Department of Veterans Affairs and Department of Defense Joint Executive Council Joint Strategic Plan Fiscal Years 2011-2013

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EXECUTIVE SUMMARY

Introduction

The *Department of Veterans Affairs (VA) and the Department of Defense (DoD) Joint Executive Council (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. The JEC works to remove barriers and challenges which impede collaborative efforts, asserts and supports mutually beneficial opportunities to improve business practices, and facilitates opportunities to improve resource utilization.

To ensure appropriate resources and expertise are directed towards jointly developed priorities, the JEC established subject-specific subordinate councils and working groups (WG). The Health Executive Council (HEC) is Co-Chaired by VA's Under Secretary for Health and DoD's Assistant Secretary for Health Affairs. The Benefits Executive Council (BEC) is Co-Chaired by VA's Under Secretary for Benefits and DoD's Deputy Assistant Secretary for Wounded Warrior Care and Transition Policy (WWCTP). The Interagency Program Office (IPO) is led by a Director and Deputy Director both selected through a joint VA/DoD vetting process.

The JEC provides oversight for Independent Working Groups (IWGs) to include the Communications and the Construction Planning Committee (CPC), and monitors the JSP work efforts of the Federal Recovery Coordination Program (FRCP), Recovery Coordination Program (RCP), and the Separation Health Assessment Program.

The Co-Chairs of the HEC, BEC, IWGs, and the IPO Director oversee the development and execution of the JSP objectives, activities, milestones, and metrics that fall under their respective purviews. These leaders monitor progress toward achieving goals in the JSP and report efforts to the JEC.

The JSP Fiscal Year (FY) 2011-2013 updates and expands upon the performance objectives from the JSP FY 2010-2012. These enhancements help VA and DoD demonstrate and track the progress of their collaborative efforts in the delivery of comprehensive benefits, providing patient-centered health care, and establishing a national model for the effective and efficient delivery of benefits and services.

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.

During the March 2010 meeting, the JEC leadership decided to make additional improvements to the overall joint strategic planning process to ensure both a top down view that includes senior leadership direction and a bottom up view that includes detailed information about the efforts of the working groups.

The Departments are engaged in many joint efforts, to include developing the construct for a joint Integrated Electronic Health Record (iEHR), which will also affect the joint collaboration at the North Chicago Captain James A. Lovell Federal Health Care Center (JALFHCC) and the continued development of Virtual Lifetime Electronic Record (VLER). The SMART Objectives for these initiatives will be added to the JSP once they are approved.

Strategic Assessment:

In order to allow new Department leadership to directly influence the strategic direction of the VA/DoD partnership from the top down, the JEC identified the need to reconsider the strategic elements in place since 2004. The JEC leadership approved a new JSP timeline and management process on March 30, 2010. This approach allowed additional time in FY 2010 for a thorough strategic assessment that reevaluated the strategic goals in the context of the current environment.

The strategic assessment, which included the review of over 80 documents and interviews of 17 senior officials from VA, DoD, and four external Departments that share some of the same customers or functions, reaffirmed or identified current and emerging issues and challenges that need to guide the Departments' long term joint strategic planning efforts:

- Increasing mental health care requirements
- Increasing emphasis on cost containment
- Unique and increasing needs of the Guard and Reserve
- Increasing demand for health and personnel information sharing
- Increasing requirements for information interoperability across Departments
- Increasing demand for access to health care and facilities
- Continuing requirement for seamless transition from Service member to Veteran status
- Increasing need for integrated human capital strategy
- Increasing emphasis on Government/Department partnerships

- Increasing need to understand the demographics and characteristics of the changing customer base and adapt to their needs
- Increasing demand for strategic communication with stakeholders and the public

Strategic Framework

A leadership offsite was held on August 13, 2010, to review the strategic assessment, and develop a new mission and vision with corresponding goals and foundational elements. VA and DoD leadership had follow-on discussions to finalize the draft mission, vision, goals, and foundational elements, which were ratified by the JEC in an October 1, 2010, Memorandum for the Record. The approved strategic framework is reflected in Figure 1.

While previous plans had six strategic goals to support the mission and vision, the results of the assessment suggested that joint VA-DoD efforts are best aligned under three primary focus areas: Benefits & Services, Health Care, and Efficiencies of Operation. These three focus areas are supported by three cross-functional foundational elements: Interoperability, Customer-centric focus, and Partnerships. The foundational elements are cross-cutting and fundamental to VA-DoD efforts and support all elements of the plan.

Figure 1 – 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 HEC, BEC, IWGs, and the IPO developed new, more concise Sub-goals and SMART Objectives based on the approved strategic framework.

The collaborative work between VA and DoD to ensure leadership, commitment, and accountability in FY 2011-2013 is highlighted in the following Goals, Sub-goals, and major initiatives.

Goals, Sub-goals and SMART Objectives

The following section provides a high level overview of the strategic direction for FY 2011-21013 for the JEC. The 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, RCP, and FRCP will work collaboratively in FY 2011-2013 to pursue the following current and emerging major initiatives:

- Benefits Delivery at Discharge (BDD) Intake Site Expansion.
- Leveraging the eBenefits portal to provide life-cycle messaging that pertains to access, benefits, and services for eligible users.
- Implementation of a plan to ensure that all Service members obtain a Defense Self-Service (DS) Logon.
- eBenefits Portal will serve as the platform for the reengineered Veterans Benefits briefing and Transition Assistance Program (TAP) Online.
- Support the utilization, enhancement, and marketing of wounded warrior and family resource materials and or media as well as assist in Service wounded warrior programs.
- Develop intensity of coordination tool to determine appropriate Federal Recovery Coordinator (FRC)/client ratios.
- Implement a new Federal Individual Recovery Plan design in both the FRCP Data Management tool and through eBenefits.

- Create an enhanced FRCP web presence.
- Continue to integrate FRCs within Services wounded warrior programs.

Within Goal 1, the BEC Pre-Discharge and BEC Communications WGs, and the RCP and FRCP program areas are leading these efforts by focusing on the following Sub-goals:

- Benefits and Services: Coordinate efforts to improve participation in the Pre-discharge Programs BDD/Quick Start and the VA benefits portion of the TAP.
- Increase knowledge of VA and DoD benefits and services.
- Coordinate Federal and private sector resources and services needed by Recovering Service members (RSMs) and their families through the RCP.
- Improve the use of Federal and private sector resource information regarding coordination of care and benefits for recovering Service members, Veterans, and their families.
- Improve FRCP program performance.
- Improve FRCP outreach.
- Improve FRCP integration with VA/DoD programs and services.

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 heath 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.

To meet its goal of providing high quality care, the HEC will work collaboratively in FY 2011-2013 to pursue the following current and emerging major initiatives:

- Centers of Excellence (CoE).
  - Hearing Center of Excellence (HCE).
  - Extremity Injuries and Amputations Center of Excellence (EACE).
  - Vision Center of Excellence (VCE).
- Research on the potential health effects of environmental exposures.
- Integrated Mental Health Strategy.
- Health Information Sharing.
- Expanded Telehealth.

Within Goal 2, the CoEs, Deployment Health, Health Professions Education, Patient Safety, Evidence Based Practice, Psychological Health/Traumatic Brain Injury, Pain Management, and Interagency Clinical Informatics Board WGs are leading these efforts by focusing on the following Sub-goals.

- 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: Assure 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 while working closely on the VLER. The development of VLER continues to leverage VA and DoD enterprise architectures that already exchange large quantities of administrative, benefits, and health information between the two Departments.

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 2011-2013 to pursue the following current and emerging major initiatives:

- Expansion of Integrated Disability Evaluation System (IDES) with the goal of 100 percent coverage by the end of FY 2011.
- Improve all phases of the Service Treatment Record (STR) life-cycle management process, to include facilitating the seamless transfer of STR-related information in support of timely benefits determination for all Service members and Veterans.
- Joint Incentive Fund.
- Joint Market Opportunity Initiatives.
- VLER development of Capability Areas 1-4.
- Implement the Strategic Communications Outreach plan which establishes guidelines for the Public and Congressional Affairs in both Departments as they support the communication and promotion of the Departments' collaborative initiatives.
- Assist the Department of Labor (DOL) by designing a communication outreach strategy for DOL's Job Corps program for Veterans. Assist in the implementation of this outreach strategy plan throughout FY 2011.
- Develop a budget mechanism that would authorize and fund joint VA and DoD construction planning initiatives.
- Transition/Separation Health Assessment Program.
- Joint Procurement, such as pharmaceuticals, medical equipment and supplies.
- iEHR.
- JALFHCC.

Within Goal 3, the BEC's Information Sharing/Information Technology (IS/IT), Disability Evaluation System (DES), and Medical Records WGs; the HEC's Acquisition and Medical Material Management , Continuing Education and Training, Contingency Planning, Financial Management , Information Management/Information Technology and Joint Facility Utilization and Resource Sharing WGs; the IPO; the JEC's Communications and CPC WGs, and the Separation Health Assessment WG are all focusing specifically on the following Sub-goals: Ensure appropriate Departments, Agencies, Service members, Veterans, and family members have immediate and secure access to reliable and accurate personnel and beneficiary data.

- Jointly refine an improved DES process to new locations as directed.
- Jointly expand an improved DES process.
- Oversee the entire life-cycle of the paper military STR.
- 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.

- Inform Veterans, Service members, military families, and other stakeholders of key, identified strategic messages and priorities of the JEC.
- Identify, propose, and increase collaborative opportunities for Joint Capital Asset Planning through continued participation in the Departmental processes; VA Strategic Capital Investment Planning and DoD Capital Investment Decision Making.
- Develop a common set of criteria or process for performing separation/transition health assessments for eligible Service members who are leaving the military to meet the requirements of both Departments.

Conclusion

The JEC leadership will continue to set the strategic direction using the revised JSP framework for joint coordination and sharing efforts between VA and DoD. The VA/DoD JEC JSP FY 2011-2013 updates and expands upon the objectives from the JSP FY 2010-2012. These enhancements are designed to help VA and DoD demonstrate and track progress toward defined goals, objectives, and end-states, and provides the continuum to successfully meet the needs of Service members, Veterans, and their beneficiaries.

Goal 1 – Benefits and Services

The VA and the DOD are committed to the new 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 2011-2013 JSP Objective 1.1.A

<table>
<tr><td colspan="2">Goal 1: Benefits and Services – Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and addresses client needs.</td><td>Working Group</td><td>Benefits Executive Council (BEC) Pre-discharge Working Group</td></tr>
<tr><td colspan="4">Sub-goal 1.1: Coordinate efforts to improve participation in the Pre-discharge Programs Benefit Delivery at Discharge (BDD)/Quick Start and the VA benefits portion of the Transition Assistance Program (TAP).</td></tr>
<tr><td colspan="4">SMART Objective 1.1.A: Improve marketing and awareness strategies to increase participation of transitioning Service members in Pre-discharge programs as evidenced by a) 65 percent participation in BDD/Quick Start (goal is the summation of two program percentages) by September 30, 2012, with increases of five percent for FY 2013 and 2014 and b) 100 percent participation in the TAP VA Benefits Briefing or receiving the information online prior to separation by September 30, 2012.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">1. Develop a Pre-discharge marketing and awareness strategic plan.
- Submit draft plan to BEC Co-Chairs by March 31, 2011.
- Obtain BEC Co-Chairs approval of plan by May 31, 2011.
- Develop a brand to be recognized as Pre-discharge by July 31, 2011.
- Begin plan implementation by October 31, 2011.
2. As a result of Government Accountability Office Report 08-901, develop a BDD and Quick Start site visit Standing Operating Procedures Guide, a site visit checklist and site visit schedule by March 31, 2011.
- Submit to BEC Co-Chairs for approval by March 31, 2011.
- Conduct first joint site visit by June 30, 2011.
3. Notify BEC Co-Chairs of adjustments to marketing and awareness strategies based on participation rates by Feb 14, 2012 and make adjustments as needed.
4. Implement the plan for achieving 100 percent participation of transitioning Service members in the TAP VA Benefits Briefing or receiving the information online prior to separation.
- National roll out of the on-line VA benefit Information portion of TAP by July 31, 2011.
5. VA will fund the contract support to develop a survey instrument to measure quality and track attendance of VA's portion of TAP and provide this information to DoD.
- National deployment of the survey instrument will occur in conjunction with the national rollout of the online VA Benefits briefing by July 31, 2011.
- VA will provide surveys after every classroom briefing or upon the completion of the online briefing. Baseline level of quality and attendance will be determined by September 30, 2011, with future reporting on this data in FY 2012 and 2013.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• Participation rate for BDD/Quick Start, with a target of 65 percent by the September 30, 2012 and an increase of five percent for FY 2013 and 2014.
• By July 31, 2011, VA will begin tracking classroom and online participation via the survey instrument with a target of 100 percent participation by September 30, 2012.
• Baseline of level of quality and attendance will be determined by September 30, 2011, with future reporting in FY 2012 and 2013.</td></tr>
</table>

FY 2011-2013 JSP Objective 1.2.A

Goal 1: Benefits and Services – Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and addresses 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 the end of September 30, 2011.		
Activities & Milestones	1. Modify working group charter and expand representation between VA and Office of Secretary of Defense (OSD) to include all VA Administration Offices (Veterans Benefits Administration (VBA), Veterans Health Administration (VHA), and National Cemetery Administration) and military services by March 31, 2011. 2. Jointly create informational products, in coordination with the Disability Evaluation System Communication Plan, on VA/DoD benefits and services that target and educate Service members undergoing processing within the Integrated Disability Evaluation System by June 30, 2011. 3. Establish a web presence that is specifically dedicated to Reserve Component members on VA/DoD benefits and services by June 30, 2011. 4. Conduct quarterly reviews of eBenefits content material beginning October 31, 2010. 5. Provide targeted messaging via eBenefits to separating Service members on transition programs, e.g. Benefits Delivery at Discharge (BDD), Quick Start by March 31, 2011, continued on a quarterly basis. 6. Work with the appropriate VA/DoD subject matter experts to ensure that at least two media-related products, one broadcast and one print, are produced by September 30, 2011, and annually thereafter by September 30, 2012 and September 30, 2013. 7. Advertise the eBenefits portal on additional VA/DoD Web sites by September 30, 2011. 8. Coordinate a minimum of two joint outreach events by September 30, 2011. 9. Enhance the VA Military Services and Pre-Discharge Web sites to provide updated information that is relevant to life-cycle events by September 30, 2011. 10. Conduct quarterly reviews of various VA and DoD Web sites content of VA/OSD/Services benefits-related information beginning January 31, 2011.	
Recommended Metric(s)	• Increase eBenefits visibility by 20 percent by advertising the eBenefits portal on an average of two VA or DoD Web sites per quarter. • Ensure a minimum of 30 percent of the content of VA/Office of the Secretary of Defense/Services benefits-related information on various VA and DoD Web sites is 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, 2011.	

FY 2011-2013 JSP Objective 1.3.A

<table>
<tr><td colspan="2">Goal 1: Benefits and Services – Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and addresses client needs.</td><td>Working Group</td><td>Recovery Coordination Program (RCP)</td></tr>
<tr><td colspan="4">Sub-goal 1.3: Coordinate Federal and private sector resources and services needed by Recovering Service Members (RSMs) and their families through the RCP.</td></tr>
<tr><td colspan="4">SMART Objective 1.3.A: Ensure the RCP effectively supports RSMs and their families by a) providing access to a Recovery Care Coordinator (RCC)- trained non-medical care coordinator to 100 percent of eligible wounded, ill and injured Service members by FY 2012, b) creating a system that share "best-practices" about coordination of services and benefits, c) providing the Recovery Coordination Program Support Solution (RCP-SS) to support the use of automated comprehensive recovery plans to enhance successful transition of RSMs and families, and d) evaluating the program using additional metrics as established by the end of the 3rd Quarter FY 2011 and on-going revisions based on findings.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">1. Provide Office of the Secretary of Defense (OSD) training to all new RCCs within the first 30 days of assuming their position with the Services Wounded Warrior Programs (WWPs).
2. Review all RCC training evaluations, and prioritize needed changes for implementation after each training.
3. Review and update RCC training, incorporating policy and technology changes quarterly.
4. Develop on-line continuing education opportunities for RCCs by September 30, 2011.
5. Assess effectiveness of the RCC training by March 31, 2011.
6. Develop a plan for execution of a Wounded Warrior Care Coordination Summit by January 31, 2011.
7. Identify key stakeholders for the Wounded Warrior Care Coordination Summit by February 28, 2011.
8. Conduct Wounded Warrior Care Coordination Summit by April 30, 2011.
9. Develop a Plan of Action and Milestones (POA&M) based on the Wounded Warrior Care Coordination Summit finding and recommendations by July 31, 2011.
10. Obtain approval of POA&M by September 30, 2011.
11. Roll out updates to the RCP-SS on a quarterly basis.
12. Establish interoperability between the RCP-SS and the Military Department's Wounded Warrior Information Technology solutions by September 30, 2011.
13. Develop a reporting module in the RCP-SS by March 31, 2011.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• Eighty-five percent of RCC training OSD Modules will result in an overall "excellent" rating for instruction.
• Eighty-five percent of RCC training course evaluations will result in an overall "excellent" rating for instruction.
• Not more than 30 days will lapse between an RCC's date of hire and the date they attend OSD training.
• At least five on-line training opportunities for RCCs will be conducted annually by OSD or another Federal Agency.
• Number of WWPs reporting monthly the number of Recovering Service Members (RSMs) as defined by the Department of Defense Instruction (DoDI) 1300.24 who have enrolled in the Services Wounded Warrior Programs.
• Number of WWPs reporting monthly the total number of RSMs as defined by DoDI 1300.24 who have an established Comprehensive Recovery Plan or Comprehensive Transition plan managed by an RCC or Army Wounded Warrior Advocate.
• Number of WWPs reporting monthly the number of new Comprehensive Recovery Plans or Comprehensive Transition Plans established for Category II or Category III RSMs as defined by the DoDI 1300.24.
• Number of WWPs reporting monthly the number of RSMs as defined by the DoDI 1300.24 who have transitioned back to duty.
• Number of WWPs reporting monthly the RSMs as defined by the DoDI 1300.24 who have transitioned out of the military and have a contact within VA.
• The number of RSMs as defined by DoDI 1300.24 assigned to each RCC.
• Number of Comprehensive Recovery Plan initiated in RCP-SS.</td></tr>
</table>

FY 2011-2013 JSP Objective 1.3.B

Goal 1: Benefits and Services – Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and addresses client needs.	Working Group	Recovery Coordination Program (RCP)
Sub-goal 1.3: Coordinate Federal and private sector resources and services needed by Recovering Service Members (RSM) and their families through the RCP.		
SMART Objective 1.3.B: Provide outreach to increase awareness of the RCP and the National Resource Directory (NRD) by 20 percent to RSMs, Veterans, and their families, and those who support them, as evidenced by a) the number of communications products and functions marketing the RCP and NRD, b) tracking the outreach of these efforts, c) establishing targets for stakeholder outreach annually thereafter, d) developing business requirements that optimize technology and maximizes ease of use and accessibility by users for the NRD, and e) keeping current RCP information on Wounded Warrior Care Transition and Policy (WWCTP) blog and in communications products.		
Activities & Milestones	1. Provide inputs to a WWCTP blog that highlights RCP activities and success stories. 2. Update RCP key messages and supporting facts/stories on an ongoing basis. 3. Update RCP marketing materials, including content for RCP section of Warrior Care Blog, fact sheet, and revised power point presentation on a routine basis. 4. Develop and maintain list of recommended events and conferences for RCP Leadership Attendance. 5. Develop and maintain list of key stakeholders within the military Services and Office of Secretary of Defense, Personnel and Readiness and track outreach. 6. Continuously identify partnership opportunities with government and civilian agencies and organizations.	
Recommended Metric(s)	• Number of communications products distributed through various channels (e.g., e-newsletters, Web sites, brochures, fact sheets, presentations, conferences) annually. • Percent increase of Stakeholder groups that receive communications products about the RCP. • Number of hits to blog per month.	

FY 2011-2013 JSP Objective 1.4.A

Goal: Benefits and Services – Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and addresses client needs.	**Working Group**	Federal Recovery Coordination Program (FRCP)/Recovery Coordination Program (RCP)
Sub-goal 1.4: Improve the use of Federal and private sector resource information regarding coordination of care and benefits for Recovering Service Members (RSMs), Veterans, and their families.		
SMART Objective 1.4.A: Increase the accessibility of the National Resource Directory (NRD) Web site for RMSs, Veterans, their families, and those that support them as evidenced by a 35 percent increase in usage.		
Activities & Milestones	1. Develop business requirements for upgrade of search engine and personalization features by July 1, 2011. 2. Increase outreach and publicity, promoting the use of the NRD among target audiences. 3. Integrate NRD resource data into eBenefits by September 30, 2012. 4. Obtain authorization to measure visitor satisfaction to target areas for improvement through a Web site visitor survey function by September 30, 2012. 5. Launch a NRD mobile version by July 1, 2011.	
Recommended Metric(s)	• Percent of increase in number of NRD Web site visitors. • Percent of increase in number of page views.	

FY 2011-2013 JSP Objective 1.5.A

Goal 1: Benefits and Services – Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and addresses client needs.	Working Group	Federal Recovery Coordination Program (FRCP)
Sub-goal 1.5: Improve FRCP program performance.		
SMART Objective 1.5.A: Maintain FRCP capacity and performance as evidenced by evaluating 100 percent of new referrals within 30 days of referral; increase FRCP client satisfaction to 85 percent by September 30, 2012; improve program staff knowledge through 100 percent FRCP staff participation in targeted educational activities by September 30, 2011 and annually thereafter.		
Activities & Milestones	1. Provide FRCP conducted evaluation and eligibility determination for each referred client within 30 days of referral. 2. Develop intensity of coordination tool to determine appropriate (Federal Recovery Coordinator (FRC)/client ratios and implement the tool by September 30, 2012. 3. Implement new Federal Individual Recovery Plan design in both FRCP data management system and eBenefits by September 30, 2011. 4. Identify and implement performance outcome measures by September 30, 2012. 5. Develop and implement an action plan based on program improvement recommendations contained in the Government Accountability Office program evaluation report by September 30, 2011. 6. Conduct client satisfaction survey by September 30, 2012. 7. Develop and implement education and training plans annually. 8. Conduct training and assess effectiveness quarterly.	
Recommended Metric(s)	• The percent of referrals evaluated within 30 days, target is 100 percent. • Percent of FRCs participating in targeted educational training, target is 100 percent. • Positive training evaluations and feedback. • Percent of clients satisfied with FRCP, target is 85 percent by September 30, 2012.	

FY 2011-2013 JSP Objective 1.6.A

Goal: Benefits and Services – Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and addresses client needs.	Working Group	Federal Recovery Coordination Program (FRCP)
Sub-goal 1.6: Improve FRCP outreach.		
SMART Objective 1.6.A: Improve FRCP program outreach efforts as evidenced by increasing FRCP outreach by 25 percent in FY 2012 and 35 percent in FY 2013 over FY 2011 baseline.		
Activities & Milestones	1. Continue and expand outreach efforts annually. 2. Develop and implement plan for effective outreach and communication by September 30, 2011. 3. Develop additional outreach materials annually. 4. Increase program visibility.	
Recommended Metric(s)	• Increase FRCP outreach efforts by 25 percent by September 30, 2011, baseline in FY 2012, and by 35 percent over FY 2011 baseline by September 30, 2013.	

FY 2011-2013 JSP Objective 1.7.A

Goal 1: Benefits and Services – Deliver comprehensive benefits and services through an integrated client centric approach that anticipates and addresses client needs.	Working Group	Federal Recovery Coordination Program (FRCP)
Sub-goal 1.7: Improve integration with VA/DoD programs and services.		
SMART Objective 1.7.A: Increase the overall effectiveness of FRCP through improved coordination of federal and private services and benefits.		
Activities & Milestones	1. Continue to integrate Federal Recovery Coordinators (FRCs) within Service's wounded warrior programs and headquarters. 2. Continue to strategically place FRCs within selected locations. 3. Case/care management/coordination programs will be able to exchange program personnel and selected benefit information for clients by September 30, 2011. 4. Identify gaps in service and program overlap among other Wounded, Ill, and Injured (WII) Service programs. 5. Conduct WII resource inventory to inform DoD/VA Executive Committee discussions by May 31, 2011. 6. Convene a DoD/VA Executive Committee to assess program roles and responsibilities and complete a report with recommendations to the Senior Oversight Committee by September 30, 2011.	
Recommended Metric(s)	• DoD/VA Executive Committee report and recommendations to the SOC by September 30, 2011. • Review and implementation of DoD/VA Executive Committee recommendations approved by the SOC (dates to be determined).	

Goal 2 – Health Care

VA and DOD are committed to the new 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 2011-2013 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: Share patient safety information between VA and DoD to enhance knowledge and improve opportunities for preventing patient-specific adverse events through increasing lessons learned sharing by 25 percent in FY 2011 as compared to FY 2010 and sharing 100 percent of alerts and advisories within five business days of release.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">1. Implement a process for timely distribution of patient safety alerts by September 30, 2011. The lessons learned process and timely alerts/advisory distribution will be analyzed for improvement opportunities in subsequent years FY 2012, 2013.
2. Share selected resources (lessons learned, data, tools, and products) developed or endorsed by the VA National Center for Patient Safety and/or DoD Patient Safety Program aligned within existing data use agreements.
3. Select focused topic areas (e.g., patient falls, wrong site surgery, retained foreign objects, pressure ulcers, etc.) to exchange lessons learned from Root Cause Analysis or other voluntarily reported patient safety data to develop materials that will enhance shared knowledge regarding the prevention of adverse events.
- Develop a joint patient safety internal publication resulting from aggregate-level lessons learned sharing by September 30, 2011.
4. Include VA and DoD counterparts, as appropriate, in the distribution of VA Alerts and Advisories and DoD Patient Safety Alerts, Advisories, and Medication Safety Notices.
- Investigate the use of a common template and criteria for initiating and distributing patient safety alerts and advisories by September 30, 2011.
- Develop a method for estimating the patient safety impact of medication related alerts/advisories by September 30, 2012, such as: percent change of potential adverse drug events per 1000 doses following the release of an associated medication related alert/advisory. Analyze and refine method by September 30, 2013.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• Lessons learned sharing: Increase lessons learned exchanges - Lessons learned exchange is any in-person meeting of Patient Safety Working Group members to share information across Departments around patient safety events (Target 25 percent increase by September 30, 2011 over 2010).
• Timely sharing of Alerts and Advisories:
- Percent of Alerts and Advisories shared across Departments within five business days of release (Target 100 percent).
- Percent of Alerts and Advisories developed by patient safety disseminated Department-wide across patient safety channels (Target 100 percent).</td></tr>
</table>

FY 2011-2013 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: Promote collaboration of subject matter experts across Departments around the prevention of adverse events by increasing cross-Department expert sharing/teaming by 25 percent each fiscal year over the last, and establishing routine, structured forums for ongoing cross-Department expert sharing by September 30, 2013.		
Activities & Milestones	1. VA and DoD representatives share subject matter expertise in appropriate settings such as conferences, conference calls, and panels on specific patient safety issues/initiatives. - Draft feasibility plan for establishing a joint VA and DoD conference to include participants from both agencies by June 30, 2011. Implement results of approved feasibility plan by September 30, 2013. - Identify minimally two forums per year for cross/joint-Department participation in FY 2011-2013.	
Recommended Metric(s)	• Subject matter expertise sharing: Number of cross-Department expert sharing activities, which may include internal presentations, review of internal materials, participation in workgroups, etc. (Target 25 percent increase by September 30, 2011 over 2010).	

FY 2011-2013 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, c) two percent increase each fiscal year in internet requests over the previous fiscal year, and d) two percent increase each fiscal year in tool kit orders over the previous fiscal year.		
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 to be 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. At the beginning of each fiscal year, the Working Group will track the number of EBCPGs posted on the National Guidelines Clearinghouse Web Site annually.	
Recommended Metric(s)	• Percentage of EBCPG's completed annually against the target of four guidelines. • Number of VA/DoD EBCPGs completed annually that are posted on the Web sites. • Number of related internet hits with a targeted two percent increase of internet requests annually over the previous fiscal year. • Number of EBCPG tool kit orders with a targeted two percent increase annually over the previous fiscal year.	

FY 2011-2013 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) implementing two pilot health care trainee exchange programs between VA and DoD by June 30, 2013 and determining outcome measures by September 30, 2013 and b) maintaining training capacity in Graduate Medical Education (GME) in National Capital Region Base Realignment and Closure (BRAC) affected areas by September 30, 2013.		
Activities & Milestones	1. Develop a National Standardized Training Affiliation Agreement (TAA) draft by May 31, 2012. 2. Pilot the VA and DoD National TAA draft at a minimum of two health care trainee exchange programs between VA and DoD during Academic Year (AY) 2012-2013 (July 1, 2012-June 30, 2013). 3. Report VA and DoD National TAA health care trainee exchange pilot results and recommendations for future metrics to the HEC by September 30, 2013. 4. Develop short form Learner's Perception Survey (LPS) of VA and DoD health professions trainee exchange programs by June 30, 2012. 5. Establish baseline LPS data of trainee satisfaction in VA and DoD health professions trainee exchange programs during AY 2012-2013 (July 1, 2012-June 30, 2013). 6. Complete final assessment of the National Capital Region within six months following final BRAC report: Anticipate final assessment to be done in FY 2012-2013 timeframe.	
Recommended Metric(s)	• Maintain GME training capacity in National Capital Region during AY 2012-2013 (July 1, 2012-June 30, 2013) compared to the same period in AY 2010-2011. • Provide LPS baseline data results for trainee satisfaction with VA and DoD health professions trainee exchange programs and determine desired targets for FY 2014 by September 30, 2013.	

FY 2011-2013 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 health surveillance information sharing, 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 at the earliest stage possible 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 development of appropriate VA and DoD follow-up activities, including outreach to Service members and Veterans, while providing an assessment to the HEC and to other relevant stakeholders, by September 30 annually. 2. Develop and coordinate a Data Transfer Agreement for interagency approval, which will provide two-way data exchange between VA and DoD to facilitate the identification of deployment-related hazards that could lead to long-term adverse health effects, by September 30, 2012. 3. Evaluate the 2011 Institute of Medicine report on the potential health effects of exposure to burn pits and provide an assessment of lessons learned to the HEC, related to future health surveillance, research, and possible preventive measures for future deployments, by January 1, 2012. 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 (annually). • Number of recommendations based on scientific analyses and other activities, which are forwarded to the HEC (annually).	

FY 2011-2013 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) identifying a baseline of at least two translational research programs/policies that were implemented into clinical care by September 30, 2011 with a target of six by September 30, 2013, b) determining the baseline number of standardized training of first level responders (medics/corpsman) on early identification and initial treatment of injury in DoD by March 31, 2012 and increasing to a target percent of 10 percent of targeted providers by September 30, 2012 and 80 percent of targeted providers by September 30, 2013, and c) developing outcome measures for optimal patient care outcomes by September 30, 2013.		
Activities & Milestones	1. Design and implement a joint VA/DoD system to support the delivery of evidence-based clinical practices for the spectrum of care of TBI including mild to penetrating brain injury and acute and chronic conditions by September 30, 2013. 2. Translate TBI research into practical applications, programs, or policies that improve health care delivery for those with TBI by September 30, 2013. 3. Develop outcome metrics for TBI services across the continuum of care by July 31, 2012 with implementation and tracking beginning by September 30, 2013. 4. Standardize clinical provider training across VA and DoD on evidence-based treatment of mild TBI to allow for broader dissemination and sustainability across settings by March 31, 2012 with implementation by March 31, 2013.	
Recommended Metric(s)	• Determine baseline for the number of standardized training of first level responders (medics/corpsman) on early identification and initial treatment of injury in DoD by March 31, 2012, with a target of training 10 percent of targeted providers by September 30, 2012 and training 80 percent of targeted providers by September 30, 2013. • Identify the number of translational research programs implemented yearly as well as the number of policies that have been implemented supporting translation of research into changes in clinical care by September 30, 2013.	

FY 2011-2013 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 by disseminating new knowledge of suicide prevention practices, programs, and tools as evidenced by a) standardizing suicide reporting by analyzing the DoD/VA Suicide Nomenclature task group report by September 30, 2011 and recommending to leadership a way forward on reporting suicide data by October 31, 2011, b) expanding crisis intervention through the Veterans Crisis Line by increasing calls by 10 percent over FY 2010 by September 30, 2011 and by determining the appropriate target increases by September 30, 2012 and 2013, and c) expand community outreach by identifying the number of users on the DoD/VA Suicide Prevention Web site by September 30, 2011 and determining the appropriate target increase by September 30, 2012 and 2013.		
Activities & Milestones	1. VA and DoD will continue to participate in on-going 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, 2012. 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 plan and hold a DoD/VA Suicide Prevention Conference for VA, DoD, and community health care providers to release and exchange new information and recommendations on suicide prevention annually. 3. VA and DoD 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. The joint DoD/VA Suicide Nomenclature task group (which serves as a task group under the PH/TBI workgroup) will provide an initial report to make recommendations to the field/services, VA, and DoD leadership on ways to use VA and DoD suicide data by September 30, 2011. 6. 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 and expand the awareness of the hotline services by 10 percent over FY 2010 by September 30, 2011, and determining appropriate target increases by September 30, 2012 and 2013. 7. SPARRC will provide an annual report that consists of annual VA and DoD suicide metrics and best practices regarding suicide prevention among the civilian community, VA, and DoD by September 30, 2011.	
Recommended Metric(s)	• 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". • Identify the number of users that utilize the DoD/VA Suicide Prevention Web site to assess market penetration and allow VA/DoD to identify appropriate resource allocation annually. The higher the number of users while conditions remain at the current high level would suggest the need for the continuation of this Web site. • Increase total calls to the Veterans Crisis Line by 10 percent by September 30, 2011, over FY 2010 levels. Targets will be revised annually.	

FY 2011-2013 JSP Objective 2.1.H

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.H: Promote a common standard of 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 at least two clinical practices for potential implementation annually by September 30, 2013, b) training 20 percent of targeted providers in the use of evidenced based practices (EBPs) in psychotherapies for post-traumatic stress disorder (PTSD), depression and other psychological health (PH) conditions by September 30, 2011 and increasing training with a target of 90 percent of targeted providers by September 30, 2014, and c) training 10 percent of targeted trainers/consultants in EBP for PTSD, depression, and other PH conditions by September 30, 2011 with a target of training 90 percent of targeted trainers/consultants by September 30, 2014, and d) train 3,500 providers in military culture by September 30, 2012 and 2,000 providers annually thereafter.		
Activities & Milestones	1. Provide coordinated 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, starting September 30, 2011. 2. Promote the translation of mental health related research into innovative actions, programs, and policies for returning Service members, Veterans, and families, identifying at least two promising clinical practices for potential implementation by September 30 each year.	
Recommended Metric(s)	• Train 320 VA and DoD providers in the use of consistent models of EBP for PTSD, depression and other PH conditions by September 30, 2011 (which will represent 20 percent of total providers targeted for training September 30, 2014). • Train 24 VA and DoD trainers/consultants in EBPs for depression and other PH conditions to allow for broader dissemination and sustainability by September 30, 2011 (which will represent 10 percent of total trainers/consultants targeted for training September 30, 2014). • Train approximately 3500 VA, DoD Direct Care, DoD Network care and other providers participating in the military culture online trainings by September 30, 2012 and approximately 2,000 providers annually thereafter.	

FY 2011-2013 JSP Objective 2.1.I

<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 2.1: 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.I: Improve the care of vision loss and the coordination of vision care for Service members and Veterans, as evidenced by the establishment of a fully operational Vision Center of Excellence (VCE) by the end of FY 2013.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">A. Operations
1. Develop VCE's Strategic and Program Management Plans by March 31, 2011 to be updated semiannually.
2. Achieve full operating capability by implementing balanced VA and DoD resource requirements (staffing, facilities, and budget) based on the DoD's Program Objective Memorandum and VA's Budget as defined by the VCE mission and in accordance with approved authorizations by September 30, 2013.
3. Establish a VA/DoD vision research program.
- Develop vision research priorities by June 30, 2011 for FY 2012 and annually thereafter.
- Facilitate the conducting of an integrated Vision Research Program (VRP) by June 30, 2011 and annually thereafter.
- Track VA and DoD vision-related research outcomes to include publications, patents, and product development to be reported by September 30, 2011 and annually thereafter.
- Utilize the Joint and Interagency Vision research Scientific Steering Committee to prepare an overarching VA/DoD VRP that will serve as a baseline for future vision research with a goal of guiding national and international vision research by March 31, 2012.
4. Establish an interagency ocular trauma training program by June 30, 2012.
5. Execute The Navy Bureau of Medicine and Surgery Transition Plan for program support by March 31, 2012.
6. Establish partnership processes for national and global public/private entities and academic institutions by June 30, 2012.
7. Develop one Regional Vision Center of Excellence per fiscal year to facilitate the identification, care, coordination, and support for Service members and Veterans with visual dysfunction starting in FY 2011. Three regional centers will be operational by December 31, 2013.
B. Clinical Interface
1. Work with HEC Evidence Based Practice Guidelines WG and clinical providers to develop processes for VA/DoD Vision Clinical Practice Guidelines/Consensus Documents by December 31, 2011.
2. Publish a plan for expansion of telemedicine programs across VA and DoD to improve access to high quality eye care and to promote one standard of care across the continuum of care locations, especially in rural areas and in facilities where specialty vision care is limited by March 31, 2012.</td></tr>
</table>

	3. Develop a plan for vision assessment, vision treatment, and vision research with the National Intrepid Center of Excellence by December 31, 2011, with implementation to be completed by July 31, 2013. 4. Improve efficiency and maintain high quality and resourceful care and coordination for Service members and Veterans by including other Federal and State organizations and civilian resources by December 31, 2011. 5. Conduct recurring capabilities assessment surveys and needs analyses for vision-related capabilities across VA and DoD in order to provide recommendations for equipment modernization and staffing to improve clinical outcomes with the first to be completed by June 30, 2012. 6. Inventory existing published VA and DoD vision-related clinical guidance in order to provide recommendations for best practices and integrated care pathways by June 30, 2012. 7. Publish at least one VA/DoD clinical guidance document per year with the first to be completed by June 30, 2013. C. Quality Improvement 1. Initiate an ongoing schedule of vision-related education and training initiatives for VA and DoD health care providers to enhance clinical competency and promote synergy with the private, public, and academic sectors to be initiated by September 30, 2011 and updated quarterly. 2. Utilizing VA and DoD telemedicine systems, pilot the use of modeling and simulation technology to improve the education and training programs for Service members, caregivers, and their families by December 31, 2011. 3. Support established medical diplomacy initiatives through participation in the planning and prioritization by June 30, 2012. 4. Develop strategies for improved coordination of vision rehabilitation and restorative services between VA and DoD. – Establish a communications network for visual rehabilitation services in VA and DoD medical treatment facilities in the National Capital Region by December 31, 2011. – Expand the communications network across the Military Health System and the Veterans Health Administration by adding representatives for vision rehabilitation care from each Veterans Integrated Service Network and each of the Service's regional medical commands by September 30, 2013. 5. Institute an ongoing evaluation of equipment, staffing, and other vision care resources for VA and DoD vision care pathways, whether in a deployed or fixed-facility setting, by June 2013.
Recommended Metric(s)	• System improvement will be demonstrated by a HEC In Progress Review (January 2013) validating that the VCE exists, is fully capable, and has demonstrated performance as defined in the DoD/VA Memorandum of Understanding. • One additional Regional Center is added per year and is established and operational by September 30, 2011, 2012 and 2013.

FY 2011-2013 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: By December 2013, the HCE will be fully operational and meet the FY 2009 National Defense Authorization Act requirements to share clinical audiovestibular system injury data with the Department of Veterans Affairs, as well as to improve audiovestibular 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.		
Activities & Milestones	1. Obtain Assistant Secretary of Defense (Health Affairs) and Under Secretary for Health (VHA) approval of Concept of Operations (CONOPS), implementation plan, and resource requirements by November 30, 2011. 2. Implementation plan activated with initial Operating Capability established by November 30, 2011. 3. Departments select location for Center Headquarters by June 30, 2011. 4. Departments select Director and Deputy Director for center by December 31, 2011. 5. Develop a comprehensive functional requirements CONOPS for the Joint Hearing Loss and Auditory System Injury Registry (JHASIR) May 31, 2011. 6. Develop a comprehensive plan and strategy to address prevention of noise-induced hearing loss in the military services by August 31, 2011. 7. Develop a comprehensive internal and external communication plan to facilitate the prevention, diagnosis, mitigation, treatment, and rehabilitation missions of the Center and launch the outreach campaign by December 31, 2011. 8. Develop a comprehensive plan and strategy for collaboration with Department of Veterans Affairs, other Government agencies, research centers, academic institutions, public health and advocacy groups, and industry with the first official collaborative meeting in the of the HCE Advisory Board, by June 30 2012. 9. Develop a comprehensive plan and strategy for JHASIR utilization to encourage and facilitate research, development of best practices, and clinical education on hearing loss and auditory system injuries by June 30, 2012.	
Recommended Metric(s)	• Metrics are defined as project milestone metrics that will establish HCE operational capability and will be reported as dates. Milestones are achieved with an overall goal of achieving 80 percent on target.	

FY 2011-2013 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 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.A: Facilitate improved availability and access to health care for all Service members and Veterans, at risk for Traumatic Brain Injury (TBI), by developing and implementing a comprehensive TBI screening program as evidenced by a) setting a baseline for screening Service members involved in a TBI inducing event that use the Post Deployment Health Assessment (PDHA)TBI Risk assessment questionnaire by September 30, 2011, b) increasing to an estimated 50 percent over baseline of Service members screened by September 30, 2012, and c) increasing to an estimated 75 percent over baseline of Service members screened by September 30, 2013.		
Activities & Milestones	1. Ensure continuity of care for Service members who experience a TBI by developing and implementing a comprehensive TBI screening program for Service members within all care environments (deployed, in-garrison) by September 30, 2011. 2. Ensure continuity of care by refining and implementing a TBI referral process that will support retrieval of automated compliance rates (post deployment TBI screening and TBI referral compliance within the VA/DoD systems of care by September 30, 2013. 3. Implement standardized operationally relevant, event driven protocols for early objective identification and diagnosis of mild TBI concussion in Service members through policy development, training, data collection, reporting, and analysis by September 30, 2011. 4. Ensure availability of providers who are trained in TBI care through annual review and update and dissemination of VA/DoD clinical practice guidance for the management of TBI based on emerging evidence revealed through data analysis and evaluation of in-theater injuries by September 30 annually. 5. Improve, expand and/or implement education and public awareness campaigns to highlight prevention strategies, promote safety, and heighten awareness of signs and increase understanding of symptoms of TBI and resources to access by March 31, 2012. 6. Complete draft DoD Instructions on management of mild TBI in the deployed setting and entered into formal coordination by November 30, 2011.	
Recommended Metric(s)	• Within DoD, Service members involved in a TBI inducing event will receive a TBI screening using the PDHA TBI Risk assessment questionnaire developed in collaboration with VA. After establishment of a baseline by September 30, 2011 of the number of Service members screened, seek to screen 50 percent of Service members with a TBI inducing event by September 30, 2012 and 75 percent of Service members screened by September 30, 2013 (the Centers for Disease Control and Prevention estimates that up to 25 percent of potential TBI events go unreported for mild to moderate TBI). • Within VA/DoD, Service members/Veterans who respond positively to TBI Risk assessment questions on PDHA will be referred for evaluation within 30 days. • Establish a baseline of number of targeted Service members, Veterans, and their families that have been substantively exposed to written, web, and other products of the DoD/VA TBI prevention campaign initiative by utilizing standard metrics for each type of product by September 30, 2012.	

FY 2011-2013 JSP Objective 2.2.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 Psychological Health/Traumatic Brain Injury (PH/TBI) 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.B: Improve access to and reduce the stigma associated with seeking mental health care providers and services through the use of public education campaigns, self help strategies, and transitional programs as evidenced by a) the increase in Service members enrolled in the inTransition program by ten percent each fiscal year over the previous by September 30, b) release four new public service announcements (PSA) each fiscal year by September 30, c) increase the number of visits to realwarriors.net by 15 percent each quarter over the last, d) increase the number of substantive visits, as determined by standard Web site utilization metrics, to militarymentalhealth.org and afterdeployment.org by 10 percent each fiscal year over the previous by September 30, and e) identify a baseline for the percent of clinics that have integrated behavioral health care into primary care programs by September 30, 2011 with targets for percentage of increase for September 30, 2012 and 2013.		
Activities & Milestones	1. Enhance continuity of care by reporting on the increase in the number of Service members enrolled in the inTransition program, which provides motivation, healthy lifestyle assistance and resources, to keep the Service member engaged in the treatment regimen (semi-annually, FY mid-year and year end). 2. Continue efforts, including PSAs, web content, and coordinated messaging between VA and DoD to improve content and expand the reach and/or implement anti-stigma campaigns to reduce the stigma of seeking care for psychological health conditions annually. 3. Develop approaches and promote utilization of web based self-help strategies for mental health concerns by November 30, 2012. 4. Expand the reach of behavioral health integrated into primary care programs by September 30, 2013.	
Recommended Metric(s)	• Increase the number of Service members enrolled in the inTransition program by 10 percent each fiscal year. • Release four new PSAs annually; increase the number of visits to realwarriors.net by 15 percent quarterly. • Increase the number of substantive visits to self-help resources including militarymentalhealth.org and afterdeployment.org by 10 percent each year and report progress on a semi-annual basis (FY mid-year and year end). • Identify a baseline for the percent of clinics that have integrated behavioral health care into primary care programs by September 30, 2011 and identify the yearly target percent increases to be met by September 30, 2012 and September 30, 2013. • Identify a baseline for favorable satisfaction ratings among the Service members and Veterans enrolled in the inTransition and identify the yearly target percent increases.	

FY 2011-2013 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	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 are seen in a VA or DoD facility and that an interruption in treatment does not occur as a result of moving between health care systems by developing a model system of integrated, timely, continuous, and expert pain management for Service members, Veterans, and other beneficiaries, to include metrics, by September 30, 2013.		
Activities & Milestones	1. Standardize assessment and treatment patterns in a stepped care model. 2. 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. 3. Develop a pain data registry that will assure the development and dissemination of outcomes-driven, evidence-based pain management and continuous quality improvement, for use within VA and DoD. 4. Develop and pilot a demonstration project for a model system of integrated pain management by July 31, 2013.	
Recommended Metric(s)	Metrics will be developed for the following types of outcomes within sixty days prior to implementation of the pilot demonstration project. • System Outcomes (examples include processes of care; implementation of standard assessment and treatment planning; planning and implementing relevant training; planning 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 2011-2013 JSP Objective 2.3.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 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 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.		
SMART Objective 2.3.A: Facilitate development of initial clinical requirements definition for interagency health information sharing needs identified in ICIB interoperability objectives in order to guide Departmental detailed requirements management processes.		
Activities & Milestones	1. Coordinate with DoD Information Management and VHA Enterprise System Management teams to update the following DoD System Change Request and VHA New Service Request documents for: - Exchange of Standard Inpatient Data Record files by June 30, 2011. - Exchange of TRICARE Encounter Data – Institutional/Non-Institutional files by June 30, 2011. - Bidirectional exchange of family health information by September 30, 2011. - Use of common clinical and quality of care performance measures by September 30, 2011. - Use of common approach to the development of clinical registries by January 31, 2012.	
Recommended Metric(s)	• Complete four of the five milestones as scheduled. • Monitor and report progress to the HEC as requested.	

FY 2011-2013 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 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.		
SMART Objective 2.3.B: Facilitate completion of requirements documentation for interagency health information sharing needs to enable Departmental costing and funding prioritization.		
Activities & Milestones	1. Coordinate with DoD and VHA teams to complete DoD Concept of Operations and VA Business Requirements Document. - Exchange of Standard Inpatient Data Record files by September 30, 2011. - Exchange of Institutional/Non-Institutional files by January 31, 2012. - Bidirectional exchange of family health information by March 31, 2012. - Use of common clinical and quality of care performance measures by March 31, 2012. - Use of common approach to the development of clinical registries by January 31, 2013.	
Recommended Metric(s)	• Complete four of the five milestones as scheduled. • Monitor and report progress to the HEC as requested.	

FY 2011-2013 JSP Objective 2.3.C

<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 assuring 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 Objectives 2.3.C: Improve the prevention, diagnosis, mitigation, treatment, and rehabilitation of military eye injuries and diseases for Service members and Veterans, as evidenced by a) completing the Vision Registry data extraction on 50 percent of eligible Service members and Veterans with ocular and vision injuries between September 2001 and the present by September 30, 2012, b) 100 percent by September 30, 2013 and c) the development of the Defense and Veterans Eye Injury and Vision Registry (DVEIVR) by September 30, 2013.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">1. Registry – Operational:
- Complete the DVEIVR Pilot to demonstrate capability of combining VA/DoD clinical information into a single repository for tracking patients and assessing longitudinal outcomes by March 31, 2012.
- Complete documentation for transitioning the DVEIVR pilot to a Vision Registry Program of Record to include: data sharing Memorandum of Understanding / Memorandum of Agreement completed Joint Capabilities Integration Development System documentation; secured funding for sustainment; and all other Agreements with the United States Army Institute of Surgical Research, Naval Health Research Center, and Defense Health Information Management System by September 30, 2012.
- Deploy a fully functional Joint Vision Registry as a Program of Record by September 30, 2013.
- Deploy the Ocular Trauma Module in coordination with the Joint Theater Trauma Registry to provide battlefield point of injury information on Service members with ocular injuries by September 30, 2011.
- Complete Ocular Trauma Module documentation on all new combat related ocular injuries admitted to DoD Level V Facilities by December 31, 2011.
2. Registry – Data Related:
- Complete the Joint Information Technology Center independent validation and verification report on the DVEIVR Pilot by December 31, 2011.
- Develop and execute a VA/DoD Vision Registry Master Data Management Plan by December 31, 2011 to include data analytics capability and initiate DVEIVR data extraction process by December 31, 2011.
- Develop and execute a VA/DoD Vision Registry Reports Matrix by March 31, 2012.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• Extract 50 percent of the eligible Service members and Veterans with ocular and vision injuries that occurred between September 2001 and the present into the Joint Vision Registry by September 30, 2012. Continue to enroll and complete data extraction of eligible Service members and Veterans ocular data into the fully operational DVEIVR by September 30, 2013. Milestones related to compliance of the DVEIVR program requirements will be developed for the FY 2012-2014 JSP.
• Implement a fully operational Joint Vision Registry program by September 30, 2013.</td></tr>
</table>

FY 2011-2013 JSP Objective 2.4.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	Extremity Injuries and Amputations Center of Excellence (EACE)
Sub-goal 2.4: Satisfaction – Promote measurable, safe, effective, timely, efficient and equitable, client-centered quality health care for all Service members, Veterans, and their beneficiaries.		
SMART Objective 2.4.A: Enhance the quality of care for members of the Armed Forces and Veterans who sustained traumatic extremity injuries and amputations as evidenced by the establishment of the joint VA/DoD research effort under the auspices of the Center of Excellence. Research efforts will focus on the standardization and validation of approaches for the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations across VA and DoD by September 30, 2012.		
Activities & Milestones	1. Research staff identified in the Concept of Operations hired by August 2011. 2. Initial clinically relevant protocols to validate or drive changes in care patterns submitted by June 2011. 3. In conjunction with the Vision Center of Excellence (CoE), develop a comprehensive plan and strategy for traumatic extremity injuries and amputations registry to support clinical research by July 31, 2011. 4. Develop evaluation tools for assessing the patient care treatment programs within the VA/DoD System of Excellence by September 30, 2011. 5. Establish schedule for site visits, including patient interviews to assess satisfaction, as part of the official regional inspections by October 2011.	
Recommended Metric(s)	• Number of ongoing collaborative research protocols between extremity trauma VA/DoD patient care centers. (Goal minimum of three annually) • Number of publications related to research efforts of the CoE. (Goal minimum of five annually) • Number of professional presentations at National or International conferences. (Goal minimum 15 annually) • 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) (goal –review of CPGs and incorporating appropriate evidence based changes annually). • Develop criteria to evaluate patient satisfaction by October 31, 2011.	

Goal 3 – Efficiency of Operations

VA and DOD are committed to the new 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 2011-2013 JSP Objective 3.1.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	BEC Disability Evaluation System (DES) Working Group
Sub-goal 3.1: Jointly refine the improved Integrated Disability Evaluation System (IDES) process.		
SMART Objective 3.1.A: Ensure 70 percent of the IDES referrals will complete the disability evaluation process in 295 days for Active component (AC) and 305 days for Reserve component (RC) by September 30, 2013 and establish VA satisfaction metrics by September 30, 2011.		
Activities & Milestones	1. FY 2011 Milestone: 50 percent of Service members complete the DoD-VA Integrated IDES process in 295 days for AC wounded, ill, or injured (WII) and 305 days for RC WII by September 30, 2011. 2. FY 2012 Milestone: 60 percent of Service members complete the DoD-VA IDES process in 295 days for AC WII and 305 days for RC WII by September 30, 2012. 3. FY 2013 Milestone: 70 percent of Service members complete the DoD-VA IDES process in 295 days for AC WII and 305 days for RC WII by September 30, 2013. 4. Assess and adjust staffing of DoD Physical Evaluation Board Liaison Officers and VA Military Service Coordinators to meet staff/case ratio policy requirements and increase case processing timeliness as part of the daily site management dictated by the fluctuations of individual case loads. 5. Develop a DoD Medical Evaluation Board Information Technology Interface that will increase electronic IDES processing and reduce the requirement for duplicate data entry by DoD by end of FY 2012. 6. Implement DoD policy improvements to increase timeliness, e.g., Under Secretary of Defense (Personnel and Readiness) memo and the implementation of a Two-Member Informal Physical Evaluation Board. 7. Track Service member satisfaction with the IDES through worldwide implementation plus one year (end of FY 2012) (DoD). 8. VA will conduct a one-time Veterans Satisfaction Survey during April-May of 2011. Results will be analyzed and reported by June 30, 2011.	
Recommended Metric(s)	• Percentage of Service members who complete the IDES process within goal.	

FY 2011-2013 JSP Objective 3.2.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	BEC Disability Evaluation System (DES) Working Group
Sub-goal 3.2: Jointly expand the improved Integrated Disability Evaluation System (IDES) process to new locations, as directed.		
SMART Objective 3.2.A: One hundred percent of military members referred to the disability system will participate in a single disability evaluation/transition medical exam to determine fitness for duty and disability rating by September 30, 2011.		
Activities & Milestones	FY 2011 IDES implementation milestones: 1. Stage I (October – December 2010) includes 28 West Coast and Southeast Continental United States (CONUS) locations: Provides coverage for 58 percent of DES referrals. 2. Stage II (January – March 2011) includes 24 Midwest and South Central CONUS locations: Provides coverage for 74 percent of DES referrals. 3. Stage III (April – June 2011) includes 33 Central and Northeast CONUS locations: Provides coverage for 90 percent of DES referrals. 4. Stage IV (July – September 2011) 28 total (4 CONUS and 24 Outside the Continental United States, Europe/Asia) locations: Provides coverage for 100 percent of DES referrals.	
Recommended Metric(s)	• Percent of Service members participating in a single disability evaluation/transition medical exam to determine fitness for duty and disability rating by September 30, 2011.	

FY 2011-2013 JSP Objective 3.3.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	BEC Medical Records Working Group
Sub-goal 3.3: Oversee the entire life-cycle of the paper military service treatment record (STR).		
SMART Objective 3.3.A: Implement policy and procedures resulting in the decrease in the volume of loose and late flowing medical documentation by 95 percent by September 30, 2011 and increase the availability of STR information to the VA and DoD designated benefits determination decision makers to 95 percent within 45 days of separation by September 30, 2013.		
Activities & Milestones	1. Implement Department of Defense Instruction and individual component/organization supplemental guidance with internal controls and accountability to ensure consistency of procedures governing the maintenance and transfer of military STR by September 30, 2011. 2. Finalize coordination of the Interagency Memorandum of Agreement between VA and DoD regarding the roles and responsibilities for each department as it pertains to transfer, storage, and use of STR's for VA benefits determination by September 30, 2011. 3. Develop a metric for "increased availability of STR information to VBA within 45 days of separation" by September 30, 2011. 4. VA and DoD will finalize coordination of records disposition schedule with the National Archives and Records Administration (NARA) to ensure compliance with Federal records keeping requirements. Obtain NARA approval by September 30, 2011. 5. Continue to work in close collaboration with the HEC Information Management/Information Technology Working Group to develop and jointly test technical solutions to support global access and global awareness of scanned patient records and artifacts in FY 2012 and 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, 2010 baseline by September 30, 2011 and by an additional 50 percent of the beginning baseline for FY 2011 and 2012. • MILDEPS and VA Records Management Center will reduce their known backlogs of loose medical documentation by 50 percent of their October 1, 2010 baseline by September 30, 2011 and by an additional 50 percent of the beginning baseline for FY 2011 and 2012.	

FY 2011-2013 JSP Objective 3.4.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 3.4: Ensure appropriate Departments, Agencies, Service members, Veterans, and family members have immediate and secure access to reliable and accurate personnel and beneficiary data.</td></tr>
<tr><td colspan="4">SMART Objective 3.4.A: Support stakeholder data needs by a) increasing the number of eBenefits user accounts by 10 percent quarterly in FY 2011, then decreasing the percentage in future fiscal years, b) adding one integrated strategic partner with sign-on capabilities per quarter, and c) adding one self-service application per quarter.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3"><u>Veterans Tracking Application (VTA)</u>
1. Continue to enhance the VTA to maintain a common database of severely disabled Service members in support of the Integrated Disability Evaluation System (IDES) to include any additional requirements in support of other efforts.
2. Enhancement releases are scheduled for each quarter in FY 2011. Increase the number of eBenefits users throughout FY 2011-2013 by providing additional eBenefits applications and functionality through the implementation of the approved eBenefits Candidate Quarterly Release Plan by September 30, 2011.
3. Continue to add integrated strategic partners throughout FY 2011-2013 with single sign-on capabilities as specified in the eBenefits Candidate Quarterly Release Plan for FY 2011.
4. Leverage the implementation of DoD Self-Service (DS) Logon immediately following the accession process for all Service members to maximize information and services available to eBenefits users.
- Develop tracking metrics by June 30, 2011, for newly accessed Service members obtaining a DS Logon.
- DoD Military Services to develop plans by September 30, 2011, to ensure current Service members obtain a DS Logon by September 30, 2013.
5. Leverage the eBenefits portal as the platform for the reengineered Veterans Benefits Briefing and the online Transition Assistance Program (TAP).
- Conduct online VA Benefits Pilot (May through June 2011).
- Nationwide Rollout of Online VA Benefits Information via eBenefits portal (July1, 2011 through December 31, 2011).
<u>Virtual Lifetime Electronic Record (VLER)</u>
- Continue to support current and future recommendations to streamline information sharing across VA and DoD for the delivery of benefits and access to healthcare data.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• (1a.) Add at least two VTA enhancements per quarter (VTA Quarterly Release Plan for FY 2011).
• Release 1.6 -- December 19, 2010 (Federal Individual Recovery Plan Redesign, VBA Chapter 63 Outreach).
- Release 1.7 -- March 31, 2011 (IDES Super User Profile, Federal Recovery Coordinator (FRC) Case Manager Information).
- Release 1.8 -- June 30, 2011 (Interoperability Sharing Initiative Pilot Interface, IDES Inadequate Exams Support).
- Release 1.9 -- September 30, 2011 (IDES Black Box Interface, VBA Interfaces).
• (2a.) Increase the number of eBenefits users by 10 percent each quarter beginning FY</td></tr>
</table>

	2011. Decrease to five percent each quarter by September 30, 2012, and decrease to four percent each quarter by September 30, 2013. • (2b.) eBenefits Candidate Quarterly Release Plan FY 2011 - Release 2.6 -- December 12, 2010 (Live Chat, Early Communications of Service members Group Life Insurance (SGLI), Education, Loan Guaranty Benefits, Letter Generator Phase I). - Release 3.0 -- March 27, 2011 (Veterans Group Life Insurance Application, Service Disabled Veterans Insurance Policy Information, Benefits Interactive Life-cycle Tool, Early Communications of Benefits Delivery at Discharge, Quick Start, Vocational Rehabilitation, and Health Benefits). - Release 3.1 June 26, 2011 (TAP Online, Veterans Online Health Application, Life Events Early Communication, National Employment Portal). - Release 3.2 -- (Fall 2011) (SGLI enrollment, Veteran Online Benefit Application, My HealtheVet Blue Button Download, Compensation and Pension (C&P) Veterans Claims Assistant Act Waiver) - Release 3.3 -- (Winter 2011) (Online Patient Authorization, Exam Appointments Calendar, Benefits Eligibility Screening Tool). • (3b.) Add one self-service application per quarter - December 12, 2010 -- Live Chat, Letter Generator. - March 27, 2011 -- Benefits Interactive Lifecycle Tool. - June 30, 2011 -- TAP Online. - September 30, 2011 -- My HealtheVet Blue Button Download. - December 31, 2012 -- C&P Exam Appointments Calendar. • (6a.) Within one month of receiving a new requirement directed by the BEC resultant from any task force recommendation, the BEC IS/IT Working Group will establish a plan of action and milestones to incorporate the data exchanges required to meet the requirement.

FY 2011-2013 JSP Objective 3.5.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 3.5: 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 3.5.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 a) sharing 415 training programs by September 30, 2011, b) generating a direct cost avoidance of $13,500,000 by September 30, 2011, and c) developing targets for shared training and cost avoidance for 2012.		
Activities & Milestones	1. Utilize enhanced Learning Management capabilities in VHA and DoD as they become available in FY 2011 to enhance participant data management and to facilitate the deployment of training between agencies. 2. Share training generated by the federal agencies that are participants in the VHA Interagency Training Consortia with DoD by September 30, 2011. 3. Maintain the scope and volume of training deployed as part of the Virtual Grand Rounds initiative by September 30, 2011. 4. Collaborate with Defense Health Services Systems and Military Health System Learn to increase the deployment of shared training with DoD by September 30, 2011. 5. Leverage special initiatives to develop and deploy high value education and training programs in VHA and DoD by September 30, 2011. 6. Continue to utilize a statistical model utilizing the past three year's performance to establish performance targets for the upcoming year (FY 2012) by September 30, 2011.	
Recommended Metric(s)	• The total number of programs shared between VHA and DoD each fiscal year with a target of 415 by September 30, 2011. • Direct cost avoidance generated as a result of shared training between VHA and DoD with a target of $13,500,000 in by September 30, 2011.	

FY 2011-2013 JSP Objective 3.5.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 3.5: 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 3.5.B: Identify, assess and decrease redundancies of mandatory continuing education and in-service training programs shared between VHA and DoD with a target to reduce redundancy from its existing level by five percent by September 30, 2011.		
Activities & Milestones	1. Implement the approved redundancy reduction strategy by granting reciprocity for all authorized overlapping mandatory training programs by September 30, 2011. 2. Assess impact and effectiveness of the approved redundancy reduction strategy in reducing overlapping mandatory training in VHA and DoD by September 30, 2011. 3. Conduct Annual reviews of VHA and DoD mandatory training requirements to identify those to be assessed for overlap.	
Recommended Metric(s)	• Five percent aggregate reduction in overlapping required training by September 30, 2011. – Measured by a) total number of required programs which overlap between VHA and one or more service and b) the number of overlapping programs for which the overlap is terminated (the target is a reduction of four of 37 overlapping programs by September 30, 2011). • Conduct a review of 50 percent of the required overlapping training programs not previously reviewed in FY 2012 and the remaining programs not previously reviewed in FY 2013.	

FY 2011-2013 JSP Objective 3.5.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 3.5: 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 3.5.C: Enhance in-service and continuing education training effectiveness in VHA/DoD Integrated and joint venture sites by deploying 100 percent of the requested training curriculum by March 31, 2012.		
Activities & Milestones	1. Continue to refine 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, 2011. 2. Refine training curriculum as necessary to ensure it is site specific for requesting joint ventures and integrated sites by September 30, 2011. 3. Deploy curriculum designed to support the training needs of the staff at VHA Navy integrated and joint venture sites to all Navy sites requesting training support by September 30, 2011. 4. Deploy curriculum designed to support the training needs of the staff at VHA Army and VHA Air Force integrated and joint venture sites to all sites requesting training support by September 30, 2012.	
Recommended Metric(s)	• Deploy all required in-service training and continuing education to 100 percent of JALFHCC staff. • Deploy VHA and Navy curriculum designed to support the training needs of the staff at VHA Navy integrated and joint venture sites to 100 percent of the sites requesting training support by September 30, 2011. • Deploy modified Navy portion of the curriculum designed to support the training needs of the staff at VHA Army and Air Force integrated and joint venture sites to 100 percent of the sites requesting training support by September 30, 2012.	

FY 2011-2013 JSP Objective 3.5.D

<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 Information Management/Information Technology (IM/IT) Working Group</td></tr>
<tr><td colspan="4">Sub-goal 3.5: 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 3.5.D: Support sharing of secured electronic health information at the time of a Service member's separation and enhance secured bidirectional electronic health information sharing in real-time between the Departments for shared patients.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">1. DoD will increase access to inpatient documentation for shared patients from DoD's inpatient documentation system to 100 percent of DoD inpatient beds by January 31, 2012.
2. VA will deploy the capability, into enterprise wide production, to view DoD Essentris inpatient clinical note types for shared patients by June 30, 2011.
3. VA will begin testing technical solutions to enable VA providers to view DoD neuropsychological assessment data by June 30, 2011.
4. VA and DoD will report progress of the VA/DoD Eye Injury and Vision Registry Pilot Project to the HEC IM/IT Working Group by June 30, 2011 and January 31, 2012.
5. DoD will begin implementing software and architectural solutions to enhance provider usability of the Bidirectional Health Information Exchange data viewer for DoD providers by September 30, 2011.
6. VA and DoD will continue to share more computable electronic outpatient pharmacy and medication allergy health data by increasing the number of Clinical Data Repository/Health Data Repository) active dual consumers (ADCs):
- 400,000 ADCs by December 30, 2010.
- 550,000 ADCs by March 31, 2011.
- 700,000 ADCs by June 30, 2011.
- 850,000 ADCs by September 30, 2011.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">• Report health information sharing metrics (comparing FY 2010 and FY 2011 statistics) to the HEC IM/IT Working Group, HEC, and JEC as requested. Metrics will include, but not be limited to the increases in:
- The number of DoD Service members with historical data transferred to VA.
- The number of Pre- and Post-Deployment Health Assessment (PPDHA) forms and Post-Deployment Health Re-Assessment (PDHRA) forms transferred to VA.
- The number of individuals with PPDHA and PDHRA forms transferred to VA.
- The percentage of DoD inpatient beds providing VA provider access to inpatient documentation (e.g., discharge summaries).
- The number of DoD personnel with data available real-time to VA and DoD providers.
- The number of patients flagged as "ADCs" for VA/DoD computable pharmacy and allergy data exchange.
• Metrics will also include:
- The number of data queries by VA and DoD providers.</td></tr>
</table>

FY 2011-2013 JSP Objective 3.5.E

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 Information Management/ Information Technology (IM/IT) Working Group
Sub-goal 3.5: 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 3.5.E: Support continuity of patient care by improving the electronic sharing of images and artifacts for shared patients.		
Activities & Milestones	1. VA and DoD will develop a joint testing schedule, by May 30, 2011, for testing technical solutions which support global access and global awareness of scanned patient records and related artifacts. 2. VA and DoD will report on the status of testing technical solutions which support global access and global awareness of scanned patient records and related artifacts to the HEC IM/IT Working Group by November 30, 2011, February 28, 2012, and June 30, 2012. 3. DoD will deliver technical solutions, for Service implementation in Theater, which ensures that radiological orders and patient demographics are sent to the Theater Picture Archiving and Communication Systems, and that the corresponding radiological reports are incorporated in the Theater electronic health record by September 30, 2011. 4. VA and DoD will monitor, assess, and report bandwidth and network performance of the North, South, East, and West multipurpose VA/DoD network gateways to the HEC IM/IT Working Group by June 30, 2011, October 31, 2011, and February 28, 2012.	
Recommended Metric(s)	• Availability of gateways will be monitored, flagged, and reported in 100 percent of the occasions when the threshold of 98.5 percent is breached.	

FY 2011-2013 JSP Objective 3.5.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	HEC Information Management/ Information Technology (IM/IT) Working Group
Sub-goal 3.5: 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 3.5.F: Assess VA/DoD health data sharing initiatives and promote collaboration on architectural compliance and adoption of Health Information Technology (HIT) standards for 100 percent of identified projects by a) updating and completing the architectural compliance review for VA/DoD health data sharing initiatives, b) incorporating interoperability standards into the Target Health Standards Profile by September 20, 2011, and c) assessing the level of usage of the DoD/VA Information Exchange (IE) tool by September 30, 2011.		
Activities & Milestones	1. The DoD/VA Health Architecture Interagency Group (HAIG) will update the architectural compliance review checklist by February 28, 2011. 2. The HAIG will review National HIT standards and recommend applicability to VA/DoD health data sharing projects by June 30, 2011. 3. The HAIG will provide recommendations on the sustainment and/or enhancement of the DoD/VA IE Tool to the HEC IM/IT Working Group by June 30, 2011. 4. The HAIG will complete the architectural compliance review for 100 percent of VA/DoD health data sharing initiatives identified by the HEC IM/IT Working Group by June 30, 2011. 5. The HAIG will incorporate recognized interoperability standards into the target VA/DoD health standards profile by September 30, 2011. 6. The HAIG will review, coordinate, and formulate recommendations to the HEC IM/IT WG on VA/DoD information interoperability architecture products for joint departmental high priority initiatives such as the Virtual Lifetime Electronic Record and the Departments' Electronic Health Record plans by September 30, 2011.	
Recommended Metric(s)	• Eighty percent of VA/DoD health data sharing initiatives reviewed by September 30, 2011 are compliant with the appropriate HIT standard(s).	

FY 2011-2013 JSP Objective 3.5.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 3.5: 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 3.5.G: Identify and leverage joint VA/DoD medical contracting venues and business practices to mutually benefit both agencies and 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 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 annually by April 1, in each year FY 2011 through FY 2013. 2. Track the number and dollar value of purchases made by both organizations using contracts based on joint requirements and provide sales covered by joint contracts to the HEC by September 30, 2012. 3. VA National Acquisition Center and the Defense Logistics Agency will report results of their participation in joint/standardization programs to the HEC by FY 2012.	
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 on March 31, 2012 and March 31, 2013 (Target five percent). • 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 on March 31, 2012 and March 31, 2013.	

FY 2011-2013 JSP Objective 3.5.H

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 3.5: 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 3.5.H: Enhance the joint VA and DoD medical surgical business intelligence (BI) tool to achieve cost efficiencies, as evidenced by a) increasing the number and percentage of growth of VA and DoD users of the BI tool from the end of FY 2010 for FY 2011 through FY 2013 by 12.5 percent; b) increasing the dollar amount of product price reductions achieved as a result of using the BI tool from the end of FY 2010 for FY 2011 through FY 2013 by $8M per year for a total of $24M.		
Activities & Milestones	1. Provide methods at the national, regional, and facility level to automatically identify the lowest contracted price on medical/surgical items. - Develop implementation plan to integrate the medical/surgical BI tool functionality into VA and DoD enterprise logistics systems by December 31, 2011. 2. Build on DoD Health Care Pilot Lessons Learned and the core supply chain attributes defined by U.S. health care standards users. - Based on DoD Health Care Pilot Implementation Sunrise dates for Global Location Numbers and Global Trade Identification Numbers (GTIN), develop a plan for VA and DoD to implement the industry standards by September 30, 2013. 3. Work with industry to adopt uniform identification codes for medical surgical products and strive for consensus between industry and Federal partners on use of commercial standard product data identifiers, formats, and data sharing networks for both internal and external supply chain operations. - Eighty percent of the top 1,000 VA/DoD manufacturers, based on purchases, using GTIN by the end of September 30, 2013. 4. Participate in industry forums, venues and/or pilots annually to advance adoption of industry-wide use of medical surgical product data standards and data sharing networks. - Participate in at least two forums annually from 2011 thru 2013—total of six forums.	
Recommended Metric(s)	• Increased health care system productivity with quality product data described under globally adopted standards. - Increased percentage of VA and DoD top 1,000 manufacturers (based on purchases) using GTIN by end of FY 2013 (September 30, 2013), from baseline of 56 percent. (Target increase by 24 percent to 80 percent of combined manufacturers). - Number of industry forums, venues, and pilots with VA/DoD participation (Target: two forums per year, six forums total by September 30, 2013). • Enhanced joint VA and DoD medical surgical BI tool to achieve greater cost efficiencies. - Increased percentage of VA and DoD facilities using BI tool and/or data to identify the lowest contracted price available from baseline of 47.5 percent current user level (Target increase to 60 percent by September 30, 2013). - Increased dollar amount of medical surgical product price reductions from $62M baseline (Target: increase of $24M by September, 30 2013).	

FY 2011-2013 JSP Objective 3.5.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 3.5: 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 3.5.I: Renegotiate and update the 1999 DoD/VA Memorandum of Agreement (MOA) on combining buying power, as amended in 2003, to lower material and administrative costs, evaluate better ways to promote maximum participation and address new realities to extend opportunities for partnership and intra-agency program support. Identify strategic issues currently limiting optimization of partnering efforts, negotiate terms and conditions of improved agreement and obtain VA/DoD leadership decisions and commitments to new strategy designed to expand partnering.		
Activities & Milestones	1. Form Joint VA/DoD sub-Working Group (or task group) to renegotiate/draft an updated MOA by January 31, 2011. 2. Negotiate/Draft updated MOA that addresses partnering elements listed below by July 31, 2011. - Expanding shared acquisition opportunities in traditional and niche markets. - Combining requirements to achieve lower delivered prices. - Removing interagency barriers to shared acquisition opportunities. - Identifying lead agency in shared opportunities. - Supporting Joint Health Care facilities. 3. Vet updated MOA with stakeholders and address any comments by November 30, 2011. 4. Brief VA/DoD Leadership on updated MOA by February 29, 2012. 5. Sign updated MOA by June 30, 2012.	
Recommended Metric(s)	• Milestones achieved versus projected date resulting in an updated DoD/VA Performance Based Agreement by June 30, 2012. - Expands shared acquisition opportunities in traditional and niche markets. - Combines requirements to achieve lower delivered prices. - Removes interagency barriers to shared acquisition opportunities. - Identifies of lead agency in shared opportunities. - Supports Joint Health Care facilities.	

FY 2011-2013 JSP Objective 3.5.J

Goal: 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 3.5: 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 3.5.J: Improve the administration of the DoD-VA Joint Incentive Fund (JIF) for Health Care Sharing by improving the diversity and viability of JIF project applications recommended to the HEC annually as evidence by a) increased distribution of applicants each year across the Services and Veteran Integrated Service Networks (VISNs) as compared to FY 2010 and b) monitoring funded projects until completed.		
Activities & Milestones	1. Ensure all potential JIF sites have access to clear guidelines by providing the JIF Guide in the annual call for JIF proposals in second quarter of each fiscal year. 2. Distribute additional guidance to the Services and all VISNs regarding JIF best practices and how to improve JIF project applications by March 25, 2011. 3. Monitor JIF allocations and obligations quarterly by project and assess the overall progress of the JIF project through the use of financial reports and Interim Progress Reports.	
Recommended Metric(s)	• Number of applications from each Service with a target of increasing the distribution of applicants across the Departments. • Percent of obligations achieved per quarter as compared to planned obligations with a target of 100 percent.	

FY 2011-2013 JSP Objective 3.5.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 3.5: 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 3.5.K: Increase the quality of claims regarding payment for exams performed as part of the Integrated Disability Evaluation System (IDES) by providing appropriate guidance in accordance with the billing Memorandum of Agreement (MOA), as demonstrated by an increase in the number of properly completed claims without errors, as compared to the FY 2011 baseline, by September 30, 2012.		
Activities & Milestones	1. Establish a baseline of quality IDES claims (defined as properly completed IDES claims without errors that can be reimbursed as submitted) by March 31, 2011. Determine targets for improvement in FY 2012 and FY 2013. 2. Develop and disseminate guidance for VA and DoD facilities to ensure exams are billed and reimbursed in accordance with the jointly signed MOA, by March 31, 2011.	
Recommended Metric(s)	• Percent of increase in properly completed IDES claims without errors that can be reimbursed as submitted by March 31, 2012 and 2013, as compared to the 2011 baseline.	

FY 2011-2013 JSP Objective 3.5.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 Joint Facility Utilization and Resource Sharing (JFU&RS) Working Group
Sub-goal 3.5: 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 3.5.L: Increase efficiencies by improving communications and sharing activities at a minimum of two new sites/market areas per year by September 30 each fiscal year with the purpose of reducing annual operational costs by at least five percent for each sharing initiative selected, and to help existing and new sharing sites identify and report sharing initiative performance metrics by December 30, 2011 and annually thereafter.		
Activities & Milestones	1. Select new sites based upon selection criteria that include: proximity location of VA and DoD facilities; beneficiary enrollments; and purchased service care expenditures annually by September 30, 2011, 2012, and 2013. 2. Identify current levels of communication and formal methods for improvement between the local VA and DoD facilities. 3. Selected joint markets/sharing sites will identify the product lines/services or business processes they want to improve by September 30, 2011. This will include identification of performance baselines and metrics (targeting a five percent cost savings) to be used to measure performance in FY 2012 and FY 2013. 4. Selected joint markets/sharing sites will implement product line/service or business process improvements by September 30, 2012. 5. Selected joint market/sharing sites will report performance measures annually beginning in first quarter FY 2013 for FY 2012.	
Recommended Metric(s)	• Improved levels of communications between local VA and DoD facilities may include: Existence or formation of Joint Executive Committees/Councils/Charters and sub-committees; meeting frequencies; capture and documentation of meeting minutes and action items. • 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 2013. Examples of operational efficiencies and process improvements attributed to enhanced use of VA-DoD sharing agreements include: decrease or avoidance in purchase care expenditures; increase in VA or DoD direct care access; and improved accuracy and processing of VA and DoD patient care authorizations and referral management. • Sample 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 in patient recapture). - Increase in number of referrals between VA and DoD (percent decrease from private sector care referrals/ cost avoidance in dollars). - Business process improvements (cost savings in dollars).	

FY 2011-2013 JSP Objective 3.5.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 Facility Utilization and Resource Sharing (JFU&RS) Working Group
Sub-goal 3.5: 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 3.5.M: Evaluate the Enhanced Document and Referral Management (eDR) business tool developed exclusively for the Hawaii Joint Venture Site to determine its benefit in capturing quality, cost, and access data and providing operational and managerial reports by April 30, 2011, and its potential for expansive use at other Joint Venture sites after Enterprise level evaluation.		
Activities & Milestones	1. Evaluate the capabilities of the eDR and determine its ability to provide valid and reliable VHA and DoD data and metrics to measure health care access, quality, and costs by April 30, 2011. 2. Initiate Enterprise level evaluation to determine feasibility of deployment to other sharing sites. 3. If the eDR is successful, recommend that a Joint Incentive Fund (JIF) proposal to expand use of the eDR to all Joint Ventures be submitted in the next available JIF cycle by September 30, 2014.	
Recommended Metric(s)	• Access to care timeliness for referred patients (percentage). • Decrease in indirect (purchased or fee based) care costs (dollars). • Increased direct care (Recaptured care) (percentage). • Timeliness of Billing and Payment (number of days) as an assessment of process improvement.	

FY 2011-2013 JSP Objective 3.5.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	HEC Contingency Planning Working Group
Sub-goal 3.5: 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 3.5.N: Ensure that VA maintains a contingency capability to support DoD wartime bed requirements and develop a plan for VA to support this requirement in accordance with 38 U.S.C., Section 8110, one year after receipt of the follow-on Aeromedical Evacuation analysis of the DoD Mobility Capabilities and Requirements.		
Activities & Milestones	1. Office of Secretary of Defense and VA members of the HEC Contingency Planning Working Group review the follow-on Aeromedical Evacuation analysis of the DoD Mobility Capabilities and Requirements Study within 90 days of receipt. 2. Review/determine VHA, Military Health System, and National Disaster Medical System bed, transport and other capabilities 90 days after Contingency Planning Working Group reviews the Aeromedical Evacuation analysis. 3. Determine VHA resource requirements and develop VHA operations plans to support DoD contingency medical operations six months after the review/determination of VHA, Military Health System, and National Disaster Medical System bed, transport, and other capabilities. 4. When completed, transition this Working Group to an ad hoc basis.	
Recommended Metric(s)	• Development of VHA operations plans to support DoD contingency operations.	

FY 2011-2013 JSP Objective 3.6.A

<table>
<tr><td colspan="2">Goal 3: Efficiencies of Operation – 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>JEC Communications Working Group (CWG)</td></tr>
<tr><td colspan="4">Sub-goal 3.6: Inform Veterans, Service members, military families, and other stakeholders of key, identified strategic messages and priorities of the JEC.</td></tr>
<tr><td colspan="4">SMART Objective 3.6.A: Increase awareness and transparency of JEC strategic messages among Service members, Veterans, families, Congress, and other stakeholders, as evidenced by a) implementing a communication outreach plan by June 1, 2011, b) communicating identified strategic messages and priorities of the JEC as well as being proactive on activities targeting internal and external audiences quarterly, and c) collaborating with the HEC, BEC, IPO, and JEC working groups on an ongoing basis.</td></tr>
<tr><td>Activities & Milestones</td><td colspan="3">Public Affairs and Congressional/Legislative Affairs will:
1. Develop and execute an outreach plan for JEC-related issues. Plan to be executed with ongoing execution as VA/DoD programs grow and evolve no later than June 1, 2011.
2. Review the JSP FY 2011-2013 and continue ongoing collaboration with HEC, BEC, IPO, and JEC working groups, attending regular meetings, and providing updates quarterly.
3. All communications efforts in support of the JSP will reflect the values, mission, and goals of both the Military Health System Strategic Plan and the VA Strategic Plan. The CWG will meet to ensure progress and continuity monthly by conference call and in-person once each quarter.
Public Affairs will:
4. Conduct quarterly communications activities proactively targeting both internal and external stakeholders.
- Quarterly media events (multi-media).
- Quarterly joint/coordinated press releases.
5. Ensure each Department's Web site links to communications products on the other Department's Web site to cross-promote communications products and improve access to helpful information three times quarterly.
Congressional Affairs will:
6. Record inquires from/discussions with/feedback from members of Congress/Congressional staff and analyze the tone/content of congressional input.</td></tr>
<tr><td>Recommended Metric(s)</td><td colspan="3">● Media Monitoring: Public Affairs will engage a media monitoring service to 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 will be made periodically. When there is a need for substantive changes recommendations will be made within 60 days.
- Measurement: Monitor for ratio of positive to negative stories and provide reports. While news articles are affected by a wide variety of influences, when negative coverage exceeds positive coverage on specific program topics, VA and DoD public affairs will push additional efforts to explain and clarify positive efforts in regards to the program in question. Reports will be provided in regards to the coverage and the additional efforts made to mitigate or influence positive coverage.
● 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 will be made periodically. When there is need for substantive changes recommendations will be made within 60 days.
- Measurement: Social media and audience participation is dynamic, moving and often growing rapidly. Reports will be provided regarding what "hot topics" appear in social media and what areas of most concern or complaint emerge. When appropriate, social media posts and articles</td></tr>
</table>

	can be written to better explain and clarify actions on VA/DoD programs. • 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 of the programs and advantages for Service members, recommending appropriate changes within 60 days. - Measurement: Monitor for ratio of positive to negative stories and provide reports as related to legislative action. While news articles are affected by a wide variety of media, public and political influences, when negative coverage exceeds positive coverage on specific program topics, VA and DoD public affairs will coordinate with legislative affairs to push additional efforts to explain and clarify positive efforts in regards to the program in question. Reports will be provided in regards to the coverage and the additional efforts made to mitigate or influence positive coverage. Congressional Monitoring Congressional Affairs will record inquires from/discussions with/feedback from members of Congress/Congressional staff and analyze the tone/content of congressional input, recommending appropriate changes within 60 days. • Public affairs will produce at least four joint/coordinated press releases per year, to be scheduled in advance at monthly CWG meetings. • Public affairs will produce at least four joint/coordinated media events per year, to be scheduled at quarterly CWG meetings. • Public affairs will develop a long-term message calendar for upcoming actions, announcements, and releases, at quarterly meetings. • Public affairs will update long-term message calendar quarterly.

FY 2011-2013 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	Construction Planning Committee (CPC) Working Group
Sub-goal 3.7: Identify, propose, and increase collaborative opportunities for Joint Capital Asset Planning.		
SMART Objective 3.7.A: Identify and increase collaborative opportunities for Joint Capital Asset Planning as evidenced by a) developing and seeking JEC approval by September 30, 2011 for a budget mechanism that would authorize and fund joint VA and DoD planning initiatives beginning in 2013 budget cycle and b) developing a target list of collaborative opportunities by August 31, 2011.		
Activities & Milestones	1. Develop refinements to a budget mechanism and submit for approval by September 30, 2011, to be implemented in a future budget cycle through both VA and DoD capital investment planning governance processes. The approved budget mechanism would allow VA and DoD to jointly plan construction projects and streamline the funding challenges once a collaborative construction project is identified. 2. VA will invite appropriate DoD CPC members to participate actively in VA's Strategic Capital Investment Planning (SCIP) evaluation process and to assist in identifying possible construction projects locations by May 31, 2011 that would support increased collaboration. 3. DoD will invite appropriate VA CPC members to participate in DoD's FY 2011 Capital Investment Decision Making (CIDM) process by May 31, 2011 as a means to increase awareness of future projects and possible sharing opportunities. 4. Develop a list of possible projects identified through the VA and DoD investment decision processes for consideration by the CPC. Provide a list of projects to the HEC Joint Facility Utilization and Resource Sharing Workgroup to be considered for use by the Joint Market Opportunity workgroup for evaluation by August 1, 2011. 5. Develop, document and analyze VA and DoD's capital planning processes to identify points of collaboration and integration and identify potential alignment actions by November 30, 2011.	
Recommended Metric(s)	• Number of projects identified through the SCIP and CIDM process in which both Departments initiate planning activities for possible joint builds or sharing with the expressed goal of fostering a more effective use of federal funds.	

FY 2011-2013 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	JEC Separation Health Assessment Working Group.
Sub-goal 3.8: 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.		
SMART Objective 3.8.A: Improve coordination and sharing of Service member and Veteran health information between VA and DoD as demonstrated by a) setting a baseline by June 29, 2012 for the percentage of separating Service members receiving separation health assessments to include hearing conservation data, within 180 days of separation and the percentage of those records which are actively shared between the departments with a goal to set measurable targets by 2013 to ultimately achieve 100 percent, and b) recording the percentage of separating Service members filing Compensation and Pension claims.		
Activities & Milestones	The Department of Defense and Department of Veterans Affairs will: 1. Make every effort to develop computable automated health data to meet military services occupational, safety, prevention, and readiness requirements, and accelerate determinations of VA health care/benefits in a coordinated/synchronized process by June 29, 2012. 2. Synchronize and coordinate all health related activities at discharge to reduce duplication of efforts between VA and DoD at the time of discharge. All data collected will be bi-directionally accessible to both departments, as appropriate by June 29, 2012. 3. Complete Memorandum of Understanding between VA and DoD – A Partnership to Support a Standardized Separation Health Assessment Program for Service members by April 30, 2011. 4. Ensure the recommendation for a Separation Health Assessment program will be formalized as part of the JSP effort by April 30, 2011. 5. Collect data and analyze the impact of proposed policy changes for assessing health status at the time of separation (December 2010 through March 31, 2011). 6. In collaboration, review data currently captured at the time of separation for suitability, consistency, and relevance (December 2010 through March 31, 2011). 7. Establish Separation Health Assessment Pilot (March 2011 through September 30, 2011). 8. In collaboration, develop a short and long-term plan to develop the "standardized" separation health assessment program by December 15, 2011. 9. Review and make recommendations to improve the baseline health information collected at discharge to improve delivery of benefits and healthcare by December 15, 2011. 10. Analyze findings from Pilot, develop recommendations and implementation plan for universal policy (October 2011 through March 31, 2012). 11. Phased universal implementation (July 2012 through June 30, 2013). 12. 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, 2012.	
Recommended Metric(s)	• As a baseline, identify the number of Service members receiving separation health assessment or examination within 180 days of separation or transition. • Identify the percentage of separating Service members by Service who complete a Separation Health Assessment that is viewable by both Departments annually by September 30. • Identify the percentage of separating Service members who annually file for VA disability benefits prior to discharge. • Identify the percentage of separating Service members who file for VA disability benefits within one year.	

Appendix A
Glossary of Acronyms

AC – Active Component
ADC – Active Dual Consumers
A&MMM – Acquisition and Medical Material Management
AY – Academic Year
BEC – Benefits Executive Council
BDD – Benefits Delivery at Discharge
BI – Business Intelligence
BRAC – Base Realignment and Closure
C&P – Compensation and Pension
CIDM – Capital Investment Decision Making
CoE – Center of Excellence
CONOPs – Concept of Operations
CONUS – Continental United States
CPC – Construction Planning Committee
CPGs – Clinical Practice Guidelines
CWG – Communications Working Group
DES – Disability Evaluation System
DoD – Department of Defense
DoDI – Department of Defense Instruction
DOL – Department of Labor
DS logon – Defense Self-Service logon
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
eDR – Enhanced Document Management and Referral Management
FRC – Federal Recovery Coordinator
FRCP – Federal Recovery Coordination Program
FY – Fiscal Year
GME – Graduate Medical Education
GTIN – Global Trade Identification Numbers
HAIG – Health Architecture Interagency Group
HCE – Hearing Center of Excellence
HEC – Health Executive Council
HIT – Health Information Technology
ICIB – HEC Interagency Clinical Informatics Board
IDES – Integrated Disability Evaluation System
IE – Information Exchange
iEHR – Integrated Electronic Health Record
IM/IT – Information Management/Information Technology
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
JFU&RS – Joint Facility Utilization & Resource Sharing
JHASIR – Joint Hearing Loss and Auditory System Injury Registry
JIF – Joint Incentive Fund
JSP – Joint Strategic Plan
LPS – Learner's Perception Survey
MILDEPS – Military Departments
MOA - Memorandum of Agreement
NARA – National Archives and Records Administration
NRD – National Resource Directory
OSD – Office of Secretary of Defense
PDHA – Post-Deployment Health Assessment
PDHRA – Post Deployment Health Reassessment
PH – Psychological Health
PH/TBI – Psychological Health/Traumatic Brain Injury
POA&M – Plan of Action and Milestones
PSA – Public Service Announcement
PTSD – Post Traumatic Stress Disorder
RC – Reserve Component
RCC – Recovery Care Coordinator
RCP – Recovery Coordination Program
RCP-SS – Recovery Coordination Program Support Solution
RSMs – Recovering Service Members
SCIP – Strategic Capital Investment Planning
SGLI – Service members Group Life Insurance
SMART – Specific, Measureable, Achievable, Realistic, and Time-bound
SPARRC – Suicide Prevention and Risk Reduction Committee
STR – Service Treatment Record
TAA - Training Affiliation Agreement
TAP – Transition Assistance Program
TBI – Traumatic Brain Injury
VA – Department of Veterans Affairs
VBA – Veterans Benefits Administration
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
WWCTP – Wounded Warrior Care and Transition Policy
WWP – Wounded Warrior Program