

**STATEMENT OF
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DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE**

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Good morning, Chairman and Members of the Committee. Thank you for the opportunity to appear before you with my colleague and partner, the Honorable Gilbert Cisneros, Under Secretary of Defense for Personnel and Readiness. We are honored to share with you the collaboration between VA and DoD on our joint initiatives and accomplishments. This collaborative relationship between our departments is critical to achieving our shared mission to improve and enhance health care services, delivery of benefits, and seamless transition through coordination and shared resources for our service members and Veterans. An important component in ensuring Veterans have access to the benefits, health care, services they have earned and deserve, is ensuring that we have access to the supplies necessary to support them.

Before I discuss our joint collaborative efforts with DoD, I want to touch on an evolving national concern. The COVID-19 pandemic exposed global and U.S. supply chain weaknesses and we expect the manufacturing and distribution disruptions for some time. As the virus spread, overall consumer demand decreased and industrial activity, in turn, decreased due to the lower consumer demand and effects of COVID-19. With the increasing level of vaccination globally and the end of lockdowns in many nations, consumer demand increased dramatically, while supply chains continue to face big challenges, including worker shortages and limitations in access to raw materials and key components. VA is actively addressing these challenges, implementing near-term methods to ensure internal VA supply chain resiliency, including increased demand signal monitoring, identification of alternatives for preferred products, and treating medical products as enterprise assets. Effective national response requires a resilient public health supply chain, anchored in domestic manufacturing capabilities so that care and preventive measures can reach patients. Sustaining the resilience of the supply chain is critical for ensuring the health and wellness of the nation, as well as for national security, and VA is working with the White House and Executive Branch agencies to develop and implement the actions identified in the National Strategy for a Resilient Public Health Supply Chain. VA and DOD continue to work closely through these challenging times.

VA and DoD leadership, through the VA-DoD Joint Executive Committee (JEC), have moved past the historically bifurcated view that DoD's role ends, and VA's role begins, when the Service member separates from military service. VA is committed to ensuring that the partnership between VA and DoD is aligned, enduring and strong, with a common focus on putting the needs of Service members and Veterans ahead of process. We seek continuous improvement by establishing a clear direction for our efforts, overseeing joint work, and assessing outcomes through our joint strategic planning cycle.

VA-DoD Joint Strategic Planning Cycle

Under Secretary Cisneros and I recently approved the congressionally mandated VA-DoD Joint Strategic Plan for Fiscal Years 2022-2027. We have shifted from a 3-year to a 6-year planning cycle to enable a more long-term strategy. This plan reflects the growth in the relationship between VA and DoD and maturation of our Joint Strategic Plan to improve overall flexibility, timeliness, traceability, and alignment to both VA and DoD departmental strategic plans.

While the Joint Strategic Plan focuses on the big picture, and long-term strategy, the JEC issues Annual Priority Guidance to members of the JEC and VA-DoD stakeholders to identify current priorities and direct subcommittee leadership to develop action plans in our Joint Operating Plan. The detailed plans in the Joint Operating Plan establish agreed-upon milestones and performance measures for our joint work. Critical milestones are derived from this document inform our Quarterly Priority Milestone Review where the JEC co-chairs review progress, issue guidance, and maintains oversight at each quarterly JEC meeting. Each year, we assess outcomes and report accomplishments to Congress in our Annual Joint Report. This systematic strategic planning cycle allows us to jointly manage efforts to achieve our shared goals.

The new Joint Strategic Plan sets out five shared strategic goals: (1) Health Care Collaboration; (2) Integrate Benefits and Services Delivery; (3) Improve the Transition and Post-Separation Experience; (4) Modernize Shared Business Operations; and (5) Strengthen Interoperability and Partnership. I will highlight a few joint achievements and priorities in each of these areas.

Strategic Goal #1 - Health Care Collaboration

VA and DoD together manage two of the largest health care systems in the Nation. We are uniquely positioned to gain value and efficiencies from a synergistic, collaborative relationship to best serve the long-term health care needs of Service members and Veterans. Our combined efforts reflect shared principles in health care, including ensuring timely access to care, improving beneficiary-focused outcomes, and building resilience and readiness. To enhance our ability to conduct joint planning and execution for medical facilities leasing and construction we require enhanced authorities from Congress for both VA and DoD. Our health care collaboration focused on key areas that acutely affect Service members and Veterans. I have provided some examples of the joint efforts to address such key areas on sexual assault/harassment prevention, environmental exposures, and telehealth.

Sexual Assault/Harassment Prevention and Survivor Care

The Secretary of Defense and the Secretary of VA have collaboratively made the implementation of anti-sexual assault and harassment programming, along with survivor care and support efforts, a top priority for both VA and DoD. In the JEC, we established a VA-DoD Sexual Trauma Working Group in 2019 to facilitate the transition of treatment for Service members who experienced sexual assault (including intimate partner sexual abuse) and/or sexual harassment during military service, assist Veterans in filing related disability claims, and ensure plans are implemented to process sexual trauma claims with VA

efficiently and effectively. DoD included VA in its Independent Review Commission on Sexual Assault in the Military, resulting in more than 80 recommendations for the Secretary of Defense. VA included DoD in VA's Sexual Assault/Sexual Harassment Prevention and Response Working Group formed to advance VA's leadership on issues of sexual assault and harassment prevention and survivor care and support.

Environmental Exposures – Individual Longitudinal Exposure Record

VA and DoD understand that accurate data is fundamental to providing quality health care and we continue to jointly develop the VA and DoD electronic Individual Longitudinal Exposure Record (ILER) to capture occupational and environmental exposures for Service members and Veterans. The ILER will enable connections for individuals by time, place, event, and all-hazard exposure monitoring data with medical encounter information (diagnosis, treatment, and laboratory data), across the Service member's career. This will improve the quality and quantity of information available to facilitate exposure-related health care delivery, assessment of exposure histories for individuals and populations, disability evaluations, and benefits determinations. When fully operational, ILER will increase communication and transparency between VA, DoD, Congress, beneficiaries, and other stakeholders. Finally, the system will provide a foundation for prospectively following exposed cohorts for the potential long-term or latent health effects that could be attributable to occupational and environmental exposures. In March 2021, a new interface went live between the Joint Legacy Viewer and the ILER enabling the exchange of exposure data as part of the federal Electronic Health Record (EHR).

We have also jointly formed the VA/DoD Deployment Health Working Group that meets monthly to share information on deployment related issues and military environmental exposures. The Deployment Health Working Group's mandate is to coordinate VA and DoD activities for data sharing related to environmental exposures, including environmental monitoring results, exposure-related documentation and research and the facilitation of timely VA notification by DoD of potential environmental exposures. This working group also plans the Airborne Hazards Symposium which bring together subject matter experts to share research and findings. This collaboration has yielded valuable insights and data on environmental exposures which VA was able to utilize to expand presumptive service connection for Veterans who were exposed to particulate matter during service in Southwest Asia and other locations and later diagnosed with asthma, rhinitis, and sinusitis. VA appreciates the continued collaboration with DoD and the efforts of this joint agency working group in VA's consideration of potential, future presumptive conditions for environmental exposures.

Telehealth

As the COVID-19 pandemic emergency evolved, Telehealth/Virtual Health use across the country increased in 2020 and 2021. Both VA and DoD shared expertise on telehealth delivery during the pandemic and collaboratively updated training and educational content to provide a mutual, common baseline framework for competency development. VA and DoD will continue working together in this area to increase access to health care and improve Service member and Veteran outcomes.

Strategic Goal #2 - Integrate Benefits and Services Delivery

The population of VA and DoD beneficiaries reflects diverse demographic characteristics eligible for a wide range of benefits. VA and DoD recognize the complexity of their benefits delivery systems and are committed to enhancing the process by integrating technology into joint business operations, eliminating gaps and discrepancies in benefits offered, and improving communication with beneficiaries. Some examples of the joint VA-DoD efforts to achieve this Strategic Goal for integrated benefits and services delivery are highlighted below.

Benefits Delivery at Discharge

VA and DoD established the ability to leverage electronic pre-separation service treatment information as a foundation for considering Service members' applications for Benefits Delivery at Discharge. This eliminates burdensome requirements for Service members to obtain and transmit records to VA, reduces time-consuming administration at military medical treatment facilities and speeds the application process by as much as 50 percent. Working together DOD and VA continue to make all available personnel records and clinical data available electronically for the Benefits Delivery at Discharge population to create more efficiencies.

Dual Compensation

There is a statutory prohibition for Veterans to receive both VA pension, compensation, or retirement pay and active service pay in the case where a Veteran is recalled to active-duty service. Under current regulations, VA cannot take immediate action based on information received from DoD that a Veteran is in receipt of active service pay for a given period. Rather, once VA receives notice from DoD that the Veteran is in receipt of active service pay, VA must then send the Veteran a notification letter advising of the information received and proposing to take action to adjust the Veteran's award. The process of the notifying the Veteran in advance, due process, adds to the overpayment incurred, thus increasing the Veteran's debt. Currently, VA provides Veterans with 60-days advance notice prior to adjusting the disability compensation award due to receipt of active service pay. Given the Veteran is already activated, it becomes nearly impossible for the Veteran to respond to a mailed notice. When the Veteran does finally respond or when the due process time period has expired, then VA can make the proper adjustment. Unfortunately, this adjustment, initiated after the event occurs, results in our nation's heroes returning from service with a financial debt that they will need to repay. At present, the only way for the Veteran's debt to be minimized, is for the Veteran to notify VA of their scheduled activation. By law, VA needs permission directly from the Veteran to adversely adjust their disability compensation award. Once this notice is received, VA can immediately adjust the award, thus eliminating or at minimum, significantly reducing the Veteran's debt due to dual receipt. For Veterans returning to active service, there can be months of dual compensation that is received by the Veteran before VA can suspend benefits.

VA is currently engaged in rulemaking to address this overpayment/debt recoupment issue as a Veteran-centric approach to minimize the impact of dual receipt of compensation and active service duty pay leading to Veteran debt. VA and DoD have worked collaboratively to create integrated systems to share data and track the accuracy of data provided.

The coordinated initiatives between VA and DoD support VA's effort to significantly minimize Veteran debt incurred due to dual compensation. As VA moves forward in designing a process that minimizes the impact of dual compensation, the process also includes revocation and appellate rights. It is of utmost importance to VA that Veterans can identify when changes are warranted. VA continues to work towards a goal of reducing respondent burden, eliminating debt, and leveraging electronic inter-departmental data to improve service delivery to Veterans.

Military Personnel Data Quality

VA and DoD continue to develop Information Technology solutions to ensure appropriate Departments, agencies, Service members, Veterans, and their representatives have immediate and secure access to reliable and accurate data used in determining entitlements, verification of benefits, and Veterans' status. VA and DoD are working to digitally modernize Service member separation data and enable a paperless, standard record to ensure data privacy and support faster, data-driven decisions at all levels. An enhanced electronic record of service, an electronic self-service workflow, would empower the Service member with access and control of their military service record.

Strategic Goal #3 - Improve the Transition and Post-Separation Experience

In alignment with, and in support of the President's goals to improve the customer experience across all Federal agencies, VA and DoD continue to prioritize improving the customer experience for both Service members and Veterans. We work closely with the Department of Labor (DOL), other Federal organizations, state agencies, and non-governmental organizations to provide transition assistance planning, services, and programs at multiple stages throughout this journey. As part of that effort and to provide a more holistic approach to transition, VA, and DoD, through the JEC, approved the Military to Civilian Readiness framework in September 2019, which defines transition as 365- days pre- and 365- days post-separation. This includes such programs as the Transition Assistance Program (TAP) and VA Solid Start among others, the efforts of which I have provided below.

Military to Civilian Readiness

Military to Civilian (M2C) Readiness meets and builds upon several components of Executive Order 13822, *Supporting our Veterans During Their Transition from Uniformed Service to Civilian Life*, as well as the National Defense Authorization Act for FY 2019, Sections 522 and 552. Military to Civilian Readiness aligns the myriad of transition activities under one overarching framework and is complementary to current military to civilian support programs, thus providing a more defined exit pathway. The framework ensures that transitioning Service members, recently separated Service members, and Veterans: (1) receive comprehensive, standardized, and individualized assessments across both Departments, (2) are informed and educated about all post-separation VA, DOL, and DoD benefits and services they are eligible for, (3) are equipped with the tools they need to succeed and reintegrate into their communities, and (4) achieve sustainable economic well-being.

Transition Assistance Program (TAP)

One of the touchpoints in the M2C Ready framework is the TAP. To meet the congressionally mandated TAP requirements, VA, DOL, and DoD, along with other interagency partners, provides interactive TAP courses, one-on-one engagements, and opportunities to enroll in benefits and services that support a successful transition for Service members, military spouses, and their caregivers. Leveraging Service members' feedback, TAP interagency partners continually work to enhance TAP and increase TAP participation rates for all TAP courses. As an example, in FY 21 the VA TAP customer satisfaction rating for in-person classes was 95.7%, continuing the trend of exceeding the 95% target for every quarter since FY15, even during the pandemic.

As part of VA's focus on transitioning servicewomen and women veterans' unique needs, VA established the Women's Health Transition Training as an elective curriculum, designed to complement the VA TAP Benefits and Services curriculum. The self-paced, women-led online training helps Servicewomen understand VA's gender-specific health care services and encourages everyone to enroll in VA health care. Available anytime and anyplace, it's open to all Servicewomen and women Veterans regardless of separation date.

VA Solid Start Program

As an immediate follow-up to TAP, the VA Solid Start program attempts to connect with recently separated Servicemembers at three (3) key points (e.g., 90-, 180-, and 365-days) during the critical first year of military-to-civilian transition to provide assistance and support connecting transitioning Service members with earned benefits and services. VA Solid Start focuses on the specific needs of each recently separated Service member and open-ended questions help the VA Solid Start agents identify benefits and services that may help and support successful transition to civilian life. VA Solid Start is committed to helping all recently separated Service members establish a relationship with VA, increase their awareness of available VA benefits and services, lower their barrier to entry into VA mental health care, and support their successful transition into civilian life.

In FY 2021, VA Solid Start successfully connected with more than 149,000 recently separated Service members and has achieved a 58% successful connection rate. VA Solid Start also provides priority contact to recently separated Service members who have had a mental health care appointment during their last year of active-duty service. In FY21, VA Solid Start successfully connected with more than 24,000 of these recently separated priority Service members, for a successful connection rate of 75%.

Enhanced Statement of Benefits

Within the M2C Ready framework is a congressionally mandated Statement of Benefits that must be issued to transitioning Service members 30 days prior to discharge. DoD currently provides a list of benefits for which a Service member may be eligible post-discharge. The JEC saw an opportunity to enhance what was provided by DoD, and as a result, VA is developing a more individualized post-separation document called the Enhanced Statement of Benefits (ESOB) as part of the M2C Ready framework. The ESOB will initially provide tailored VA post-separation benefits information. The goal will be to

expand the ESOB to include DOL and DoD post-separation transition support programs and services as well.

Strategic Goal #4 - Modernize Shared Business Operations

VA and DoD are committed to using resources responsibly. While each Department has separate business operations to support individual missions, the shared population of beneficiaries presents opportunities where a joint approach to doing business gains efficiencies, avoids costs, and achieves better outcomes for Service members and Veterans. I have highlighted for you some examples of our joint achievements and shared challenges around the joint sharing of facilities and services and the VA DoD reimbursement process.

Joint Sharing of Facilities and Services

For background purposes, VA and DoD have been sharing health care resources at the local and enterprise scale since 1982 via 38 U.S.C. § 8111 “Sharing of VA and DoD Health Care Resources.” Today, there are 140 active health care resource sharing agreements between 140 VA and DoD partners nationwide (63 VA and 77 DoD) covering a wide range of services. Authorized shared services include (but are not limited to): Inpatient, Outpatient, Ancillary Services, Pharmacy, Administrative Services, Existing Capital Space, Human Capital Resources, and Dental.

VA and DoD are currently limited to sharing existing capital infrastructure due to the Departments lacking the necessary authority to plan and build extra capacity into our construction and leasing projects to address the needs of our joint patient population. Despite continued congressional interest in increased VA and DoD joint medical sharing in markets and repeated attempts by VA and DoD to enact legislation that would provide authorities for joint planning in this area, the lack of legislative relief has significantly hampered our ability to collaborate on joint capital projects. VA and DoD continue to jointly submit requests for legislative relief to eliminate statutory impediments for developing combined capital projects, permit proactive joint capital asset planning and capital investment in shared medical facilities in a more integrated manner. This integration has potential cost avoidance for the Departments’ future planning, design, construction, and lease funds.

VA-DoD Reimbursement Process

VA and DoD worked together to develop and implement an enterprise-wide standard payment and reconciliation process to manage medical care workload provided through resource sharing agreements. The Departments successfully piloted a simplified central data payment reimbursement model to replace the existing resource intensive individual claims-billing reimbursement process. Reimbursement between the pilot sites consistently met or beat a 30-day timeframe to reconcile and pay clean health care claims. Here in the National Capital Region, the pilot reduced the average billing timeframe from 174 days down to 30 days.

The piloted standard reimbursement model resulted in a unified set of DoD-VA Standard Operating Procedures designed to function as overall guidance for all Resource Sharing locations. Additionally, lessons learned along with the best practices will be used

by the Federal Electronic Health Record Modernization (FEHRM) to standardize billing processes for both Departments going forward.

Strategic Goal #5 - Strengthen Interoperability and Partnership

VA and DoD continue to strengthen and expand its network of interagency and public-private partnerships to bolster organizational agility and promote operational efficiency. The Departments are committed to improving interoperability and the exchange and use of data as a strategic asset to inform decision-making. We have been working closely together on critical areas such as the Electronic Health Record, the Joint Health Information Exchange, and the Joint Data and Analytics Strategy as noted below to ensure interoperability between the two agencies to improve our services to Service members and Veterans and streamline how both agencies share and store important information.

Electronic Health Record

VA is partnering with DoD, the FEHRM Office, and the Department of Homeland Security's United States Coast Guard (USCG) to make significant progress in Electronic Health Record (EHR) System modernization. Both VA and DoD have robust joint participation in the FEHRM in order to ensure interoperability of the EHR between both agencies. This effort is one of the most complex and transformational endeavors in the Department's history, and VA is committed to working with our partners to realize the full promise of a modern, integrated record to cultivate the health and well-being of Veterans.

To further the Departments' federal EHR deployment operations, the FEHRM continues to prioritize activities that provide value. For example, the delivery of common capabilities within the joint space such as managing the Federal Enclave; managing the joint Health Information Exchange (HIE); executing the Enterprise Operations Center; spearheading joint sharing site deployments; coordinating configuration and content changes to the EHR; and advancing interoperability. Moreover, the FEHRM can provide significant value by sharing lessons learned across DoD, VA, and USCG, helping accelerate progress and minimize risks.

FEHRM spearheaded efforts to establish a common approach to deploy federal EHR capabilities to joint health care resource sharing sites. Deploying the federal EHR to shared-resource, integrated VA and DoD facilities requires careful collaboration, joint decision-making, and a thorough understanding of the possible effects of the federal EHR deployment. The FEHRM is leading the analysis and integration of deployment activities at these joint sites with a specific focus on technical, functional, and programmatic issues, including implementation schedules, joint access, and network security. This work has the potential to enable the DoD and VA health care systems to work together in new ways to deliver health care to Service members, Veterans, and their families.

Joint Health Information Exchange (HIE)

Building on the success of DoD and VA's individual health information exchange work, the HIE is a modernized health data sharing capability managed by the FEHRM. The joint HIE enhances the ability of DoD, VA and USCG to share data bidirectionally electronic health record quickly and securely with participating community health care providers. This

capability enables more informed, seamless care for patients who are navigating between different health care providers.

The joint HIE connects DoD, VA and USCG providers with a large number of private sector partners, representing more than 2,000 hospitals, 8,800 pharmacies, 33,000 clinics, 1,100 labs, 800 federally qualified health centers and 300 nursing homes, to help health care providers in the Departments and in the private sector make more informed care decisions as they care for Service members, DoD beneficiaries and Veterans.

Joint Data and Analytics Strategy

VA and DoD are developing a joint data and analytics strategy in alignment with the Federal Data Strategy, VA Data Management and Analytics Strategy, Personnel & Readiness Strategy, and DoD Data Strategy. This mission for this work is to use data as a cross-agency joint strategic asset to shape policy, enable data driven decisions, create operational efficiencies, and enhance experiences and outcomes. The final VA-DoD Joint Data and Analytics Strategy and Roadmap will enhance the Veteran and Service member's end-user experience, streamline the transition process from active duty to Veteran status, and enable both Departments to better address critical data intensive requirements such as suicide prevention, health care, and benefits determination.

Way Ahead

I again extend my gratitude to Congress for your continued support of VA-DoD collaboration and our shared commitment to serving Service members and Veterans with excellence. As the Departments continue to adapt and evolve, the VA-DoD JEC provides an essential forum for leadership from VA, DoD, the Military Services, and interagency partners to work together to drive improvements in the delivery of health care, benefits and services, and transition support. Our strategic goals capture shared priorities for both Departments to serve a common population: Service members, Veterans, their eligible family members, caregivers, and survivors.

Mr. Chairman and Members of the Subcommittee, thank you for the opportunity to testify today to discuss our collaboration with DoD. I am happy to respond to any questions you may have.