

VETERANS' DISABILITY BENEFITS COMMISSION

Meeting Minutes

Date: Thursday, November 16, 2006

Location: Embassy Suites
900 10th Street NW
Washington, DC

Attendees

Chairman:

James Terry Scott, LTG, USA (Ret.)

Members:

Nick D. Bacon, 1SG, USA (Ret)
Larry G. Brown, COL., USA (Ret)
Jennifer Sandra Carroll, LCDR, USN (Ret)
Donald M. Cassiday, COL, USAF (Ret)
John Holland Grady
Charles "Butch" Joeckel, USMC (Ret)
Ken Jordan, COL, USMC (Ret)
James Everett Livingston, MG, USMC (Ret)
William M. Matz, Jr., MG, USA (Ret)
Dennis Vincent McGinn, VADM, USN (Ret)
Rick Surratt (former USA)
Joe Wynn (former USAF)

Staff:

Ray Wilburn, Executive Director
Ed Andersen
Conrad Anderson
Ron Bartram
Jacqueline Garrick
Kathleen Greve
John Harlepas
Steve Riddle
Dietra Shepherd
Paul Stepnowsky
Kurt Von Tish
Jim Wear
Don Zeglin

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Topic	Key Points	Supporting Materials
November 16, 2006		
Opening Remarks Chairman Scott	The Chairman opened the meeting at 8:34 a.m. with welcoming remarks and a review of the upcoming agenda.	
October 19-20, 2006 Meeting Minutes	Commissioners Carroll moved and Wynn seconded the adoption of the minutes, which were approved by unanimous vote.	October Minutes
Opening Statements	None	
Issue Papers and Commission Meetings Update Mr. Ray Wilburn	Mr. Wilburn reviewed the 8-step issue paper process and the current status. He also outlined the meeting schedule for 2007 and topics to be covered. The Commission discussed consensus building for papers and to avoid the need for a minority report.	Issue Paper and Meeting Update
CNA Briefing Joyce McMahon, PhD Eric Christensen, PhD	<p>Dr. McMahon began with a report on the data collection status and timeframe changes. CNA will be looking at DoD disability ratings and will compare them to VA.</p> <p>Dr. Christensen discussed combat disabled veterans' earnings capacity, quality of life, and mortality estimates.</p> <p>Dr. McMahon concluded with an overview of next steps for the surveys and an analysis of earnings, Individual Unemployability, and DoD disability operations.</p>	CNA Update
IOM Update Rick Erdtmann, MD With Study Directors: Catherine Bodurow, MSPH - Presumptions David Butler, PhD – PTSD Compensation Michael McGeary – Medical Evaluation	<p>Dr. Erdtmann updated the Commission on the activities of the Medical Evaluation, Presumptive, PTSD Compensation and Treatment Study Committees. For the most part, the committees are in closed session and writing their reports.</p> <p>The main issue that came up was regarding presumption pre-determination documents that VA had denied to disclose to the IOM. Commissioners Carroll moved and Grady seconded to have the Chairman contact VA for these documents. With the condition that IOM provide the Commission with a justification for these documents, the motion carried by unanimous vote.</p>	IOM Update
Initial Presentations: Survivor Concurrent Receipt Mr. Jim Wear With Mr. Conrad Anderson, PhD, JD	<p>Mr. Wear explained the Dependency and Indemnity Compensation (DIC) and the Survivor Benefit Plan (SBP) programs and the offset. He discussed the arguments for and against eliminating the offset, findings, and presented 2 options regarding the offset.</p> <p>The Commission asked that staff check on whether or not the unpaid SBP had been</p>	Survivor Concurrent Receipt

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	factored into the \$6-8 billion estimate; confirm the Social Security benefit; develop a chart showing rank, years of service, SBP annuity offset, and DIC; and to confirm that there is an active contribution for SBP.	
<p>Initial Presentation: Time Limit to File Claims</p> <p>Mr. Steve Riddle</p> <p>With Mr. Don Zeglin, JD</p>	<p>Mr. Riddle gave the Commissioners a historical frame of reference for the time limit issue (which hasn't changed in 75 years) and discussed related papers, especially from the Veterans Claims Adjudication Commission (VCAC). He outlined the pros and cons of the issue, presented findings and suggested 3 options. The chairman requested that the Commission readdress this issue after the CNA Rater survey results are available and to then combine options 2 & 3 and to remove "persuasive" from the presentation.</p>	<p>Time Limit to File</p>
<p>Initial Presentation: Pending Claims Ends with Death –</p> <p>Mr. Jim Wear</p> <p>With Mr. Don Zeglin, JD</p> <p>Mr. Kurt Von Tish</p>	<p>Mr. Wear provided an overview of the legal history of a claim ending with the death of a veteran (as it affects his/her survivors.) He explained the concept of accrued benefits and the pros and cons in changing the law the allow survivors to continue a deceased veteran's pending claim. The commission asked for additional clarification on who constitutes a survivor, and for information on how Social Security, which allows a claim to continue, handles this process.</p>	<p>Pending Claim Ends with Death</p>
<p>Initial Presentation and Decision: Lump Sum Issue Paper</p> <p>Mr. Jim Wear</p> <p>With Mr. Don Zeglin, JD</p> <p>Mr. Paul Stepnowsky</p>	<p>Mr. Wear reviewed and summarized the issues surrounding lump sum payments that the Commission heard at its last meeting. He presented the recommendation to not consider lump sum. A conclusion statement was drafted by the Chairman and members of the Commission.</p>	<p>Lump Sum Update</p>
<p>Public Comments</p> <p>Mr. Michael Parker</p> <p>Ms. Agnes Bresnahan</p> <p>Ms. Deborah Nolan</p>	<p>Mr. Parker followed up on his remarks regarding the DoD disability evaluation system and the VA Rating Schedule.</p> <p>Ms. Bresnahan thanked the Commissioners and Mr. Jim Wear for their assistance after the September 2006 meeting. She has since been awarded 100% for multiple chemical sensitivity related disorders, but asked the Commission to continue its work to help other women who have been exposed to chemicals while on active duty.</p> <p>Ms. Nolan described her plight with multiple chemical exposures.</p>	

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Commission Discussion	None	
Chairman's Close	The Chairman adjourned the meeting at 4:00pm	
November 17, 2006		
AHLTA Briefing COL Hannon	The Commission attended a half-day DoD AHLTA demonstration and briefing at the TRICARE Management Activity in Falls Church, VA.	Summary Report attached

The minutes of the November 16, 2006, meeting were unanimously approved by the Commission members in attendance at the January 18, 2007, meeting in Washington, DC.

A summary report of the Commission site visit to the TRICARE Management Activity on November 17, 2006, is attached, together with a statement delivered by Commissioner Jordan for the record on January 18, 2007.

VETERANS' DISABILITY BENEFITS COMMISSION

AHLTA Briefing and Demonstration Summary

November 17, 2006

The Commissioners attended a briefing at the TRICARE Management Activity (TMA) in Falls Church, Virginia on the Department of Defense's (DoD) AHLTA electronic medical record system.

AHLTA was set up to provide services to 9.2 million beneficiaries. There are 70 military treatment facilities (MTF) and over 800 medical/dental clinics with 132,000 personnel. An average weekly workload consists of 1.8 million outpatient and 18,300 inpatient visits that result in 2.1 million prescriptions. Care is also purchased through 2,800 facilities and with 190,000 providers. AHLTA is in use worldwide and can track patient care from garrison to theater (635,000 since January 2005). It is now available at all of the 138 DoD medical facilities and all 55,242 users are fully trained. There are 33.08 million patient encounters in the Clinical Data Repository (CDR). 8.6 million (of the 9.2) beneficiaries are in the CDR. AHLTA captures approximately 112,000 encounters each work day. AHLTA allows for an automated medical workflow that facilitates availability of patient records, safety alerts, best practice reminders, command and control, clinical research, documentation, billing process re-engineering, health surveillance, and health system management. The data collected can be used for bioterrorism surveillance, disease management, population health improvements, and symptom instead of syndrome tracking. This is particularly crucial in combat zones where non-battle illnesses and exposures are a factor. Because of these unique efforts, DoD is playing a key role in shaping national health information technology (IT) advancements and is part of a national coordination panel that is creating IT standards.

AHLTA still faces some challenges within DoD. First, there is inconsistent application by the service branches and more training is needed to develop a common application standard. There is also still difficulty in capturing information from theater.

Additionally, AHLTA is a different technology than VA's VistA system, which impacts IT interoperability. The screens are different and their ability to share information, although growing, has its limitations. It will take an estimated 5 years before they can share inpatient data; meaning that treatment and compensation on the VA side will still be dependent on the transmission of paper records from DoD to VA that might not be as complete or lost. AHLTA also does not have the capability to capture imaging results, (i.e. CT Scans or X-Rays) which means that images have to be sent to VA by hard copy for scanning.

While the implementation of the AHLTA system is progressive and innovative, it is short-sighted to miss this opportunity to develop a health care reporting/management system that interfaces with the VA system, VISTA. The fact that treatment and compensation on the VA side will still be dependent on the transmission of paper records from DOD to the VA is disturbing. AHLTA also does not have the capability to capture imaging results, (ie. CT Scans or X-Rays), which means that images have to be sent to the VA by hard copy for scanning. In my view, this is a serious lapse.

The charter of this Commission is to examine the laws that “compensate and assist veterans and their survivors for disabilities and deaths attributable to military service”. Seamless transition of the medical history from active duty to veteran status of a veteran is essential in meeting that obligation. Insufferable delays caused by reams of paper files transferred from one massive government agency to another greatly impedes our obligation to provide care of those who have served our country.

While AHLTA is still under development, action must be taken to fill the gaps between these two state of the art systems, AHLTA and VISTA.