

Findings from Raters and VSOs Surveys

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Introduction

As part of its mandate to “carry out a study of the benefits under the laws of the United States that are provided to compensate and assist veterans and their survivors for disabilities and deaths attributable to military service” [1], the Veterans’ Disability Benefits Commission (VDBC) directed The Center for Naval Analyses (CNA) to gather information regarding the benefits determination process by conducting surveys of Veterans Benefits Administration (VBA) rating officials and accredited Veterans Service Officers (VSOs) of National Veterans Service Organizations (NVSOs). This CNA Research Memorandum reports the conduct, findings, and conclusions of these surveys

Background, purpose, and scope

Early in its deliberations, the VDBC developed a set of 31 research questions [2] to guide its work and ensure that it produced a “comprehensive evaluation and assessment of benefits” as called for in its charter [3]. Commission members decided that developing comprehensive answers to several of those questions would require not only economic analyses of the impact of benefits on compensating and assisting beneficiaries, or analyses of the clinical aspects of the rating process, but would also require insights and perspectives from those on the “front lines” of the benefits determination/disability rating process who have first-hand experience with it. This would require, then, not only analyzing available data regarding economic impact and clinical considerations, but also surveying those who determine benefits through this process or assist claimants with this process.

VBA rating officials, who apply available evidence to existing laws and regulations to determine eligibility for disability benefits—and to the existing disability Rating Schedule to rate degree (or percentage) of compensable disability—were expected to be able to

provide insights into the challenges involved in carrying out the laws and regulations, and applying the Rating Schedule, to reach such determinations. VBA rating officials were also expected to provide insights into the Rating Schedule, rating process policies and regulations, and medical and related evidence in guiding those determinations, from the perspective of those responsible for making those determinations. Accredited VSOs, who assist veterans and their survivors to prepare, present, and prosecute their disability compensation claims, were expected to be able to provide insights into the benefits determination and claims rating process, as well as the benefits needs of claimants and the challenges faced by both claimants and those who assist them through the process, from the perspective of those providing such assistance. Both raters and VSOs were also expected to be able to provide insights from their respective perspectives on such specific issues as coordination between the Department of Defense (DOD) and the VBA regarding the claims process, the VBA's "duty to assist" veterans with the process, and separately rating the impact of a disability on lost earning capacity and quality of life.

The VDDBC directed CNA to develop coordinated surveys of VBA rating officials (both Rating Veterans Service Representatives [RVSRs] and Decision Review Officers [DROs]) and of accredited VSOs of NVSOs, to conduct the surveys over the Internet and to direct the surveys at the complete census of rating officials and of accredited VSOs of large NVSOs, rather than at samples of these populations.

Method

Survey development and approvals

We reviewed the written direction received from the Commission regarding the rater and VSO surveys [4] in developing an initial set of issues for the surveys, and then met with Commission staff to identify the specific issues we would include. We next reviewed previous surveys of rating officials, especially the March 2005 survey conducted by the Office of the Inspector General (OIG) of the Department of Veterans Affairs (DVA) [5], to become familiar with question format and content previously used with this survey popu-

lation. We also had Commission staff arrange a visit for us to a Veterans Affairs Regional Office (VARO) during which we observed the workings of the benefits determination process. We also met and spoke with Regional Office (RO) managers, rating officials, and VSOs to learn about the process from their perspectives.

With this background, we then developed draft surveys for raters and VSOs, which the Commission and its staff reviewed and commented on. We incorporated their recommendations that we determined improved the surveys and explained why we did not incorporate others. Working directly with Commission staff, we finalized drafts of each survey for pre-testing. Prior to pre-testing, we submitted the draft survey instrument for VSOs, along with our proposed survey process, for Institutional Review Board (IRB)¹ approval to the ORC Macro IRB—an IRB registered with the Department of Health and Human Services' Office of Human Research Protection. The IRB reviewed and approved the draft survey instrument and the proposed research protocol.

Once we received IRB approval, we worked with Commission staff to arrange pre-testing of the raters and VSOs survey instruments at two VAROs. We pre-tested the instruments by having a total of nine rating officials and nine VSOs from among the two ROs complete a paper-and-pencil version of the survey and then discuss their experience with, understanding of, and reactions to the instruments with us during a debriefing session. We also requested and received comments on the survey from representatives of VBA and seven large NVSOs. We revised the survey instruments based on pre-test results and comments received and submitted the revised VSO survey to the Office of Management and Budget (OMB) for its review of Paperwork Reduction Act compliance. Upon receipt of OMB

¹ Institutional Review Boards are independent bodies that review proposed research protocols for research projects that involve human subjects for the purpose of assuring that federal guidelines for the protection of human subjects are properly followed. Whereas federal guidelines only required that the VSO survey be reviewed, the raters survey—which followed the same protocol and was designed and worded similar to the VSO survey—should be considered to meet human research subjects protection requirements by extension.

approval, we resubmitted the final revised survey instruments to the ORC Macro IRB for its final approval, which the IRB granted.

On our behalf, Commission staff arranged for cooperation from VBA to allow rating officials to take the survey “on the clock” while at work. VBA also provided us the email addresses of all rating officials and distributed an announcement that we drafted regarding the survey to station heads at all ROs (who then distributed it to their raters). See Appendix A for a copy of this announcement. VBA further assisted us by requesting and receiving consent from the union representing DVA personnel not to oppose rating official participation in the survey. Commission staff also requested cooperation and support for the survey from seven large NVSOs, of which six agreed to assist us by providing email addresses of their accredited VSOs, informing them of the survey, and endorsing their participation. VBA also sent an announcement we drafted describing the survey to VSOs in the six NVSOs that agreed to endorse their members’ participation. Appendix A contains this announcement.

Survey content

The purpose of the rating official and VSO surveys was to gather insights from those who work on the “front lines” of the benefits determination and claims rating process, and to use those insights to assist the Commission in carrying out its Charter and answering its research questions. The focus of the surveys was on challenges in implementing the laws and regulations related to the benefits determination and claims rating process, perspectives on how the process and Rating Schedule perform, and various specific issues of interest to the VDBC.

More specifically, between them the surveys contained the following subjects:

- **Demographic and other background characteristics** (e.g., years of experience as a rating official or VSO, age, veteran status)
- **Training, proficiency, and resources** (e.g., perceived training adequacy, useful knowledge, skills and abilities [KSAs], per-

ceived proficiency on useful KSAs, occupational skills of use to rating teams, availability of needed resources to perform job)

- **Greatest challenges** (top three challenges faced in performing job)
- **Deciding, rating, or assisting specific types of claims** (e.g., issues related to deciding/rating or assisting claims involving each of the body systems and significant condition types within body systems, issues related to deciding/rating or assisting claims with specific types of attributes; perceived overtime trends)
- **Deciding or establishing specific criteria related to a claim** (getting evidence to support various criteria)
- **Performance of the rating process** (e.g., how well the process is perceived to work, perceptions of RO performance on various specific aspects of the process, general comments on the process)
- **Performance of rating process participants** (VSO rating of rating official performance and *vice versa*, assessment of veterans' expectations of the process)
- **Some specific issues of special interest to the Commission** (separately rating disability's impact on quality of life and lost earnings capacity, perceptions of computerized decision support tools, perceptions of adequacy of total compensation package)

See Appendix B for a copy of both survey forms.

Survey protocol

As directed by the Commission, we conducted both surveys over the Internet. We used a Web-based survey engine developed by CNA to collect responses. We obtained email addresses for all targeted respondents (rating officials at all VAROs and accredited VSOs at the six NVSOs that endorsed the VSO survey) and created unique links for each one to use to access their respective survey (rater or VSO)

on the CNA survey website. Each link uniquely identified a respondent as being eligible to take the appropriate survey, and a respondent could only access and respond to his/her appropriate survey by using the unique link assigned to him/her. The link only permitted a respondent to complete the appropriate survey one time, and it was deactivated after the respondent completed the survey.

Also as directed by the Commission, rather than sampling from the targeted populations of rating officials at all VAROs and accredited VSOs affiliated with the six large NVSOs that endorsed the survey, we sent invitations to participate in the surveys to both entire populations. These invitations consisted of (a) an email from CNA (with an embedded, clickable link to the survey website) that explained the survey procedure, instructed recipients how to access the survey website, and assured confidentiality of responses and (b) an attached cover letter from the VDBC, signed by Commission Chair Scott, that explained the background and purpose of the survey, introduced CNA as the organization conducting the survey, assured confidentiality, and extended the Commission's invitation to voluntarily participate. See Appendix C for copies of the emails and cover letters sent to rating officials and VSOs.

As indicated in the CNA email and Commission Chair Scott's letter, participation was voluntary and responses are confidential. When survey respondents first logged into the survey website, the survey process required them to read and agree to an informed consent statement before it allowed them to proceed to the survey (see the surveys in Appendix B for this informed consent statement). The website only sent respondents indicating agreement with the informed consent statement to the beginning of the survey; it sent all others to an exit Web page. The voluntary nature of participation extended to each individual question as well—the informed consent statement instructed respondents that they could stop at any time and not complete the survey and that they could choose not to answer any question(s) they did not want to answer.

The survey protocol followed a confidential-to-anonymous approach. The survey website captured a respondent's email address (a personally identifying trait) along with his/her responses and associated that address with those responses in the survey database. The database resides on a secure computer server. No one other

than CNA research staff, who each signed a non-disclosure confidentiality statement, had access to this database. Once the survey was complete, the data were transferred to another secure server for analysis. At that point, we assigned each respondent a unique unidentified case number and deleted the email address, thus making the confidential responses anonymous. We performed all analyses on the de-identified anonymous database. To further protect the identity of respondents, we only report aggregated responses attributable to groups of respondents no smaller than 50 members.

We sent an initial email launching the VSO survey on December 6, 2006, and additional mailings over the succeeding 2 weeks to respondents whose email addresses were initially inaccurate but were subsequently corrected by their NVSO. We launched the rating official survey on December 18, 2006, immediately following VBA's assurance that the union representing DVA personnel was not opposing rater participation. We sent several reminder emails to non-respondents who neither completed the survey nor indicated to us that they were ineligible (not being a rating official or an accredited VSO). Both surveys ran until January 31, 2007, when we closed them and extracted the survey responses received.

Survey analysis

We extracted survey responses from the survey websites and loaded them into a statistical analysis package (Statistical Package for the Social Sciences [SPSS], version 15 for Windows) on the secure computer server dedicated to survey analysis. We constructed separate data files for each survey (raters and VSOs), as well as a file that combined rater and VSO responses to questions that were identically worded and coded on both individual surveys.

We computed one-way frequency distributions for each item on each survey (see Appendix D for frequency distributions for all items except respondent demographics) and then assessed if there were any significant differences in how different types of respondents responded. We assessed these differences by employing various statistical techniques that measure the size and direction of these differences, as well as the likelihood (probability) that a difference of that size could have been observed in our data through

chance and random response error rather than true differences between respondent types. In this report, we present only substantively significant differences or associations with less than a 5% probability of chance occurrence unless we specifically want to point out a situation where no difference or association exists.

For survey items that had nominal response categories (i.e., no inherent order between the categories), we used cross tabulation techniques and compared percentage of responses in each category by respondent type. We assessed the statistical significance of percentage differences with the Chi Square test of significance, and estimated the strength of association between variables with Chi Square-related measures such as the Phi Coefficient and Cramer's V. For survey items that had ordered response categories (i.e., the categories were ordered from lesser to greater on some metric such as degree of agreement or relative difficulty), we used techniques that permitted us to look for ordinal relations (e.g., respondents of one type were more likely to select response categories indicating greater agreement or difficulty, and respondents of other types were more likely to select categories indicating less agreement or difficulty.) More specifically, we used Spearman's rho, which is an ordinal correlation coefficient, to estimate the strength of association between variables and used its associated test of statistical significance to determine the probability that the association is due to chance. For numeric data, we calculated means, tested for difference between means with t-tests, and estimated the strength of associations with Pearson correlation coefficients

When we analyzed the raters survey, we looked for whether responses varied by perceived training adequacy, perceived proficiency, years of experience as a rater, respondent role (RVSR or DRO), and veteran status. The smaller number of responding VSOs did not support similar breakdowns for that survey. When we analyzed the combined rater-VSO data file, we looked for whether responses varied by respondent type (rater *vs* VSO). In all analyses, we included only those respondents who were eligible to respond to a particular survey question. Respondents who work at an RO that does not use a particular type of examiner, for example, were excluded from rating the performance of that type of examiner. Similarly, respondents who indicated a lack of familiarity with a rating issue were excluded from evaluating it. Finally, respondents not eli-

gible to respond to a given question as a result of a previous response received a code of “ does not apply” to that question and were excluded from analyses of that question.

Organization of the report

The next section of this report presents information on respondents included in our survey databases. In that section, we discuss the response rate to each survey and describe the characteristics of each survey’s respondents. We compare rating officials with VSOs who responded to these surveys and then compare rating officials responding to the VDBC’s survey with those who responded to the March 2005 OIG survey [5].

The following section presents our findings based on our analyses of the survey data. We present those findings that substantively bear on the Commission’s research questions and that provide information of use to the Commission. We present findings by survey topic as described previously in the survey content section, introducing information from the raters and VSOs surveys, respectively, as appropriate, and comparing responses of raters and VSOs where their respective surveys asked them the same or similar questions. The final section of this report provides concluding observations based on our findings.

Respondents

Response rates

We calculated three response rates each for the rating official and VSO surveys: a total response rate, a completed response rate, and a delivered response rate. We defined the *total response rate* as the total number of surveys received for each respective survey divided by the number of subjects eligible to respond to each respective survey. We defined the *completed response rate* as the number of complete surveys received divided by the number of eligible subjects, and the *delivered response rate* as the total number of surveys received divided by the number of surveys actually delivered to eligible subjects. For these rates, we defined a survey as received if the respondent granted informed consent and responded to at least 10% of all survey items, and as complete if the respondent consented and responded to at least 50% of all survey items and provided at least some responses to questions asking about the rating process and the Rating Schedule.

We further defined eligible subjects as those who met the criteria for participation—either a current VBA rating official (an RVSR or DRO) currently deciding, adjudicating, or reviewing disability claims or an accredited VSO currently assisting clients to prepare, present, and prosecute claims. We eliminated from the denominator of our rates subjects who identified themselves as ineligible—either by their response to the eligibility question on their survey or by sending us an email to that effect—or who were identified as ineligible by the agency providing their address upon inquiry from us.² We also eliminated eligible subjects for whom we had either

² Note that there are likely some additional ineligible subjects for each survey who neither self-identified themselves to us nor were identified as ineligible by their agency. We only inquired about specific subjects who we had reason to suspect might be ineligible (largely because of undeliverable email addresses); however, others may have been ineligible about whom we did not inquire. Because we had no reason to eliminate them, they incorrectly remained in our denominators. Thus, the size of the eligible denominators that we used for our rates are likely larger (and the resulting response rates that we calculated are likely smaller) than they in actuality should be.

inaccurate or inoperable email addresses—and thus to whom we could not deliver the survey invitation—from the denominator of the delivered response rate.

Raters survey

We received a list of 1,957 email addresses from the VBA for their rating officials. This list included all those VBA employees for whom the agency’s most current records indicated that they were classified as rating officials. The agency subsequently identified 65 of these addresses as belonging to individuals who were not employed as raters at the time we launched the survey. We eliminated these 65 addresses, leaving 1,892 as eligible. We were able to deliver invitations to all of these eligible subjects; thus, the delivered response rate equals the total response rate for rating officials. We received a total of 1,400 consented surveys, of which 1,368 were complete by our definition. As we show in table 1, this results in a total (and delivered) response rate of 74.0% and a completed response rate of 72.3%. These rates compare favorably with typical reported rates of similar surveys.

Table 1. Survey Response Rates

| Response Rate | Survey | |
|---------------|--------|-------|
| | Raters | VSOs |
| Total | 74.0% | 59.6% |
| Completed | 72.3% | 57.9% |
| Delivered | 74.0% | 63.6% |

VSO survey

For the VSO survey, we received a combined list of 779 email addresses from the six NVSOs that agreed to participate in the survey. This combined list included all of the accredited VSOs identified by the participating service organizations as currently assisting clients to prepare, present, and prosecute claims. Of these, we determined that 693 were eligible.³ However, we were able to actually deliver

³ We eliminated 72 as ineligible, and an additional 14 duplicates that appeared on more than one NVSO list.

survey invitations to only 649 addresses; 44 invitations were returned as undeliverable. We received a total of 413 consented surveys, of which 401 were complete by our definition. This resulted in total, completed, and deliverable response rates of 59.6%, 57.9%, and 63.6%, respectively, as shown in table 1.

Respondent characteristics

Table 2 compares background characteristics of rating officials and VSOs who responded to their respective survey and presents additional background characteristics asked only of rating officials on their survey. Overall, both responding raters and responding VSOs are experienced and mature. Under 15% of both groups have less than 2 years of experience (years as a rater or VSO), about a quarter of each group have 2 to 4 years of experience, and just under two-thirds have 5 or more years of experience. VSOs, however, are somewhat less likely to have 5 through 9 years of experience, and somewhat more likely to have 10 or more years of experience than raters. On average, VSOs have almost 3 additional years of experience (VSO mean = 9.3 years and raters mean = 6.5 years). Similarly, just over 10% of both groups are younger than 35 years, a little over a quarter are between 35 and 44 years, and about 60% are 45 years or older. Again, VSOs are somewhat less likely to be between 45 and 54 years and somewhat more likely to be 55 years and older; VSOs are on average 2.5 years older than raters. Both groups are relatively well educated, with 74% of raters and 42% of VSOs reporting having a college degree or more education.

Whereas only somewhat less than half (44%) of the raters who responded are veterans, almost all (95%) responding VSOs are.⁴ Of those indicating that they are veterans, a higher proportion of VSOs than of raters served in a combat zone (57% *vs* 33%, respectively) or have a service-connected disability for which they are receiving compensation (85% *vs* 59%, respectively). This last point indicates that whereas raters are generally experienced in deciding disability claims through the benefits determination process, VSOs as a group

⁴ Since almost all responding VSOs are veterans (only 19 of 381 are not), we treated this characteristics as a constant rather than as a variable in all analyses of statistical associations for VSO survey responses.

are more likely to have actually experienced the process as a claimant.

Table 2. Comparison of Rater and VSO Characteristics

| Characteristic (N) | Percent or Years | | |
|--|------------------|------|------------|
| | Rater | VSO | Difference |
| <i>Years As Rater (1329) or VSO (376)</i> | | | |
| Less Than 2 Years | 13.1 | 13.0 | 0.1 |
| 2 Thru 4 Years | 26.5 | 22.1 | 4.4 |
| 5 Thru 9 Years | 41.6 | 31.4 | 10.2 |
| 10 Years or More | 18.8 | 33.5 | -14.7 |
| Mean (in years) | 6.5 | 9.3 | -2.8 |
| <i>Age (Raters=1298; VSOs=373)</i> | | | |
| Younger than 35 | 11.1 | 10.5 | 0.6 |
| 35 to 44 | 30.7 | 26.0 | 4.7 |
| 45 to 54 | 33.6 | 23.6 | 10.0 |
| 55 and Older | 24.7 | 39.9 | -15.3 |
| Mean (in years) | 46.6 | 49.1 | -2.5 |
| <i>Education (Raters=1335; VSOs=380)</i> | | | |
| Less Than College | 25.5 | 58.4 | -32.9 |
| College Degree | 40.4 | 23.2 | 17.3 |
| More Than College | 34.0 | 18.4 | 15.6 |
| <i>Military-Related</i> | | | |
| Veteran (Rater=1342; VSO=381) | 43.9 | 95.0 | -51.1 |
| Served in Combat Zone (Rater=589; VSO=352) ^a | 33.4 | 56.8 | -23.4 |
| Service Connected Disability (Rater=584; VSO=358) ^a | 58.9 | 84.6 | -25.7 |
| Additional Rater Characteristics | | | |
| <i>Current Position (1338)</i> | | | |
| RVSR | 80.6 | | |
| DRO | 19.4 | | |
| <i>Single Signature Authority</i> | | | |
| Granted Claims (1341) | 85.2 | | |
| Denied Claims (1336) | 84.1 | | |

^a. Only respondents who indicated that they were veterans were eligible to answer questions regarding serving in a combat zone or having a service-connected disability.

Looking at the additional rater characteristics reveals that four out of five (81%) rating officials responding to the raters survey are rating veterans service representatives (RVSRs), and only one in five (19%) are decision review officers (DROs). Almost all raters have

single signature authority for either granted (85%) or denied (84%) claims.

Ideally, in order to assess our ability to generalize of our survey findings to the full respective populations from which our respondents came, we would have liked to compare the characteristics of responding raters and VSOs with those of their respective populations. However, we did not have any source of information from which to gather such information about these full populations. We did, though, have a substitute comparator for raters—the March 2005 survey of this same population conducted by the DVA OIG. Table 3 presents this comparison.

In most respects, the characteristics of the raters responding to the VDBC survey are very similar to those of raters responding to the OIG survey for those characteristics that appeared on both surveys. If anything, the major distinction between these two groups is that, as a group, raters responding to the VDBC survey had somewhat more experience and authority, although they were somewhat younger, than those responding to the OIG survey. Nevertheless, these two groups are more similar than different overall, and this somewhat validates the rater survey results.

Table 3. Comparison of Rater Characteristics on VBDC and OIG Surveys

| Characteristic | Percent | | |
|-----------------------------------|-------------|------------|------------|
| | VBDC Survey | OIG Survey | Difference |
| <i>Position</i> | | | |
| RVSR | 80.6 | 81.2 | -0.6 |
| DRO | 19.4 | 18.8 | 0.6 |
| <i>Years as a Rater</i> | | | |
| 1 Yr or less | 6.1 | 6.9 | -0.8 |
| 1 to 3 Years | 15.1 | 16.6 | -1.5 |
| 3 to 5 Years | 37.5 | 42.7 | -5.2 |
| 6 to 10 Years | 25.8 | 20 | 5.8 |
| 11 or more Years | 15.4 | 13.9 | 1.5 |
| <i>Age</i> | | | |
| Under 30 | 4.6 | 4.2 | 0.4 |
| 30 to 39 | 22.5 | 22.0 | 0.5 |
| 40 to 49 | 29.2 | 26.7 | 2.5 |
| 50 to 59 | 35.7 | 41.3 | -5.6 |
| 60 or Older | 7.9 | 5.8 | 2.1 |
| <i>Veteran</i> | | | |
| Yes | 43.9 | 44.9 | -1.0 |
| <i>Single Signature Authority</i> | | | |
| Granted Claims | 85.2 | 80.2 | 5.0 |
| Denied Claims | 84.1 | 79.5 | 4.6 |

Findings

Having established the characteristics of the raters and VSOs who responded to our surveys, we now turn to the survey results that bear on the Commission’s research questions and substantive interests. We begin by examining the level of training and proficiency, and then needed resources, perceived by survey respondents. We next present results on the greatest challenges perceived by respondents, followed by issues related to deciding, rating, or assisting various types of claims, and then issues related to deciding or establishing specific criteria related to a claim. Finally, we present results related to respondent perspectives on the performance of the rating process and of process participants. We end with an examination of several specific issues of interest to the Commission.

Training and proficiency

We used both perceived training adequacy and perceived proficiency as control variables when evaluating responses to other survey items; that is, we examined whether responses to these other items varied or were affected by these two characteristics (as well as by experience, and—for raters—whether the respondent was a veteran and was either an RVSR or a DRO). We begin our presentation of findings with these two characteristics before we present findings using them as controls. We also briefly discuss a related finding regarding the perceived value of a rater or VSO being a veteran.

Training

When asked to what extent they feel well-trained to perform their roles, raters were less likely than VSOs to respond “very well-trained” (50% *vs* 80%, respectively). Among raters, DROs were more likely than RVSRs to report being very well-trained (75% *vs* 44%), as were more experienced than less experienced raters (79% for raters with 10 or more years of experience *vs* 52% with 5 to 9 years, 38% with 2

to 4 years, and only 29% for raters with less than 2 years of experience). This latter trend had an ordinal correlation coefficient (Spearman's rho, ρ) of 0.319, indicating a moderately strong association between experience and perceived adequacy of training.⁵ There was no significant difference in perceived adequacy of training by veteran status for raters. For VSOs, the ordinal correlation between experience and perceived training adequacy was 0.310, essentially the same as that for raters.

Proficiency

We measured perceived proficiency through a two-step process. Each survey (question 4 on both surveys) first asked respondents to rate—on a 4-point scale ranging from 0 (not at all useful) to 3 (very useful)—the usefulness of a set of knowledge, skills, and abilities (KSAs) to their performance as either rating officials or VSOs, and then (question 5 on both surveys) asked them to rate—on a 5 point scale ranging from 1 (poor) to 5 (excellent)—their proficiency on each KSA. We used seven KSAs from the raters survey and five KSAs from the VSO survey⁶ to compute a proficiency scale for raters and VSOs, respectively.

We weighted responses to the KSA proficiency items by their respective matching mean usefulness score for each item used, and then summed the weighted proficiency scores to yield an overall perceived proficiency scale score. Thus, for example, we weighted

⁵ Spearman's rho measures the association between two variables measured as ordinal ranks rather than as numbers. Rho ranges from +1.0 for a perfect positive association (higher ordered ranks on one variable are associated with higher ordered ranks on the other variable), to 0.0 for no association, to - 1.0 for a perfect negative association (higher ordered ranks on one variable are associated with lower ordered ranks on the other variable).

⁶ The KSAs used for the raters scale were clinical knowledge, knowledge of medical terminology, ability to interpret and apply medical evidence to rating and other claims decisions, ability to interpret and apply statutes and regulations, ability to interpret and apply the DVA Rating Schedule, ability to manage and track claims, and knowledge of and ability to use VBA computerized information systems. The VSO scale used the first five of these same KSAs (VSOs were not asked about the final two KSAs).

the perceived proficiency of a rater regarding his/her knowledge of medical terminology by the overall mean score of all raters to the usefulness of medical terminology. We then included that weighted score along with that respondent's other weighted proficiency item scores to form an overall perceived proficiency score for that respondent. The seven-item proficiency scale for raters ranged from a low of 7.36 to a high of 31.27. The five-item proficiency scale for VSOs ranged from a low of 8.53 to a high of 23.68. We grouped responses to each of these scales into several approximately equal-sized rank-ordered categories and used these ordered categories in most analyses utilizing perceived proficiency. Note that since the rater and VSO scales contained different numbers of items and weighted items differently, they are not directly comparable and we thus did not compare scores of raters and VSOs.

Perceived training adequacy and perceived proficiency are moderately related to each other for both raters and VSOs. Spearman's rho is 0.396 for raters and 0.444 for VSOs.

Veteran status

Although not a KSA included in the proficiency scale for either raters or VSOs, we asked both groups to rate the usefulness of military experience for the performance of their respective roles on a 4-point scale ranging from 0 (not at all useful) to 3 (very useful). It is of interest to note that VSOs rated this trait more highly than did raters (92% of VSOs rated military experience as moderately or very useful *vs* 52% of raters). As shown in table 4, the overall VSO mean usefulness score was 2.52 *vs* 1.66 for raters.

Table 4. Mean Usefulness Scores for Military Experience, by Respondent Type

| Respondent Type | Veteran | Mean | N |
|-----------------|---------|------|------|
| Rater | No | 1.16 | 728 |
| | Yes | 2.29 | 585 |
| | Total | 1.66 | 1313 |
| VSO | No | N/A | N/A |
| | Yes | N/A | N/A |
| | Total | 2.52 | 379 |

This difference between raters and VSOs is explainable at least in part by looking at the veteran status of rater respondents. Recall that almost all (95%) VSO respondents are veterans, whereas only less than half (44%) of rater respondents are veterans. Since veteran status likely affects perceived usefulness of military experience, we decided to separately compare the perceptions of raters who are and are not veterans with those of VSOs. As table 4 reveals, on average raters who are veterans perceive military experience as more useful than do non-veteran raters (2.29 *vs* 1.16, respectively) and almost as useful as do VSOs (2.29 *vs* 2.52).

Resources

Usefulness of various occupational skills on rating teams

We asked respondents to rate—on a 4-point scale ranging from 0 (not at all useful) to 3 (very useful)—the usefulness of having people from various occupations on rating or appeals teams (question 6 on the respondent survey and question 7 on the VSO survey). Both raters and VSOs see clinical occupations as useful, although VSOs on average rate them as more useful than do raters, especially for mental health providers (table 5). Both raters and VSOs view physicians as the most useful.

Table 5. Mean Scores for Usefulness of Occupations on Rating Teams, by Respondent Type

| Occupation | Respondent Type | |
|--|-----------------|------|
| | Rater | VSO |
| Clinical | | |
| Physician of appropriate specialty | 2.23 | 2.81 |
| Medical paraprofessional | 1.95 | 2.50 |
| Registered nurse | 1.73 | 2.25 |
| Licensed practical/vocational nurse | 1.33 | 2.08 |
| Mental health provider | 1.66 | 2.69 |
| Other | | |
| Lawyer/attorney | 1.19 | 0.98 |
| Paralegal (<i>means not significantly different</i>) | 0.86 | 0.95 |
| Rehabilitation specialist | 0.97 | 2.25 |
| Medical records/information specialist | 0.97 | 2.04 |
| Insurance claims specialist | 0.61 | 1.11 |

Non-clinical occupations are generally seen as less useful, especially by raters. The only exception is that VSOs see rehabilitation specialists and medical records/health information specialists as useful as at least some clinical occupations.

Medical examinations

Question 7 on the raters survey asked rating officials to rate the usefulness of the medical examination reports submitted as evidence by various types of physician and non-physician examiners (DVA employees, QTC Management, Inc. employees, or private practitioners). Raters rate DVA examiners highest, followed by QTC examiners, with private examiners rated lowest. The respective means—on a scale ranging from 0 to 3—are 2.52, 2.29, and 1.75 (all differences between pairs of these means are statistically significant and of moderate strength using paired samples t-tests and associated measures of correlation). Based on rank-ordered correlations (Spearman’s rho), perceived training adequacy is inversely related to perceived usefulness of examination reports from *any* source—the less well-trained a rater perceives himself/herself to be, the less

useful he/she perceives the reports to be. This inverse relationship also holds for perceived proficiency and years of experience for DVA and private exams only.

Availability of resources

Questions 8 on the raters survey asked respondents to rate—on a 5-point scale ranging from 1 (poor) to 5 (excellent)—the availability of resources needed to make decisions regarding disability claims. Table 6 presents the mean scores for these resources.

Table 6. Mean Scores for Availability of Resources as Perceived by Raters

| Resource | Mean |
|--|------|
| Computer systems | 3.33 |
| Information/evidence to decide a claim | 3.20 |
| Training | 3.16 |
| Administrative/managerial support | 2.71 |
| Clerical support | 2.70 |
| Time to decide a claim | 2.44 |

Clearly, time is seen as a limiting factor; time to decide a claim is rated lowest of all six resources. A majority (54%) of raters responding to this question rated the availability of time as only fair or poor. No other resource was rated as only fair/poor by a majority of respondents, although clerical and administrative/managerial support also each received low scores by 43% of responding raters. The means for all three of these resources are significantly below the midpoint (i.e., 3) of the 5-point scale (all three means differ from 3 by a statistically significant amount by one-sample t-tests). These results generally hold across all background characteristics. The three higher rated resources (computer systems, information/evidence, and training) have means significantly above 3 (by t-test); however, they are all significantly below 3.5 (by t-test), which is midway between good and very good.

Perceived training adequacy and proficiency are both related to perceived availability of all six of these resources (these relations are all somewhat small to moderate in size, ranging from a ρ of 0.077 for clerical support and proficiency to a ρ of 0.432 for training

availability and training adequacy, with most rhos on the order of 0.2). Years of experience, on the other hand, is *inversely* related to perceived availability of computer support, clerical support, and administrative/managerial support resources, but none of those relations exceed -0.135. Similarly, being a DRO rather than an RVSR is inversely related to these same three resources, but again these relations are quite small and do not exceed -0.099.

We also asked VSOs (question 8) to rate the adequacy of the office space and facilities provided to them by DVA at regional offices. Somewhat more than two-thirds (69%) responded that they were adequate.

Challenges

Each survey asked respondents to select their top three challenges from a list of potential challenges presented to them (eight challenges for raters [question 9] and seven for VSOs [question 11]). Table 7 presents, in descending order the percent of respondents (either raters or VSOs) selecting each challenge as among their top three.

For raters, two challenges stand out as being selected by more than a majority of respondents: having enough time to process a claim and obtaining needed evidence. Each of these challenges was selected by between seven and eight out of ten rater respondents. Time was also identified as the least available resource; however, the availability of information/evidence to decide a claim was rated near the top. Apparently, evidence is perceived as fairly available but difficult to obtain. This interpretation is supported by responses to questions on the raters survey that asked whether the claims process provided raters with the information they need to accurately and expeditiously decide a claim. Whereas 88% of raters agreed that the process provided information for accurate decisions, only 64% agreed that it provided information for expeditious decisions.

Table 7. Percent of Respondents Identifying Various Challenges as Among the Top Three Challenges They Face, by Respondent Type

| Raters | | VSOs | |
|---|----|--|----|
| Challenge | % | Challenge | % |
| Having enough time to process a claim | 80 | Getting claims decided in timely manner | 68 |
| Obtaining needed evidence | 72 | Assisting clients to understand evidence needed | 60 |
| Guidance available from DVA Rating Schedule | 34 | Assisting clients to understand claims process | 49 |
| Getting needed training | 30 | Assisting clients to gather evidence needed | 43 |
| Ability to assign a precise degree of disability | 24 | Finding misplaced folders or documents | 27 |
| VBA computerized decision support technology | 16 | Getting access to examiners, raters, or DVA data | 20 |
| Appeal or review of decisions | 14 | Managing case load | 18 |
| Computerized support for tracking/managing claims | 6 | | |

There was no significant difference by any of the background characteristics in the percent of raters selecting time as a top challenge. Obtaining needed evidence was more likely selected as a top challenge by DROs and by those with lower perceived training adequacy, lower perceived proficiency, or less experience; there was no significant difference by veteran status.

About a third of responding raters selected two other challenges to be among their top three: guidance available from the DVA Rating Schedule and getting needed training. About one quarter selected ability to assign a precise degree of disability. RVSRs were more likely to select these as top challenges, as were less experienced, less proficient, and less well-trained raters; there was no significant difference by veteran status.

For VSOs, a majority selected getting claims decided in a timely manner (mirroring raters' concerns about time) and assisting clients to understand what evidence was needed (somewhat mirroring raters' concerns about evidence). Each of these challenges was

selected by between six and seven out of ten VSO respondents, and a similar evidence concern—assisting clients to gather it—was selected by just over four out of ten. Assisting clients to understand the claims process was selected by just under a majority of VSO respondents. The remaining challenges were selected by less than three out of ten VSO respondents.

VSOs also were given the opportunity of expressing what they thought could be done to overcome the challenges they identified as most significant (question 12). We coded their open-ended comments into one or more categories as appropriate. We developed coding categories based on reading these comments and identifying naturally occurring groups. We coded a given comment into as many categories as appeared appropriate rather than trying to assign each one to only a single category. Thus, there are more coded responses than respondents making comments; 231 of the 413 VSO respondents provided 295 coded responses, for an average of just under 1.3 coded responses per respondent providing a comment. We employed an analysis technique available in SPSS that accommodates such multiple responses.

Table 8. Responses to “What Can be Done to Overcome Challenges?” (VSOs Only)

| Coded response | N | Percent of: | | |
|---------------------------------------|-----|---------------------|--------------------------------|-----------------------------------|
| | | Comments (N=295) | VSOs w/ Comments (N=231) | All VSO Respondents (N=413) |
| Hire more VBA staff/veterans | 65 | 22 | 28 | 16 |
| Better communication | 43 | 15 | 19 | 11 |
| Simplify regulations/policies/process | 32 | 11 | 14 | 8 |
| Educate veterans re: claims process | 32 | 11 | 14 | 8 |
| Improve training for raters | 24 | 8 | 10 | 6 |
| Improve access to records | 19 | 6 | 8 | 5 |
| All other coded responses | 80 | 27 | 35 | 19 |
| Total | 295 | 100 | 128 | -- |

VSO opinions of what can be done to overcome their challenges in large part mirrors their perceived problems. As shown in table 8, the most common response to how to overcome challenges is for the VBA to hire more staff (especially who are veterans), which addresses the top challenge of getting claims decided in a timely manner; improving rater training also addresses this challenge. Similarly, simplifying regulations, policies, and processes and educating veterans about the claims process both address the challenges of assisting clients to understand and gather needed evidence and to understand the process. Given the small number of responses received to this question, and the smaller number that we could code into substantively meaningful categories (we could not group 80 diverse responses into any such category containing as many as 15 comments), we did not do any follow on analysis of the responses to this question.

Deciding, rating, or assisting specific types of claims

Issues related to claims involving various body systems

We divide our discussion of issues related to deciding, rating, or assisting claims involving various body systems into two sections—

difficulties and judgement/subjectivity. The raters survey asked respondents to identify those body systems that were among the three most difficult to rate (question 10) and what makes body systems difficult to rate (question 11). It also asked raters to rate the difficulty in applying the existing rating criteria to, and the relative time it takes to decide claims involving, each body system or specific conditions or organs within some body systems⁷ (questions 12 and 13, respectively). Both surveys asked respondents to indicate the *relative* amount of judgement or subjectivity typically exercised in deciding claims involving each body system (raters survey question 15; VSO survey question 16), as well as the likelihood that different raters rating a given claim for a given body system would arrive at a similar rating (raters survey question 16; VSO survey question 17.)

Difficulty

Tables 9 and 10, respectively, present the results of asking raters to identify, from a list of all body systems, which three they typically find relatively most difficult to rate, and to select, from a list of possible reasons, what reasons make body systems difficult to rate. We present those body systems selected by at least 20% of raters, and all five reasons provided on the survey.

⁷ Commission staff suggested to us that some body systems include specific conditions or organs that are more likely problematic than others within those body systems, and that the Commission would be interested in having them evaluated separately. Raters we spoke with during survey pre-testing confirmed this. We thus included both the body system as a whole and specific conditions/organs within it for those body systems having this characteristic.

Table 9. Percent of Raters Identifying Various Body Systems as Among the Three Most Difficult to Rate

| Most Difficult to Rate | % |
|---------------------------------------|----|
| Neurological and convulsive disorders | 48 |
| Musculoskeletal | 46 |
| Mental disorders | 31 |
| Post Traumatic Stress Disorder | 23 |
| Organs of special sense | 23 |

Table 10. Percent of Raters Identifying Various Reasons Making These Body System Difficult to Rate

| Reasons Why Difficult to Rate | % |
|--|----|
| Need more detailed rating criteria | 73 |
| Inadequate examination | 56 |
| Condition in this system interrelates with that of another | 48 |
| Assessment requires extra skill | 37 |
| Lack of detailed medical knowledge re: this system/condition | 27 |

Almost half of responding raters identify both neurological and convulsive disorders and the musculoskeletal body system as among their top three most difficult-to-rate systems. Just under a third identify mental disorders, and just a quarter identify Post Traumatic Stress Disorder (PTSD) in particular within mental health. Finally, just under a quarter identify organs of special sense. All other body systems were selected by fewer than 20% of the raters.

Various rater characteristics are related to selecting each of these systems except organs of special sense. Raters who are not veterans selected both neurological and musculoskeletal body systems significantly more often than those who are veterans (51% vs 44%, respectively, for neurological, and 52% vs 38%, respectively, for musculoskeletal). Raters who perceive themselves as less well-

trained also selected musculoskeletal more often than those who perceive themselves to be well-trained (61% *vs* 41%, respectively). DROs are more likely to select both mental disorders generally and PTSD in particular than RVSRs (40% *vs* 30%, respectively, for mental disorders generally, and 34% *vs* 21%, respectively, for PTSD). More experienced raters (which would include most DROs) also selected PTSD more often than less experienced raters (13% for raters with less than 2 years of experience *vs* 31% for those with 10 years or more). Note that perceived proficiency was not significantly associated with selecting any of these conditions.

The most often cited reason for difficulty in rating is needing more detailed rating criteria, identified by 73% of raters. No rater characteristic was significantly related to selecting this reason (between 69% and 76% of raters selected this reason regardless of characteristic). Inadequate examinations was identified by just over half (56%), and interrelating conditions was identified by just under half (48%) of raters. No rater characteristic was associated with inadequate examinations, whereas interrelating conditions was more likely selected by RVSRs, less experienced, less well-trained, and less proficient raters. The remaining two reasons were cited by only just over a third and just over a quarter of raters.

The survey also asked raters to rate how challenging the various body systems and subsystems are to rate using two different criteria. Question 12 asked them to rate the degree of difficulty experienced in applying the DVA Rating Schedule for rating a claim involving conditions found in the various body systems or subsystems, and question 13 asked them to rate the relative amount of time it generally takes to rate or otherwise decide a claim involving those systems or subsystems. Table 11 presents the systems or subsystems identified, using each criterion, as most challenging by at least one-third of raters responding to the survey.

Table 11. Percent of Raters Identifying Claims Involving Various Body Systems That (a) Are Moderately or Very Difficult to Apply the Rating Schedule to and (b) Require More Time to Rate or Otherwise Decide

| Difficult to Apply Rating Schedule to | % | Requires More Time to Rate or Otherwise Decide | % |
|---------------------------------------|----|--|----|
| Muscles | 65 | Muscles | 60 |
| Eyes | 58 | Eyes | 53 |
| Neurological | 55 | Post Traumatic Stress Disorder | 45 |
| Post Traumatic Stress Disorder | 42 | Neurological | 44 |
| Mental disorders | 40 | Mental disorders | 36 |

The same five systems or subsystems, regardless of criterion, were identified by the greatest number of raters as most challenging, and almost in the same order (only PTSD and neurological switched order, being third in one list and fourth in the other). Muscles and eyes in particular (being part of the musculoskeletal and organs of special sense body systems) were selected by the most raters as being moderately or very difficult to apply the Rating Schedule to and requiring more time to rate than other systems/subsystems. Neurological conditions and mental health disorders (generally and PTSD in particular) were identified by the next largest number of raters.

Table 12 presents a list of rater characteristics that are and are not associated with the likelihood of a rater selecting each of these five systems or subsystems as challenging for each criterion.

Table 12. Rater Characteristics Associated and Not Associated with Identifying Selected Body Systems as Challenging to Rate

| Condition | Difficulty Applying Rating Schedule | | Requiring Most Time to Rate or Decide | |
|--------------|--------------------------------------|-------------------------------|--|--|
| | Association | No Association | Association | No Association |
| Muscles | Training, proficiency, not a veteran | Experience, role | Proficiency, not a veteran | Training, experience, role |
| Eyes | Training, proficiency | Experience, role, veteran | Training, experience, proficiency, not a veteran | Role |
| Neurological | Training, proficiency | Experience, role, veteran | Training, proficiency | Experience, role, veteran |
| Mental | Training, proficiency, DRO | Experience, veteran | DRO | Training, experience, proficiency, veteran |
| PTSD | Proficiency, DRO | Training, experience, veteran | DRO | Training, experience, proficiency, veteran |

Perceived training adequacy and perceived proficiency are most often associated with selecting these systems and subsystems as challenging for either criterion. Less well-trained and lower proficiency raters are more likely to select them. Experience is only associated with selecting eyes. Being a DRO is associated with selecting a mental disorder, whether generally or PTSD in particular.

The raters survey also asked respondents (question 14) to select— from a list of nine possible reasons—all that they believed made rating claims for some body systems more time consuming than others. Table 13 presents the percent of raters selecting each reason, in descending order percent.

Table 13. Percent of Raters Selecting Various Reasons for Why Some Body Systems Require More Time to Rate or Otherwise Decide

| Reason | Percent |
|---|---------|
| Need more detailed rating criteria | 76 |
| Condition in this system interrelates with that of another system | 63 |
| Requires more or more complex evidence | 58 |
| Level of complexity is higher | 58 |
| Inadequate examination | 56 |
| Assessment requires extra skill | 50 |
| Lack of detailed medical knowledge regarding this system or subsystem/condition | 33 |
| Claimants have more difficulty providing evidence | 29 |
| Need to wait for records from outside DVA | 28 |

Clearly, insufficient detail in the rating criteria and complexity of the claim are seen by most raters as reasons that some body systems take longer to rate or otherwise decide than others. Raters also identified needing more detailed rating criteria in relation to why body systems are difficult to rate (see table 9). Complexity is reflected in the next several reasons: interrelated conditions, complexity of evidence, complexity of claim, examination inadequacy (presumably because of complexity of claim or condition), and requiring extra skill (again, presumably because of complexity or possibly not sufficiently precise rating criteria).

Rater characteristics were generally not associated with selecting these reasons (associations were generally not statistically significant). However, several characteristics were associated with several of the frequently cited reasons and bear mentioning. DROs were more likely than RVSRs to select both needing more detailed rating criteria and requiring more skill. These associations with DROs, like those cited above in relation to difficult to rate body systems, are presumably the result of the more complex and difficult claims that DROs process. Experience and proficiency are both inversely related to selecting reasons of lacking medical knowledge or the interrelatedness of conditions. Training is inversely related to se-

lecting lack of medical knowledge, but is unrelated to selecting interrelatedness of conditions. Non-veterans are more likely to select needing more detailed rating criteria, more/more complex evidence, and higher level of complexity than are RVSRs.

Judgement and subjectivity

Both surveys asked (raters survey question 15; VSO survey question 16) respondents to identify body systems requiring more judgement and subjectivity than most others, as well as the likelihood that different raters rating the same claims in the various body systems would arrive at similar ratings. Each of these questions (raters survey question 16; VSO survey question 17) indicates body systems for which the rating criteria are likely inadequate or insufficiently prescriptive, or for which the available evidence is insufficient, thus necessitating more judgement or subjectivity to rate or otherwise decide on. Table 14 presents the results for those body systems selected by the greatest percentages of respondents for each criterion .

Table 14. Percent of Raters and VSOs Selecting Various Body Systems as (a) Requiring More Judgement and Subjectivity Than Most Others and (b) Being Unlikely for Different Raters to Arrive at Similar Ratings

| Body System | More Subjective Than Most | | Unlikely to Arrive at Similar Rating | |
|-----------------|---------------------------|------|--------------------------------------|------|
| | Raters | VSOs | Raters | VSOs |
| PTSD | 60 | 26 | 51 | 48 |
| Mental | 56 | 23 | 49 | 45 |
| Neurological | 40 | 10 | 28 | 29 |
| musculoskeletal | 28 | 10 | 22 | 27 |

Respondents most often selected the same body systems—mental in general and PTSD in particular, neurological, and musculoskeletal—regardless of criterion or respondent type. Note that these are

⁸ For the subjectivity criterion, we present all body systems identified by at least 25% of raters and 10% of VSOs. For arriving at similar ratings, we present all body systems selected by at least 20% of either respondent type.

the same systems that raters identified as difficult or challenging to rate (see tables 9 and 11).

Issues related to claims with various types of attributes

We divide our discussion of issues related to deciding, rating, and assisting claims with various types of attributes into two sections. The first section considers the degree of difficulty raters (rater survey question 40) and VSOs (VSO survey question 13) experience while respectively rating or assisting claims with various types of attributes. The second section considers specific issues that raters experience in rating claims involving mental disorders (rater survey questions 17 to 19), individual unemployability (IU; survey questions 20 to 22), and analogous conditions (survey questions 27 to 29).

Difficulty rating or assisting various types of claims

Table 15 presents the percentage of raters and VSOs who indicate that claims with various types of attributes are moderately or very difficult to respectively rate or assist, along with the rank of that percent within respondent type. (Note that three attributes appeared only on the raters survey; we include their percents but do not include them in the rank ordering so that the rankings will be comparable across respondent type.)

Both raters and VSOs identify fire-related claims⁹ and claims with special issues (e.g., mustard gas or Shipboard Hazard and Defense [SHAD]¹⁰) as the top two most difficult attributes; however, a statistically significant greater percentage of VSOs identified fire-related claims as difficult than did raters. Interestingly, although both types of respondents identified problems with medical examinations from

⁹ A fire in 1973 at the document storage center storing information regarding veterans' military service destroyed many documents required for establishing service-connected injury.

¹⁰ Shipboard Hazard and Defense (SHAD) was a 1960s shipboard program of the Department Of Defense that tested for chemical and biological warfare agents and exposed military personnel to such hazards; also known as Project 112.

certain types of examiners, they identified different types of examiners as being problematic. Raters appear to have the most difficulty with private examiners and the least difficulty with either DVA or QTC examiners, whereas VSOs have the opposite experience appearing to have the most difficulty with either DVA or QTC examiners and the least difficulty with private examiners. VSOs also appear to have more difficulty assisting claims involving older veterans or reevaluating previously decided claims than raters have rating either of those types of claims. An equal small percent of raters report having difficulty with claims assisted or not assisted by VSOs, whereas a significantly larger percent report having difficulty with claims where claimants receive paid legal assistance.

Table 15. Percent of Raters and VSOs Indicating That Claims with Various Types of Attributes Are Moderately or Very Difficult to Respectively Rate or Assist and the Rank of That Percent Within Respondent Type

| Claim Having This Attribute | Raters | | VSOs | |
|---|--------|------|------|------|
| | % | Rank | % | Rank |
| Older veteran (age 70 or older) | 13 | 8 | 35 | 5 |
| Service-connected injury occurring prior to 1973 (i.e., fire-related claim) | 48 | 2 | 74 | 1 |
| DVA examiner conducted medical exam | 23 | 5 | 41 | 4 |
| QTC examiner conducted medical exam | 26 | 4 | 46 | 3 |
| Private examiner conducted medical exam | 47 | 3 | 24 | 6 |
| Original claim | 22 | 6 | 17 | 9 |
| Reevaluating previously decided claims due to change in veteran's condition | 9 | 9 | 20 | 8 |
| Presumptive diagnosis | 13 | 7 | 20 | 7 |
| Special issues | 69 | 1 | 62 | 2 |
| <i>Raters Only</i> | | | | |
| Claimant is assisted by VSO | 16 | --- | | |
| Claimant not assisted by VSO | 16 | --- | | |
| Claimant has paid legal assistance | 46 | --- | | |

Issues related to mental disorders, individual unemployability, and analogous conditions

Mental disorders. The raters survey asked respondents to indicate whether (a) a standardized assessment tool that is widely used in the disability field and (b) more specific rating criteria would assist

them in rating claims having a mental disorder issue. They were also asked the latter question about PTSD in particular. A large majority of rater respondents answered in the affirmative (probably or definitely yes) to all three questions—82%, 85%, and 85%, respectively. There was no statistically significant association between any of the rater background characteristics and the degree to which raters agreed or disagreed with each of these three potential rating aids.

Individual unemployability. The survey also asked raters to indicate whether more specific decision criteria or more specific evidence would help them decide individual unemployability (IU) claims. A large majority responded affirmatively (probably or definitely yes) to both—82% and 88%, respectively, for more specific criteria and more specific evidence. The survey also asked raters whether the current criteria for assigning an IU rating were too broad, too narrow, or about right. A somewhat smaller but still significant majority (73%) responded that the criteria were somewhat or too broad. Finally, the survey asked whether being able to consult with a vocational counselor on IU claims would be helpful. Somewhat less than a majority (41%) of raters indicated that it would be probably or definitely helpful. There were no significant associations between any rater background characteristic and any of these IU items.

Analogous conditions. The survey asked raters to indicate whether they felt that, based on their experience of looking for analogous conditions in claims for which the current Rating Schedule does not specifically identify the condition they are rating, do they feel that the current schedule has too few, about the right amount of, or too many conditions. A slight majority (51%) felt that the schedule has too few conditions (only 6% felt it has too many conditions). When asked the extent to which they felt that needing to look for analogous conditions was a problem, only about a quarter (26%) of raters indicated that it was a somewhat significant or very significant problem. By contrast, 30% indicated that it was a very minor problem or no problem at all. A plurality of raters (44%) indicated that it was a somewhat minor problem. When asked how often in a typical month they needed to look for analogous conditions, 21% responded less than three times a month, 28% three to five times a month, another 28% five to ten times a month, and 24% more than

ten times a month—indicating a large range of experience across raters.

These three items are not independent of each other. We found statistically significant moderate-sized ordinal correlations (Spearman’s rho) between them. As shown in Table 16, seeing the Rating Schedule as having too few conditions is related to seeing analogous conditions as a problem and to needing to look for them more often. Also, seeing analogous conditions as a problem is related to the number of times respondents need to look for them. Further, perceived training adequacy, perceived proficiency, and years of experience are all inversely related to seeing analogous conditions as a problem.

Table 16. Spearman Rank Order Correlation Coefficients (Rho) Between Three *Analogous Condition* Items on the Raters Survey

| | Number of Conditions in the Rating Schedule (too few to too many) | To What Extent Are Analogous Conditions a Problem? | How Often Do You Need to Look For Analogous Conditions? |
|---|---|--|---|
| Number of Conditions in the Rating Schedule (too few to too many) | --- | | |
| To What Extent Are Analogous Conditions a Problem? | -0.383 | --- | |
| How Often Do You Need to Look for Analogous Conditions? | -0.256 | 0.237 | --- |

Perceived over-time trends

The raters survey (questions 44 and 45) asked respondents whether they thought that rating claims has been getting more complex, less complex, or not changing over the past several years. Specifically, it asked about two kinds of claims: original disability compensation claims and claims for which eligibility has already been established (i.e., claims involving reevaluating a rating). A large majority of raters (87%) indicated that they thought original claims were getting

more complex, and a smaller majority (63%) indicated that established eligibility claims were getting more complex. Being a DRO and having more years of experience were both positively associated (having weak but statistically significant rhos) with seeing claims becoming more complex over time.

The VSO survey (questions 38 to 41) asked respondents whether they thought that (a) establishing original service connection for either a physical or mental issue and (b) achieving a satisfactory rating in a claim for an increased evaluation involving either a physical or mental issue has been getting more difficult, less difficult, or not changing over the past several years. Table 17 shows that more VSOs see claims involving mental disorders becoming more difficult than those involving physical conditions. Further, for claims involving physical conditions, more VSOs see achieving a satisfactory increased rating becoming more difficult than establishing original service connection. For claims involving mental disorders, about the same majority percentage of VSOs see both types of issues as becoming more difficult.

Table 17. Percent of VSOs Indicating That Various Types of Claims and Issues Are Becoming More Difficult

| Type of Condition | Type of Issue | |
|-------------------|--|---|
| | Establishing Original Service Connection (%) | Achieving a Satisfactory Increased Rating (%) |
| Physical | 41 | 52 |
| Mental | 60 | 62 |

Deciding or establishing specific criteria related to a claim

The benefits determination process is a mixture of medical (clinical) and legal (statutory and regulatory) considerations. Both surveys (raters survey question 41; VSO survey question 37) asked respondents to indicate which consideration they see as typically the more difficult to resolve, or whether they see both as equally difficult to resolve. Table 18 presents the results.

Table 18. Percent of Raters and VSOs Indicating That Medical or Legal Considerations Are More Difficult to Resolve, or that They Are Both Equally Difficult to Resolve

| Which Consideration Is More Difficult to Resolve | Type of Respondent | |
|--|-------------------------|----------|
| | Raters (%) ^a | VSOs (%) |
| Medical More Difficult | 26 | 39 |
| Legal More Difficult | 35 | 15 |
| Both Equally Difficult | 40 | 46 |

^a Percents do not add to 100% due to rounding.

A plurality of both raters and VSOs see both considerations being equally difficult to resolve (40% and 46%, respectively). Considerably more raters than VSOs see legal considerations as the more difficult (35% *vs* 15%, respectively), whereas somewhat more VSOs than raters see medical considerations as the more difficult (39% *vs* 26%, respectively). Overall, the differences between rater and VSO percentages is statistically significant (by chi square test).

Both surveys (raters survey questions 42 and 43; VSO survey questions 31 and 32) also asked respondents to indicate problems associated with deciding various criteria of a disability claim involving physical and mental conditions. To establish a claim, claimants must establish (a) a service-connected occurrence or aggravation of a disease or injury, (b) a current disability, and (c) a nexus (connection) between the two. Further, a rater must establish a disability percentage and—if a claim is established—assign an effective date. Table 19 presents the percentages of raters and VSOs who indicated problems with deciding each of these criteria (note that the raters survey did not ask about effective date). Raters responded in terms of the degree of difficulty they typically experienced getting the evidence they needed to decide each criterion. VSOs responded in terms of rating the performance of their local VARO in deciding each criterion. Since these indicators of problems are not strictly comparable, we make no comparisons across respondent type.

Table 19. Percent of Raters and VSOs Indicating Problems with Deciding Various Criteria of a Disability Claim

| Condition Type | Criterion | Raters (%) ^a | VSOs (%) ^b |
|----------------|--------------------------|-------------------------|-----------------------|
| Physical | Service-Connected Injury | 15 | 18 |
| | Current Disability | 7 | 17 |
| | Injury-Disability Nexus | 42 | 41 |
| | Disability Percentage | 14 | 27 |
| | Effective Date | -- | 18 |
| Mental | Service-Connected Injury | 34 | 34 |
| | Current Disability | 15 | 27 |
| | Injury-Disability Nexus | 50 | 48 |
| | Disability Percentage | 36 | 42 |
| | Effective Date | -- | 33 |

^a.Percent of responding raters who indicated that getting evidence to decide a particular criterion is moderately or very difficult.

^b.Percent of responding VSOs who indicated that the performance of their local VARO is only fair or poor in deciding a particular criterion.

For both raters and VSOs, higher percentages of respondents indicate problems related to claims involving mental compared to physical conditions for each criterion. The smallest difference in percentages occurs for establishing an injury-disability nexus (50% for mental conditions *vs* 42% for physical conditions for raters, and 48% mental *vs* 41% physical for VSOs), and this criterion is rated as most problematic for either type of condition by both types of respondent. Thus, this criterion appears to be the most problematic regardless of respondent type or condition type.

Performance of the rating process

When asked (question 36) whether they agree or disagree that the disability claims rating process most often arrives at the right or a fair decision, 90% of raters agree (62% somewhat agree and 27% definitely agree). When asked (questions 9a and 10a) whether they agree or disagree that the process usually arrives at the right decision for veterans, 79% of VSOs agree; 78% agree for survivors. Considerably more VSOs somewhat agree (70% and 64%, respectively) than definitely agree (9% and 14%, respectively). Overall, however, as shown in table 20, it appears that most raters and VSOs believe that the process is right and fair.

Table 20. Percent of Raters and VSOs Indicating Agreement or Disagreement That the Disability Rating Process Most Often Arrives at the Right or a Fair Decision

| Response | Type of Respondent | | |
|---------------------|--------------------|----------------------|-----------------------|
| | Raters (%) | VSOs (%) | |
| | | Process for Veterans | Process for Survivors |
| Definitely Agree | 28 | 9 | 14 |
| Somewhat Agree | 62 | 70 | 64 |
| Somewhat Disagree | 9 | 18 | 18 |
| Definitely Disagree | 1 | 3 | 4 |

The raters (questions 31 to 33) and VSOs (questions 24, 26, and 27) surveys also asked respondents to rate the performance of their VARO in (a) carrying out the “duty to assist” veterans to prepare and present their disability claims, (b) coordinating with the Department of Defense through the Benefits Delivery at Discharge (BDD) program, and (c) coordinating with the National Personnel Records Center (NPRC). Table 21 presents the survey results.

Table 21. Percent of Raters and VSOs Indicating That the Performance of Their VARO Is Either Good, Very Good or Excellent on Various Performance Criteria

| Performance Criterion | Type of Respondent | |
|-------------------------|--------------------|----------|
| | Raters (%) | VSOs (%) |
| Duty to Assist | 87 | 80 |
| Coordination During BDD | 83 | 73 |
| Coordination with NPRC | 77 | 74 |

Clearly, on these three criteria, the large majority of both raters and VSOs rate the performance of their VAROs as good or better; only a minority rate it as fair or poor. A higher percentage of both types of respondents rate VARO performance as good or better for duty to assist than for either of the two coordination criteria. A smaller percentage of VSOs than of raters rate VARO performance regarding all three criteria as good or better. This is most marked for coordination during BDD.

Both surveys (raters questions 34, 36, and 37; VSOs questions 28 to 30) also asked respondents to indicate whether they thought that their VARO placed not enough emphasis, the right amount of emphasis, or too much emphasis on accuracy and speed, and then to judge whether at their VARO accuracy is more important than speed, both are equally important, or speed is more important than accuracy. Table 22 presents the results.

Table 22. Percent of Raters and VSOs Indicating Emphasis on Accuracy and Speed at Their VAROs

| Condition Type | Criterion | Raters (%) | VSOs (%) |
|-------------------|--------------------------|------------|----------|
| Accuracy | Not Enough Emphasis | 25 | 56 |
| | Right Amount of Emphasis | 62 | 42 |
| | Too Much Emphasis | 13 | 2 |
| Speed | Not Enough Emphasis | 0 | 25 |
| | Right Amount of Emphasis | 16 | 25 |
| | Too Much Emphasis | 84 | 50 |
| Accuracy vs Speed | Accuracy More Important | 10 | 26 |
| | Both Equally Important | 20 | 16 |
| | Speed More Important | 70 | 58 |

Whereas a quarter of raters feel there is not enough emphasis on accuracy at their VARO, fully 56% of VSOs believe this. A small minority of both raters and VSOs (13% and 2%, respectively) believe there is too much emphasis on accuracy. The results for speed stand in marked contrast. A majority of both raters and VSOs (84% and 50%, respectively) believe there is too much emphasis on speed. Less than 1% of raters believe there is not enough emphasis on speed; 25% of VSOs appear to favor more emphasis on speed. A majority of both raters and VSOs believe that speed is more important than accuracy at their VAROs (70% and 58%, respectively).

The VSO survey (questions 9b to e and 10b to e) asked respondents to indicate whether they agree or disagree that the claims process performs well for veteran and survivor clients. In particular, the survey asked whether VSOs agreed or disagreed that the process was understood by most of each type of client, was satisfactory to these clients, was easy for these clients to navigate, and allowed VSOs to adequately assist these clients. Table 23 presents the results.

Table 23. Percent of VSOs Indicating That They Agree with Various Process Performance Criteria for Veteran and Survivor Clients

| Process Performance Criterion | Percent of VSOs Agreeing for: | |
|---|-------------------------------|-----------|
| | Veterans | Survivors |
| Understood by most clients | 30 | 27 |
| Satisfactory to most clients | 46 | 48 |
| Easy for most clients to navigate | 16 | 19 |
| Allows VSO to adequately assist clients | 83 | 81 |

Most VSOs do not agree that the claims process is understood or is easy to navigate for either type of client. About half of all VSOs agree that the process is satisfactory to both types of clients. A large majority of VSOs agree that the process allows them to adequately assist both types of clients.

The VSO survey (question 34) also asked respondents to assess the brokering of claims. This term refers to sending claims from a given VARO to one that is designated for processing that type of claim in order to expedite claims processing and increase claims accuracy. Only those VSO respondents who indicated that they were familiar with brokering were eligible to assess it (89% of VSOs indi-

cated that they were familiar with brokering). Of those who were familiar, 48% agreed that brokering shortened the time required for rating a claim, but only 15% agreed that it resulted in more accurate ratings. Only 7% agreed that brokering made their jobs easier; only 10% agreed that it made the claims process easier for either veterans or survivors. Only 7% agreed that brokering is perceived by either veterans or survivors as more satisfactory than having the local VARO decide a claim.

Both surveys (raters question 47; VSO question 43) allowed respondents to write short open-ended comments expressing anything else they wanted to say regarding the claims, rating, or appeals process. We coded these comments with multiple codes as we did for the ones discussed for table 8. Thus, if a comment referred to more than one theme, we coded each theme, and the number of coded responses exceeded the number of responses themselves. Tables 24 and 25 present the results of coding these open-ended comments and analyzing them as multiple response items. Refer to the discussion of table 8 for a more detailed description of this method.

Table 24. Rater Responses to “Is there anything else you would like to say regarding the claims, rating, or appeals process?”

| Coded Response | N | Percent of: | | |
|--|-----|------------------|----------------------------|--------------------------------|
| | | Comments (N=629) | Raters w/ Comments (N=437) | All Rater Respondents (N=1400) |
| Time Pressure | 130 | 21 | 30 | 9 |
| Unclear/Inconsistent Regulations or Policies | 99 | 16 | 23 | 7 |
| Issues Related to Medical Evidence | 60 | 10 | 14 | 4 |
| Issues Related to the Rating Schedule | 57 | 9 | 13 | 4 |
| Issues Related to Management | 55 | 9 | 13 | 4 |
| Issues Related to Claims Complexity | 48 | 8 | 11 | 3 |
| All Others | 180 | 28 | 41 | 13 |
| Total | 629 | 100 | 145 | -- |

Table 25. VSO Responses to “Is there anything else you would like to say regarding the claims, rating, or appeals process?”

| Coded response | N | Percent of: | | |
|--|-----|---------------------|--------------------------------|-----------------------------------|
| | | Comments (N=135) | VSOs w/ Comments (N=112) | All VSO Respondents (N=413) |
| Unclear/Inconsistent Regulations or Policies | 34 | 25 | 30 | 8 |
| Issues Related to the Appeals Process | 17 | 13 | 15 | 4 |
| Issues Related to Training | 12 | 9 | 11 | 3 |
| Issues Related to Veterans’ Understanding of the Process | 11 | 8 | 10 | 3 |
| Issues Related to Communication between DVA and Veterans or VSOs | 10 | 7 | 9 | 2 |
| All Others | 51 | 38 | 46 | 12 |
| Total | 135 | 100 | 121 | -- |

Neither large percentages of raters nor of VSOs provided comments. Only 437 out of 1,400 (31%) rater respondents provided a comment, and only 112 out of 413 VSO respondents (27%) provided a comment. Of the 1,400 raters responding to the survey, 437 (only 31%) provided 629 coded comments, or just under 1.5 per rater who provided a comment. Of the 413 VSOs responding to the survey, 112 (only 27%) provided 135 coded comments, or 1.2 per VSO who provided a comment. For raters, no specific coded response category represented more than 21% of all comments; the equivalent percent for VSOs is 25%. We could not categorize 28% of the raters’ coded responses into categories that represented as much as 6% of coded responses each; the equivalent percent for VSOs is 51%.

Of raters who provided comments, time pressure, unclear or inconsistent policies and regulations, and issues related to medical evidence top their list of concerns. For VSOs, the issue of unclear or inconsistent policies and regulations is at the top of their open-ended comments.

Performance of rating process participants

The raters survey (question 39) asked respondents to rate the performance of VSOs at their VARO, and the VSO survey (question 14) asked respondents to rate the performance of their VARO's raters. Overall, each type of respondent agreed that the performance of the corresponding respondent type was satisfactory. Table 26 presents the results.

Table 26. Percent of Raters Agreeing That VSOs Perform Well and Percent of VSOs Agreeing That Raters Perform Well

| Respondent Type | Performance Criterion | Percent |
|-----------------|--|---------|
| Raters | VSOs Adequately Assist Clients | 74 |
| | VSOs Adequately Assist Raters to Rate a Claim | 65 |
| | VSOs Adequately Understand the Claims Process | 63 |
| | VSOs Inappropriately Coach Clients | 64 |
| VSOs | Raters Correctly Interpret Evidence | 75 |
| | Raters Correctly Apply Regulations & Schedule | 76 |
| | Raters Adequately Assist Veterans | 67 |
| | Raters Adequately Assist VSOs to Assist Veterans | 81 |
| | Raters Correctly Use VSO-Provided Information | 73 |

In all instances, a majority of at least approximately two-thirds agrees with each statement. Note, however, that the final statement for raters (VSOs inappropriately coach clients) indicates that almost two-thirds of raters believe that VSOs inappropriately coach.

Both surveys (raters question 46; VSO question 42) asked respondents to indicate how realistic or unrealistic they believed veterans' expectations are regarding the disability rating process and the disability benefit they should receive. According to the results presented in table 27, a majority of both types of respondents believes both of these expectations to be unrealistic. In both instances, a greater percentage of raters than of VSOs believe these expectations are unrealistic.

Table 27. Percent of Raters and VSOs Indicating That They Believe Veterans Have Unrealistic Expectations of the Disability claims Process and the Disability Benefits That They Should Receive

| Believe Veterans Have Unrealistic Expectations of: | Respondent Type | |
|--|-----------------|----------|
| | Raters (%) | VSOs (%) |
| The Disability Rating Process | 77 | 68 |
| The Benefit They Should Receive | 82 | 71 |

Raters who are veterans are significantly less likely than raters who are not veterans to see veteran claimants' expectations of the disability benefit they should receive as unrealistic (62% *vs* 83%, respectively). However, there is no difference between veteran and non-veteran raters regarding veteran claimants' expectations of the disability rating process (77% of both types of raters see these expectations as unrealistic).

Some specific issues

The combined surveys addressed three specific issues of interest to the Commission: (a) separately rating a disability's impact on a veteran's quality of life and lost earnings capacity, (b) computerized decision support tools for deciding claims (asked of raters only), and (c) total compensation package (asked of VSOs only).

The raters (question 30) and VSOs (question 35) surveys both asked respondents to assess the probable effect of separately rating a disability's quality of life and earnings capacity impact on the complexity of—and the time required for—deciding a claim, as well as on the benefit awarded to veterans. Table 28 presents the results.

Table 28. Percent of Raters and VSOs Indicating Various Effects of Separately Rating Impact of a Disability on Quality of Life and on Lost Earnings Capacity

| Effect On | Criterion | Raters (%) | VSOs (%) |
|---------------------------------|-----------|------------|----------|
| Complexity of a Claim | Worsen | 71 | 49 |
| | No Impact | 13 | 16 |
| | Improve | 16 | 35 |
| Time Required to Decide a Claim | Worsen | 76 | 57 |
| | No Impact | 12 | 19 |
| | Improve | 12 | 24 |
| Benefit Awarded to Veterans | Worsen | 25 | 25 |
| | No Impact | 35 | 16 |
| | Improve | 40 | 59 |

A considerably larger percentage of raters than of VSOs sees separately rating these two aspects of a disability as likely worsening both the complexity of, and the time required for deciding, a claim; however, a majority or near majority of VSOs sees separately rating as likely worsening them as well. A considerably larger percentage of VSOs than of raters sees separately rating as likely improving complexity and rating time; however, this percentage is only 35% for complexity and 24% for time. About a quarter of both types of respondents see the benefit awarded to veterans as likely worsening, whereas a considerably greater percentage of VSOs than of raters sees it as likely improving (59% *vs* 40%, respectively).

Raters generally do not see computerized decision support programs or tools as either feasible or beneficial for deciding claims related to either physical or mental issues. Table 29 presents the results of asking raters (questions 23 to 26) whether they believe such programs or tools are possible and, assuming they are possible, whether it would be good to develop them—for claims involving both physical issues and mental issues. Less than a majority of raters indicates that such programs or tools are possible or good for claims involving either type of issue. Further, a smaller percentage of raters see computerized decision support programs or tools as possible or good for claims with mental issues than with physical issues.

Table 29. Percent of Raters Who Believe That a Computerized Decision Support Program or Tool Is Likely Feasible or Beneficial for Deciding Claims with Either Physical or Mental Issues

| Type of Issue | Criterion | Percent |
|---------------|------------------------------------|---------|
| Physical | Possible to Develop a Program/Tool | 41 |
| | Good to Develop a Program/Tool | 37 |
| Mental | Possible to Develop a Program/Tool | 31 |
| | Good to Develop a Program/Tool | 32 |

The total compensation and benefit package available to disabled veterans can include more than just disability compensation (e.g., health care, vocational rehabilitation, and grants for adapting an automobile or home). The VSO survey asked (question 36) respondents to indicate whether or not they agree that the current total compensation package is fair and adequate, has the right elements, or needs to be modified. A majority of VSOs agrees that the total package is fair and adequate (51%) and has the right elements (70%). However, a large majority also responded that they felt the package needs to be modified to add additional benefits (75%). Unfortunately, only 92 respondents provided 109 open-ended suggestions regarding what those additional benefits should be, and no particular type of benefit was mentioned by more than 17 respondents. The most frequently mentioned type of added benefits related to cost of living adjustments (17 responses), medical care (15 responses), vocational rehabilitation (14 responses), ancillary benefits generally (11 responses), and targeting individual needs (10 responses).

Concluding observations

The purpose of these surveys was to provide the Commission with insights and perspectives from those on the front lines of the benefits determination process—VBA rating officials (RVSRs and DROs) at the 57 VAROs who rate and otherwise decide disability claims, and National Veterans Service Organization service officers (VSOs) who assist veterans and their survivors, especially at VAROs, to prepare, present, and prosecute disability claims. The results of these surveys were to offer Commission members “valuable insight into issues pertinent to the charter of the Commission as described in Public Law 108-136 and the challenges inherent in implementing the laws, regulations, and procedures in place to compensate and assist veterans and their survivors” and “another set of data to support their essential findings” [4, Attachment 6].

The findings presented in the previous section portray a picture of a benefits determination process that is difficult to use by some categories of raters, difficult to assist by many VSOs, and difficult to navigate or understand by most veterans and survivors.

The findings identify several problematic issues related to the benefits determination process that bear on the challenges inherent in implementing, assisting, and navigating the process and that are thus relevant to the deliberations of the Commission.

- Both raters and VSOs identify additional clinical input on rating teams as potentially useful, especially from physicians of appropriate specialties and from mental health professionals. VSOs identify rehabilitation specialists and medical records specialists as other potentially useful sources of input.
- There is a relatively wide range of perceived training adequacy, perceived proficiency in KSAs relevant to the performance of the rater’s role, and years of rating experience among rating officials that appears to be related to raters’

ability to implement the process and their ease at rating and otherwise deciding claims. Raters who feel less well-trained or less proficient and those who have fewer years of rating experience generally find the process more problematic.

- Raters' perceptions regarding their training adequacy and their KSA proficiency are both somewhat related to their perceptions of the availability of the resources they need to decide a claim such as computer system support, information and evidence, time, and administrative/managerial and clerical support. As perceived training adequacy and KSA proficiency increase, so does perceived resource availability.
- In many respects, rating or otherwise deciding mental disorder claims is generally more problematic than rating or deciding physical condition claims. Both raters and VSOs see claims with mental disorder issues, especially PTSD, as requiring more judgement and subjectivity than claims with physical condition issues. Raters and VSOs also indicate that it is less likely that mental disorder issue claims rated by different raters at the same VARO would receive similar ratings. Raters and VSOs also both indicate that deciding the various criteria of a claim is more problematic for mental disorder than for physical condition claims.
- A significant majority of raters indicate that more specific decision criteria or more specific evidence regarding individual unemployability (IU) would be helpful and that the criteria for IU are too broad.
- Rating physical conditions in several body systems or subsystems also appear problematic. Raters identified neurological and convulsive disorders, musculoskeletal disorders (especially involving muscles), and disorders of special sense organs (especially eyes), along with mental disorders (especially PTSD), as the most difficult to rate, the most difficult to apply the Rating Schedule to, and the most time consuming to rate.

- Time to rate or otherwise decide a disability claim is a scarce resource and a major challenge for raters; it is also a challenge for VSOs and their veteran and survivor clients to get claims decided in a timely manner. Time appears to be most challenging when deciding complex claims, and raters report that they see claims getting more complex over time.
- A large majority of raters reported that they had insufficient time to rate or otherwise decide a claim, and both raters and VSOs reported that there was too much emphasis on speed relative to accuracy.
- Obtaining needed evidence, especially given the challenge and scarcity of time and the insufficiency of many medical examinations (in particular from private examiners according to raters), is a challenge in its own right.
- Separately rating the impact of a disability on quality of life and lost earnings capacity was not supported by a majority of either raters or VSOs. The use of computerized decision support technology was not supported by raters; however, raters reported that the use of standardized assessment tools and more specific criteria for rating and deciding mental health issues—especially PTSD—would be useful.
- The process is difficult for most veterans and survivors to understand and navigate. Assisting clients to understand the process and the evidence needed for it is a major challenge for VSOs. A majority of VSOs further report that they disagree that the process is satisfactory to most of their clients. A majority of both raters and VSOs indicate that they believe veterans have unrealistic expectations of the claims process and the benefit they should receive.
- Overall, most raters and VSOs report that they believe the claims rating process generally arrives at a fair and right decision for veterans. Further, in general, raters and VSOs assessed the performance of their VSOs (and each other) as good; however, most raters reported that they believe VSOs inappropriately coach their clients.

In summary, there are some specific issues that emerge from these findings that reflect challenges inherent in the benefits determination process and that appear pertinent to the charter of the Commission. The Commission should seek to address them during its deliberations and in its final report

Appendix A: Announcements Regarding the Surveys

December 14, 2006

Director (00),
All VA Regional Offices and Centers

At the beginning of next week, the Veterans Disability Benefits Commission will send out a survey to VBA Rating Veterans Service Representatives (RVSRs) and Decision Review Officers (DROs). We ask that you notify these individuals at your station and encourage them to participate in this voluntary survey.

The Commission was created by an Act of Congress to carry out a study of benefits provided to compensate and assist veterans and their survivors for disabilities and deaths attributable to military service. Commission members are collecting information they deem necessary to develop their report to the President and Congress. The Commission believes information gathered from RVSRs and DROs will help it assess the process of making benefit determinations and assigning disability ratings.

An independent research and analysis company hired by the Commission, the Center for Naval Analyses (CNA), designed and will conduct the survey. Using a list of all RVSR and DRO work email addresses provided by VBA, CNA will send an email directly to employees from [email address] as the sender with a subject line of "VA Commission Survey of Raters." The email will contain instructions and an embedded link to the survey website. Only CNA will have access to responses and will keep them confidential. Individual information will be removed from responses so no one will be able to identify individual respondents.

CNA estimates the survey will take about 30 minutes to complete. We are asking that stations allow up to 30 minutes for participants to complete the survey. This is a revision of the guidance given on the Associate Deputy Under Secretary/OFO call yesterday.

Please alert your RVSRs and DROs this week that they should expect to get the CNA email at the beginning of next week so that they do not confuse it with spam. They will be asked to complete the survey within two weeks of receiving CNA's email. The American Federation of Government Employees has reviewed and approved the survey at the national level, but we ask that you also provide notice to your local union representatives.

If you have any questions, contact [name] by e-mail or at (202) 273-XXXX.

Thank you,

Office of Field Operations

Disability Commission Surveys Veterans Service Officers on Claims Rating Process

During December 2006 and the first half of January 2007, the Veterans' Disability Benefits Commission is conducting a special online, web-based survey of Veterans Service Officers (VSOs) to gather their opinions of and experiences with the process of rating and deciding disability claims.

Six National Veterans Service Organizations have agreed to endorse the survey and permit their VSOs to participate. These organizations have provided lists of their VSOs' email addresses to the Commission for purposes of contacting the VSOs with information about taking the survey. The survey is being conducted for the Commission by the Center for Naval Analyses (CNA). CNA has received the email lists from the Commission and is sending instructions and a web link for the survey to all VSOs on the list. VSOs should expect to receive an email from [email address] in early December with this information and an attached letter from the Commission Chair inviting them to participate.

The survey asks questions about training and preparation VSOs have received, VSO experiences assisting veterans and their survivors to prepare and present claims, VSO experiences with VBA raters (RVSRs and DROs) and Regional Offices, and VSO assessments of the rating process. Participation in the survey is voluntary, but VSOs are encouraged to participate to ensure that the Commission receives a representative picture of VSO opinions and experiences.

The Commission will also survey VBA raters about their experiences with the rating and claims deciding process. That survey, also carried out by CNA as an online, web-based survey, will be conducted early in 2007.

The Commission will use the survey results (and those from the raters survey) to gain an improved understanding of the disability claims process. This understanding will help inform Commission discussions of the determination of benefits for service-disabled veterans and survivors as it develops its report and recommendations to Congress about those benefits.

Appendix B: VBA Raters and Accredited VSO Surveys

**WELCOME TO THE
VETERANS' DISABILITY BENEFITS COMMISSION
SURVEY WEBSITE FOR VBA RATING OFFICIALS**

The Veterans' Disability Benefits Commission is conducting this survey to learn about your experiences with and insights into the disability claims process. You have been asked to participate because you are either a VBA Rating Veterans Service Representative (RVSR) or Decision Review Officer (DRO). The information you provide will help the Commission gain a better understanding of how best to compensate and assist our Nation's disabled veterans and their survivors.

Your participation in this survey is voluntary. Refusal to participate involves no penalty or adverse consequences. If you consent to complete the survey, here are some things you should know:

- You may stop at any time, and you may chose to not answer a question at any time.
- Completion of this inventory poses few, if any, risks to you.
- The information you provide will be kept confidential, and your name or any personal identifiers will not be associated with your responses.
- There are no direct benefits to you for completing the survey. However, the information you provide will help improve the disability claims process for America's disabled veterans.

Informed Consent

Before proceeding, please read and indicate whether you agree with the following statement of informed consent. *Click the "Continue" box after indicating whether you agree or not.*

I understand that if I participate in this survey, my responses will be sent electronically to the Center for Naval Analyses (CNA), which is conducting the survey for the Commission, and that only CNA analysts will have access to my individual responses. I understand further that CNA will keep my responses strictly confidential, will use them for research purposes only, and will only report aggregated results that will not permit the identification of individual respondents. Finally, I understand that the survey should take me about 30 minutes to complete and will ask me questions about the VA disability claims process.

Given these understandings, I voluntarily agree to participate in this survey.

- Yes ⇒ control passes to first page of the survey
 No ⇒ control passes to a Sorry-You-Have-Decided-Not-To-Participate page

Thank you for agreeing to participate. You will now be asked to read and respond to a series of questions. Some questions will have response categories and you will click on the box associated with the category or categories that correspond to your answer. Here is an example of this kind of question where the respondent has indicated that he/she feels “somewhat well-trained.”

Overall, to what extent do you feel well-trained to be an effective (productive and accurate) VBA rating official?

- Very well-trained
- Somewhat well-trained
- Not well-trained

Some questions will contain a response category of “other” and you will be asked to *specify* your response if you select that category.

Other questions will not have response categories, and you should answer them by typing a *brief* response into the text box following the question. Only a maximum of 255 characters, or about 2½ to 3 lines of type, will be sent to CNAC as your response to these questions.

The survey is divided into several web “pages” each containing a series of questions. At the bottom of each “page” there will be a box that you will click on to electronically transmit all of your responses on that page to CNA. You can change any of your answers on a survey page before you click *continue*, however, once you click *continue* your answers will be transmitted and you will no longer be able to change them. Please make certain that you are satisfied with your answers and do not want to change them before clicking *continue*. Once you have completed a page and clicked *continue*, a new page will open.

Please click on the Continue box below to begin the survey now.

Eligibility to Participate in this Survey

Are you currently either a Rating Veterans Service Representative (RVSR) or a Decision Review Officer (DRO) working at a Regional Office?

Yes ⇒ control passes to the next page of the survey

No ⇒ control passes to a *We're sorry but you are not eligible to complete this survey; the Commission is only surveying current RVSRs and DROs working at Regional Offices* page

Continue

SECTION 1: Training and Resources

1. Overall, to what extent do you feel well-trained to be an effective (productive and accurate) VBA rating official?

Very well-trained

Somewhat well-trained

Not well-trained

2. Indicate how useful each of the following types of training was for preparing you to be a VBA rating official.

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> | <u>Did Not Receive This Training</u> |
|--|--------------------|--------------------------|------------------------|--------------------------|--------------------------------------|
| a. TPSS and/or EPSS..... | [] | [] | [] | [] | [] |
| b. Formal and informal mentoring..... | [] | [] | [] | [] | [] |
| c. Other on the job training..... | [] | [] | [] | [] | [] |
| d. VBN broadcasts or video recordings..... | [] | [] | [] | [] | [] |
| e. Formal classroom instruction by VBA.... | [] | [] | [] | [] | [] |
| f. Fast and/or training letters..... | [] | [] | [] | [] | [] |
| g. Decision Assessment Documents..... | [] | [] | [] | [] | [] |
| h. Rating job aids..... | [] | [] | [] | [] | [] |
| i. Other (specify _____)... | [] | [] | [] | [] | [] |

3. List any training that **you** initiated, and indicate whether you would recommend it to other RVSRs or DROs.

4. In your opinion, how useful are each of the following to a rating official?

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> |
|--|------------------------|------------------------------|----------------------------|------------------------------|
| a. Clinical knowledge..... | [] | [] | [] | [] |
| b. Knowledge of medical terminology..... | [] | [] | [] | [] |
| c. Ability to interpret and apply medical evidence to rating or other claims decisions..... | [] | [] | [] | [] |
| d. Ability to interpret and apply statutes and regulations..... | [] | [] | [] | [] |
| e. Ability to interpret and apply the VA Rating Schedule..... | [] | [] | [] | [] |
| f. Ability to manage and track claims..... | [] | [] | [] | [] |
| g. Knowledge of and ability to use VBA computerized information systems..... | [] | [] | [] | [] |
| h. Military experience..... | [] | [] | [] | [] |
| i. Interpersonal skills..... | [] | [] | [] | [] |
| j. Other (specify_____).... | [] | [] | [] | [] |

5. How would you rate **your** degree of proficiency regarding:

| | <u>Excel lent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|--|-----------------------|----------------------|-------------|-------------|-------------|
| a. Clinical knowledge..... | [] | [] | [] | [] | [] |
| b. Knowledge of medical terminology..... | [] | [] | [] | [] | [] |
| c. Ability to interpret and apply medical evidence to rating or other claims decisions..... | [] | [] | [] | [] | [] |
| d. Ability to interpret and apply statutes and regulations..... | [] | [] | [] | [] | [] |
| e. Ability to interpret and apply the VA Rating Schedule..... | [] | [] | [] | [] | [] |
| f. Ability to manage and track claims..... | [] | [] | [] | [] | [] |
| g. Knowledge of and ability to use VBA computerized information systems..... | [] | [] | [] | [] | [] |
| h. Other (specify_____).... | [] | [] | [] | [] | [] |

| |
|----------|
| Continue |
|----------|

6. How useful do you think it would be to have employees on rating or appeals teams (as either full time members or part time consultants) from the following occupations?

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> |
|---|--------------------|--------------------------|------------------------|--------------------------|
| a. Physician of an appropriate specialty..... | [] | [] | [] | [] |
| b. Medical paraprofessional (e.g., physician assistant, nurse practitioner, advanced practice nurse)..... | [] | [] | [] | [] |
| c. Registered nurse..... | [] | [] | [] | [] |
| d. Licensed practical or vocational nurse..... | [] | [] | [] | [] |
| e. Psychologist or psychiatric social worker..... | [] | [] | [] | [] |
| f. Lawyer/attorney..... | [] | [] | [] | [] |
| g. Paralegal..... | [] | [] | [] | [] |
| h. Rehabilitation specialist (e.g., vocational or occupational rehabilitation)..... | [] | [] | [] | [] |
| i. Medical records or health information specialist..... | [] | [] | [] | [] |
| j. Health insurance claims specialist..... | [] | [] | [] | [] |
| k. Other (specify _____).... | [] | [] | [] | [] |

7. Generally, how useful are the medical exam reports submitted as evidence by each of the following types of physician or non-physician examiners?

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> | <u>Not At My RO</u> |
|---|--------------------|--------------------------|------------------------|--------------------------|---------------------|
| a. VA examiner..... | [] | [] | [] | [] | |
| b. QTC examiner (if used at your RO.... | [] | [] | [] | [] | [] |
| c. Private examiner..... | [] | [] | [] | [] | |

8. How would you rate the availability of each of the following resources needed to make decisions regarding claims?

| | <u>Excellent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|---------------------------------|------------------|------------------|-------------|-------------|-------------|
| a. Time..... | [] | [] | [] | [] | [] |
| b. Information or evidence..... | [] | [] | [] | [] | [] |
| c. Training..... | [] | [] | [] | [] | [] |
| d. Computer systems..... | [] | [] | [] | [] | [] |

- e. Clerical support.....[] [] [] [] []
- f. Administrative or managerial support..... [] [] [] [] []
- g. Other (specify_____)...... [] [] [] [] []

9. Of the following choices, identify the top **three** challenges you face as a VBA rating official in making disability claims decisions. First identify your greatest challenge, then your next greatest challenge, and finally your third greatest challenge.

| | <u>Greatest Challenge</u> | <u>Next Greatest Challenge</u> | <u>Third Greatest Challenge</u> |
|---|-------------------------------|--|---|
| a. Getting needed training.....[] | [] | [] | [] |
| b. Having enough time to process a claim..... [] | [] | [] | [] |
| c. Obtaining needed evidence..... [] | [] | [] | [] |
| d. The VBA computerized decision support technology..... [] | [] | [] | [] |
| e. Computerized support for tracking and managing a claim.....[] | [] | [] | [] |
| f. Guidance available from the VA Rating Schedule..... [] | [] | [] | [] |
| g. Ability to assign a precise degree of disability..... [] | [] | [] | [] |
| h. Appeal or review of decisions..... [] | [] | [] | [] |
| i. Other (Specify_____ | | | |
| _____). [] | [] | [] | [] |

Continue

SECTION 2: Rating or Otherwise Deciding Claims

Note: For all questions in this section, assume that a service connection is warranted and has been established

10. In rating claims involving conditions found in the following body systems, which **three** systems do you typically find relatively most difficult to rate? First identify which system poses the greatest difficulty for you, then the next greatest difficulty, and finally the third greatest difficulty.

| | <u>Greatest Difficulty</u> | <u>Next Greatest Difficulty</u> | <u>Third Greatest Difficulty</u> |
|---|--------------------------------|---|--|
| a. Musculoskeletal (codes 5000-5399)..... | [] | [] | [] |
| b. Organs of special sense (codes 6000-6299)..... | [] | [] | [] |
| c. Systemic diseases (codes 6300-6399)..... | [] | [] | [] |
| d. Respiratory (codes 6500-6899)..... | [] | [] | [] |
| e. Cardiovascular (codes 7000-7199)..... | [] | [] | [] |
| f. Digestive (codes 7200-7399)..... | [] | [] | [] |
| g. Genitourinary (codes 7500-7599)..... | [] | [] | [] |
| h. Gynecological conditions (codes 7610 -7699)..... | [] | [] | [] |
| i. Hemic and lymphatic (codes 7700-7799)..... | [] | [] | [] |
| j. Skin (codes 7800-7899)..... | [] | [] | [] |
| k. Endocrine (codes 7900-7999)..... | [] | [] | [] |
| l. Neurological and convulsive disorders (codes 8000-8999)... | [] | [] | [] |
| m. Mental disorders (codes 9200-9599)..... | [] | [] | [] |
| n. Post traumatic stress disorder <i>in particular</i> | [] | [] | [] |
| o. Dental and oral conditions (codes 9900-9999)..... | [] | [] | [] |

11. What makes these body systems difficult to rate? (*Check all that apply*)

- [] Lack of detailed medical knowledge of the specific condition or disorder
- [] Need more detailed rating criteria for the specific condition or disorder
- [] The condition or disorder in one body system interrelates with that of another system
- [] Assessing the body system's rating criteria requires extra judgement or skill
- [] Inadequacy of the exam
- [] Other (specify _____)

12. Rate the relative degree of difficulty you typically experience in applying the criteria in the VA Rating Schedule to rate a claim involving conditions found in the following body systems:

| | <u>Very Difficult</u> | <u>Moderately Difficult</u> | <u>Slightly Difficult</u> | <u>Not at All Difficult</u> |
|--|---------------------------|---------------------------------|-------------------------------|---------------------------------|
| a. Musculoskeletal (codes 5000-5399)..... | [] | [] | [] | [] |
| b. Muscles <i>in particular</i> | [] | [] | [] | [] |
| c. Bones <i>in particular</i> | [] | [] | [] | [] |
| d. Joints and spine <i>in particular</i> | [] | [] | [] | [] |
| e. Organs of special sense (codes 6000-6299)..... | [] | [] | [] | [] |
| f. Eyes <i>in particular</i> | [] | [] | [] | [] |
| g. Ears <i>in particular</i> | [] | [] | [] | [] |
| h. Systemic diseases (codes 6300-6399)..... | [] | [] | [] | [] |
| i. Respiratory (codes 6500-6899)..... | [] | [] | [] | [] |
| j. Cardiovascular (codes 7000-7199)..... | [] | [] | [] | [] |
| k. Digestive (codes 7200-7399)..... | [] | [] | [] | [] |
| l. Genitourinary (codes 7500-7599)..... | [] | [] | [] | [] |
| m. Gynecological conditions (codes 7610-7699)..... | [] | [] | [] | [] |
| n. Hemic and lymphatic (codes 7700-7799)..... | [] | [] | [] | [] |
| o. Skin (codes 7800-7899)..... | [] | [] | [] | [] |
| p. Endocrine (codes 7900-7999)..... | [] | [] | [] | [] |
| q. Neurological and convulsive disorders (codes 8000-8999)..... | [] | [] | [] | [] |
| r. Brain and spinal cord <i>in particular</i> | [] | [] | [] | [] |
| s. Peripheral nerves <i>in particular</i> | [] | [] | [] | [] |
| t. Mental disorders (codes 9200-9599)..... | [] | [] | [] | [] |
| u. Post traumatic stress disorder <i>in particular</i> | [] | [] | [] | [] |
| v. Dental and oral conditions (codes 9900-9999)..... | [] | [] | [] | [] |

Continue

13. Please indicate the relative amount of time it generally takes you to rate or otherwise decide a claim involving conditions found in each of the following body systems. For each body system, would you say that you typically need to spend **more** time on it than for most other systems, **about as much** time as for most other systems, or **less** time than for most other systems?

| | <u>Relative Amount of Time</u> | | |
|---|--------------------------------|--------------------------------------|-------------------------------|
| | More Than Most | About as Much as Most | Less Than Most |
| a. Musculoskeletal (codes 5000-5399)..... | [] | [] | [] |
| b. Muscles <i>in particular</i> | [] | [] | [] |
| c. Bones <i>in particular</i> | [] | [] | [] |
| d. Joints and spine <i>in particular</i> | [] | [] | [] |
| e. Organs of special sense (codes 6000-6299)..... | [] | [] | [] |
| f. Eyes <i>in particular</i> | [] | [] | [] |
| g. Ears <i>in particular</i> | [] | [] | [] |
| h. Systemic diseases (codes 6300-6399)..... | [] | [] | [] |
| i. Respiratory (codes 6500-6899)..... | [] | [] | [] |
| j. Cardiovascular (codes 7000-7199)..... | [] | [] | [] |
| k. Digestive (codes 7200-7399)..... | [] | [] | [] |
| l. Genitourinary (codes 7500-7599)..... | [] | [] | [] |
| m. Gynecological conditions (codes 7610-7699)..... | [] | [] | [] |
| n. Hemic and lymphatic (codes 7700-7799)..... | [] | [] | [] |
| o. Skin (codes 7800-7899)..... | [] | [] | [] |
| p. Endocrine (codes 7900-7999)..... | [] | [] | [] |
| q. Neurological and convulsive disorders (codes 8000-8999)..... | [] | [] | [] |
| r. Brain and spinal cord <i>in particular</i> | [] | [] | [] |
| s. Peripheral nerves <i>in particular</i> | [] | [] | [] |
| t. Mental disorders (codes 9200-9599)..... | [] | [] | [] |
| u. Post traumatic stress disorder <i>in particular</i> | [] | [] | [] |
| v. Dental and oral conditions (codes 9900-9999)..... | [] | [] | [] |

14. Why do claims involving conditions found in some body systems take longer to decide than conditions found in others? (*Check all that apply*)
- Lack of detailed medical knowledge of the specific condition
 - Need more detailed rating criteria for the specific condition
 - The condition in one body system interrelates with that of another body system
 - Assessing the body system's rating criteria requires extra judgement or skill
 - The condition in the body system requires more or more complex medical evidence
 - Claimants generally have more difficulty providing required medical evidence for conditions involving the body system
 - Typically need to wait for records from sources outside of the VA for conditions in the body system
 - The level of complexity is higher for conditions in the body system
 - Inadequacy of exam
 - Other (specify _____)

Continue

15. Please indicate the amount of judgment and subjectivity you *typically* exercise in rating claims involving each of the body systems listed below. For each body system, would you say you typically exercise **more** subjectivity than for most other systems, **about as much** subjectivity as for most other systems, **less** subjectivity than for most other systems, or **no** subjectivity at all?

Amount of Judgement and Subjectivity

| | More than <u>Most</u> | About as Much as <u>Most</u> | Less than <u>Most</u> | None at <u>All</u> |
|---|--------------------------------------|---|--------------------------------------|-----------------------------------|
| a. Musculoskeletal (codes 5000-5399)..... [] | [] | [] | [] | [] |
| b. Muscles <i>in particular</i>[] | [] | [] | [] | [] |
| c. Bones <i>in particular</i>[] | [] | [] | [] | [] |
| d. Joints and spine <i>in particular</i>[] | [] | [] | [] | [] |
| e. Organs of special sense (codes 6000-6299).....[] | [] | [] | [] | [] |
| f. Eyes <i>in particular</i> [] | [] | [] | [] | [] |
| g. Ears <i>in particular</i> [] | [] | [] | [] | [] |
| h. Systemic diseases (codes 6300-6399).....[] | [] | [] | [] | [] |
| i. Respiratory (codes 6500-6899).....[] | [] | [] | [] | [] |
| j. Cardiovascular (codes 7000-7199)..... [] | [] | [] | [] | [] |
| k. Digestive (codes 7200-7399).....[] | [] | [] | [] | [] |
| l. Genitourinary (codes 7500-7599).....[] | [] | [] | [] | [] |
| m. Gynecological conditions (codes 7610-7699)..... [] | [] | [] | [] | [] |
| n. Hemic and lymphatic (codes 7700-7799).....[] | [] | [] | [] | [] |
| o. Skin (codes 7800-7899)..... [] | [] | [] | [] | [] |
| p. Endocrine (codes 7900-7999)..... [] | [] | [] | [] | [] |
| q. Neurological and convulsive disorders (codes 8000-8999)....[] | [] | [] | [] | [] |
| r. Brain and spinal cord <i>in particular</i>[] | [] | [] | [] | [] |
| s. Peripheral nerves <i>in particular</i> [] | [] | [] | [] | [] |
| t. Mental disorders (codes 9200-9599)..... [] | [] | [] | [] | [] |
| u. Post traumatic stress disorder <i>in particular</i> [] | [] | [] | [] | [] |
| v. Dental and oral conditions (codes 9900-9999)..... [] | [] | [] | [] | [] |

16. In your opinion, if different rating officials at your Regional Office each individually rated the same claim for a condition in each of the following body systems, how likely or unlikely would it be that they each arrived at close to the same rating for that claim?

| | <u>Very Likely</u> | <u>Somewhat Likely</u> | <u>Not Sure</u> | <u>Somewhat Unlikely</u> | <u>Very Unlikely</u> |
|--|------------------------|----------------------------|---------------------|------------------------------|--------------------------|
| a. Musculoskeletal (codes 5000-5399)..... | [] | [] | [] | [] | [] |
| b. Muscles <i>in particular</i> | [] | [] | [] | [] | [] |
| c. Bones <i>in particular</i> | [] | [] | [] | [] | [] |
| d. Joints and spine <i>in particular</i> | [] | [] | [] | [] | [] |
| e. Organs of special sense (codes 6000-6299)..... | [] | [] | [] | [] | [] |
| f. Eyes <i>in particular</i> | [] | [] | [] | [] | [] |
| g. Ears <i>in particular</i> | [] | [] | [] | [] | [] |
| h. Systemic diseases (codes 6300-6399)..... | [] | [] | [] | [] | [] |
| i. Respiratory (codes 6500-6899)..... | [] | [] | [] | [] | [] |
| j. Cardiovascular (codes 7000-7199)..... | [] | [] | [] | [] | [] |
| k. Digestive (codes 7200-7399)..... | [] | [] | [] | [] | [] |
| l. Genitourinary (codes 7500-7599)..... | [] | [] | [] | [] | [] |
| m. Gynecological conditions (codes 7610-7699)... | [] | [] | [] | [] | [] |
| n. Hemic and lymphatic (codes 7700-7799)..... | [] | [] | [] | [] | [] |
| o. Skin (codes 7800-7899)..... | [] | [] | [] | [] | [] |
| p. Endocrine (codes 7900-7999)..... | [] | [] | [] | [] | [] |
| q. Neurological and convulsive disorders (codes 8000-8999)..... | [] | [] | [] | [] | [] |
| r. Brain and spinal cord <i>in particular</i> | [] | [] | [] | [] | [] |
| s. Peripheral nerves <i>in particular</i> | [] | [] | [] | [] | [] |
| t. Mental disorders (codes 9200-9599)..... | [] | [] | [] | [] | [] |
| u. Post traumatic stress disorder <i>in particular</i> | [] | [] | [] | [] | [] |
| v. Dental and oral conditions (codes 9900-9999)... | [] | [] | [] | [] | [] |

Continue

17. Considering **mental disorders** in general, would it assist you to rate a claim having a mental disorder issue if a standardized assessment tool that is widely employed in the disability field were used when examining veterans?
- Definitely Yes
 Probably Yes
 Not Sure
 Probably No
 Definitely No
18. Still considering **mental disorders** in general, would the availability of more specific criteria help you to more consistently rate these claims?
- Definitely Yes
 Probably Yes
 Not Sure
 Probably No
 Definitely No
19. Now considering **Post Traumatic Stress Disorder (PTSD)** in particular, would the availability of more specific criteria help you to more consistently rate these claims?
- Definitely Yes
 Probably Yes
 Not Sure
 Probably No
 Definitely No
20. And now considering **Individual Unemployability (IU)** in particular, would the availability of more specific decision criteria and/or specific evidence help you to decide these claims?

More Specific Decision Criteria

- Definitely Yes
 Probably Yes
 Not Sure
 Probably No
 Definitely No

Better Evidence

- Definitely Yes
 Probably Yes
 Not Sure
 Probably No
 Definitely No

21. Still considering IU in particular, do you consider the current criteria for assigning an IU rating to be:

Too Broad

Somewhat Broad

About Right

Somewhat Narrow

Too Narrow

22. Would it be helpful to you to be able to consult with a vocational counselor on IU claims?

Definitely Yes

Probably Yes

Not Sure

Probably No

Definitely No

Continue

23. Do you think it is possible to develop a computerized decision support program that rates claims for **physical** conditions based on the objective medical evidence?
- Definitely Yes
 - Probably Yes
 - Not Sure
 - Probably No
 - Definitely No
24. Assuming that it is possible, do you think that it would be a good thing to develop and use computerized decision programs for rating **physical** conditions?
- Definitely Yes
 - Probably Yes
 - Not Sure
 - Probably No
 - Definitely No
25. Do you think it is possible to develop a computerized decision support program that rates claims for **mental health** conditions based on standardized and widely used assessment tools?
- Definitely Yes
 - Probably Yes
 - Not Sure
 - Probably No
 - Definitely No
26. Assuming that it is possible, do you think that it would be a good thing to develop and use such a program for rating **mental health** conditions?
- Definitely Yes
 - Probably Yes
 - Not Sure
 - Probably No
 - Definitely No

Continue

27. Based on your experience of looking for **analogous conditions** in claims where the VA Rating Schedule does not specifically identify a condition you are rating, to what extent do you feel that the current schedule generally has:

- Too few conditions
- About the right number of conditions
- Too many conditions

28. Overall, to what extent is it a problem for you to need to look for analogous conditions when the Rating Schedule does not specifically identify a condition?

- It is a very significant problem for me
- It is somewhat of a significant problem me
- It is somewhat of a minor problem for me
- It is a very minor problem for me
- It is not a problem for me at all

29. In a typical month, about how often do you need to look for analogous conditions because the Rating Schedule does not specifically identify a condition you are rating?

- Less than once a month
- 1 - 2 times a month
- 3 - 5 times a month
- 5 - 10 times a month
- More than 10 times a month

30. Disability compensation is intended to compensate veterans for average impairment in earning capacity and impact on quality of life. Based on your experience as a VBA rater, do you think that *separately rating* a disability's impact on *reduced quality of life* and *lost earnings capacity* would likely improve, have no impact on, or worsen each of the following:

| | <u>Greatly Improve</u> | <u>Somewhat Improve</u> | <u>No Impact</u> | <u>Somewhat Worsen</u> | <u>Greatly Worsen</u> |
|---|------------------------|-------------------------|------------------|------------------------|-----------------------|
| a. The <i>complexity</i> of deciding a claim..... | [] | [] | [] | [] | [] |
| b. The <i>time required</i> to decide a claim..... | [] | [] | [] | [] | [] |
| c. The <i>benefit</i> awarded to <i>veterans</i> | [] | [] | [] | [] | [] |
| d. The <i>benefit</i> awarded to <i>survivors</i> | [] | [] | [] | [] | [] |

Continue

SECTION 3: Performance of the Regional Office at which You- Curently Work

31. How would you rate the performance of the Regional Office *at which you currently work* in carrying out the “duty to assist” for veteran and survivor claims?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
32. How would you rate the coordination between this Regional Office and the military during the Benefits Delivery at Discharge (BDD) claims process involving service members being discharged or recently discharged veterans?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
 - No BDD at this RO
 - Cannot evaluate (e.g., no direct experience with BDD coordination)
33. And how would you rate the coordination between this Regional Office and the National Personnel Records Center (NPRC) in providing military service records during the claims process involving veterans who were discharged at least several years ago?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor

Continue

34. In your opinion, what is the emphasis on **accuracy** of deciding claims at this Regional Office?
- There is too much emphasis on accuracy
 - There is about the right amount of emphasis on accuracy
 - There is not enough emphasis on accuracy
35. In terms of enabling you to improve, how would you rate the feedback provided by STAR?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
36. In your opinion, what is the emphasis on **speed** or productivity in deciding claims at this Regional Office?
- there is too much emphasis on speed
 - there is about the right amount of emphasis on speed
 - there is not enough emphasis on speed
37. In your opinion again, what is the *relative* emphasis on or importance of accuracy *vs* speed at this Regional Office?
- Speed is definitely more important than accuracy
 - Speed is somewhat more important than accuracy
 - Speed is about as important as accuracy
 - Accuracy is somewhat more important than speed
 - Accuracy is definitely more important than speed

Continue

SECTION 4: Your Overall Assessment of the Rating Process

38. Based on your overall experience with the claims process, to what extent do you agree or disagree that this process:

| | <u>Definitely Agree</u> | <u>Somewhat Agree</u> | <u>Somewhat Disagree</u> | <u>Definitely Disagree</u> |
|--|-----------------------------|---------------------------|------------------------------|--------------------------------|
| a. Provides you the information or evidence you need to accurately decide a claim..... | [] | [] | [] | [] |
| b. Provides you the information or evidence you need to expeditiously decide a claim..... | [] | [] | [] | [] |
| c. Usually arrives at the “right” or a “fair” compensation decision..... | [] | [] | [] | [] |

39. Again based on your overall experience with the rating process, to what extent do you agree or disagree that the accredited National Veterans Service Officers (VSOs) who work at your RO assisting veterans and their survivors to prepare and present claims:

| | <u>Definitely Agree</u> | <u>Somewhat Agree</u> | <u>Somewhat Disagree</u> | <u>Definitely Disagree</u> |
|---|-----------------------------|---------------------------|------------------------------|--------------------------------|
| a. Adequately assist <i>their veteran and survivor clients</i> | [] | [] | [] | [] |
| b. Adequately assist <i>you, the VBA rating official</i> , to rate a claim..... | [] | [] | [] | [] |
| c. Adequately understand the process..... | [] | [] | [] | [] |
| d. Inappropriately “coach” clients..... | [] | [] | [] | [] |

40. Rate the relative degree of difficulty you **typically** experience in rating claims involving:

| | <u>Very Difficult</u> | <u>Moderately Difficult</u> | <u>Slightly Difficult</u> | <u>Not at All Difficult</u> |
|--|---------------------------|---------------------------------|-------------------------------|---------------------------------|
| a. Older veterans (age 70 or older)..... | [] | [] | [] | [] |
| b. Service connected injuries or incidents that occurred before 1973 (fire-related claims)..... | [] | [] | [] | [] |
| c. Medical exams conducted by VA examiners..... | [] | [] | [] | [] |
| d. Medical exams conducted by QTC examiners (if used at this RO)..... | [] | [] | [] | [] |
| e. Medical exams conducted by private examiners..... | [] | [] | [] | [] |
| f. Original claims..... | [] | [] | [] | [] |

- g. Requests for re-evaluating claims due to a change in the veteran's condition..... [] [] [] []
- h. A claimant receiving assistance from a VSO..... [] [] [] []
- i. A claimant **not** receiving assistance from a VSO..... [] [] [] []
- j. A claimant receiving paid legal assistance..... [] [] [] []
- k. Presumptive diagnoses..... [] [] [] []
- l. Special issues (e.g., SHAD, mustard gas, etc.)..... [] [] [] []

Continue

41. The rating and appeals process is often said to be a mixture of medical (clinical) and legal (statutory or regulatory) considerations. Based on your overall experience as a rating official, which type of consideration is typically the most difficult to resolve?

- Medical
- Legal
- They are equally difficult to resolve

42. Rate the relative degree of difficulty you **typically** experience getting the evidence you need to establish each of the following points in deciding a claim involving a **physical** condition:

| | <u>Very</u> <u>Difficult</u> | <u>Moderately</u> <u>Difficult</u> | <u>Slightly</u> <u>Difficult</u> | <u>Not at All</u> <u>Difficult</u> |
|--|---------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| a. Identifying a service-related injury or aggravation of injury..... | [] | [] | [] | [] |
| b. Identifying a current disability..... | [] | [] | [] | [] |
| c. Establishing a nexus (connection) between the service-related event and the current disability..... | [] | [] | [] | [] |
| d. Determining a disability percentage evaluation..... | [] | [] | [] | [] |

43. Rate the relative degree of difficulty you *typically* experience getting the evidence you need to establish each of the following points in deciding a claim involving a **mental health** condition:

| | <u>Very Difficult</u> | <u>Moderately Difficult</u> | <u>Slightly Difficult</u> | <u>Not at All Difficult</u> |
|--|---------------------------|---------------------------------|-------------------------------|---------------------------------|
| a. Identifying a service-related injury or aggravation of injury..... | [] | [] | [] | [] |
| b. Identifying a current disability..... | [] | [] | [] | [] |
| c. Establishing a nexus (connection) between the service-related event and the current disability..... | [] | [] | [] | [] |
| d. Determining a disability percentage evaluation..... | [] | [] | [] | [] |

Continue

The next 2 questions (44 and 45) ask you to judge whether rating certain types of claims has been getting more complex or less complex over the past several years. *If you have **not** worked as a rating official for **at least 2 years**, please click on the Continue box to **skip** these questions and go directly to question 46.*

44. In your overall experience as a rating official, would you say that over the past several years rating the majority of *original* disability compensation claims has been getting more complex, less complex, or not changing?

- Definitely more complex
- Somewhat more complex
- No significant change
- Somewhat less complex
- Definitely less complex

45. In your overall experience as a rating official, would you say that over the past several years rating a typical issue *once eligibility for disability compensation has been established* has been getting more complex, less complex, or not changing?

- Definitely more complex
- Somewhat more complex
- No significant change
- Somewhat less complex
- Definitely less complex

Continue

46. In your overall experience as a rating specialist, would you say that veterans typically have realistic or unrealistic expectations of:

| | <u>Very</u> <u>Realistic</u> | <u>Somewhat</u> <u>Realistic</u> | <u>Somewhat</u> <u>Unrealistic</u> | <u>Very</u> <u>Unrealistic</u> |
|--|---------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|
|--|---------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|

a. The disability rating process..... [] [] [] []

b. The disability benefit they should receive..... [] [] [] []

47. Is there anything else you would like to say regarding the claims, rating, and/or appeals process?

Continue

SECTION 5: Information About You

(Note: We will only use the information in this final section of the survey only to help us analyze how different types of VBA raters respond to the survey, and not to identify you or link you to your responses)

48. What is your current position with the Veterans Benefits Administration?

Rating Veterans Service Representative (RVSR)

Decision Review Officer (DRO)

49. How long have you worked as a rating official? *Please report **all** of the time you have worked as either an RVSR or a DRO combined.*

Years and Months

50. What is your current GS grade level (e.g., 12)?

Grade

51. What team are you currently assigned to?

Triage

Pre-determination

Rating

Post-determination

Appeals

Other (specify _____)

52. Do you have single signature authority for: Yes No

a. Granted disability compensation claims?.....

b. Denied disability compensation claims?.....

53. In what year were you born?

19

54. What is the highest level of education you have completed?

- 8th grade or less
- Some high school but did not graduate
- High School diploma or GED
- Some college or 2-year degree
- 4-year college degree
- Some education beyond college but no degree
- Graduate degree (masters, doctorate, or other)

55. Are you *likely* to retire or otherwise leave the VBA within the next 3-5 years?

- Yes
- No

56. Have you had training or worked in any of the following occupations?

*[Check **all** that apply]*

- Physician
- Physician assistant or nurse practitioner/advanced practice nurse
- Registered nurse
- Licensed practical/vocational nurse
- Medical records or health information technician
- Other medical/clinical profession (please specify _____)
- Social worker
- Vocational or occupational rehabilitation counselor
- Health insurance claims adjudicator
- Attorney/lawyer
- Paralegal
- Veterans Service Representative (VSR)
- Accredited National Veterans Service Officer (VSO)

Continue

57. Are you a veteran?

Yes → *(Please answer Questions 58 & 59)*

No → *(Click on the Continue box to skip Questions 58 & 59 and go straight to the end of the survey)*

58. Did any of your military service include serving in a combat zone?

Yes

No

59. Do you have any service-connected disability for which you are receiving compensation?

Yes

No

Continue

You have completed the survey. Thank you for your participation! The Veterans' Disability Benefits Commission greatly appreciates it.

WELCOME TO THE
VETERANS' DISABILITY BENEFITS COMMISSION
SURVEY WEBSITE FOR
ACCREDITED VETERANS SERVICE OFFICERS (VSOs)

The Veterans' Disability Benefits Commission is conducting this survey to learn about your experiences with and insights into the disability claims process. You have been asked to participate because you are an accredited Veterans Service Officer. The information you provide will help the Commission gain a better understanding of how best to compensate and assist our Nation's disabled veterans and their survivors.

| |
|---|
| <p>NOTE: OMB Control Number 2900-0680 for this survey was received on 11/15/2006 and expires 11/30/2009. This control number is displayed in accordance with 5 CFR 1320.5(b) and indicates that this survey has met the requirements of the federal Paperwork Reduction Act. Without this control number persons are not required to respond to this survey.</p> |
|---|

Your participation in this survey is voluntary. Refusal to participate involves no penalty or adverse consequences. If you consent to complete the survey, here are some things you should know:

- You may stop at any time, and you may chose to not answer a question at any time.
- Completion of this inventory poses few, if any, risks to you.
- The information you provide will be kept confidential, and your name or any personal identifiers will not be associated with your responses.
- There are no direct benefits to you for completing the survey. However, the information you provide will help improve the disability claims process for America's disabled veterans.

Informed Consent

Before proceeding, please read and indicate whether you agree with the following statement of informed consent. *Click the "Continue" box after indicating whether you agree or not.*

I understand that if I participate in this survey, my responses will be sent electronically to the Center for Naval Analyses (CNA), which is conducting the survey for the Commission, and that only CNA analysts will have access to my individual responses. I understand further that CNA will keep my responses strictly confidential, will use them for research purposes only, and will only report aggregated results that will not permit the identification of individual respondents. Finally, I understand that the survey should take me about 30 minutes to complete and will ask me questions about the VA disability claims process.

Given these understandings, I voluntarily agree to participate in this survey.

- Yes ⇒ control passes to first page of the survey
- No ⇒ control passes to a Sorry-You-Have-Decided-Not-To-Participate page

Thank you for agreeing to participate. You will now be asked to read and respond to a series of questions. Some questions will have response categories and you will click on the box associated with the category or categories that correspond to your answer. Here is an example of this kind of question where the respondent has indicated that he/she feels “somewhat well-trained.”

Overall, to what extent do you feel well-trained to be an accredited VSO?

- Very well-trained
- Somewhat well-trained
- Not well-trained

Some questions will contain a response category of “other” and you will be asked to *specify* your response if you select that category.

Other questions will not have response categories, and you should answer them by typing a *brief* response into the text box following the question. Only a maximum of 255 characters, or about 2½ to 3 lines of type, will be sent to CNA as your response to these questions.

The survey is divided into several web “pages” each containing a series of questions. At the bottom of each “page” there will be a box that you will click on to electronically transmit all of your responses on that page to CNA. You can change any of your answers on a survey page before you click *continue*; however, once you click *continue* your answers will be transmitted and you will no longer be able to change them. Please make certain that you are satisfied with your answers and do not want to change them before clicking *continue*. Once you have completed a page and clicked *continue*, a new page will open.

Please click on the Continue box below to begin the survey now.

ELIGIBILITY TO PARTICIPATE IN THIS SURVEY

Do **both** of the following two conditions apply to you?

- a) You are a Department of Veterans Affairs-accredited representative of a National Veterans Service Organization who is recognized by the VA to assist beneficiaries in the preparation, presentation, and advocacy of disability claims or appeals, **and**
- b) You currently are actively assisting beneficiaries to prepare and present claims.

Yes ⇒ control passes to the next page of the survey

No ⇒ control passes to a *We're sorry but you are **not** eligible to complete this survey; the Commission is only surveying VSO representatives who meet these criteria* page

Continue

SECTION 1: Training, Preparation, and Needed Skills

1. Overall, to what extent do you feel well-trained to be an accredited VSO?

Very well-trained

Somewhat well-trained

Not well-trained

2. Indicate how useful each of the following types of training was for preparing you to be an accredited VSO.

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> | <u>Did Not Receive This Training</u> |
|--|--------------------|--------------------------|------------------------|--------------------------|--------------------------------------|
| a. Formal training (e.g., training course or instruction) offered by your Veterans Service Organization..... | [] | [] | [] | [] | [] |
| b. On job training supervised by your service organization..... | [] | [] | [] | [] | [] |
| c. Training manual provided by your service organization..... | [] | [] | [] | [] | [] |
| d. TRIP training provided by VBA..... | [] | [] | [] | [] | [] |
| e. HIPAA privacy awareness, training | [] | [] | [] | [] | [] |
| f. Sexual harassment awareness training..... | [] | [] | [] | [] | [] |
| g. VBA provided training in how to use VBA computer systems or data to assist beneficiary clients..... | [] | [] | [] | [] | [] |
| h. Other (specify _____)... | [] | [] | [] | [] | [] |

3. List any training that **you** initiated, and indicate whether you would recommend it to other VSOs.

4. In your opinion, how useful are each of the following to a VSO representative assisting veterans or survivors to prepare and advocate claims?

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> |
|---|--------------------|--------------------------|------------------------|--------------------------|
| a. Clinical knowledge..... | [] | [] | [] | [] |
| b. Knowledge of medical terminology..... | [] | [] | [] | [] |
| c. Ability to interpret and apply medical evidence in preparing or advocating claims..... | [] | [] | [] | [] |
| d. Ability to interpret and apply statutes and regulations in preparing or advocating claims..... | [] | [] | [] | [] |
| e. Ability to use the VA Rating Schedule in preparing or advocating claims..... | [] | [] | [] | [] |
| f. Military experience..... | [] | [] | [] | [] |
| g. Experience as a veteran..... | [] | [] | [] | [] |
| h. Experience as a VSR in the VBA..... | [] | [] | [] | [] |
| i. Other (specify _____)..... | [] | [] | [] | [] |

5. How would you rate **your** degree of proficiency regarding:

| | <u>Excellent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|---|------------------|------------------|-------------|-------------|-------------|
| a. Clinical knowledge..... | [] | [] | [] | [] | [] |
| b. Knowledge of medical terminology..... | [] | [] | [] | [] | [] |
| c. Ability to interpret and apply medical evidence in preparing or advocating claims..... | [] | [] | [] | [] | [] |
| d. Ability to interpret and apply statutes and regulations in preparing or advocating claims..... | [] | [] | [] | [] | [] |
| e. Ability to use the VA Rating Schedule in preparing or advocating claims..... | [] | [] | [] | [] | [] |

Continue

6. How useful do you think it would be to be able to consult with people from the following occupations as you assist veterans or survivors prepare and prosecute claims?

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> |
|---|--------------------|--------------------------|------------------------|--------------------------|
| a. Physician of an appropriate specialty..... | [] | [] | [] | [] |
| b. Medical paraprofessional (e.g., physician assistant, nurse practitioner, advanced practice nurse)..... | [] | [] | [] | [] |
| c. Registered nurse..... | [] | [] | [] | [] |
| d. Licensed practical or vocational nurse..... | [] | [] | [] | [] |
| e. Psychologist or psychiatric social worker..... | [] | [] | [] | [] |
| f. Lawyer/attorney..... | [] | [] | [] | [] |
| g. Paralegal..... | [] | [] | [] | [] |
| h. Rehabilitation specialist (e.g., vocational or occupational rehabilitation)..... | [] | [] | [] | [] |
| i. Medical records or health information specialist..... | [] | [] | [] | [] |
| j. Health insurance claims specialist..... | [] | [] | [] | [] |
| k. Other (specify _____)..... | [] | [] | [] | [] |

7. How useful do you think it would be if people from the following occupations were members of VBA rating teams?

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> |
|---|--------------------|--------------------------|------------------------|--------------------------|
| a. Physician of an appropriate specialty..... | [] | [] | [] | [] |
| b. Medical paraprofessional (e.g., physician assistant, nurse practitioner, advanced practice nurse)..... | [] | [] | [] | [] |
| c. Registered nurse..... | [] | [] | [] | [] |
| d. Licensed practical or vocational nurse..... | [] | [] | [] | [] |
| e. Psychologist or psychiatric social worker..... | [] | [] | [] | [] |
| f. Lawyer/attorney..... | [] | [] | [] | [] |
| g. Paralegal..... | [] | [] | [] | [] |
| h. Rehabilitation specialist (e.g., vocational or occupational rehabilitation)..... | [] | [] | [] | [] |
| i. Medical records or health information specialist..... | [] | [] | [] | [] |
| j. Health insurance claims specialist..... | [] | [] | [] | [] |
| k. Other (specify _____)..... | [] | [] | [] | [] |

8. Are the office space and facilities provided to you by the VBA adequate for your needs?

Yes

No

The VBA does not provide office space to me

Continue

SECTION 2. *Your Experience with Assisting Veterans and Survivors*

9. Based on your experience assisting *veterans* to prepare and advocate claims, to what extent do you agree or disagree that the claims process:

| | <u>Definitely Agree</u> | <u>Somewhat Agree</u> | <u>Somewhat Disagree</u> | <u>Definitely Disagree</u> |
|--|-------------------------|-----------------------|--------------------------|----------------------------|
| a. Usually arrives at the “right” decision..... | [] | [] | [] | [] |
| b. Is understood by most veterans..... | [] | [] | [] | [] |
| c. Is satisfactory to most veterans..... | [] | [] | [] | [] |
| d. Is easy for most veterans to “navigate”..... | [] | [] | [] | [] |
| e. Allows you to adequately assist veterans..... | [] | [] | [] | [] |

10. And based on your experience assisting *survivors* to prepare and advocate claims, to what extent do you agree or disagree that the claims process:

| | <u>Definitely Agree</u> | <u>Somewhat Agree</u> | <u>Somewhat Disagree</u> | <u>Definitely Disagree</u> |
|---|-------------------------|-----------------------|--------------------------|----------------------------|
| a. Usually arrives at the “right” decision..... | [] | [] | [] | [] |
| b. Is understood by most survivors..... | [] | [] | [] | [] |
| c. Is satisfactory to most survivors..... | [] | [] | [] | [] |
| d. Is easy for most survivors to “navigate”..... | [] | [] | [] | [] |
| e. Allows you to adequately assist survivors..... | [] | [] | [] | [] |

11. Of the following choices, identify the top **three** challenges you face as an accredited VSO in assisting veteran or survivor clients. First identify your greatest challenge, then your next greatest challenge, and finally your third greatest challenge.

| | <u>Greatest Challenge</u> | <u>Next Greatest Challenge</u> | <u>Third Greatest Challenge</u> |
|--|---------------------------|--------------------------------|---------------------------------|
| a. Assisting clients to understand the claims process..... | [] | [] | [] |
| b. Assisting clients to understand what evidence they need for presenting their claim..... | [] | [] | [] |
| c. Assisting clients to gather the evidence they need to present their claim..... | [] | [] | [] |
| d. Getting claims decided in a timely manner..... | [] | [] | [] |
| e. Getting access to examiners, raters, or VA data..... | [] | [] | [] |
| f. Managing my case load..... | [] | [] | [] |
| g. Finding misplaced folders or documents | [] | [] | [] |
| h. Other (specify_____)... | [] | [] | [] |

12. What do you think could be done to overcome these challenges?

13. Rate the relative degree of difficulty you typically experience in assisting in the preparation or presentation of claims involving:

| | Very Difficult | Moderately Difficult | Slightly Difficult | Not at All Difficult |
|--|-------------------|-------------------------|-----------------------|-------------------------|
| a. Older veterans (age 70 or older)..... | [] | [] | [] | [] |
| b. Service connected injuries or incidents that occurred before 1973 (fire-related claims)..... | [] | [] | [] | [] |
| c. Medical exams conducted by VA examiners..... | [] | [] | [] | [] |
| d. Medical exams conducted by QTC examiners (if used at this RO)..... | [] | [] | [] | [] |
| e. Medical exams conducted by private examiners..... | [] | [] | [] | [] |
| f. Original claims..... | [] | [] | [] | [] |
| g. Requests for re-evaluating decided claims due to a change in the veteran's disability condition..... | [] | [] | [] | [] |
| h. Presumptive diagnoses..... | [] | [] | [] | [] |
| i. Special issues (e.g., SHAD, mustard gas, etc)..... | [] | [] | [] | [] |

Continue

SECTION 3. Your Experience with the Regional Office at which You Currently Work or with which You Work Most Closely

14. Based on your experience working with the VBA rating officials (RVSRs and DROs) at the Regional Office *at which you currently work or with which you work most closely*, to what extent do you agree or disagree that they generally:

| | <u>Definitely Agree</u> | <u>Somewhat Agree</u> | <u>Somewhat Disagree</u> | <u>Definitely Disagree</u> |
|--|-----------------------------|---------------------------|------------------------------|--------------------------------|
| a. Correctly interpret and take into account the available evidence in deciding a claim..... | [] | [] | [] | [] |
| b. Correctly apply the regulations and VA Rating Schedule in deciding a claim..... | [] | [] | [] | [] |
| c. Adequately assist <i>veterans</i> | [] | [] | [] | [] |
| d. Adequately assist <i>survivors</i> | [] | [] | [] | [] |
| e. Adequately assist <i>you</i> to assist veterans..... | [] | [] | [] | [] |
| f. Adequately assist <i>you</i> to assist survivors..... | [] | [] | [] | [] |
| g. Correctly use the information, evidence, and assistance you provide to them..... | [] | [] | [] | [] |

15. How would you rate the typical performance of rating officials at this office in rating or otherwise deciding claims involving:

| | <u>Excel lent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|---|-----------------------|----------------------|-------------|-------------|-------------|
| a. Older veterans (age 70 or older)..... | [] | [] | [] | [] | [] |
| b. Service connected injuries or incidents that occurred before 1973 (fire-related claims)..... | [] | [] | [] | [] | [] |
| c. Medical exams performed by private examiners..... | [] | [] | [] | [] | [] |
| d. Medical exams performed by VA examiners..... | [] | [] | [] | [] | [] |
| e. Medical exams performed by QTC examiners (if used at this RO)..... | [] | [] | [] | [] | [] |
| f. Original claims..... | [] | [] | [] | [] | [] |
| g. Requests for re-evaluating claims due to a change in the veteran's condition..... | [] | [] | [] | [] | [] |
| h. Presumptive claims..... | [] | [] | [] | [] | [] |
| i. Special issues (e.g., SHAD, mustard gas)..... | [] | [] | [] | [] | [] |

16. Please indicate the amount of judgement and subjectivity that raters in this Regional Office *typically* exercise in rating claims involving each of the body systems listed below. For each body system, would you say that raters typically exercise **more** subjectivity than for most other systems, **about as much** subjectivity as for most other systems, **less** subjectivity than for most other systems, or **no** subjectivity at all?

Amount of Judgement and Subjectivity

| | More than Most | About as Much as Most | Less than Most | None at All |
|---|-------------------------------|--------------------------------------|-------------------------------|----------------------------|
| a. Musculoskeletal (codes 5000-5399)..... | [] | [] | [] | [] |
| b. Organs of special sense (codes 6000 -6299)..... | [] | [] | [] | [] |
| c. Systemic diseases (codes 6300-6399)..... | [] | [] | [] | [] |
| d. Respiratory (codes 6500-6899)..... | [] | [] | [] | [] |
| e. Cardiovascular (codes 7000-7199)..... | [] | [] | [] | [] |
| f. Digestive (codes 7200-7399)..... | [] | [] | [] | [] |
| g. Genitourinary (codes 7500-7599)..... | [] | [] | [] | [] |
| h. Gynecological conditions (codes 7610 -7699)..... | [] | [] | [] | [] |
| i. Hemic and lymphatic (codes 7700-7799)..... | [] | [] | [] | [] |
| j. Skin (codes 7800-7899)..... | [] | [] | [] | [] |
| k. Endocrine (codes 7900-7999)..... | [] | [] | [] | [] |
| l. Neurological and convulsive disorders (codes 8000-8999)..... | [] | [] | [] | [] |
| m. Mental disorders (codes 9200-9599)..... | [] | [] | [] | [] |
| n. Post traumatic stress disorder <i>in particular</i> | [] | [] | [] | [] |
| o. Dental and oral conditions (codes 9900-9999)..... | [] | [] | [] | [] |

17. In your opinion, if different rating officials at this Regional Office each individually rated the same claim for a condition in each of the following body systems, how likely or unlikely would it be that they each arrived at close to the same rating for that condition?

| | <u>Very Likely</u> | <u>Somewhat Likely</u> | <u>Not Sure</u> | <u>Somewhat Unlikely</u> | <u>Very Unlikely</u> |
|--|------------------------|----------------------------|---------------------|------------------------------|--------------------------|
| a. Musculoskeletal (codes 5000-5399)..... | [] | [] | [] | [] | [] |
| b. Organs of special sense (codes 6000-6299)... | [] | [] | [] | [] | [] |
| c. Systemic diseases (codes 6300-6399)..... | [] | [] | [] | [] | [] |
| d. Respiratory (codes 6500-6899)..... | [] | [] | [] | [] | [] |
| e. Cardiovascular (codes 7000-7199)..... | [] | [] | [] | [] | [] |
| f. Digestive (codes 7200-7399)..... | [] | [] | [] | [] | [] |
| g. Genitourinary (codes 7500-7599)..... | [] | [] | [] | [] | [] |
| h. Gynecological conditions (codes 7610 - 7699)..... | [] | [] | [] | [] | [] |
| i. Hemic and lymphatic (codes 7700-7799)..... | [] | [] | [] | [] | [] |
| j. Skin (codes 7800-7899)..... | [] | [] | [] | [] | [] |
| k. Endocrine (codes 7900-7999)..... | [] | [] | [] | [] | [] |
| l. Neurological and convulsive disorders (codes 8000-8999)..... | [] | [] | [] | [] | [] |
| m. Mental disorders (codes 9200-9599)..... | [] | [] | [] | [] | [] |
| n. Post traumatic stress disorder <i>in particular</i> ... | [] | [] | [] | [] | [] |
| o. Dental and oral conditions (codes 9900 - 9999)..... | [] | [] | [] | [] | [] |

18. If you answered somewhat or very unlikely to any of the body systems above, why do you think that different rating officials might be unlikely to arrive at close to the same rating for the same condition?

Continue

19. When you are assisting a client with a claim, do you have any preferences for which rating official at this Regional Office rates the claim?

No, it doesn't matter which official rates a claim (they're all pretty much the same)

Yes, I prefer some officials rather than others rate the claim

20. If yes, why do you prefer some rating officials over others?

21. Are there some VA physician or non-physician examiners who provide medical examinations for veterans served by this Regional Office that you prefer do an exam for a claim that you are assisting?

No, it doesn't matter which VA examiner conducts the examination (they're all pretty much the same)

Yes, I prefer some VA examiners rather than others conduct the exam

22. And are there some QTC physician or non-physician examiners who provide medical examinations for veterans served by this Regional Office that you prefer do an exam for a claim that you are assisting?

No, it doesn't matter which QTC examiner conducts the examination (they're all pretty much the same)

Yes, I prefer some QTC examiners rather than others conduct the exam

There are no QTC examiners providing medical exams at this Regional Office

23. If yes to either question 22 or 23, why do you prefer some VA or QTC examiners over others?

24. How would you rate the performance of this Regional Office in carrying out the “duty to assist” for veteran and survivor claims?

- Excellent
- Very Good
- Good
- Fair
- Poor

25. How might its performance be improved?

26. How would you rate the coordination between this Regional Office and the military during the Benefits Delivery at Discharge (BDD) claims process involving service members being discharged or recently discharged veterans?

- Excellent
- Very Good
- Good
- Fair
- Poor
- No BDD at this Regional Office
- Cannot evaluate (e.g., no direct experience with BDD coordination)

27. And how would you rate the coordination between this Regional Office and the National Personnel Records Center in providing military service records during the claims process involving veterans who were discharged at least several years ago?

- Excellent
- Very Good
- Good
- Fair
- Poor

Continue

28. In your opinion, what is the emphasis on accuracy of deciding claims at this Regional Office?
- There is too much emphasis on accuracy
 - There is about the right amount of emphasis on accuracy
 - There is not enough emphasis on accuracy
 - No opinion; Not sure; Don't know

29. And, in your opinion, what is the emphasis on speed or productivity in deciding claims at this Regional Office?
- There is too much emphasis on speed
 - There is about the right amount of emphasis on speed
 - There is not enough emphasis on speed
 - No opinion; Not sure; Don't know

30. In your opinion again, what is the *relative* emphasis on accuracy vs speed at this Regional Office?
- Speed is definitely more important than accuracy
 - Speed is somewhat more important than accuracy
 - Speed is about as important as accuracy
 - Accuracy is somewhat more important than speed
 - Accuracy is definitely more important than speed
 - No opinion; Not sure; Don't know

31. In general, how do you rate the performance of this Regional Office for each of the following points in deciding claims involving **physical** conditions?

| | Excel <u>lent</u> | Good | Very <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|--|----------------------|------|---------------------|-------------|-------------|
| a. Identifying a service-related injury or aggravation of injury | [] | [] | [] | [] | [] |
| b. Identifying a current disability..... | [] | [] | [] | [] | [] |
| c. Establishing a nexus (connection) between the service related event and the current disability..... | [] | [] | [] | [] | [] |
| d. Determining a disability percentage evaluation..... | [] | [] | [] | [] | [] |
| e. Assigning the correct effective date..... | [] | [] | [] | [] | [] |

32. And, in general, how do you rate the performance of this Regional Office for each of the following points in deciding claims involving **mental health** conditions?

| | <u>Excel</u> <u>lent</u> | <u>Good</u> | <u>Very</u> <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|---|-----------------------------|-------------|----------------------------|-------------|-------------|
| a. Identifying a service-related injury or aggravation of injury | [] | [] | [] | [] | [] |
| b. Identifying a current disability..... | [] | [] | [] | [] | [] |
| c. Establishing a nexus (connection) between the service related event and the current disability..... | [] | [] | [] | [] | [] |
| d. Determining a disability percentage evaluation..... | [] | [] | [] | [] | [] |
| e. Assigning the correct effective date..... | [] | [] | [] | [] | [] |

Continue

33. Are you familiar with the brokering of a claim from one Regional Office to another Regional Office?

Yes → (Answer the next question)

No → (Skip the next question and click on the Continue box to go to question 36)

34. In general, to what extent do you agree or disagree that brokering typically:

| | <u>Definitely</u> <u>Agree</u> | <u>Somewhat</u> <u>Agree</u> | <u>Somewhat</u> <u>Disagree</u> | <u>Definitely</u> <u>Disagree</u> |
|---|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|
| a. Shortens the time required for a rating or otherwise deciding a claim..... | [] | [] | [] | [] |
| b. Results in more accurate ratings or other claims decisions..... | [] | [] | [] | [] |
| c. Makes your job as a service officer easier..... | [] | [] | [] | [] |
| d. Makes the claims process easier for veterans..... | [] | [] | [] | [] |
| e. Makes the claims process easier for survivors..... | [] | [] | [] | [] |
| f. Is perceived as more satisfactory by veterans..... | [] | [] | [] | [] |
| g. Is perceived as more satisfactory by survivors..... | [] | [] | [] | [] |

Continue

SECTION 4. Two Specific Issues for You to Consider

35. Disability compensation is intended to compensate veterans for average impairment in earning capacity and impact on quality of life. Based on your experience as an accredited VSO, do you think that *separately rating* a disability's impact on *reduced quality of life* and *lost earnings capacity* would likely improve, have no impact on, or worsen each of the following:

| | <u>Definitely Improve</u> | <u>Somewhat Improve</u> | <u>No Impact</u> | <u>Somewhat Worsen</u> | <u>Definitely Worsen</u> | <u>Don't Know</u> |
|--|-------------------------------|-----------------------------|----------------------|----------------------------|------------------------------|-----------------------|
| a. The <i>complexity</i> of deciding a claim. | [] | [] | [] | [] | [] | [] |
| b. The <i>time required</i> to decide a claim. | [] | [] | [] | [] | [] | [] |
| c. The <i>benefit</i> awarded to <i>veterans</i> ... | [] | [] | [] | [] | [] | [] |

36. The *total* compensation and benefit package available to disabled veterans can include more than just disability compensation (e.g., health care, vocational rehabilitation, grants for adapting an automobile or home, etc). Taking into account disabled veterans' changing needs in today's society, to what extent do you agree or disagree that the current *total* benefit package:

| | <u>Definitely Agree</u> | <u>Somewhat Agree</u> | <u>Somewhat Disagree</u> | <u>Definitely Disagree</u> | <u>Don't Know</u> |
|--|-----------------------------|---------------------------|------------------------------|--------------------------------|-----------------------|
| a. Is fair and adequate and doesn't require revising..... | [] | [] | [] | [] | [] |
| b. Has the right elements..... | [] | [] | [] | [] | [] |
| c. Needs to be modified to add additional benefits needed to take part in today's society..... | [] | [] | [] | [] | [] |
| d. If agree with the previous item, specify possible additional benefit(s)_____ | | | | | |

Continue

SECTION 5. Your Overall Assessment Of The Rating Process

37. The claims rating process is often said to be a mixture of medical (clinical) and legal (statutory or regulatory) considerations. Based on your overall experience as an accredited VSO, which type of consideration do you feel is typically the most difficult to satisfactorily resolve?
- Medical
 - Legal
 - They are equally difficult to resolve

The next 4 questions (39 through 42) ask you to judge whether establishing certain types of claims has been getting more difficult or less difficult over the past several years. *If you have **not** worked as an accredited VSO for **at least 2 years**, please click on the Continue box to **skip** these questions and go directly to question 43.*

38. In your overall experience as an accredited VSO, would you say that over the past several years it has been getting more difficult or less difficult to establish *original service connection* for a typical claim involving a **physical** issue?
- Definitely more difficult
 - Somewhat more difficult
 - No significant change
 - Somewhat less difficult
 - Definitely less difficult
39. Again in your overall experience as an accredited VSO, would you say that over the past several years it has been getting more difficult or less difficult to achieve a satisfactory rating in a claim for an *increased evaluation* involving a **physical** issue?
- Definitely more difficult
 - Somewhat more difficult
 - No significant change
 - Somewhat less difficult
 - Definitely less difficult

40. In your overall experience as an accredited VSO, would you say that over the past several years it has been getting more difficult or less difficult to establish *original service connection* for a typical claim involving a **mental health** issue?
- Definitely more difficult
 - Somewhat more difficult
 - No significant change
 - Somewhat less difficult
 - Definitely less difficult
41. Again in your overall experience as an accredited VSO, would you say that over the past several years it has been getting more difficult or less difficult to achieve a satisfactory rating in a claim for an *increased evaluation* involving a **mental health** issue?
- Definitely more difficult
 - Somewhat more difficult
 - No significant change
 - Somewhat less difficult
 - Definitely less difficult

Continue

42. In your overall experience as an accredited VSO, would you say that veterans typically have realistic or unrealistic expectations of:

| | Very <u>Realistic</u> | Somewhat <u>Realistic</u> | Somewhat <u>Unrealistic</u> | Very <u>Unrealistic</u> |
|--|--------------------------|------------------------------|--------------------------------|----------------------------|
|--|--------------------------|------------------------------|--------------------------------|----------------------------|

- | | | | | |
|--|-----|-----|-----|-----|
| a. The disability rating process..... | [] | [] | [] | [] |
| b. The disability benefit they should receive... | [] | [] | [] | [] |

43. Is there anything else you would like to say regarding the claims, rating, and/or appeals process?

Continue

SECTION 6: Information About You

(NOTE: We will use the information in this final section of the survey only to help us analyze how different types of accredited VSOs respond to the survey, and not to identify you or link you to your responses)

44. How long have you been accredited as a VSO? Please report **all** of your accredited service with **any** Veterans Service Organization.

| |
|------------------------------|
| _____ Years and _____ Months |
|------------------------------|

45. With which Veterans Service Organization are you currently affiliated?

| |
|--|
| |
|--|

46. How many years have you been an accredited VSO with **this** organization?

| |
|------------------------------|
| _____ Years and _____ Months |
|------------------------------|

47. In what year were you born?

| |
|----------|
| 19 __ __ |
|----------|

48. What is the highest level of education you have completed?

- 8th grade or less
- Some high school but did not graduate
- High School diploma or GED
- Some college or 2-year degree
- 4-year college degree
- Some education beyond college but no degree
- Graduate degree (masters, doctorate, or other)

49. Are you a veteran?

- Yes —→ (Please answer Questions 51 & 52)
- No —→ (Click on the Continue box to skip Questions 51 & 52 and go straight to the end of the survey)

50. Did any of your military service include serving in a combat zone?

Yes

No

51. Do you have any service-connected disability for which you are receiving compensation?

Yes

No

Continue

You have completed the survey. Thank you for your participation! The Veterans' Disability Benefits Commission greatly appreciates it**APPENDIX C1: Raters cover letter on VDBC letterhead**

**APPENDIX C1: Raters cover letter on VDBC
letterhead**



December 2006

**VETERANS' DISABILITY
BENEFITS COMMISSION**

1101 Pennsylvania Avenue, NW, 5th Floor
Washington, DC 20004
Office (202) 756-7729 Fax (202) 756-0229
www.vetfbcommission.org

Chairman:

JAMES TERRY SCOTT
LTG, USA (RET)

Members:

NICK D. BACON
1SG, USA (RET)

LARRY G. BROWN
COL, USA (RET)

JENNIFER S. CARROLL
LCDR, USN (RET)

DONALD M. CASSIDAY
COL, USAF (RET)

JOHN H. GRADY

CHARLES JOECKEL
USMC (RET)

KEN JORDAN
COL, USMC (RET)

JAMES E. LIVINGSTON
MG, USMC (RET)

WILLIAM M. MATZ, JR.
MG USA (RET)

DENNIS V. MCGINN
VADM, USN (RET)

RICK SURRATT
(FORMER USA)

JOE WYNN
(FORMER USAF)

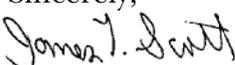
Dear VBA Rating Official:

The Veterans' Disability Benefits Commission was created by an Act of Congress to "carry out a study of the benefits under the laws of the United States that are provided to compensate and assist veterans and their survivors for disabilities and deaths attributable to military service" (Title XV, PL 108-136, the National Defense Authorization Act for Fiscal Year 2004). Its members, who were appointed by the President and leaders of Congress, are reviewing information they deem necessary in developing their report to the President and the Congress.

The commission has determined that surveying those on the "front lines" of the benefits determination and disability rating process, who have first-hand experience working with it, is a necessary part of the study it is charged with carrying out. *The commission invites you, as a VBA rating official, to participate in this survey.* The information and insights you can provide regarding the process and your experiences with it would be of great use to the commission and will help improve the process for the benefit of America's disabled veterans. We received your email address through a request to the VBA for a list of RVSR and DRO rating officials at all Regional Offices.

We have hired an independent research and analysis company, the Center for Naval Analyses (CNA), to conduct this survey, which will use a secure website to collect your responses online. CNA will send you instructions on how to access the survey and respond to it online. CNA will also provide you with a link to the website that uniquely identifies you as a qualified respondent. Please be assured that CNA will separate your email address from your responses and that only CNA analysts will have access to your individual responses, will keep them confidential and secure, and will use them for research purposes only. They will not share your individual responses with anyone outside of CNA, and will only report aggregated results that will not permit the identification of individual respondents.

Your participation in this survey is voluntary, but I encourage you to participate. The survey will take about 30 minutes of your time, and we have made arrangements with VBA management to allow you to take the survey "on the clock" as part of your regular work day. Your answers, along with those of other VBA rating officials, will help the commission gain a better understanding of how best to compensate and assist our Nation's disabled veterans and their survivors. On behalf of my fellow Commissioners, I thank you for your assistance with this very important project.

Sincerely,


APPENDIX C2: Raters email from CNA

Dear VBA Rating Official:

Your email address has been provided to us at The Center for Naval Analyses (CNA) by the VBA Office of Field Operations for purposes of including you in an online, web-based survey of rating officials (RVSRs and DROs) that we are conducting for the Veterans' Disability Benefits Commission. A letter about the survey from the Commission Chair, Lieutenant General James Terry Scott (USA Ret), is attached to this email.

If you voluntarily agree to participate, you may access the survey by using the internet link provided below. It will take you to a secure website that contains the online survey, and uniquely identify you as a VBA rating official who is eligible to take the survey. Please note that this link is to be used by you and you alone. Your rating official colleagues will each receive their own unique links. Once you complete the survey, the link will be de-activated. Please keep a copy of the link (or do not delete this email) until you complete and submit the survey.

Your unique link to the survey website is:

http://.....

In the unlikely event the link does not take you to the survey website, please contact CNA at [email address] and let us know. You may also use this email address to ask us any questions you have about the survey. To find out more about CNA, please visit our website at <http://www.cna.org>.

Please complete this survey online within the next few weeks, but no later than the end of the first week of January. We estimate that it will only take you about 30 minutes to complete.

Your responses to the survey will be recorded online and sent electronically to CNA. Only CNA analysts will have access to your individual responses, and they will keep them confidential and secure. They will not share your individual responses with anyone outside of CNA, and will only report summaries that will not permit the identification of individual respondents.

Thank you for participating in this very important project. Your survey responses, along with those of other VBA rating officials, will assist the Commission to gain a better understanding of the disability rating and claims process, and allow the Commission to develop a report to Congress that incorporates your opinions.

Sincerely,
The Center for Naval Analyses

**APPENDIX C3: VSO Cover letter on VDBC
letterhead**



**VETERANS' DISABILITY
BENEFITS COMMISSION**

1101 Pennsylvania Avenue, NW, 5th Floor
Washington, DC 20004
Office (202) 756-7729 Fax (202) 756-0229
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MG USA (RET)

DENNIS V. MCGINN
VADM, USN (RET)

RICK SURRATT
(FORMER USA)

JOE WYNN
(FORMER USAF)

Dear Accredited Veterans Service Officer:

The Veterans' Disability Benefits Commission was created by an Act of Congress to "carry out a study of the benefits under the laws of the United States that are provided to compensate and assist veterans and their survivors for disabilities and deaths attributable to military service" (Title XV, PL 108-136, the National Defense Authorization Act for Fiscal Year 2004). Its members, who were appointed by the President and leaders of Congress, are reviewing information they deem necessary in developing their report to the President and the Congress.

The commission has determined that surveying those on the "front lines" of the benefits determination and disability rating process, who have first-hand experience working with it, is a necessary part of the study it is charged with carrying out. *The commission invites you, as an accredited veterans service officer, to participate in this survey.* The information and insights you can provide regarding this process and your experiences assisting veterans and their survivors to prepare, present, and prosecute their disability and compensation claims would be of great use to the commission and will help improve the process for the benefit of America's disabled veterans. We received your email address through a request to your Veterans Service Organization for a list of its accredited service officers.

We have hired an independent research and analysis company, the Center for Naval Analyses (CNA), to conduct this survey, which will use a secure website to collect your responses online. CNA will send you instructions on how to access the survey and respond to it online. CNA will also provide you with a link to the website that uniquely identifies you as a qualified respondent. Please be assured that CNA will separate your email address from your responses and that only CNA analysts will have access to your individual responses, will keep them confidential and secure, and will use them for research purposes only. They will not share your individual responses with anyone outside of CNA, and will only report aggregated results that will not permit the identification of individual respondents.

Your participation in this survey is voluntary, but I encourage you to participate. The survey will take about 30 minutes of your time. Your answers, along with those of other accredited Veterans Service Officers, will help the commission gain a better understanding of how best to compensate and assist our Nation's disabled veterans and their survivors. On behalf of my fellow Commissioners, I thank you for your assistance on this very important project.

Sincerely,

James Terry Scott,
Lieutenant General, US Army, Retired
Chairman, Veterans' Disabilities Benefits Commission

APPENDIX C4: VSO email from CNA

Dear Accredited Veterans Service Officer:

Your email address has been provided to us at The Center for Naval Analyses (CNA) by the Veterans' Disability Benefits Commission for purposes of including you in an online, web-based survey of accredited Veterans Service Officers (VSOs) that we are conducting for the Commission. A letter about the survey from the Commission Chair, Lieutenant General James Terry Scott (USA Ret), is attached to this email.

If you voluntarily agree to participate, you may access the survey by using the internet link provided below. It will take you to a secure website that contains the online survey, and uniquely identify you as an accredited VSO who is eligible to take the survey. Please note that this link is to be used by you and you alone. Your VSO colleagues will each receive their own unique links. Once you complete the survey, the link will be de-activated. Please keep a copy of the link (or do not delete this email) until you complete and submit the survey.

In the unlikely event the link does not take you to the survey website, please contact CNA at [email address] and let us know. You may also use this email address to ask us any questions you have about the survey. To find out more about CNA, please visit our website at <http://www.cna.org>.

Please complete this survey online within the next few weeks, but no later than the end of December. We estimate that it will only take you about 30 minutes to complete.

Your responses to the survey will be recorded online and sent electronically to CNA. Only CNA analysts will have access to your individual responses, and they will keep them confidential and secure. They will not share your individual responses with anyone outside of CNA, and will only report summaries that will not permit the identification of individual respondents.

Thank you for participating in this very important project. Your survey responses, along with those of other accredited VSOs, will assist the Commission to gain a better understanding of the disability rating and claims process, and allow the Commission to develop a report to Congress that incorporates your opinions.

Your unique link to the survey website is:

Sincerely,
The Center for Naval Analyses

**Appendix D1: Percentaged Frequency
Distributions of Responses to Closed-Ended
Questions on the National VSO Survey**

1. Overall, to what extent do you feel well-trained to be an accredited VSO?

| | |
|-------------------------|--------------|
| Very well-trained | 74.5% |
| Somewhat well-trained | 20.0% |
| <u>Not well-trained</u> | <u>0.5%</u> |
| Total: | 100% (n=400) |

2. **Indicate how useful each of the following types of training was for preparing you to be an accredited VSO.**

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> | <u>Did Not Receive This Training</u> | Total | n |
|--|--------------------|--------------------------|------------------------|--------------------------|--------------------------------------|-------|-----|
| a. Formal training (e.g., training course or instruction) offered by your Veterans Service Organization..... | 81.6% | 13.3% | 3.6% | 0.0% | 1.5% | 100% | 413 |
| b. On job training supervised by your service organization..... | 75.2% | 15.0% | 3.2% | 0.24% | 6.3% | 100% | 412 |
| c. Training manual provided by your service organization..... | 68.0% | 21.0% | 4.6% | 0.49% | 5.9% | 100% | 410 |
| d. TRIP training provided by VBA..... | 36.6% | 38.7% | 19.6% | 2.6% | 2.4% | 100% | 413 |
| e. HIPAA privacy awareness, training | 41.9% | 38.0% | 13.3% | 2.9% | 3.9% | 100% | 413 |
| f. Sexual harassment awareness training..... | 37.9% | 35.0% | 17.0% | 3.6% | 6.6% | 100% | 412 |
| g. VBA provided training in how to use VBA computer systems or data to assist beneficiary clients..... | 38.8% | 29.6% | 19.0% | 2.2% | 10.4% | 100% | 412 |

3. **List any training that *you* initiated, and indicate whether you would recommend it to other VSOs.**

Open-ended response.

4. **In your opinion, how useful are each of the following to a VSO representative assisting veterans or survivors to prepare and advocate claims?**

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> | <u>Total</u> | <u>n</u> |
|---|--------------------|--------------------------|------------------------|--------------------------|--------------|----------|
| a. Clinical knowledge..... | 73.8% | 23.5% | 2.7% | 0.0% | 100% | 413 |
| b. Knowledge of medical terminology..... | 84.5% | 14.3% | 1.2% | 0.0% | 100% | 413 |
| c. Ability to interpret and apply medical evidence in preparing or advocating claims..... | 88.3% | 10.7% | 0.7% | 0.2% | 100% | 411 |
| d. Ability to interpret and apply statutes and regulations in preparing or advocating claims..... | 92.2% | 6.8% | 1.0% | 0.0% | 100% | 409 |

| | | | | | | |
|---|-------|-------|-------|-------|------|-----|
| e. Ability to use the VA Rating Schedule in preparing or advocating claims..... | 90.3% | 8.7% | 1.0% | 0.0% | 100% | 413 |
| f. Military experience..... | 61.8% | 30.2% | 6.3% | 1.7% | 100% | 411 |
| g. Experience as a veteran..... | 68.9% | 25.7% | 3.7% | 1.7% | 100% | 405 |
| h. Experience as a VSR in the VBA..... | 43.7% | 31.1% | 13.4% | 11.7% | 00% | 366 |

5. **How would you rate your degree of proficiency regarding:**

| | <u>Excel lent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> | <u>Total</u> | <u>n</u> |
|---|-----------------------|----------------------|-------------|-------------|-------------|--------------|----------|
| a. Clinical knowledge..... | 17.7% | 48.1% | 25.7% | 8.3% | 0.2% | 100% | 412 |
| b. Knowledge of medical terminology..... | 20.1% | 47.0% | 25.4% | 6.8% | 0.7% | 100% | 413 |
| c. Ability to interpret and apply medical evidence in preparing or advocating claims..... | 34.6% | 46.2% | 14.8% | 4.1% | 0.2% | 100% | 413 |
| d. Ability to interpret and apply statutes and regulations in preparing or advocating claims..... | 42.9% | 38.5% | 14.5% | 3.6% | 0.5% | 100% | 413 |
| e. Ability to use the VA Rating Schedule in preparing or advocating claims..... | 46.5% | 38.2% | 12.4% | 2.7% | 0.2% | 100% | 411 |

6. **How useful do you think it would be to be able to consult with people from the following occupations as you assist veterans or survivors prepare and prosecute claims?**

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> | <u>Total</u> | <u>n</u> |
|---|------------------------|------------------------------|----------------------------|------------------------------|--------------|----------|
| a. Physician of an appropriate specialty..... | 83.5% | 13.5% | 2.9% | 0.0% | 100% | 407 |
| b. Medical paraprofessional (e.g., physician assistant, nurse practitioner, advanced practice nurse)..... | 60.5% | 30.4% | 7.6% | 1.5% | 100% | 408 |
| c. Registered nurse..... | 44.9% | 38.0% | 14.0% | 3.2% | 100% | 408 |
| d. Licensed practical or vocational nurse..... | 37.4% | 37.6% | 20.5% | 4.5% | 100% | 404 |
| e. Psychologist or psychiatric social worker... | 73.2% | 22.9% | 3.7% | 0.2% | 100% | 406 |
| f. Lawyer/attorney..... | 11.9% | 18.1% | 26.2% | 43.8% | 100% | 404 |
| g. Paralegal..... | 9.2% | 20.1% | 27.5% | 43.2% | 100% | 403 |
| h. Rehabilitation specialist (e.g., vocational or occupational rehabilitation)..... | 43.8% | 39.9% | 14.4% | 2.0% | 100% | 404 |
| i. Medical records or health information specialist..... | 39.2% | 32.8% | 21.4% | 6.7% | 100% | 406 |
| j. Health insurance claims specialist..... | 11.8% | 19.8% | 35.6% | 32.8% | 100% | 399 |

7. How useful do you think it would be if people from the following occupations were members of VBA rating teams?

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> | <u>Total</u> | <u>n</u> |
|--|--------------------|--------------------------|------------------------|--------------------------|--------------|----------|
| a. Physician of an appropriate specialty..... | 58.4% | 24.4% | 11.3% | 5.9% | 100% | 406 |
| b. Medical paraprofessional (e.g., physician assistant, nurse practitioner, advanced practice nurse..... | 41.9% | 33.5% | 18.7% | 5.9% | 100% | 406 |
| c. Registered nurse..... | 32.8% | 34.7% | 25.6% | 6.9% | 100% | 403 |
| d. Licensed practical or vocational nurse..... | 23.0% | 33.3% | 32.5% | 11.3% | 100% | 400 |
| e. Psychologist or psychiatric social worker | 49.3% | 29.0% | 15.1% | 6.7% | 100% | 404 |
| f. Lawyer/attorney..... | 10.9% | 14.2% | 24.6% | 50.2% | 100% | 402 |
| g. Paralegal..... | 8.5% | 16.8% | 29.1% | 45.6% | 100% | 399 |
| h. Rehabilitation specialist (e.g., vocational or occupational rehabilitation)..... | 32.5% | 39.6% | 20.1% | 7.9% | 100% | 394 |
| i. Medical records/health information specialist... | 23.0% | 27.3% | 33.4% | 16.2% | 100% | 395 |
| j. Health insurance claims specialist..... | 8.5% | 15.2% | 34.4% | 41.9% | 100% | 401 |

8. Are the office space and facilities provided to you by the VBA adequate for your needs?

Yes 31.1%

No 68.9%

Total: 100% (n=389)

9. Based on your experience assisting veterans to prepare and advocate claims, to what extent do you agree or disagree that the claims process:

| | <u>Definitely Agree</u> | <u>Somewhat Agree</u> | <u>Somewhat Disagree</u> | <u>Definitely Disagree</u> | <u>Total</u> | <u>n</u> |
|---|-------------------------|-----------------------|--------------------------|----------------------------|--------------|----------|
| a. Usually arrives at the “right” decision... | 8.7% | 70.1% | 18.0% | 3.2% | 100% | 401 |
| b. Is understood by most veterans..... | 2.2% | 7.4% | 39.9% | 30.4% | 100% | 401 |
| c. Is satisfactory to most veterans..... | 3.5% | 42.9% | 38.7% | 15.0% | 100% | 401 |
| d. Is easy for most veterans to “navigate”.. | 2.5% | 13.2% | 44.0% | 40.3% | 100% | 402 |
| e. Allows you to adequately assist veterans | 22.6% | 60.2% | 13.2% | 4.0% | 100% | 402 |

10. And based on your experience assisting survivors to prepare and advocate claims, to what extent do you agree or disagree that the claims process:

| | <u>Definitely Agree</u> | <u>Somewhat Agree</u> | <u>Somewhat Disagree</u> | <u>Definitely Disagree</u> | <u>Total</u> | <u>n</u> |
|---|-------------------------|-----------------------|--------------------------|----------------------------|--------------|----------|
| a. Usually arrives at the “right” decision..... | 14.2% | 63.9% | 17.7% | 4.2% | 100% | 402 |
| b. Is understood by most survivors..... | 2.7% | 24.6% | 41.3% | 31.3% | 100% | 402 |
| c. Is satisfactory to most survivors..... | 4.0% | 44.3% | 39.6% | 12.2% | 100% | 402 |
| d. Is easy for most survivors to “navigate” | 2.7% | 16.2% | 41.0% | 40.0% | 100% | 402 |
| e. Allows you to adequately assist survivors..... | 20.7% | 60.3% | 15.5% | 3.5% | 100% | 401 |

11. **Of the following choices, identify the top three challenges you face as an accredited VSO in assisting veteran or survivor clients.**

| | <u>One of Top Three Challenges</u> | | | |
|--|------------------------------------|-----------|--------------|----------|
| | <u>Yes</u> | <u>No</u> | <u>Total</u> | <u>n</u> |
| a. Assisting clients to understand the claims process..... | 48.9% | 51.1% | 100% | 399 |
| b. Assisting clients to understand what evidence they need for presenting their claim..... | 60.4% | 39.6% | 100% | 399 |
| c. Assisting clients to gather the evidence they need to present their claim..... | 42.9% | 57.1% | 100% | 399 |
| d. Getting claims decided in a timely manner..... | 67.9% | 32.1% | 100% | 399 |
| e. Getting access to examiners, raters, or VA data..... | 19.5% | 80.5% | 100% | 399 |
| f. Managing my case load..... | 17.5% | 82.5% | 100% | 399 |
| g. Finding misplaced folders or documents | 27.3% | 72.7% | 100% | 399 |
| h. Other..... | 12.3% | 87.7% | 100% | 399 |

12. **What do you think could be done to overcome these challenges?**
Open-ended response.

13. **Rate the relative degree of difficulty you typically experience in assisting in the preparation or presentation of claims involving:**

| | Very Difficult | Moderately Difficult | Slightly Difficult | Not at All Difficult | Total | n |
|---|-----------------------|-----------------------------|---------------------------|-----------------------------|--------------|----------|
| a. Older veterans (age 70 or older)..... | 8.2% | 26.9% | 45.8% | 19.2% | 100% | 402 |
| b. Service connected injuries or incidents that occurred before 1973 (fire-related claims)..... | 40.8% | 33.5% | 22.5% | 3.3% | 100% | 400 |
| c. Medical exams conducted by VA examiners..... | 9.3% | 31.4% | 40.2% | 19.1% | 100% | 398 |
| d. Medical exams conducted by QTC examiners (if used at this RO)..... | 14.2% | 31.3% | 31.3% | 23.1% | 100% | 281 |
| e. Medical exams conducted by private examiners..... | 6.5% | 17.7% | 47.1% | 28.6% | 100% | 367 |
| f. Original claims..... | 2.0% | 14.5% | 40.7% | 42.7% | 100% | 393 |
| g. Requests for re-evaluating decided claims due to a change in the veteran's disability condition..... | 3.8% | 15.9% | 43.6% | 36.8% | 100% | 397 |
| h. Presumptive diagnoses..... | 5.3% | 15.1% | 38.8% | 40.8% | 100% | 397 |
| i. Special issues (e.g., SHAD, mustard gas, etc)..... | 30.0% | 32.0% | 28.4% | 9.6% | 100% | 387 |

14. **Based on your experience working with the VBA rating officials (RVSRs and DROs) at the Regional Office at which you currently work or with which you work most closely, to what extent do you agree or disagree that they generally:**

| | <u>Definitely Agree</u> | <u>Somewhat Agree</u> | <u>Somewhat Disagree</u> | <u>Definitely Disagree</u> | <u>Total</u> | <u>n</u> |
|--|-------------------------|-----------------------|--------------------------|----------------------------|--------------|----------|
| a. Correctly interpret and take into account the available evidence in deciding a claim..... | 15.1% | 59.8% | 21.1% | 4.0% | 100% | 398 |
| b. Correctly apply the regulations and VA Rating Schedule in deciding a claim..... | 17.1% | 58.4% | 20.4% | 4.0% | 100% | 397 |
| c. Adequately assist <i>veterans</i> | 17.9% | 48.9% | 26.2% | 7.1% | 100% | 397 |
| d. Adequately assist <i>survivors</i> | 20.7% | 47.7% | 25.8% | 5.8% | 100% | 396 |
| e. Adequately assist <i>you</i> to assist veterans..... | 35.4% | 46.1% | 14.7% | 3.8% | 100% | 395 |
| f. Adequately assist <i>you</i> to assist survivors..... | 33.5% | 47.1% | 15.6% | 3.8% | 100% | 397 |
| g. Correctly use the information, evidence, and assistance you provide to them..... | 19.8% | 53.3% | 23.1% | 3.8% | 100% | 398 |

15. **How would you rate the typical performance of rating officials at this office in rating or otherwise deciding claims involving:**

| | <u>Excellent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> | <u>Total</u> | <u>n</u> |
|---|------------------|------------------|-------------|-------------|-------------|--------------|----------|
| a. Older veterans (age 70 or older)..... | 8.9% | 36.7% | 31.4% | 18.2% | 4.8% | 100% | 395 |
| b. Service connected injuries or incidents that occurred before 1973 (fire-related claims)..... | 3.1% | 14.8% | 31.8% | 33.3% | 17.0% | 100% | 393 |
| c. Medical exams performed by private examiners | 3.9% | 19.8% | 34.6% | 29.9% | 11.7% | 100% | 384 |
| d. Medical exams performed by VA examiners..... | 4.3% | 25.9% | 36.3% | 25.6% | 7.9% | 100% | 394 |
| e. Medical exams performed by QTC examiners (if used at this RO)..... | 3.8% | 19.5% | 32.3% | 31.2% | 13.2% | 100% | 266 |
| f. Original claims..... | 10.2% | 28.7% | 43.4% | 15.0% | 2.8% | 100% | 394 |
| g. Requests for re-evaluating claims due to a change in the veteran's condition..... | 8.3% | 28.3% | 37.6% | 21.0% | 4.8% | 100% | 396 |
| h. Presumptive claims..... | 13.0% | 30.2% | 33.5% | 20.5% | 2.8% | 100% | 391 |
| i. Special issues (e.g., SHAD, mustard gas)..... | 3.7% | 10.1% | 33.0% | 38.0% | 15.2% | 100% | 376 |

16. Please indicate the amount of judgement and subjectivity that raters in this Regional Office typically exercise in rating claims involving each of the body systems listed below.

| | <i>Amount of Judgement and Subjectivity</i> | | | | <u>Total</u> | <u>n</u> |
|---|---|---------------------------|-----------------------|--------------------|--------------|----------|
| | <u>More than Most</u> | <u>About as Much Most</u> | <u>Less than Most</u> | <u>None at All</u> | | |
| a. Musculoskeletal (codes 5000-5399)..... | 10.2% | 65.8% | 22.7% | 1.3% | 100% | 383 |
| b. Organs of special sense (codes 6000 -6299)..... | 4.7% | 68.4% | 22.7% | 4.2% | 100% | 383 |
| c. Systemic diseases (codes 6300-6399)..... | 7.1% | 68.9% | 22.4% | 1.6% | 100% | 379 |
| d. Respiratory (codes 6500-6899)..... | 5.3% | 69.7% | 23.0% | 2.1% | 100% | 379 |
| e. Cardiovascular (codes 7000-7199)..... | 7.1% | 70.0% | 21.1% | 1.8% | 100% | 380 |
| f. Digestive (codes 7200-7399)..... | 4.5% | 72.9% | 21.5% | 1.1% | 100% | 376 |
| g. Genitourinary (codes 7500-7599)..... | 4.5% | 73.2% | 20.7% | 1.6% | 100% | 381 |
| h. Gynecological conditions (codes 7610 -7699)..... | 6.3% | 68.5% | 23.4% | 1.8% | 100% | 381 |
| i. Hemic and lymphatic (codes 7700-7799)..... | 2.7% | 72.2% | 23.8% | 1.3% | 100% | 374 |
| j. Skin (codes 7800-7899)..... | 5.3% | 63.4% | 28.6% | 2.7% | 100% | 377 |
| k. Endocrine (codes 7900-7999)..... | 4.0% | 76.7% | 18.5% | 0.8% | 100% | 373 |
| l. Neurological and convulsive disorders (codes 8000-8999)..... | 9.7% | 67.2% | 21.5% | 1.6% | 100% | 372 |
| m. Mental disorders (codes 9200-9599)..... | 22.9% | 47.6% | 26.8% | 2.6% | 100% | 380 |
| n. Post traumatic stress disorder <i>in particular</i> | 26.3% | 41.6% | 28.7% | 3.4% | 100% | 380 |
| o. Dental and oral conditions (codes 9900-9999).... | 4.2% | 53.9% | 31.2% | 10.7% | 100% | 382 |

17. In your opinion, if different rating officials at this Regional Office each individually rated the same claim for a condition in each of the following body systems, how likely or unlikely would it be that they each arrived at close to the same rating for that condition?

| | <u>Very Likely</u> | <u>Somewhat Likely</u> | <u>Not Sure</u> | <u>Somewhat Unlikely</u> | <u>Very Unlikely</u> | <u>Total</u> | <u>n</u> |
|---|---|------------------------|-----------------|--------------------------|----------------------|--------------|----------|
| | a. Musculoskeletal (codes 5000-5399)..... | 11.7% | 47.5% | 14.1% | 21.9% | | |
| b. Organs of special sense (codes 6000-6299).. | 16.5% | 44.9% | 18.1% | 16.8% | 3.7% | 100% | 381 |
| c. Systemic diseases (codes 6300-6399)..... | 10.2% | 47.8% | 20.2% | 18.4% | 3.4% | 100% | 381 |
| d. Respiratory (codes 6500-6899)..... | 13.8% | 50.0% | 16.4% | 15.6% | 4.2% | 100% | 384 |
| e. Cardiovascular (codes 7000-7199)..... | 15.2% | 49.0% | 16.0% | 15.4% | 4.5% | 100% | 382 |
| f. Digestive (codes 7200-7399)..... | 9.3% | 51.6% | 18.1% | 17.6% | 3.5% | 100% | 376 |
| g. Genitourinary (codes 7500-7599)..... | 11.1% | 50.4% | 17.5% | 16.4% | 4.5% | 100% | 377 |
| h. Gynecological conditions (codes 7610 -7699)..... | 11.1% | 46.6% | 23.0% | 15.3% | 4.0% | 100% | 378 |
| i. Hemic and lymphatic (codes 7700-7799). | 9.6% | 48.9% | 22.3% | 16.0% | 3.2% | 100% | 376 |
| j. Skin (codes 7800-7899)..... | 9.2% | 47.1% | 18.7% | 20.3% | 4.7% | 100% | 380 |
| k. Endocrine (codes 7900-7999)..... | 10.9% | 49.9% | 21.5% | 15.1% | 2.7% | 100% | 377 |
| l. Neurological and convulsive disorders (codes 8000-8999)..... | 9.7% | 42.9% | 18.9% | 23.5% | 5.1% | 100% | 371 |
| m. Mental disorders (codes 9200-9599)..... | 8.2% | 32.7% | 14.1% | 31.6% | 13.3% | 100% | 376 |

| | | | | | | | |
|--|-------|-------|-------|-------|-------|------|-----|
| n. Post traumatic stress disorder <i>in particular</i> ... | 10.5% | 27.4% | 14.2% | 32.1% | 15.8% | 100% | 380 |
| o. Dental and oral conditions (codes 9900 - 9999)..... | 12.9% | 38.6% | 26.8% | 14.2% | 7.6% | 100% | 381 |

18. **If you answered somewhat or very unlikely to any of the body systems above, why do you think that different rating officials might be unlikely to arrive at close to the same rating for the same condition?**

Open-ended response.

19. **When you are assisting a client with a claim, do you have any preferences for which rating official at this Regional Office rates the claim?**

No, it doesn't matter which official rates a claim (they're all pretty much the same) 31.7%

Yes, I prefer some officials rather than others rate the claim 68.3%

Total: 100% (n=394)

20. **If yes, why do you prefer some rating officials over others?**

Open-ended response.

21. **Are there some VA physician or non-physician examiners who provide medical examinations for veterans served by this Regional Office that you prefer do an exam for a claim that you are assisting?**

No, it doesn't matter which VA examiner conducts the examination (they're all pretty much the same) 46.0%

Yes, I prefer some VA examiners rather than others conduct the exam 54.0%

Total: 100% (n=389)

22. **And are there some QTC physician or non-physician examiners who provide medical examinations for veterans served by this Regional Office that you prefer do an exam for a claim that you are assisting?**

No, it doesn't matter which QTC examiner conducts the examination (they're all pretty much the same) 69.4%

Yes, I prefer some QTC examiners rather than others conduct the exam 30.6%

Total: 100% (n=209)

23. **If yes to either question 22 or 23, why do you prefer some VA or QTC examiners over others?**

Open-ended response.

24. **How would you rate the performance of this Regional Office in carrying out the "duty to assist" for veteran and survivor claims?**

Excellent 16.7%

Very Good 34.7%

Good 28.1%

Fair 16.2%

Poor 4.3%

Total: 100% (n=395)

25. **How might its performance be improved?**

Open-ended response.

26. **How would you rate the coordination between this Regional Office and the military during the Benefits Delivery at Discharge (BDD) claims process involving service members being discharged or recently discharged veterans?**

| | |
|--------------------------------|---------------------|
| Excellent | 9.9% |
| Very Good | 20.5% |
| Good | 18.5% |
| Fair | 12.9% |
| Poor | 5.6% |
| No BDD at this Regional Office | 14.7% |
| <u>Cannot evaluate</u> | <u>18.0%</u> |
| Total: | 100% (n=395) |

27. **And how would you rate the coordination between this Regional Office and the National Personnel Records Center in providing military service records during the claims process involving veterans who were discharged at least several years ago?**

| | |
|---------------|---------------------|
| Excellent | 8.1% |
| Very Good | 29.5% |
| Good | 36.1% |
| Fair | 19.6 |
| <u>Poor</u> | <u>6.6%</u> |
| Total: | 100% (n=393) |

28. In your opinion, what is the emphasis on accuracy of deciding claims at this Regional Office?

| | |
|---|---------------------|
| There is too much emphasis on accuracy | 2.3% |
| There is about the right amount of emphasis on accuracy | 39.9% |
| There is not enough emphasis on accuracy | 53.2% |
| <u>No opinion; Not sure; Don't know</u> | <u>4.6%</u> |
| Total: | 100% (n=391) |

29. **And, in your opinion, what is the emphasis on speed or productivity in deciding claims at this Regional Office?**

| | |
|--|---------------------|
| There is too much emphasis on speed | 47.6% |
| There is about the right amount of emphasis on speed | 24.0% |
| There is not enough emphasis on speed | 23.3% |
| <u>No opinion; Not sure; Don't know</u> | <u>5.1%</u> |
| Total: | 100% (n=391) |

30. In your opinion again, what is the *relative* emphasis on accuracy vs speed at this Regional Office?

| | |
|--|-------------|
| Speed is definitely more important than accuracy | 29.8% |
| Speed is somewhat more important than accuracy | 24.2% |
| Speed is about as important as accuracy | 15.3% |
| Accuracy is somewhat more important than speed | 10.4% |
| Accuracy is definitely more important than speed | 13.5% |
| <u>No opinion; Not sure; Don't know</u> | <u>6.9%</u> |

Total: 100% (n=393)

31. **In general, how do you rate the performance of this Regional Office for each of the following points in deciding claims involving *physical* conditions?**

| | Excel <u>lent</u> | Very <u>Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> | <u>Total</u> | <u>n</u> |
|--|----------------------|---------------------|-------------|-------------|-------------|--------------|----------|
| a. Identifying a service-related injury or aggravation of injury . | 7.5% | 31.3% | 43.0% | 15.8% | 2.3% | 100% | 386 |
| b. Identifying a current disability..... | 9.0% | 32.8% | 41.1% | 15.0% | 2.1% | 100% | 387 |
| c. Establishing a nexus (connection) between the service related event and the current disability..... | 4.9% | 19.1% | 34.6% | 27.9% | 13.4% | 100% | 387 |
| d. Determining a disability percentage evaluation..... | 5.7% | 25.9% | 41.5% | 22.5% | 4.4% | 100% | 386 |
| e. Assigning the correct effective date..... | 8.0% | 34.3% | 39.7% | 13.9% | 4.1% | 100% | 388 |

32. **And, in general, how do you rate the performance of this Regional Office for each of the following points in deciding claims involving *mental health* conditions?**

| | Excel <u>lent</u> | Very <u>Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> | <u>Total</u> | <u>n</u> |
|--|----------------------|---------------------|-------------|-------------|-------------|--------------|----------|
| a. Identifying a service-related injury or aggravation of injury | 3.9% | 24.0% | 38.4% | 27.3% | 6.4% | 100% | 388 |
| b. Identifying a current disability..... | 5.9% | 25.5% | 41.8% | 22.4% | 4.4% | 100% | 388 |
| c. Establishing a nexus (connection) between the service related event and the current disability..... | 5.2% | 15.8% | 31.2% | 33.0% | 14.8% | 100% | 385 |
| d. Determining a disability percentage evaluation..... | 4.1% | 20.4% | 33.1% | 30.0% | 12.4% | 100% | 387 |
| e. Assigning the correct effective date..... | 7.2% | 29.0% | 41.1% | 18.3% | 4.4% | 100% | 389 |

33. **Are you familiar with the brokering of a claim from one Regional Office to another Regional Office?**

| | |
|-----------|--------------|
| Yes | 10.8% |
| <u>No</u> | <u>89.2%</u> |
| Total: | 100% (n=389) |

34. In general, to what extent do you agree or disagree that brokering *typically*:

| | Definitely Agree | Somewhat Agree | Neither Agree Nor Disagree | Somewhat Disagree | Definitely Disagree | Total | n |
|---|-------------------------|-----------------------|-----------------------------------|--------------------------|----------------------------|--------------|----------|
| a. Shortens the time required for a rating or otherwise deciding a claim..... | 4.0% | 33.9% | 19.9% | 20.5% | 11.7% | 100% | 389 |
| b. Results in more accurate ratings or other claims decisions..... | 2.3% | 3.1% | 30.3% | 31.7% | 22.6% | 100% | 350 |
| c. Makes your job as a service officer easier... | 1.4% | 5.7% | 22.9% | 31.2% | 38.7% | 100% | 349 |
| d. Makes the claims process easier for veterans | 1.7% | 8.3% | 24.9% | 29.7% | 35.4% | 100% | 350 |
| e. Makes the claims process easier for survivors... | 1.4% | 8.3% | 26.0 | 29.1% | 35.1% | 100% | 350 |
| f. Is perceived as more satisfactory by veterans.... | 1.1% | 5.7% | 33.5% | 25.5% | 34.1% | 100% | 349 |
| g. Is perceived as more satisfactory by survivors ... | 1.1% | 5.5% | 36.5% | 23.9% | 33.0% | 100% | 348 |

35. Based on your experience as an accredited VSO, do you think that *separately rating* a disability's impact on *reduced quality of life* and *lost earnings capacity* would likely improve, have no impact on, or worsen each of the following:

| | Definite Improve | Somewhat Improve | No Impact | Somewhat Worsen | Definitely Worsen | Total | n |
|--|-------------------------|-------------------------|------------------|------------------------|--------------------------|--------------|----------|
| a. The <i>complexity</i> of deciding a claim. | 7.9% | 26.8% | 16.1% | 27.7% | 21.5% | 100% | 354 |
| b. The <i>time required</i> to decide a claim. | 7.9% | 16.6% | 18.8% | 29.2% | 27.5% | 100% | 356 |
| c. The <i>benefit</i> awarded to <i>veterans</i> ... | 16.2% | 42.4% | 15.9% | 11.8% | 13.8% | 100% | 340 |

36. The *total* compensation and benefit package available to disabled veterans can include more than just disability compensation (e.g., health care, vocational rehabilitation, grants for adapting an automobile or home, etc). Taking into account disabled veterans' changing needs in today's society, to what extent do you agree or disagree that the current *total* benefit package:

| | Definitely Agree | Somewhat Agree | Somewhat Disagree | Definitely Disagree | Total | n |
|--|-------------------------|-----------------------|--------------------------|----------------------------|--------------|----------|
| a. Is fair and adequate and doesn't require revising..... | 10.0% | 41.4% | 30.0% | 18.6 | 100% | 370 |
| b. Has the right elements..... | 14.0% | 55.6% | 19.6% | 0.8% | 100% | 372 |
| c. Needs to be modified to add additional benefits needed to take part in today's society..... | 30.4% | 44.9% | 18.6% | 6.1% | 100% | 345 |

37. **The claims rating process is often said to be a mixture of medical (clinical) and legal (statutory or regulatory) considerations. Based on your overall experience as an accredited VSO, which type of consideration do you feel is typically the most difficult to satisfactorily resolve?**

| | |
|--|--------------|
| Medical | 39.4% |
| Legal | 15.0% |
| <u>They are equally difficult to resolve</u> | <u>45.6%</u> |
| Total: | 100% (n=386) |

38. **In your overall experience as an accredited VSO, would you say that over the past several years it has been getting more difficult or less difficult to establish *original service connection* for a typical claim involving a physical issue?**

| | |
|----------------------------------|--------------|
| Definitely more difficult | 8.8% |
| Somewhat more difficult | 32.0% |
| No significant change | 39.9% |
| Somewhat less difficult | 15.9% |
| <u>Definitely less difficult</u> | <u>3.4%</u> |
| Total: | 100% (n=353) |

39. **Again in your overall experience as an accredited VSO, would you say that over the past several years it has been getting more difficult or less difficult to achieve a satisfactory rating in a claim for an *increased evaluation* involving a physical issue?**

| | |
|----------------------------------|--------------|
| Definitely more difficult | 11.1% |
| Somewhat more difficult | 41.3% |
| No significant change | 33.3% |
| Somewhat less difficult | 12.8% |
| <u>Definitely less difficult</u> | <u>1.4%</u> |
| Total: | 100% (n=351) |

40. **In your overall experience as an accredited VSO, would you say that over the past several years it has been getting more difficult or less difficult to establish *original service connection* for a typical claim involving a mental health issue?**

| | |
|----------------------------------|--------------|
| Definitely more difficult | 20.5% |
| Somewhat more difficult | 39.3% |
| No significant change | 23.6% |
| Somewhat less difficult | 14.8% |
| <u>Definitely less difficult</u> | <u>1.7%</u> |
| Total: | 100% (n=351) |

41. **Again in your overall experience as an accredited VSO, would you say that over the past several years it has been getting more difficult or less difficult to achieve a satisfactory rating in a claim for an *increased evaluation* involving a mental health issue?**

| | |
|----------------------------------|--------------|
| Definitely more difficult | 21.9% |
| Somewhat more difficult | 40.2% |
| No significant change | 25.4% |
| Somewhat less difficult | 11.4% |
| <u>Definitely less difficult</u> | <u>1.1%</u> |
| Total: | 100% (n=351) |

42. In your overall experience as an accredited VSO, would you say that veterans typically have realistic or unrealistic expectations of:

| | Very Realistic | Somewhat Realistic | Somewhat Unrealistic | Very Unrealistic | Total | n |
|--|----------------|--------------------|----------------------|------------------|-------|-----|
| a. The disability rating process..... | 3.4% | 28.8% | 55.8% | 11.9% | 100% | 385 |
| b. The disability benefit they should receive... | 2.9% | 26.4% | 53.3% | 17.5% | 100% | 383 |

43. Is there anything else you would like to say regarding the claims, rating, and/or appeals process?
Open-ended response.

**Appendix D2: Percentaged Frequency
Distributions of Responses to Closed-Ended
Questions on the VBA Raters Survey**

1. Overall, to what extent do you feel well-trained to be an effective (productive and accurate) VBA rating official?

| | |
|-------------------------|---------------|
| Very well-trained | 49.8% |
| Somewhat well-trained | 46.5% |
| <u>Not well-trained</u> | <u>3.6%</u> |
| Total: | 100% (n=1371) |

2. Indicate how useful each of the following types of training was for preparing you to be a VBA rating official.

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> | <u>Did Not Receive This Training</u> | <u>Total</u> | <u>n</u> |
|--|--------------------|--------------------------|------------------------|--------------------------|--------------------------------------|--------------|----------|
| a. TPSS and/or EPSS..... | 11.5% | 29.1% | 31.7% | 10.2% | 17.5% | 100% | 1399 |
| b. Formal and informal mentoring..... | 74.3% | 17.8% | 4.2% | .7% | 2.9% | 100% | 1399 |
| c. Other on the job training..... | 53.5% | 32.4% | 9.0% | .0% | 4.0% | 100% | 1391 |
| d. VBN broadcasts or video recordings... | 11.9% | 43.5% | 35.5% | 4.9% | 4.2% | 100% | 1390 |
| e. Formal classroom instruction by VBA | 34.4% | 35.1% | 13.8% | 1.9% | 14.8% | 100% | 1392 |
| f. Fast and/or training letters..... | 39.8% | 43.8% | 14.2% | 1.7% | 0.5% | 100% | 1394 |
| g. Decision Assessment Documents..... | 23.2% | 39.7% | 25.5% | 3.6% | 8.0% | 100% | 1388 |
| h. Rating job aids..... | 48.3% | 37.7% | 11.9% | 0.8% | 1.2% | 100% | 1391 |

3. List any training that you initiated, and indicate whether you would recommend it to other RVSRs or DROs.

Open-ended response.

4. In your opinion, how useful are each of the following to a rating official?

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> | <u>Total</u> | <u>n</u> |
|---|--------------------|--------------------------|------------------------|--------------------------|--------------|----------|
| a. Clinical knowledge..... | 56.3% | 33.8% | 9.2% | 0.7% | 100% | 1392 |
| b. Knowledge of medical terminology..... | 79.1% | 17.6% | 3.3% | 0.0% | 100% | 1395 |
| c. Ability to interpret and apply medical evidence to rating or other claims decisions..... | 91.5% | 7.5% | 1.1% | 0.0% | 100% | 1392 |
| d. Ability to interpret and apply statutes and regulations..... | 92.8% | 6.7% | 0.5% | 0.0% | 100% | 1387 |
| e. Ability to interpret and apply the VA Rating Schedule..... | 96.2% | 3.3% | 0.4% | 0.1% | 100% | 1386 |
| f. Ability to manage and track claims..... | 36.1% | 42.6% | 17.6% | 3.8% | 100% | 1384 |
| g. Knowledge of and ability to use VBA computerized information systems..... | 68.9% | 27.7% | 3.2% | 0.2% | 100% | 1387 |
| h. Military experience..... | 24.4% | 28.1% | 37.2% | 10.3% | 100% | 1368 |
| i. Interpersonal skills..... | 37.0% | 45.2% | 16.4% | 1.4% | 100% | 1393 |

5. How would you rate your degree of proficiency regarding:

| | <u>Excel lent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> | <u>Total</u> | <u>n</u> |
|---|-------------------|------------------|-------------|-------------|-------------|--------------|----------|
| a. Clinical knowledge..... | 17.6% | 37.2% | 34.2% | 9.4% | 1.6% | 100% | 1396 |
| b. Knowledge of medical terminology..... | 26.8% | 40.6% | 26.9% | 5.4% | 0.4% | 100% | 1398 |
| c. Ability to interpret and apply medical evidence to rating or other claims decisions..... | 39.4% | 43.0% | 15.6% | 1.8% | 0.1% | 100% | 1390 |
| d. Ability to interpret and apply statutes and regulations..... | 31.9% | 43.6% | 21.0% | 3.2% | 0.2% | 100% | 1390 |
| e. Ability to interpret and apply the VA Rating Schedule..... | 39.1% | 43.8% | 15.5% | 1.6% | 0.1% | 100% | 1387 |
| f. Ability to manage and track claims..... | 28.1% | 36.9% | 27.1% | 7.1% | 0.8% | 100% | 1383 |
| h. Knowledge of and ability to use VBA computerized information systems..... | 28.6% | 41.1% | 24.2% | 5.4% | 0.7% | 100% | 1395 |

6. How useful do you think it would be to have employees on rating or appeals teams (as either full time members or part time consultants) from the following occupations?

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> | <u>Total</u> | <u>n</u> |
|---|--------------------|--------------------------|------------------------|--------------------------|--------------|----------|
| a. Physician of an appropriate specialty..... | 51.4% | 26.1% | 16.8% | 5.6% | 100% | 1392 |
| b. Medical paraprofessional (e.g., physician assistant, nurse practitioner, advanced practice nurse)..... | 35.3% | 33.2% | 23.0% | 8.5% | 100% | 1392 |
| c. Registered nurse..... | 26.1% | 33.1% | 29.0% | 11.8% | 100% | 1385 |
| d. Licensed practical or vocational nurse..... | 13.2% | 27.6% | 38.0% | 21.2% | 100% | 1375 |
| e. Psychologist or psychiatric social worker..... | 24.2% | 31.9% | 29.8% | 14.0% | 100% | 1388 |
| f. Lawyer/attorney..... | 11.6% | 25.5% | 33.7% | 29.2% | 100% | 1386 |
| g. Paralegal..... | 4.8% | 18.0% | 35.9% | 41.4% | 100% | 1387 |
| h. Rehabilitation specialist (e.g., vocational or occupational rehabilitation)..... | 5.1% | 18.8% | 43.8% | 32.2% | 100% | 1382 |
| i. Medical records or health information specialist..... | 6.6% | 18.5% | 40.1% | 34.8% | 100% | 1384 |
| j. Health insurance claims specialist..... | 3.2% | 10.9% | 29.5% | 56.4% | 100% | 1384 |

7. Generally, how useful are the medical exam reports submitted as evidence by each of the following types of physician or non-physician examiners?

| | <u>Very Useful</u> | <u>Moderately Useful</u> | <u>Slightly Useful</u> | <u>Not at All Useful</u> | <u>Not At My RO</u> | <u>Total</u> | <u>n</u> |
|---|--------------------|--------------------------|------------------------|--------------------------|---------------------|--------------|----------|
| a. VA examiner..... | 58.3% | 35.2% | 5.8% | 0.4% | 0.4% | 100% | 1387 |
| b. QTC examiner (if used at your RO)..... | 28.2% | 24.1% | 7.3% | 1.7% | 38.7% | 100% | 1336 |
| c. Private examiner..... | 13.8% | 42.6% | 32.1% | 2.4% | 9.1% | 100% | 1377 |

8. How would you rate the availability of each of the following resources needed to make decisions regarding claims?

| | <u>Excellent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> | <u>Total</u> | <u>n</u> |
|--|------------------|------------------|-------------|-------------|-------------|--------------|----------|
| a. Time..... | 3.7% | 14.2% | 27.8% | 30.9% | 23.3% | 100% | 1387 |
| b. Information or evidence..... | 4.5% | 31.8% | 44.8% | 16.8% | 2.1% | 100% | 1387 |
| c. Training..... | 7.9% | 30.0% | 37.8% | 18.4% | 5.9% | 100% | 1388 |
| d. Computer systems..... | 9.8% | 33.1% | 40.3% | 13.3% | 3.4% | 100% | 1386 |
| e. Clerical support..... | 4.7% | 18.6% | 33.7% | 27.8% | 15.2% | 100% | 1365 |
| f. Administrative or managerial support..... | 4.5% | 18.6% | 34.2% | 29.0% | 13.7% | 100% | 1378 |

9. Of the following choices, identify the top three challenges you face as a VBA rating official in making disability claims decisions.

| | <u>One of Top Three Challenges?</u> | | | |
|--|-------------------------------------|-----------|--------------|----------|
| | <u>Yes</u> | <u>No</u> | <u>Total</u> | <u>n</u> |
| a. Getting needed training..... | 29.9% | 70.1% | 100% | 1384 |
| b. Having enough time to process a claim..... | 80.0% | 20.0% | 100% | 1384 |
| c. Obtaining needed evidence..... | 72.0% | 28.0% | 100% | 1384 |
| d. The VBA computerized decision support technology..... | 15.6% | 84.4% | 100% | 1384 |
| e. Computerized support for tracking and managing a claim..... | 5.6% | 94.4% | 100% | 1384 |
| f. Guidance available from the VA Rating Schedule..... | 33.8% | 66.2% | 100% | 1384 |
| g. Ability to assign a precise degree of disability..... | 23.8% | 76.2% | 100% | 1384 |
| h. Appeal or review of decisions..... | 14.5% | 85.5% | 100% | 1384 |

10. In rating claims involving conditions found in the following body systems, which three systems do you typically find relatively most difficult to rate?

| | <u>One of Three Most Difficult?</u> | | | |
|---|-------------------------------------|-----------|--------------|----------|
| | <u>Yes</u> | <u>No</u> | <u>Total</u> | <u>n</u> |
| a. Musculoskeletal (codes 5000-5399)..... | 45.4% | 54.5% | 100% | 1375 |
| b. Organs of special sense (codes 6000-6299)..... | 23.5% | 76.5% | 100% | 1375 |
| c. Systemic diseases (codes 6300-6399)..... | 16.7% | 83.3% | 100% | 1375 |
| d. Respiratory (codes 6500-6899)..... | 7.6% | 92.4% | 100% | 1375 |
| e. Cardiovascular (codes 7000-7199)..... | 12.7% | 87.3% | 100% | 1375 |
| f. Digestive (codes 7200-7399)..... | 11.4% | 88.6% | 100% | 1375 |
| g. Genitourinary (codes 7500-7599)..... | 7.7% | 92.3% | 100% | 1375 |
| h. Gynecological conditions (codes 7610 -7699)..... | 14.5% | 85.5% | 100% | 1375 |
| i. Hemic and lymphatic (codes 7700-7799)..... | 15.9% | 84.1% | 100% | 1375 |
| j. Skin (codes 7800-7899)..... | 5.2% | 94.8% | 100% | 1375 |
| k. Endocrine (codes 7900-7999)..... | 11.8% | 88.2% | 100% | 1375 |
| l. Neurological and convulsive disorders (codes 8000-8999)... | 47.8% | 52.2% | 100% | 1375 |
| m. Mental disorders (codes 9200-9599)..... | 31.3% | 68.7% | 100% | 1375 |
| n. Post traumatic stress disorder <i>in particular</i> | 23.3% | 76.7% | 100% | 1375 |
| o. Dental and oral conditions (codes 9900-9999)..... | 19.3% | 80.7% | 100% | 1375 |

11. Reasons these body systems are difficult to rate? (Check all that apply)

| | <u>Yes</u> | <u>N</u> | <u>Total</u> | <u>n</u> |
|---|------------|----------|--------------|----------|
| a. Lack of detailed medical knowledge of the specific condition or disorder.... | 27.3% | 72.7% | 100% | 1372 |
| b. Need more detailed rating criteria for the specific condition or disorder..... | 72.7% | 27.3% | 100% | 1372 |
| c. The condition or disorder in one body system interrelates with that of another system..... | 47.7% | 52.3% | 100% | 1372 |
| d. Assessing the body system's rating criteria requires extra judgement/ skill... | 37.2% | 62.8% | 100% | 1372 |
| e. Inadequacy of the exam..... | 55.9% | 44.1% | 100% | 1372 |

12. Rate the relative degree of difficulty you typically experience in applying the criteria in the VA Rating Schedule to rate a claim involving conditions found in the following body systems:

| | <u>Very Difficult</u> | <u>Moderately Difficult</u> | <u>Slightly Difficult</u> | <u>Not at All Difficult</u> | <u>Total</u> | <u>n</u> |
|---|-----------------------|-----------------------------|---------------------------|-----------------------------|--------------|----------|
| a. Musculoskeletal (codes 5000-5399)... | 4.6% | 29.8% | 43.2% | 22.4% | 100% | 1377 |
| b. Muscles <i>in particular</i> | 21.1% | 44.0% | 28.9% | 5.9% | 100% | 1379 |
| c. Bones <i>in particular</i> | 1.5% | 18.6% | 48.4% | 31.6% | 100% | 1379 |
| d. Joints and spine <i>in particular</i> | 4.1% | 18.0% | 39.4% | 38.5% | 100% | 1377 |
| e. Organs of special sense (codes 6000-6299) ... | 3.7% | 23.2% | 41.3% | 31.9% | 100% | 1368 |
| f. Eyes <i>in particular</i> | 22.3% | 35.2% | 29.2% | 13.2% | 100% | 1365 |
| g. Ears <i>in particular</i> | 0.4% | 4.7% | 24.2% | 70.8% | 100% | 1365 |
| h. Systemic diseases (codes 6300-6399)..... | 4.0% | 27.0% | 45.9% | 23.1% | 100% | 1350 |
| i. Respiratory (codes 6500-6899)..... | 1.5% | 14.3% | 47.0% | 37.3% | 100% | 1365 |
| j. Cardiovascular (codes 7000-7199)..... | 3.4% | 18.3% | 43.4% | 34.9% | 100% | 1360 |
| k. Digestive (codes 7200-7399)..... | .1.9% | 21.7% | 48.9% | 27.5% | 100% | 1352 |
| l. Genitourinary (codes 7500-7599)..... | 1.3% | 16.9% | 47.1% | 34.7% | 100% | 1362 |
| m. Gynecological conditions (codes 7610-7699) | 5.6% | 23.6% | 40.6% | 30.2% | 100% | 1358 |
| n. Hemic and lymphatic (codes 7700-7799)..... | 3.2% | 23.7% | 47.8% | 25.4% | 100% | 1353 |
| o. Skin (codes 7800-7899)..... | 1.0% | 12.5% | 43.9% | 42.6% | 100% | 1358 |
| p. Endocrine (codes 7900-7999)..... | 4.0% | 19.6% | 46.1% | 30.3% | 100% | 1360 |
| q. Neurological and convulsive disorders (codes 8000-8999)..... | 12.6% | 42.4% | 35.2% | 9.8% | 100% | 1360 |
| r. Brain and spinal cord <i>in particular</i> | 13.4% | 40.6% | 34.8% | 11.2% | 100% | 1361 |
| s. Peripheral nerves <i>in particular</i> | 9.1% | 32.8% | 40.7% | 17.4% | 100% | 1361 |
| t. Mental disorders (codes 9200-9599)..... | 10.2% | 29.4% | 34.8% | 25.6% | 100% | 1369 |
| u. Post traumatic stress disorder <i>in particular</i> | 12.5% | 29.0% | 31.2% | 27.3% | 100% | 1373 |
| v. Dental and oral conditions (codes 9900-9999)..... | 8.0% | 23.4% | 42.1% | 26.6% | 100% | 1370 |

13. Please indicate the relative amount of time it generally takes you to rate or otherwise decide a claim involving conditions found in each of the following body systems.

| | <i>Relative Amount of Time</i> | | | <u>Total</u> | <u>n</u> |
|---|--------------------------------|------------------------------|-----------------------|--------------|----------|
| | <u>More Than Most</u> | <u>About as Much as Most</u> | <u>Less Than Most</u> | | |
| a. Musculoskeletal (codes 5000-5399)..... | 21.6% | 58.2% | 20.2% | 100% | 1372 |
| b. Muscles <i>in particular</i> | 59.6% | 35.8% | 4.6% | 100% | 1369 |
| c. Bones <i>in particular</i> | 9.2% | 67.4% | 23.3% | 100% | 1364 |
| d. Joints and spine <i>in particular</i> | 16.8% | 55.0% | 28.2% | 100% | 1367 |
| e. Organs of special sense (codes 6000-6299)..... | 12.6% | 57.6% | 29.8% | 100% | 1366 |
| f. Eyes <i>in particular</i> | 53.1% | 34.1% | 12.8% | 100% | 1365 |
| g. Ears <i>in particular</i> | 2.3% | 30.6% | 67.1% | 100% | 1364 |
| h. Systemic diseases (codes 6300-6399)..... | 16.3% | 72.5% | 11.2% | 100% | 1358 |
| i. Respiratory (codes 6500-6899)..... | 8.1% | 74.3% | 17.7% | 100% | 1366 |
| j. Cardiovascular (codes 7000-7199)..... | 16.2% | 66.9% | 16.9% | 100% | 1360 |
| k. Digestive (codes 7200-7399)..... | 10.4% | 77.1% | 12.5% | 100% | 1350 |
| l. Genitourinary (codes 7500-7599)..... | 8.1% | 72.8% | 19.0% | 100% | 1350 |
| m. Gynecological conditions (codes 7610-7699)..... | 24.0% | 61.3% | 14.6% | 100% | 1345 |
| n. Hemic and lymphatic (codes 7700-7799)..... | 16.0% | 73.8% | 10.2% | 100% | 1344 |
| o. Skin (codes 7800-7899)..... | 6.6% | 60.7% | 32.7% | 100% | 1355 |
| p. Endocrine (codes 7900-7999)..... | 18.1% | 68.8% | 13.1% | 100% | 1352 |
| q. Neurological and convulsive disorders (codes 8000-8999)..... | 43.7% | 51.0% | 5.3% | 100% | 1356 |
| r. Brain and spinal cord <i>in particular</i> | 47.1% | 48.9% | 4.0% | 100% | 1354 |
| s. Peripheral nerves <i>in particular</i> | 27.5% | 59.8% | 12.7% | 100% | 1362 |
| t. Mental disorders (codes 9200-9599)..... | 36.3% | 49.7% | 14.0% | 100% | 1361 |
| u. Post traumatic stress disorder <i>in particular</i> | 45.5% | 40.2% | 14.4% | 100% | 1364 |
| v. Dental and oral conditions (codes 9900-9999)..... | 21.9% | 51.3% | 26.9% | 100% | 1359 |

14. Why do claims involving conditions found in some body systems take longer to decide than conditions found in others? (Check all that apply)

| | Yes | No | Total | n |
|--|-------|-------|-------|------|
| a. Lack of detailed medical knowledge of the specific condition... | 33.0% | 67.1% | 100% | 1369 |
| b. Need more detailed rating criteria for the specific condition..... | 76.0% | 24.5% | 100% | 1369 |
| c. The condition in one body system interrelates with that of another body system..... | 63.3% | 36.7% | 100% | 1369 |
| d. Assessing the body system's rating criteria requires extra judgement or skill | 50.1% | 49.9% | 100% | 1369 |

| | | | | |
|---|-------|-------|------|------|
| e. The condition in the body system requires more or more complex medical evidence..... | 58.0% | 42.1% | 100% | 1369 |
| f. Claimants generally have more difficulty providing required medical evidence for conditions involving the body system..... | 29.2% | 70.8% | 100% | 1369 |
| g. Typically need to wait for records from sources outside of the VA for conditions in the body system..... | 28.1% | 71.9% | 100% | 1369 |
| h. The level of complexity is higher for conditions in the body system..... | 58.0% | 42.3% | 100% | 1369 |
| i. Inadequacy of exam..... | 56.0% | 43.5% | 100% | 1369 |

15. Please indicate the amount of judgment and subjectivity you typically exercise in rating claims involving each of the body systems listed below.

| | | <i>Amount of Judgement and Subjectivity</i> | | | | Total | n |
|----|---|---|-----------------------|----------------|-------------|-------|------|
| | | More than Most | About as Much as Most | Less than Most | None at All | | |
| a. | Musculoskeletal (codes 5000-5399)..... | 14.9% | 49.0% | 30.9% | 5.3% | 100% | 1345 |
| b. | Muscles <i>in particular</i> | 28.0% | 50.4% | 18.0% | 3.6% | 100% | 1344 |
| c. | Bones <i>in particular</i> | 5.6% | 53.9% | 33.9% | 6.6% | 100% | 1341 |
| d. | Joints and spine <i>in particular</i> | 13.6% | 45.1% | 34.2% | 7.0% | 100% | 1341 |
| e. | Organs of special sense (codes 6000-6299)..... | 5.1% | 39.7% | 37.6% | 17.6% | 100% | 1344 |
| f. | Eyes <i>in particular</i> | 12.8% | 33.5% | 32.7% | 21.0% | 100% | 1335 |
| g. | Ears <i>in particular</i> | 2.4% | 27.2% | 41.9% | 28.5% | 100% | 1332 |
| h. | Systemic diseases (codes 6300-6399)..... | 9.2% | 62.5% | 21.3% | 7.0% | 100% | 1325 |
| i. | Respiratory (codes 6500-6899)..... | 3.3% | 50.5% | 34.5% | 11.8% | 100% | 1335 |
| j. | Cardiovascular (codes 7000-7199)..... | 6.4% | 51.4% | 31.3% | 10.9% | 100% | 1332 |
| k. | Digestive (codes 7200-7399)..... | 13.7% | 67.1% | 15.1% | 4.1% | 100% | 1324 |
| l. | Genitourinary (codes 7500-7599)..... | 9.1% | 61.4% | 23.6% | 5.9% | 100% | 1326 |
| m. | Gynecological conditions (codes 7610-7699)..... | 11.1% | 60.3% | 22.4% | 6.1% | 100% | 1323 |
| n. | Hemic and lymphatic (codes 7700-7799)..... | 8.6% | 64.0% | 20.5% | 6.9% | 100% | 1324 |
| o. | Skin (codes 7800-7899)..... | 6.3% | 51.4% | 35.3% | 7.0% | 100% | 1326 |
| p. | Endocrine (codes 7900-7999)..... | 8.9% | 62.2% | 22.3% | 6.6% | 100% | 1323 |
| q. | Neurological and convulsive disorders (codes 8000-8999). | 40.4% | 48.4% | 8.3% | 2.8% | 100% | 1335 |
| r. | Brain and spinal cord <i>in particular</i> | 30.5% | 54.9% | 11.1% | 3.5% | 100% | 1324 |
| s. | Peripheral nerves <i>in particular</i> | 40.1% | 45.0% | 12.6% | 2.3% | 100% | 1333 |
| t. | Mental disorders (codes 9200-9599)..... | 56.1% | 35.2% | 6.7% | 1.9% | 100% | 1335 |
| u. | Post traumatic stress disorder <i>in particular</i> | 60.0% | 30.9% | 6.6% | 2.5% | 100% | 1341 |
| v. | Dental and oral conditions (codes 9900-9999)..... | 7.2% | 2.6% | 34.7% | 15.5% | 100% | 1325 |

16. In your opinion, if different rating officials at your Regional Office each individually rated the same claim for a condition in each of the following body systems, how likely or unlikely would it be that they each arrived at close to the same rating for that claim?

| | <u>Very Likely</u> | <u>Somewhat Likely</u> | <u>Not Sure</u> | <u>Somewhat Unlikely</u> | <u>Very Unlikely</u> | <u>Total</u> | <u>n</u> |
|--|--------------------|------------------------|-----------------|--------------------------|----------------------|--------------|----------|
| a. Musculoskeletal (codes 5000-5399)..... | .29.2% | 52.7% | 5.6% | 9.6% | 3.0% | 100% | 1350 |
| b. Muscles <i>in particular</i> | 12.1% | 50.3% | 6.0% | 18.2% | 3.5% | 100% | 1343 |
| c. Bones <i>in particular</i> | 26.0% | 52.6% | 13.1% | 7.1% | 1.2% | 100% | 1341 |
| d. Joints and spine <i>in particular</i> | 35.3% | 45.2% | 6.9% | 10.1% | 2.6% | 100% | 1343 |
| e. Organs of special sense (codes 6000-6299)..... | 43.3% | 40.0% | 9.9% | 5.5% | 1.2% | 100% | 1341 |
| f. Eyes <i>in particular</i> | 38.3% | 37.5% | 13.6% | 8.9% | 1.8% | 100% | 1340 |
| g. Ears <i>in particular</i> | 62.2% | 28.7% | 4.8% | 3.2% | 1.1% | 100% | 1338 |
| h. Systemic diseases (codes 6300-6399)..... | 16.0% | 51.2% | 23.3% | 8.0% | 1.4% | 100% | 1329 |
| i. Respiratory (codes 6500-6899)..... | .36.9% | 49.1% | 6.6% | 6.4% | 0.9% | 100% | 1339 |
| j. Cardiovascular (codes 7000-7199)..... | 36.6% | 48.3% | 6.7% | 7.1% | 1.3% | 100% | 1334 |
| k. Digestive (codes 7200-7399)..... | 17.8% | 56.9% | 12.2% | 11.7% | 1.4% | 100% | 1330 |
| l. Genitourinary (codes 7500-7599)..... | 25.8% | 52.9% | 11.6% | 8.6% | 1.1% | 100% | 1320 |
| m. Gynecological conditions (codes 7610-7699)... | 22.5% | 47.3% | 20.0% | 8.8% | 1.3% | 100% | 1323 |
| n. Hemic and lymphatic (codes 7700-7799)... | 18.7% | 51.3% | 21.2% | 7.4% | 1.4% | 100% | 1322 |
| o. Skin (codes 7800-7899)..... | 30.3% | 51.4% | 8.9% | 8.2% | 1.3% | 100% | 1332 |
| p. Endocrine (codes 7900-7999)..... | 23.8% | 53.8% | 11.4% | 9.4% | 1.6% | 100% | 1321 |
| q. Neurological and convulsive disorders (codes 8000-8999)..... | 8.4% | 44.9% | 18.4% | 23.9% | 4.4% | 100% | 1333 |
| r. Brain and spinal cord <i>in particular</i> | 9.3% | 43.1% | 24.6% | 18.6% | 4.4% | 100% | 1327 |
| s. Peripheral nerves <i>in particular</i> | 10.6% | 44.7% | 13.7% | 24.5% | 6.4% | 100% | 1328 |
| t. Mental disorders (codes 9200-9599)..... | 5.8% | 33.4% | 11.9% | 34.4% | 14.5% | 100% | 1328 |
| u. Post traumatic stress disorder <i>in particular</i> | 5.8% | 33.1% | 10.5% | 33.2% | 17.5% | 100% | 1339 |
| v. Dental and oral conditions (codes 9900-9999)... | 23.4% | 37.1% | 31.1% | 6.1% | 2.2% | 100% | 1336 |

17. Considering *mental disorders* in general, would it assist you to rate a claim having a mental disorder issue if a standardized assessment tool that is widely employed in the disability field were used when examining veterans?

| | |
|----------------------|---------------|
| Definitely Yes | 39.4% |
| Probably Yes | 42.6% |
| Not Sure | 11.4% |
| Probably No | 5.5% |
| <u>Definitely No</u> | <u>1.1%</u> |
| Total: | 100% (n=1360) |

18. Still considering *mental disorders* in general, would the availability of more specific criteria help you to more consistently rate these claims?

| | |
|----------------------|---------------|
| Definitely Yes | 47.0% |
| Probably Yes | 38.3% |
| Not Sure | 5.9% |
| Probably No | 8.0% |
| <u>Definitely No</u> | <u>0.9%</u> |
| Total: | 100% (n=1362) |

19. Now considering *Post Traumatic Stress Disorder (PTSD)* in particular, would the availability of more specific criteria help you to more consistently rate these claims?

| | |
|----------------------|---------------|
| Definitely Yes | 48.8% |
| Probably Yes | 35.7% |
| Not Sure | 6.6% |
| Probably No | 7.8% |
| <u>Definitely No</u> | <u>1.1%</u> |
| Total: | 100% (n=1354) |

20. And now considering *Individual Unemployability (IU)* in particular, would the availability of more specific decision criteria and/or specific evidence help you to decide these claims?

| <u>More Specific Decision Criteria</u> | | <u>Better Evidence</u> | |
|--|---------------|------------------------|---------------|
| Definitely Yes | 52.7% | Definitely Yes | 53.5% |
| Probably Yes | 29.3% | Probably Yes | 34.4% |
| Not Sure | 8.2% | Not Sure | 6.2% |
| Probably No | 8.8% | Probably No | 5.4% |
| <u>Definitely No</u> | <u>1.1%</u> | <u>Definitely No</u> | <u>0.5%</u> |
| Total: | 100% (n=1354) | Total: | 100% (n=1357) |

21. **Still considering IU in particular, do you consider the current criteria for assigning an IU rating to be:**

| | |
|-------------------|---------------|
| Too Broad | 31.0% |
| Somewhat Broad | 41.7% |
| About Right | 22.0% |
| Somewhat Narrow | 3.8% |
| <u>Too Narrow</u> | <u>1.8%</u> |
| Total: | 100% (n=1356) |

22. **Would it be helpful to you to be able to consult with a vocational counselor on IU claims?**

| | |
|----------------------|---------------|
| Definitely Yes | 12.5% |
| Probably Yes | 28.2% |
| Not Sure | 28.0% |
| Probably No | 25.6% |
| <u>Definitely No</u> | <u>6.0%</u> |
| Total: | 100% (n=1357) |

23. **Do you think it is possible to develop a computerized decision support program that rates claims for physical conditions based on the objective medical evidence?**

| | |
|----------------------|---------------|
| Definitely Yes | 9.9% |
| Probably Yes | 31.4% |
| Not Sure | 22.5% |
| Probably No | 22.8% |
| <u>Definitely No</u> | <u>13.4%</u> |
| Total: | 100% (n=1357) |

24. **Assuming that it is possible, do you think that it would be a good thing to develop and use computerized decision programs for rating physical conditions?**

| | |
|----------------------|---------------|
| Definitely Yes | 10.1% |
| Probably Yes | 27.0% |
| Not Sure | 18.2% |
| Probably No | 25.7% |
| <u>Definitely No</u> | <u>19.1%</u> |
| Total: | 100% (n=1353) |

25. Do you think it is possible to develop a computerized decision support program that rates claims for mental health conditions based on standardized and widely used assessment tools?

| | |
|----------------------|---------------|
| Definitely Yes | 7.0% |
| Probably Yes | 23.6% |
| Not Sure | 19.9% |
| Probably No | 26.8% |
| <u>Definitely No</u> | <u>19.1%</u> |
| Total: | 100% (n=1358) |

26. Assuming that it is possible, do you think that it would be a good thing to develop and use such a program for rating mental health conditions?

| | |
|----------------------|---------------|
| Definitely Yes | 8.5% |
| Probably Yes | 23.8% |
| Not Sure | 17.2% |
| Probably No | 25.2% |
| <u>Definitely No</u> | <u>25.2%</u> |
| Total: | 100% (n=1351) |

27. Based on your experience of looking for analogous conditions in claims where the VA Rating Schedule does not specifically identify a condition you are rating, to what extent do you feel that the current schedule generally has:

| | |
|--------------------------------------|---------------|
| Too few conditions | 51.3% |
| About the right number of conditions | 43.2% |
| <u>Too many conditions</u> | <u>5.5%</u> |
| Total: | 100% (n=1352) |

28. Overall, to what extent is it a problem for you to need to look for analogous conditions when the Rating Schedule does not specifically identify a condition?

| | |
|--|---------------|
| It is a very significant problem for me | 4.1% |
| It is somewhat of a significant problem me | 22.2% |
| It is somewhat of a minor problem for me | 44.0% |
| It is a very minor problem for me | 22.5% |
| <u>It is not a problem for me at all</u> | <u>7.1%</u> |
| Total: | 100% (n=1358) |

29. In a typical month, about how often do you need to look for analogous conditions because the Rating Schedule does not specifically identify a condition you are rating?

| | |
|-----------------------------------|---------------|
| Less than once a month | 6.9% |
| 1 - 2 times a month | 13.7% |
| 3 - 5 times a month | 27.6% |
| 5 - 10 times a month | 28.0% |
| <u>More than 10 times a month</u> | <u>23.7%</u> |
| Total: | 100% (n=1353) |

30. Based on your experience as a VBA rater, do you think that *separately rating* a disability's impact on *reduced quality of life* and *lost earnings capacity* would likely improve, have no impact on, or worsen each of the following:

| | <u>Greatly Improve</u> | <u>Somewhat Improve</u> | <u>No Impact</u> | <u>Somewhat Worsen</u> | <u>Greatly Worsen</u> | <u>Total</u> | <u>n</u> |
|--|------------------------|-------------------------|------------------|------------------------|-----------------------|--------------|----------|
| a. The <i>complexity</i> of deciding a claim..... | 2.8% | 13.2% | 13.3% | 31.4% | 39.4% | 100% | 1334 |
| b. The <i>time required</i> to decide a claim..... | 2.8% | 9.2% | 11.6% | 30.8% | 45.6% | 100% | 1333 |
| c. The <i>benefit</i> awarded to <i>veterans</i> | 10.6% | 29.4% | 34.8% | 17.6% | 7.7% | 100% | 1304 |

31. How would you rate the performance of the Regional Office at which you currently work in carrying out the "duty to assist" for veteran and survivor claims?

| | |
|-------------|---------------|
| Excellent | 27.0% |
| Very good | 40.1% |
| Good | 19.5% |
| Fair | 9.3% |
| <u>Poor</u> | <u>4.1%</u> |
| Total: | 100% (n=1355) |

32. How would you rate the coordination between this Regional Office and the military during the Benefits Delivery at Discharge (BDD) claims process involving service members being discharged or recently discharged veterans?

| | |
|-------------|--------------|
| Excellent | 16.9% |
| Very good | 36.6% |
| Good | 29.3% |
| Fair | 13.1% |
| <u>Poor</u> | <u>4.1%</u> |
| Total: | 100% (n=764) |

33. And how would you rate the coordination between this Regional Office and the National Personnel Records Center (NPRC) in providing military service records during the claims process involving veterans who were discharged at least several years ago?

| | |
|-----------|---------------|
| Excellent | 7.7% |
| Very good | 30.0% |
| Good | 39.5% |
| Fair | 18.7% |
| Poor | 4.2% |
| Total: | 100% (n=1324) |

34. In your opinion, what is the emphasis on accuracy of deciding claims at this Regional Office?

| | |
|---|---------------|
| There is too much emphasis on accuracy | 13.4% |
| There is about the right amount of emphasis on accuracy | 61.8% |
| <u>There is not enough emphasis on accuracy</u> | 2 4.8% |
| Total: | 100% (n=1347) |

35. In terms of enabling you to improve, how would you rate the feedback provided by STAR?

| | |
|-----------|---------------|
| Excellent | 3.3% |
| Very good | 15.4% |
| Good | 29.5% |
| Fair | 32.1% |
| Poor | 19.6% |
| Total: | 100% (n=1344) |

36. In your opinion, what is the emphasis on speed or productivity in deciding claims at this Regional Office?

| | |
|--|---------------|
| there is too much emphasis on speed | 83.7% |
| there is about the right amount of emphasis on speed | 16.7% |
| <u>there is not enough emphasis on speed</u> | 0.2% |
| Total: | 100% (n=1344) |

37. In your opinion again, what is the relative emphasis on or importance of accuracy vs speed at this Regional Office?

| | |
|---|---------------|
| Speed is definitely more important than accuracy | 43.1% |
| Speed is somewhat more important than accuracy | 26.4% |
| Speed is about as important as accuracy | 20.2% |
| Accuracy is somewhat more important than speed | 4.5% |
| <u>Accuracy is definitely more important than speed</u> | 5.8% |
| Total: | 100% (n=1349) |

38. Based on your overall experience with the claims process, to what extent do you agree or disagree that this process:

| | <u>Definitely Agree</u> | <u>Somewhat Agree</u> | <u>Somewhat Disagree</u> | <u>Definitely Disagree</u> | <u>Total</u> | <u>n</u> |
|--|-------------------------|-----------------------|--------------------------|----------------------------|--------------|----------|
| a. Provides you the information or evidence you need to <i>accurately</i> decide a claim..... | 18.0% | 69.6% | 11.1% | 1.3% | 100% | 1348 |
| b. Provides you the information or evidence you need to <i>expeditiously</i> decide a claim..... | 7.0% | 57.4% | 7.6% | 7.9% | 100% | 1346 |
| c. Usually arrives at the “right” or a “fair” compensation decision..... | 27.5% | 62.5% | 8.6% | 1.4% | 100% | 1346 |

39. Again based on your overall experience with the rating process, to what extent do you agree or disagree that the accredited National Veterans Service Officers (VSOs) who work at your RO assisting veterans and their survivors to prepare and present claims:

| | <u>Definitely Agree</u> | <u>Somewhat Agree</u> | <u>Somewhat Disagree</u> | <u>Definitely Disagree</u> | <u>Total</u> | <u>n</u> |
|---|-------------------------|-----------------------|--------------------------|----------------------------|--------------|----------|
| a. Adequately assist <i>their veteran and survivor clients</i> | 17.2% | 56.5% | 20.9% | 5.4% | 100% | 1339 |
| b. Adequately assist <i>you, the VBA rating official, to rate a claim</i> | 12.4% | 52.5% | 26.5% | 8.7% | 100% | 1338 |
| c. Adequately understand the process..... | 11.6% | 51.6% | 28.3% | 8.5% | 100% | 1340 |
| d. Inappropriately “coach” clients..... | 22.4% | 42.0% | 25.1% | 10.5% | 100% | 1319 |

40. Rate the relative degree of difficulty you *typically* experience in rating claims involving:

| | <u>Very Difficult</u> | <u>Moderately Difficult</u> | <u>Slightly Difficult</u> | <u>Not at All Difficult</u> | <u>Total</u> | <u>n</u> |
|--|-----------------------|-----------------------------|---------------------------|-----------------------------|--------------|----------|
| a. Older veterans (age 70 or older)..... | 0.8% | 12.0% | 39.9% | 47.3% | 100% | 1333 |
| b. Service connected injuries or incidents that occurred before 1973 (fire-related claims)..... | 12.2% | 35.4% | 38.5% | 13.9% | 100% | 1328 |
| c. Medical exams conducted by VA examiners..... | 4.4% | 18.7% | 51.6% | 25.3% | 100% | 1339 |
| d. Medical exams conducted by QTC examiners (if used at this RO)..... | 7.1% | 19.2% | 45.0% | 28.7% | 100% | 877 |
| e. Medical exams conducted by private examiners..... | 12.3% | 34.6% | 42.5% | 10.6% | 100% | 1207 |
| f. Original claims..... | 1.3% | 20.9% | 42.2% | 35.6% | 100% | 1339 |
| g. Requests for re-evaluating claims due to a change in the veteran’s condition..... | 0.5% | 8.5% | 43.9% | 47.1% | 100% | 1327 |
| h. A claimant receiving assistance from a VSO..... | 1.8% | 13.8% | 47.6% | 36.9% | 100% | 1299 |
| i. A claimant not receiving assistance from a VSO..... | 1.6% | 14.2% | 47.7% | 36.5% | 100% | 1311 |
| j. A claimant receiving paid legal assistance..... | 18.5% | 27.7% | 31.8% | 21.9% | 100% | 1240 |
| k. Presumptive diagnoses..... | 1.5% | 11.7% | 46.4% | 40.4% | 100% | 1329 |
| l. Special issues (e.g., SHAD, mustard gas, etc.)..... | 26.3% | 42.5% | 25.7% | 5.6% | 100% | 1294 |

41. The rating and appeals process is often said to be a mixture of medical (clinical) and legal (statutory or regulatory) considerations. Based on your overall experience as a rating official, which type of consideration is typically the most difficult to resolve?

| | |
|--|---------------|
| Medical | 25.5% |
| Legal | 34.7% |
| <u>They are equally difficult to resolve</u> | <u>39.8%</u> |
| Total: | 100% (n=1331) |

42. Rate the relative degree of difficulty you *typically* experience getting the evidence you need to establish each of the following points in deciding a claim involving a physical condition:

| | Very Difficult | Moderately Difficult | Slightly Difficult | Not at All Difficult | Total | n |
|--|-------------------|-------------------------|-----------------------|-------------------------|-------|------|
| a. Identifying a service-related injury or aggravation of injury..... | 1.1% | 13.8% | 49.8% | 35.4% | 100% | 1338 |
| b. Identifying a current disability..... | 0.4% | 6.9% | 40.6% | 52.1% | 100% | 1335 |
| c. Establishing a nexus (connection) between the service-related event and the current disability... | 5.6% | 36.0% | 42.8% | 15.6% | 100% | 1330 |
| d. Determining a disability percentage evaluation... | 0.7% | 13.5% | 56.0% | 29.7% | 100% | 1335 |

43. Rate the relative degree of difficulty you *typically* experience getting the evidence you need to establish each of the following points in deciding a claim involving a mental health condition:

| | Very Difficult | Moderately Difficult | Slightly Difficult | Not at All Difficult | Total | n |
|--|-------------------|-------------------------|-----------------------|-------------------------|-------|------|
| a. Identifying a service-related injury or aggravation of injury..... | 6.4% | 27.7% | 43.8% | 22.1% | 100% | 1332 |
| b. Identifying a current disability..... | 1.3% | 13.4% | 42.3% | 43.0% | 100% | 1333 |
| c. Establishing a nexus (connection) between the service-related event and the current disability..... | 10.4% | 39.2% | 38.0% | 12.4% | 100% | 1326 |
| d. Determining a disability percentage evaluation..... | 6.7% | 29.0% | 41.0% | 23.3% | 100% | 1330 |

44. In your overall experience as a rating official, would you say that over the past several years rating the majority of *original* disability compensation claims has been getting more complex, less complex, or not changing?

| | |
|--------------------------------|---------------|
| Definitely more complex | 55.7% |
| Somewhat more complex | 31.0% |
| No significant change | 10.8% |
| Somewhat less complex | 2.1% |
| <u>Definitely less complex</u> | <u>0.3%</u> |
| Total: | 100% (n=1182) |

45. In your overall experience as a rating official, would you say that over the past several years rating a typical issue *once eligibility for disability compensation has been established* has been getting more complex, less complex, or not changing?

| | |
|--------------------------------|---------------|
| Definitely more complex | 28.4% |
| Somewhat more complex | 34.5% |
| No significant change | 32.7% |
| Somewhat less complex | 3.5% |
| <u>Definitely less complex</u> | <u>0.9%</u> |
| Total: | 100% (n=1178) |

46. In your overall experience as a rating specialist, would you say that veterans typically have realistic or unrealistic expectations of:

| | Very Realistic | Somewhat Realistic | Somewhat Unrealistic | Very Unrealistic | Total | n |
|--|----------------|--------------------|----------------------|------------------|-------|------|
| a. The disability rating process..... | 1.2% | 21.9% | 54.3% | 22.6% | 100% | 1339 |
| b. The disability benefit they should receive..... | 1.3% | 16.4% | 50.9% | 31.4% | 100% | 1339 |

47. Is there anything else you would like to say regarding the claims, rating, and/or appeals process?

Open-ended response.

Glossary

| | |
|------|---|
| BDD | Benefits Delivery at Discharge |
| CNA | The Center for Naval Analyses, an operating division of the CNA Corporation |
| DRO | Decision Review Officer |
| DVA | Department of Veterans Affairs |
| IRB | Institutional Review Board |
| IU | Individual Unemployability |
| KSA | Knowledge, skills, and abilities |
| NPRC | National Personnel Records Center |
| NVSO | National Veterans Service Organization |
| OIG | Office of the Inspector General of the Department of Veterans Affairs |
| OMB | Office of Management and Budget |
| PTSD | Post Traumatic Stress Disorder |
| RO | Regional Office of the Department of Veterans Affairs |
| RVSR | Rating Veterans Service Representative |
| SHAD | Shipboard Hazard and Defense |
| SPSS | Statistical Package for the Social Sciences |
| VBA | Veterans Benefits Administration |
| VARO | Veterans Affairs Regional Office |
| VDBC | Veterans' Disability Benefits Commission |
| VSO | Veterans Service Officer |

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