Electronic Record
VRP – Vision Research Program
VTA – Veterans Tracking Application
WG – Working Group
WII – Wounded, Ill, and Injured
WIIC – Wounded, Ill, and Injured Committee
WWCTP – Wounded Warrior Care and Transition Policy
WWP – Wounded Warrior Program