

DEPARTMENT OF VETERANS AFFAIRS

Advisory Committee on Disability Compensation (ACDC) Virtual Meeting

June 24-26, 2024

EXECUTIVE SUMMARY

Transcription Services: Provided by Jamison Professional Services

Veterans Affairs (VA) Staff Present:

- Jadine Piper, ACDC Lead Designated Federal Officer (DFO)
- Claire Starke, DFO
- Curtis Carrington, DFO
- Paulette Jones, DFO
- Chelsey Kondrak, Senior Management & Program Analyst, Office of Administrative Review (OAR)
- Gerald Ray Social Security Administration (SSA)
- Neil Evans, Acting Program Executive Director, Electronic Health Record Modernization (EHRM) Integration Office
- Cheryl Rawls, Executive Director, Office of Equity Assurance (OEA)
- Elaine Saiz, Executive Director, Performance Analysis and Integrity (PA&I)
- Angela Moritz, Assistant Director, Business Strategy, Office of Automated Benefits Delivery (ABD)
- Zach Goldfine, Presidential Innovation Fellows, Office of Information Technology (OIT)
- Regina Yount, Assistant Director, Enterprise Contact Operations, TPPBA
- Shawnta Sampson, Acting Assistant Director, Outreach, Office of Transition and Economic Development (OTED)
- Frank Wijngaarde, Supervisory Program Analyst, Outreach, OTED
- Amanda Tepfer, Implementation Specialist, Veteran Experience Office (VEO)
- Jacqueline Imboden, Assistant Director, Procedures & Interagency/MILpay Staff

ACDC Members Present:

- Evelyn Lewis, Chair
- Richard Evans
- Molly Jacobs
- Ronald Lewis
- Frank LoGalbo
- Patt Maney
- James Ridgway
- Eloisa Taméz

- Jarrad Turner
- Fred Wagar
- Steven Wolf

The committee met virtually in an open, public session on June 24 – 26, 2024.

Meeting Summary

Purpose: The purpose of the Advisory Committee on Disability Compensation is to provide advice to the Secretary of Veterans Affairs on establishing and supervising a schedule to conduct periodic reviews of the VA Schedule for Rating Disabilities (VASRD).

Rules of Engagement: Claire Starke, DFO for Advisory Committee on Disability Compensation, conducted rules of engagement. Also indicated that the meeting is open to the public and being recorded.

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June 24, 2024

June 24, 2024 - Opening Remarks

Curtis Carrington, DFO, introduced himself and began the meeting, indicating that the meeting is being recorded. He conducted roll call and confirmed they had met quorum and could continue. He then turned the floor over to Claire Starke, DFO.

Ms. Starke welcomed the committee members, VA staff, and guests. She introduced herself and explained the rules of engagement. The committee members then introduced themselves.

Ms. Starke then introduced their first topic, updates, and overview on the Appeals Modernization Act.

Appeals Modernization Act (AMA) Overview/Update

Chelsey Kondrak, Senior Management & Program Analyst, Office of Administrative Review (OAR), introduced herself and thanked the committee members for having her. Ms. Kondrak explained that in 2017, VBA consolidated its compensation and pension (C&P) appeals programs under what is now the OAR to provide more timely, effective reviews of claims decisions through consolidated Decision Review Operations Centers (DROCs). This was to improve customer experience with the appeals process, to give a fair and independent claim review, and give Veterans, representatives, and claimants the opportunity to be heard and actively participate in the process.

She went on to explain the three review lanes now available to Veterans and claimants when filing their appeals. The first is the Supplemental Claim Lane, with decisions within 125 days on average, which is good for people who have additional evidence that is new and relevant to support their benefit claim. VA will assist claimants in gathering new and relevant evidence to support their claim, and VA's review will include any new and relevant evidence submitted since the claim was last decided.

The second review lane is the Higher-Level Review (HLR) Lane, which consists of an entirely new review of the claim by a more experienced claims adjudicator based on the same evidence previously recorded. This is a closed record review. This lane is a good option if the claimant has no additional evidence to submit in support of their case, but they believe there was an error in the most recent decision. In this lane, VA cannot assist with gathering new evidence, but if the higher-level reviewer discovers an error in VA's duty to assist in the prior decision, the claim will return to decision makers to correct the error. The claimant or their representative can request an optional, one-time, informal telephone conference with the higher-level reviewer to identify specific errors in the case; this might cause a delay in the processing of the higher-level review.

The last review lane available to claimants is the Appeal to the Board Lane. This requires the claimant to select one of the following three options: direct review, if they do

not wish to submit additional evidence or have a hearing; evidence submission if they want to submit additional evidence without a hearing, doing so with the Notice of Disagreement (NOD) or within 90 days from when the NOD is received; or to have a hearing with a Veterans Law Judge with the opportunity to submit additional evidence, where the claimant will be scheduled for a Board hearing and may submit evidence at the hearing or within the 90 day window following the scheduled hearing. A direct review has the goal of a decision within 365 days, the evidence submission option has a goal of 550 days for a decision, and the hearing option has a goal of 730 days for a decision. Ms. Kondrak then gave an overview of the VBA AMA workload distribution. Regional Office (RO) Veteran Service Centers (VSC) are responsible for supplemental claims. The St. Petersburg and Seattle DROCs are responsible for AMA higher-level reviews (HLR), AMA Board remands, AMA Board full grants, AMA HLR returns, and pension, foreign, CLCW, radiation, and Manila claims. The D.C. DROC is responsible for Legacy Remands and AMA support. OAR also had a small subset of personnel to process restricted access claims center (RACC) claims.

She gave additional background and information on HLRs. A claimant who is dissatisfied with a VA decision may file a request for a HLR within one year of the notification of the contested decision and request a one-time informal conference to present their argument. Regulation provides the decision-making authority to higher level reviewers, which VA assigns Decision Review Officers (DROs) for rating issues, or authorization quality review specialists for non-rating issues. The higher-level reviewers conduct a de novo review of the closed evidentiary record, and in this review, they may identify a difference of opinion (DoO), clear and unmistakable error (CUE), or duty to assist (DTA) error. HLRs are processed at DROCs.

Ms. Kondrak walked the committee through a quick HLR processing overview, sharing that it begins with the intake and review application, then scheduling an informal conference if applicable, conducting a de novo review, notifying claimant that new evidence submitted (if any) during the course of the HLR cannot be considered as it is a closed record review, then identify and address DTA error if any, and finally they will issue a decision. The claimants must file a VA Form 20-0996, Decision Review Request: Higher-Level Review within one year of the date of notice of the prior decision, and they may not add new evidence.

She explained that a closed evidentiary record means that the reviewer conducts a de novo review of the evidence of record without deference to the prior decision, and that the evidentiary record closes as of the date of the VA issued notice. Reviewers may not consider any additional evidence, order additional evidence (except for DTA error or DoO), or consider new facts or evidence given in an informal conference.

During the month of May 2024, 23,870 HLRs were completed, marking the highest level of HLR completions in a single month. From October 1, 2023, through May 31, 2024, a total of 129,605 HLRs have been completed, which is a 44 percent increase compared

to June 2023. As of May 31, 2024, the HLR inventory is 66,749, which is a 25 percent increase since the start of FY24.

From October 1, 2023 through May 31, 2024, VBA reduced its inventory of Legacy appeals (compensation & pension only) from 33,170 to 30,644, which is a reduction of 7.6 percent since the start of FY24. Also in this time period, VBA's inventory of HLRs, Board Remands, Board Grants, and HLR returns arthritis increased to 159,836, an all-time high and a 35.8 percent increase since the start of FY24.

Ms. Kondrak then explained AMA Board remands, which direct the Veterans Benefits Administration (VBA) to perform certain development or adjudicatory actions. Processing of all BVA remands is to be expedited, and in order to be processed the VBA must complete all required development actions. An authorized decision maker will then issue a new decision. AMA contains built in feedback loops to improve decision accuracy at the point of an initial claim through DTA error identification within the HLR and Board appeal lanes.

Ms. Kondrak shared a graph which showed the issues for claims to be remanded by number. As of May 23, 2024, and for FY24, inadequate medical opinions and examinations are the top AMA remand reasons and account for 27 percent of the remand reasons per issue. The next highest reason was no medical examination given at all, followed by medical opinions, medical examinations, error, no medical opinion, private records, inextricably intertwined, VA records, other government records, service personnel records, service treatment records, other, legally inadequate notice, no notice sent, due process deficiency, advisory medical opinion, and finally, incorrect notice sent. In addition, 39 percent of AMA issues dispatched by the Board have been remanded. She shared information about recent AMA data summits held by the Board and OAR with the goal of increasing shared knowledge of Caseflow data, fostering relationships, and increasing transparency of AMA data usage across VA. The first, held in October 2023, enhanced the understanding of data use and reporting from the Board and OAR perspectives. The second summit, held in May 2024, included partners with the Office of Information and Technology (OIT) and focused on enterprise reporting and the transition of AMA claims establishment to VBMS. The results from these summits have included stronger relationships across each organization, improved communication, and identifying and devising solutions to shared challenges.

Ms. Kondrak explained that efforts to reduce Board remands were underway, working to implement new processes to alleviate VBA's challenges in complying with Board remand directives and to reduce future remands when VBA cannot reasonably comply with the Board remand directives. During FY23, OAR initiated the Remand Tiger Team which includes individuals from OAR, the Board, Compensation Service, and the Medical Disability Examination Office (MDEO). This team seeks to improve the decision review and appeals process by focusing on reduction of remands.

The Remand Tiger Team has been focusing on two specific areas of which Board remands or directives are creating challenges for VBA. The first is examination specialists, where remand directives for specialized medical professionals to conduct a C&P examination or provide a medical opinion. She explained that specialized healthcare professionals may not always be available for VA purposes. For example, when the Veteran lives in a rural area, or for Veterans or claimants with a foreign address. In addition, a VA compensation and pension examiner may not be able to conduct certain medical testing, or a testing procedure is contraindicated in the setting of a disability examination as opposed to a treatment setting because it is potentially harmful or goes against medical standards or would require follow-up.

Ms. Kondrak shared that the Board and VBA are implementing new processes to alleviate this challenge and reduce additional future remands when a medical examiner cannot or should not reasonably conduct an invasive or non-invasive testing procedure because it is medically contraindicated or carries significant risk to the Veteran's health. OAR updated M21-5, 7.G.4.c. Requesting Examinations for Remands on July 19, 2023, which states the Board "will accept a medical examination from an appropriate examiner as long as VBA has made reasonable efforts to obtain an exam/opinion from a specialist and the examiner indicates that they have appropriate knowledge base and/or skill set to complete the exam or render the requested opinion."

She noted that OAR also drafted proposed guidance for inclusion in the M21-5 instructing claims processors to document for the record when a certain exam specialist as directed by the Board is unavailable. Additionally, the Board has asked or requested their Veterans Law Judges (VLJs) to provide remand directives to include language stating the exam should be performed by a particular specialist, using the words "if possible".

To alleviate challenges VBA encounters when Board directives are made for contraindicated invasive & non-invasive procedures, MDEO created a list of contraindicated invasive & non-invasive procedures to be avoided during a C&P examination, and OAR drafted proposed guidance for inclusion in the M21-1 instructing claims processors to document for the record when a contraindicated invasive or non-invasive procedure cannot be performed.

Ms. Kondrak moved on to the second challenge with errors resulting in Board remands. She shared that during FY24, OAR completed a comprehensive process review (CPR) of a random sample of 100 issues remanded by the Board during FY23. The purpose of this is to identify error trends resulting in Board remands. The sample includes issues remanded because of medical exams and opinions, in addition to the top 6 most remanded/claimed issues and a mix of other remanded/claimed issues that include lumbosacral or cervical strain, hearing loss, limitation of flexion of leg, sleep apnea, paralysis of sciatic nerve, and Post-Traumatic Stress Disorder. She noted that the analysis of error trends is still ongoing, and they are looking to get more granular data and reasons for why Board remands are occurring.

Ms. Kondrak then opened the floor for questions. James Ridgway shared that he noticed the Tiger Team does not include VA's Office of General Counsel (OGC) and suggested that she work on getting them involved. He said that 80 percent or more of the time that Board decisions are appealed to the Court, OGC does not defend them because they disagree on the law. He felt it would be best to get OGC involved at the beginning rather than possibly have to change things down the road if OGC doesn't agree with what the Tiger Team proposes.

Mr. Ridgway asked if the types of errors being remanded are going to be broken down by the nature of the issue, whether it's service connection or increased rating, and which body system/diagnostic code it is. He felt that the data isn't as useful until it's broken down into the base information to be researched. He asked if there was any effort being made to break down the data in that way.

Ms. Kondrak said they are working on going through each individual remanded issue to identify why it was remanded, such as if lay statements should have been addressed or if a trend appears when reviewing the data. She said she would take his feedback back to the Tiger Team and address that with them.

Mr. Ridgway asked if there was a plan to make the data available publicly so efficient choices can be made to reduce the number of times VA has to touch a claim. Ms. Kondrak answered that VA, including VBA and the Board, has to report within the Congressionally Mandated Report (CMR) on a reoccurring basis. This includes AMA, progress on AMA, and data on AMA, and this report is public. Mr. Ridgway shared that those reports aren't actionable from a representative's perspective because they can't tell by the type of claim they're dealing with what is going to happen. He also felt the reports were not updated in a timely manner.

Mr. Ridgway's next question was regarding error trends. He asked if there was any focus being done to look at the unsuccessful HLRs to find out where Veterans chose HLR and it didn't make sense for them to do so. He shared that one of the common complaints he hears from Veterans is that the rating decisions aren't communicating clearly, so the Veterans don't understand what happened with their claim and may make poor choices.

Ms. Kondrak answered that there are ongoing efforts to improve decision notifications and decision notification letters. Mr. Ridgway asked if this would be informed by any data or Veteran's choices. He said he had heard about the efforts she's speaking of and have not seen any indication that people are looking for data on the problems to inform the efforts. Ms. Kondrak was not sure and said she would take that question back to the team since it's a group effort. Mr. Ridgway suggested looking at structure as opposed to language when breaking down the data.

Chair Evelyn Lewis noted that the data being collected doesn't seem to be focused on whether or not what is being done has improved the patient experience so far. She asked if they have reviewed that data and if the Veteran experience has improved. Ms.

Kondrak answered that as far as the customer experience, they use surveys that are sent to Veterans and claimants at the beginning of the HLR process and at the end. She said they look for feedback on how they perceive the process and if it needs improvement, and are also looking at potentially incorporating surveys throughout the entire HLR process to see where improvements are needed. She was unable to speak to what the surveys had shown as far as changes in the Veteran or claimant experience. Chair Lewis noted how the surveys have been collecting for several years and felt that having that information now would be helpful to the Committee in making informed recommendations to the Secretary of VA.

Ms. Kondrak added that as the V-Signals survey data is collected, based on the feedback they receive they are looking at making changes to their notification letters or creating additional communications for Veterans, such as a - DTA -DoO fact sheet. This can help make clear to Veterans what different terms mean such as if a DTA error was found in their claim.

Chair Lewis's next question had to do with remands and categorizing errors. She asked if they had looked at what some of the decisions were based on the examiner, such as the number of errors as it relates to the disease state and to the examiner. Ms. Kondrak answered that their analysis is incorporating the issue, who made the decision, what station made the decision, the examiner, the vendor, if there is an error trend amongst contract exam vendors or Veterans Health Administration (VHA), et cetera. Chair Lewis asked how long that data has been collected and if they have results they can share. Ms. Kondrak said they initiated the data in the CPR in FY23, and their findings are preliminary and currently with their leadership.

Chair Lewis requested that information be reported to the committee later in the year if possible. Ms. Kondrak said she would look into it.

With no further questions or presentation, Ms. Kondrak took her leave and the committee took a short break.

Electronic Health Record Modernization (EHRM) Update

Ms. Starke introduced their next speaker, Dr. Neil Evans, Acting Program Executive Director for the EHRM Integration Office. Dr. Evans thanked her and introduced himself to the committee. He shared that the EHRM update and changes not only involve technology, but is also about change in how they do business, thinking about how the information systems empower the delivery of healthcare across VA, navigating the transition from an electronic health record which only had ability at a local scale to one at an enterprise level, and that there is a lot to the update that has a human impact and an impact on how the VHA does business.

Dr. Evans noted that it has been 7 years since the program was initially deployed, and they have deployed it at other sites which include the Mann-Grandstaff VA Medical

Center, Walla Walla in Washington, Roseburg and White City in Oregon, and Columbus, Ohio. Most recently, the James A. Lovell Healthcare Center was included in the update. In April 2023, based on the issues they were seeing at the live sites, they recognized that the challenge of continuing to put resources on the significant effort that it takes to transition a medical center from CPRS Vista to the EHR did not allow for them to also do the important optimization work in order to sustain delivery of the EHR across the rest of the VA enterprise.

Dr. Evans shared that they decided to focus on optimization and improvement efforts to get things right with the current solution so they can then restart deployment to the rest of the VA facilities. In resetting their goals, they planned to address the concerns of the live sites and invest in foundational future enterprise work. They also worked to prepare for the successful Lovell FHCC Go-Live, which has happened.

He noted that the Department of Defense (DoD) has completed their rollout of the Federal EHR which is the same system VA is working on implementing at all healthcare facilities. The Federal EHR helps to make facilities who serve both DoD employees and Veterans run smoother, as they are all now together in one system instead of separate. Dr. Evans shared that he, the Deputy Secretary, and VHA leadership recently traveled to the original 5 sites that received the new EHR. He said that they have been putting a significant amount of effort into improvement and optimization of the system, and those using it in the field are noticing the improvements. He admitted that he knew there were still significant problems to work through, and that there will always be updates that need to be made to a healthcare system. He shared that the VA Secretary felt they should aim to restart the progress with implementing the EHR by FY25, and Dr. Evans said he agreed with that.

Four aims and areas of progress that Dr. Evans noted included ensuring the system works smoothly without unexpected crashes or errors and does not prevent staff from doing their job; fix existing problems with the EHR user experience, committing to continuous improvement; ensuring that VHA, EHRM-IO, FEHRM, DoD, VISNs, facilities, field informatics staff, and Oracle Health are coordinating better to support and improve new enterprise EHR; and ensuring the EHR supports efficient clinical and administrative operations in support of effective, safe, and satisfying Veteran care.

Dr. Evans shared what they called the Big Rock Projects that were in progress. These include Punchlist 2.0 burndown; ad-hoc folder organization; quick orders, role reduction, VHA standardization, event set hierarchy improvements, power forms, referral management, improved training, message center optimization, and mediation clinical decision support alerting. He said that these issues are ones that require coordination across the enterprise but have heard from the sites that if they do focus on these issues and put in a lot of effort, it would make a large improvement for them moving forward.

Dr. Evans emphasized their commitment to moving forward and restarting deployments in FY25. He shared that in 2023, VA announced the award of the second option period for its contract with Oracle Health in support of VA's Federal EHR modernization. This allows them to continue together on EHRM, and they have two main objectives for this

second option period, which include supporting value-added services, such as system improvements and optimizations; and achieving better predictability in hosting, deployment and sustainment, all while keeping an eye on fiscal responsibility.

Dr. Evans then opened the floor for questions. Chair Lewis pointed out that VA has been working on modernization of the health record for a very long time, and was concerned that at the slower rate improvements are being made along with how quickly technology progresses, will they ever get to a baseline system in terms of accomplishing the basic things they need the system to do? Dr. Evans said that every workday, they have at least 8,000 registered users that are logging in and using the Federal EHR, and delivering great care. This system supports facilities that have emergency rooms, ICUs, and anything else a patient would need, along with smaller clinics and hospitals in rural areas. The system is working, and they are making changes to optimize it to national roll out, but that doesn't mean that it's not a functional system.

Dr. Evans said they also saw from the DoD that they went through a similar journey, where they got 5 or 6 sites live with the new system and then had to spend time optimizing the system to make things go smoothly. He emphasized that they aren't just addressing issues at the live sites, but also doing the foundational enterprise work to build the confidence that they can begin again with a more aggressive deployment schedule. He shared that DoD was able to implement the new system at sites in waves of several in a weekend instead of one at a time after they had paused and worked towards optimization. Dr. Evans felt they could anticipate such an acceleration with VHA facilities once the implementation is restarted.

Chair Lewis asked when in 2025 the committee should be asking for updates on the implementation and how far along they are. Dr. Evans said it should be in the first half of the year.

Mr. LoGalbo asked what the critical path for implementation looks like over the next several years, and when they plan to have all sites working with enhancements. Dr. Evans said the end goal is to get to where the entire DoD, Coast Guard, National Oceanic and Atmospheric Administration (NOAA), and all of VA are using the Federal EHR. The contract for Oracle ends in 2028, and he didn't feel they would get all 128 sites converted by the end of that contract period. Dr. Evans also shared that a big piece of the critical path is getting the funding or resources needed to put towards the project. It's a labor-intensive process with all of the training and things that need to be built. Dr. Evans shared that their funding has been significantly decreased for FY24 and anticipated to be the same in 2025, but that is expected with their project reset. He emphasized that part of the critical path profile is the funding matching their restart philosophy when they begin implementing the new EHR at VA sites again.

With no further questions, Dr. Evans thanked the committee for having him and took his leave.

Appeals Council Presentation

Ms. Starke turned the floor over to Gerald Ray, who had worked for the Social Security

Appeals Council for 40 years as a judge, Deputy Chair of the Appeals Council, and Deputy Executive Director of the Office of Appellate Operations.

Judge Ray shared that with Social Security, the disability process involved an electronic folder which includes the electronic health record and other information captured by the agency. When a claimant files a claim, the agency captures structured data about the claimant and the claim in every step of the disability process. The medical data is captured in image form. To be disabled for Social Security purposes, a person needs to have a medically terminable impairment that precludes them from performing past work or other work that exists.

He continued, noting that the first two steps in the appellate process are done by employees who work at the State Agencies. They obtain evidence from the claimant and claimant's doctors and may get consultative examinations. They then use a case analysis tool that captures structured data about the claim and determination being made. The same thing happens at the recon level. If a claimant is dissatisfied at the recon step, they can request a hearing before an Administrative Law Judge (ALJ) who have staff of paralegals and attorneys that work with them. Claimants can have hearings held in person, by video, or no hearing. The ALJ's review is conducted de novo and the judges are quasi-independent decision makers, meaning they work as judges who make decisions on behalf of the agency, not as agency employees.

Judge Ray emphasized the importance of analyzing errors, sharing that Social Security has detailed regulatory guidance that prescribes specific factors to be considered when evaluating a wide range of issues in common disability claims. That includes evaluation of mental impairments, drug and alcohol abuse, evaluation of subjective complaints, evaluation of claimant's functional capacity, evaluation of medical reports, treating physician opinions, and how conflicting evidence is weighed. The judges consider the impairments both individually and in combination and have to show the claimant can't perform work so they have to consider vocational information.

He shared that Social Security also has a Findings Integrated Template which is a template the judges use that includes findings the judge can modify so there aren't gaps or errors in the findings. The judge also includes references or evidence to support the conclusions reached, and the template guides them through the policy compliant pathing. If the claimant is dissatisfied with the judge's decision, they can appeal through to the Appeals Council, which is where Judge Ray had previously worked.

Judge Ray explained that the Appeals Council is the Commissioner's adjudicative arm, working on direct delegative authority from the Commissioner, and the Administrative Appeals Judges are appointed by the Commissioner. They have a staff known as the Office of Appellate Operations which includes mostly attorneys and paralegals with some clerical support staff and are part of a larger umbrella organization which includes program integrity, quality review, and data analytics. There are staff within the Office of Appellate Operations called the program analysis staff, and they had wanted to add the policy staff into the larger umbrella operation but due to political decisions made, they were kept separate.

He continued, sharing that the Appeals Council sits with one, two, or sometimes three judges in panels. It's mostly a paper review, with hearings held rarely. A staff attorney or paralegal will review the record, medical evidence, and hearing decision, and prepares an analysis for the Appeals Council using a case analysis tool. The tool used is called ACAT, Appeals Council Analysis Tool, and captures information about the claim, impairment, claimant's education and work history, and quality of the judge's decision.

Judge Ray shared that he did a lot of work in developing ACAT, doing so by mapping out the policy compliant pathing of each of about 2000 different decisions possible, creating a large and detailed decision tree. From there, he spoke to systems and worked with them to create ACAT. It is designed to capture information quickly, and they have unique codes for the about 200 types of errors that can be captured using the tool. He then shared a screenshot of what the case analysis tool looks like, with check block forms and dropdown choices. The data is then pushed to the final page of the analysis form in a text format which describes the findings. The person filling out the tool can also include an analysis on why they made certain decisions within the tool. He pointed out that the check blocks were helpful because they have increasing workload with decreasing staff, so every second spent capturing data is a second spent away from another case.

He informed the committee that one of the things he focused on when working at Social Security was training. He had realized that the way they were training people wasn't working and resulted in errors. Because of this, they began using andragogical training which uses adult learning ideas and focuses on how to do things instead of what to do, which gives people the training they need to correctly apply the rules. They also looked into what motivates people, finding that one motivation is a person being an expert at their job. Because of this, they used the training and had people do it on their own because they want to be good at what they do so they will focus on doing what needs to be done through the training. He shared that they also stopped rating people on how they did during training because the ratings weren't motivating people, and instead gave them information to help them improve.

They also captured structured data about the effectiveness of training, particularly the types of errors made and if people make the same error after they've had the training, as well as how quickly newly hired employees are able to be trained and improve their productivity. In addition, they created a self-guided training tool called "How am I Doing?" If a case is sent back to an employee with an error, they are also given information that identifies what the error was, reference to the policy and information about why the issue is important, what they should look for to avoid making the error in the future, how to resolve the error once it has been made, and then different links to three tiers of training so the employee can spend as much time as needed to go over the training material.

Judge Ray moved on to speak about developing the Insight Tool, which uses structured data captured in conjunction with reviewing decisions. They curated the data, spending many hours capturing data to build a supervised machine learning tool that can review

decisions and find errors in a matter of seconds. This is not an open AI; it is specifically built by Social Security for this process. Because they use supervised learning, the AI doesn't make mistakes or hallucinations with incorrect answers. The data available to the AI is so limited it can only produce correct errors. Judge Ray mentioned that it did take a lot of time for employees to curate the data and information. They did not have a contractor or data scientist for this tool, so he hired attorneys with a background in creating this type of system.

To give the committee an idea of the complexity of the system, Judge Ray shared that because the medical evidence they have is in TIFF images, so they first had to use Optical Character Recognition to convert the images into editable, searchable text. Once the text was obtained and they used natural language processing, the computer can analyze the text and sentences and find associations. It would then output that information into Excel. He showed a slide with an example of what this would look like.

Judge Ray noted that the program analysis staff is a small group of attorneys that maintain and update procedural guidance, and they developed a draft incumbent upon proposed regulatory changes as well as identified issues that may require legislative action. He said that a lot of his data scientist attorneys were part of this staff because they could use the data analytics to determine if there is a need for regulatory or policy change. What they found was there are type of errors that people make with either individuals making errors because they need training or a lot of people making errors because the policy is unclear.

He shared that his interests in the data analytics were to shorten training time, drive higher productivity, reduce processing times, and improve quality of work. They used data analytics to address all of these, using heat maps to identify training needs and policy guidance issues. They also did clustering analysis, which is taking a large amount of data and partitioning it into clusters. When reviewing the clusters, he was trying to find whether certain types of cases were likely to be remanded or not.

They also built what they called a Neural Network Application, which could screen cases without human review and find cases that were likely to have been improperly denied and should have been approved if adjudicated directly. For this application, he was able to get a contract with CenturyLink who worked with them for about a month and a half.

Judge Ray also developed a productivity index for the staff based on past performance by breaking work down into different categories, noting the difference in time needed for the different types of cases or decisions. He shared a slide with an example of a heat map of types of errors that could be made and explained that creating the heat maps helped him to identify that one group of judges and district courts who were making decisions in a completely different way from the rest of the courts. They had told him that they were trying to follow circuit law.

Judge Ray then shared a slide with data showing a cluster analysis of files and folders that were most likely to be remanded. He also shared that he found 12 categories of cases and set parameters around them after talking to managers, determining that

every case should get at least 2 hours of credit, taking no more than 16 hours of credit. If more time was needed, the employee would need to speak to their manager about the individual case.

With this data in mind, he shared a slide showing a formula that determined how long a type of case would take on average. They also tracked how many hours an employee spent on case work versus not on case work.

Judge Ray moved on to quality assurance. He shared that the Appeals Council reviewed cases on appeal but could also take cases on their own motion. He shared that they used a focus review process which looks at specific issues and sometimes specific judges who exhibit outlier behaviors such as approving 100 percent of cases over a several year period. Judge Ray noted that they did not use this information to reverse the judge's decision, but instead would point out the issue and explain why they should make different decisions in the future. He then spoke about focus reviews, which were primarily for training purposes but also to see if new training guidance needed to be given or to give feedback to adjudicators.

He shared that if a claimant is unsatisfied with the Appeal Council's decision, they can go to Federal District Court. He also pointed out that in every step of the process, a claimant can provide additional evidence. A transcript is produced of the hearing recording and entire record, and they work with the General Council to decide if they want to defend the case. He shared that they sometimes take cases back from the court because the General Council doesn't agree that it was done properly, or new evidence may have resulted in a change. This stage still captures structured data of the entire process.

Having finished his presentation, Judge Ray opened the floor for questions. Ms. Starke requested that the committee members send the questions via e-mail due to the meeting running late.

Office of Equity Assurance (OEA) and Performance Analysis and Integrity (PA&I) Updates

Ms. Starke turned the floor over to Cheryl Rawls and Elaine Saiz for the updates. Ms. Rawls introduced herself as the executive director over the newly formed VBA Office of Equity Assurance. She also introduced Ms. Saiz who works with the data and owns the data warehouse they work with.

Ms. Rawls shared that the OEA was established in April 2023 and she took over in December 2023. Their mission is to identify and minimize real or perceived disparities in the delivery and receipt of benefits offered by VBA to fulfill their promise to Veterans and their families, and their vision is to review, engage, and report on people, processes, and technology in support of equitable outcomes for Veterans and their families. They not only work to help minorities and LGBTQ people, but also those in rural communities, as they also have less access to care.

She told them how in February 2024, VBA released their Equity Assurance Plan and in a press release gave great analysis for VBA on some of the items they are experiencing difficulty in understanding, as well as their goals. This plan states that the OEA will examine every aspect of VBA including organizational structure, training and quality control, data, outreach, policies, customer experience, outcomes, and more to identify any disparities that may exist, understand their root causes, and eliminate them.

Ms. Rawls listed the work strategies for this plan, including organizational structure; customer experience; training and quality control; data collection, curating, automation, and analysis; outreach; policies; and addressing historical structure inequities. They are working with the Veterans Experience Office (VEO) to help with the customer experience aspect. For outreach, she shared that she was just in Memphis, Tennessee doing an economic development initiative, and they had close to 2,000 Veterans attending the event. One thing they did was ask everybody to scan a QR code in order to get an appointment to speak to people. She said it was eye opening to see how many people still used flip phones or didn't have the services available to them, and so she realized they had already presented a barrier to these Veterans for connecting with them.

She shared how the organization spent about a year working through what needed to be done for a foundation. They worked to get the executives involved and created the VBA Equity Leadership Collaboration Council, who will be meeting to understand issues that they need to study. They are also increasing engagement with external stakeholders such as the White House, Congress, Department of Defense, and VSOs, as well as hosting more Veteran Centric Roundtables and Symposiums to revamp and increase outreach efforts.

They are working to integrate data with the Center for Minority Veterans and the Center for Women Veterans.

Ms. Rawls noted how they are also developing documented, detailed plans to address the limitations they have identified with race and ethnicity data for Veterans and conduct comprehensive assessments of disability compensation to identify the root causes that could contribute to any racial and ethnic disparities.

She turned the floor over to Ms. Saiz to cover some of their recommendations to the Secretary based on their work and data. Ms. Saiz shared that their VBA recommendation 4 was to better understand the data between the groups and what's happening. She told them how her office runs the data shop, so they work on equity dashboards and have committed to the general accountability office to do equity dashboards and work with each business line on that. They have also been working on equity and MITRE assessments, and there was a press release in February 2024 from the Secretary and the VA that talked about some of the equity assessments and the studies they've done with MITRE. One of the interesting items they uncovered is there is no disparity if Veterans file within the first year of separation because of the nexus to service and getting the exams, so OTED is doing more outreach efforts to find information to improve going forward. The VA is also working to get consistent

demographics across the agency.

Ms. Saiz that PA&I is developing VBA equity dashboards across VBA benefits and services for Compensation Benefits (currently published), loan guaranty (undergoing final concurrence), education and pension & fiduciary service (in process), and insurance and vocational readiness and employment (not yet started). By the end of FY24, she shared that they expect the release of pension & fiduciary, education, insurance, and Veteran readiness and employment service, including the percentage of Veterans that: apply for a VBA benefit, receive or utilize VBA benefits, apply for benefits that are approved, and have third-party representation. They are also researching the average dollar value of benefits received, where applicable.

She then shared that the MITRE study was done in FY22 and FY23, as well as Government Accountability Office (GAO's) recommendation that is making its way to the dashboard. On February 14, 2024, the VA Equity Plan and VBA Equity Assurance was released, and OEA will conduct its own data analysis of VA compensation benefits to assess equity, particularly concerning race and ethnicity, and will identify and recommend solutions to the root cause of any disparity it uncovers. She also shared the link to the VBA FY23 Annual Benefits Report (ABR): <https://www.benefits.va.gov/REPORTS/abr/>.

Ms. Saiz listed the top 10 service-connected disabilities of all compensation recipients, which include (most to least): tinnitus, limitation of knee flexion, paralysis of the sciatic nerve, hearing loss, lumbosacral or cervical strain, Post-Traumatic Stress Disorder, limitation of motion of the arm, limitation of motion of the ankle, migraine, and general scars. She also showed a chart showing Veterans by combined degree in the last 5 years from FY 2019 to FY 2023 and explained that in 2023 there was a 5 percent increase in compensation recipients. She also shared a chart showing dollars by combined degree with estimated annual payments broken down by male and female. Ms. Saiz encouraged the committee to check out the ABR website.

Ms. Saiz then opened the floor for questions.

Chair Lewis asked how the work Ms. Rawls and Ms. Saiz were doing aligns with the GAO study and recommendations made, and if the work is in response to the recommendations or addressing them? Ms. Rawls answered that Executive Order 13985 sets all of the departments within the administration on the path of looking deeper into what they're doing for equity, but in addition to that order creating OEA, there are a number of items and activities that are happening that OEA needed to be responsive to, including the GAO study. The study had several recommendations, several which are being done by PA&I and others by OEA. She shared that her office will be the one that picks up and continues the GAO study which was the recommendation so it will continue to be looked at into the future. One of the items pointed out in the GAO study is that, while they are dissecting and looking at mental health, the VBA needs to look at a larger range of conditions.

Ms. Saiz shared that PA&I has been involved with the data for the PACT Act, and when they do outreach, they make sure to look at the groups that are underrepresented in submitting claims. They are working to look at what they can do for outreach as a whole and comparing it to the population data they have found. For the GAO report, they have committed to doing the dashboards and continue to work on those.

Chair Lewis shared her experience of finding that while the VA continues to collect data and do research, the people who need the answers and the help continue to lose their lives or suffer from the ailments that the equity data should be addressing. She asked that they let her know if there is anything the committee can do to help them in their efforts to get things moved along faster so that those who need the relief can get help. Ms. Rawls agreed and said that OEA works with VHA's Office of Health Equity as well as the Department's Chief Diversity Office. They have a VA Equity Team with representatives from each administration that is coming together to put forth actionable items.

Ms. Saiz noted how with the PACT Act, they were challenged with breaking silos between VHA and VBA. She pointed out that one of the things they've been doing is, as Veterans have been getting toxic exposure screening from VHA, if it comes back positive her office is working to get a handoff of data from VHA so they can then send letters from VBA to the Veterans who screened positive. These letters tell them that they may be entitled to benefits.

Mr. LoGalbo thanked them for their time and asked if they could outline how they are working with the VASRD office with updates to the VASRD, such as data from a medical or decision perspective. Ms. Saiz said that part of VASRD work is done by Compensation Service, but that they have worked with making data connections with VASRD via data mapping. Ms. Rawls said that being a VBA office under the Office of the Under Secretary, her office has the responsibility for reporting out and assuring information is being shared. When data is discovered, it is shared with Office of Policy and Oversight (OPO) who has oversight of Compensation. Her office currently has a list of about 60 items that need to be looked at based upon those reports.

Ms. Starke requested that the committee members submit any other additional questions virtually to Ms. Rawls and Ms. Saiz, as it was time to move forward in the schedule.

VA Automation

Ms. Starke introduced Angela Moritz who would be updating the committee on VA automation efforts. Ms. Moritz greeted the committee and introduced herself as the Assistant Director for Business Strategy with the Office of Automated Benefits Delivery (ABD).

She shared that she would be updating them on where they are with the automation space and what the future looks like. She began with ABD's vision, which is to honor those who serve by providing them with simple and seamless access to benefits.

Ms. Moritz noted that they would mostly be focusing on a project called Automation Decision Support. She emphasized the use of technology making work better and more efficient for employees, which allows the claims processors to focus on the more complex analytical portions of the claims process while technology completes the repetitive, administrative tasks that are a time burden for the claims processors.

For mail automation, she shared that in the past they were at an average of 30 or more days of control time from the point of receiving a piece of mail from a Veteran for their claim to having control over that mail piece. Today, 70 percent of the mail received by VBA is placed under end product control within 24 hours of receipt, which is a dramatic improvement in control time for mail. They are at around 200,000 claims automatically established monthly based on that mail processing.

She moved on to speak about medical evidence from VHA, sharing that in the past, claims processors had to undertake a very manual process to identify, obtain, and upload medical evidence from VHA. This involved several steps that took a lot of time. Now, claims that go through the ADS system have the evidence uploaded automatically at time of receipt. She shared that on May 29, 2024, they hit the 500,000 claims milestone for the number of claims that have had records uploaded to their claims folder. In April and May, they had 6,000 in each month.

Ms. Moritz noted that another piece of functionality that is part of the ADS system and is available to claims processors whether a claim is included in the ADS project or not is searchability. Claims processors are able to search all of the medical records using optical character recognition and other similar technologies.

She then shared that another ADS technology that has rolled out is transcription of exam results from VBA DBQs into the VBMS rating criteria. This is another time intensive process for claims processors to do, with there being a number of fields in DBQs that don't directly align with the ratings calculator. By automating the process of transcribing the data from the DBQ into the calculator, not only are they reducing the manual time of transcription, but they are also eliminating manual transcription errors that can happen when typing out data.

Ms. Moritz then spoke about the process of optical character recognition and natural language processing and how they have harnessed the tools effectively in the claims folder. She shared that in her career with VA, she spent about 8 years as a decision maker when they were still using paper claims folders. She recalled how most of her time was spent going through the evidence to figure out what was relevant. Now, they are able to use technology to intelligently index and hyperlink to the information in the claims folder that is relevant. In each folder, they index relevant information such as categorizing information by diagnosis, by which medical evidence is associated with VASRD criteria, and evidence which is helpful for a claims processor.

Ms. Moritz moved on to speak about where automation is and where it is headed in the future. She shared that they currently have ADS functionality for 186 diagnostic codes.

They started with PACT Act diagnostic codes and expanded from there. They are working to ensure functionality for the most commonly claimed conditions. Currently, they are impacting 15 percent of rating inventory claims, but in the future, they hope to do 90 percent of the most commonly claimed contentions from Veterans. They know that 30 percent of claims will not be able to have ADS compatibility based on the return on investment being very small when a Veteran claims a contention type that is uncommon.

She emphasized that ADS is not meant to reach all contention types, only the 90 percent of the most commonly claimed contention types. They are achieving this by using a repeatable process to test ADS functionality which involves rapid process improvement and piloting at select field stations. Once they get the functionality to a state they consider to be ready, they conduct a period of measurements to ensure that each ADS initiative or diagnostic code grouping is operating as predicted. They are predominately in the prototyping phase, with some work graduated to national deployment. She shared that they are hearing positive feedback from users of this process.

Ms. Moritz next discussed reconciling contention classifications using natural language processing. She shared that one of the most difficult things they are working on in the ADS space is correctly recognizing and categorizing contentions when a Veteran submits them on a claim form. She admitted that they still have work to do with the natural language processing accurately recognizing the contentions being made by a Veteran. They are also working on using authoritative data to verify military service, which takes time for claims processors to do, by working together with the DoD.

She then spoke about toxic exposure risk activity and the procedures around verification of toxic exposure risk activity (TERA) being a burdensome task for claims processors. There is currently work to pre-populate information in TERA memos that are used to identify confirmed TERA exposures.

Ms. Moritz opened the floor for questions. Mr. Ridgway asked about efforts being done to identify and deal with problems that happen with automation. He said they are seeing increasing amounts of lay statements not being reviewed for claims and asked what they are doing to address these issues and others that are being found while using automation.

Ms. Moritz shared that they are analyzing data associated with automated claims including up to the appeals level in order to identify trends such as situations where automated claims are being appealed at a higher level. She said they do not have clear trends identified yet because they are still mostly in the prototyping phase, but they are keeping in mind that automated systems can make errors. The AI is using machine learning to expand recognition of relevant evidence, which is a technology they continue to develop, as well as data monitoring.

Mr. Ridgway asked if any representative or VSOs were involved in the testing process so they can identify things that may not be apparent to adjudicators. Ms. Moritz

answered that their piloting stations are across the country at regional offices, and VSOs can be involved in the process at that level. She said they also welcome all feedback from their VSO partners and understand they have a unique perspective. Mr. LoGalbo asked if they were going to do roundtables with VSOs in the future to look at the automated process together with them. Ms. Moritz said they are dedicated to working with VSOs and encouraged them to come to her office with any errors they are seeing on their end.

With no further questions, Ms. Moritz took her leave

Migration of eBenefits/SEP to VA.gov Update

Ms. Starke introduced Zach Goldfine from the Office of Information Technology. Mr. Goldfine said he would be sharing an update on VA's work to serve people with Power of Attorney for Veterans as well as what they're working on currently.

He began by showing an update to VA.gov with a Find a Rep experience for Veterans who are looking for accredited representatives. This was launched in March 2024 and as of the date of the meeting, they have seen over 55,000 users of VA.gov who have utilized the Find a Rep tool. They have also paired the tool with the ability for people to flag outdated information in the system such as contact information that had not been updated recently.

This helps VA to prioritize inaccurate information as flagged by users so they know who to ask for updates on information such as e-mail addresses, physical addresses, and phone numbers so Veterans will have access to correct information about representatives. He shared that since March, they have seen 636 representatives flagged with inaccurate information.

Mr. Goldfine noted that until recently, Veterans couldn't see who their current representative was on VA.gov which could lead to misunderstandings or a Veteran trying to find a representative when they already had one. The website has been updated so that when a Veteran logs into their account, they can see who their representative is if they have one.

He said they were seeing great usage numbers in terms of interest from users on VA.gov, which was promising for a soft launch since it had not been advertised yet.

Over the next year in the September or October 2024 timeframe, they expect to launch on VA.gov the ability for people who are interested in applying for accreditation to do so.

In doing so, it will also give VA.gov the opportunity to build a representative facing portal that is an updated version of the Stakeholder Enterprise Portal (SEP). The first thing the accredited representatives will be able to do in the new portal is accept or reject submitted 2122s from Veterans for Power of Attorney applications. The timeline for this update is December 2024 to January 2025. At the same time as this update, they plan to also launch a Veteran facing 2122 application on VA.gov to VSOs.

Mr. Goldfine shared that in the next six months, they plan to work on disability claim submissions and benefit claim application submissions in general. This will happen after the representative facing portal goes live, and they will focus on adding value to the Veteran's experience.

He emphasized the importance of help coming from VSOs and other stakeholders in order to shape their work through direct feedback and testing of early prototypes. He showed that in addition to conversations, there's preference testing, concept testing, research, choosing from a list of options, et cetera. He said he would be sharing the link from the PowerPoint in the Teams chat so that if they or anybody they know are interested in participating in the research sessions, they can do so through the link.

Mr. Goldfine opened the floor for questions. Mr. Ridgway asked if people could check on the website to see if a representative is accredited, and Mr. Goldfine confirmed this. Mr. Ridgway shared that there had been a surge of unaccredited representatives who the Office of General Council have been sending cease and desist letters to, as they cannot represent a Veteran without accreditation. He asked if Mr. Goldfine has worked with OGC to identify which representatives on their database are not allowed to provide legal services.

Mr. Goldfine answered that there is a huge VA initiative currently to ensure Veterans are only working with accredited representatives and not being taken advantage of. VA is taking a multi-pronged approach on how to minimize the number of Veterans who are scammed by these unaccredited representatives. One approach is the Find a Rep tool with the hypothesis that if people use the tool, they will only be able to find accredited representatives and will not need to search elsewhere. Mr. Goldfine said he would note Mr. Ridgway's idea specifically to share with the team, as he was unsure if that was an approach they are taking yet. He did assure Mr. Ridgway that only accredited representatives show up in the Find a Rep page on VA.gov.

Mr. Ridgway suggested they link a Veteran directly to the Find a Rep page if they go into their profile on VA.gov and find that they do not have an accredited representative. Mr. Goldfine took down his suggestion to take back to his team. He also said he would be sharing his e-mail in the chat and encouraged them to reach out to him with any ideas or questions they may have about this process.

With no further questions, Mr. Goldfine took his leave.

Wrap-Up & Adjournment

Ms. Starke informed the committee they had reached the wrap up and adjournment portion of the meeting. She requested they use the QR code on their screen to fill out the end of day survey for the day's presentations. She thanked them for their time and adjourned the meeting for the day.

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June 25, 2024 - Opening Remarks/Welcome

Paulette Jones, one of the DFOs for the committee, greeted the participants of the meeting and conducted a roll call. She confirmed they met quorum and could continue the meeting, then turned the floor over to Ms. Starke. Ms. Starke informed the participants of the rules of engagement and asked the committee members to introduce themselves. Once they had done so, Ms. Starke turned the floor over to their first speakers of the day, Regina Yount, Shawnta Sampson, and Frank Wijngaarde.

Overview Briefing: Outreach, Solid Start

Mr. Wijngaarde began the briefing by explaining the mission of Outreach, which is to connect Veterans and their families with information on VA benefits and services through collaboration, integration, education, and outreach. Outreach is mandated by law through 38 U.S. Code § 6301 which defines the term outreach as “the act or process of reaching out in a systematic manner to proactively provide information, services, and benefits counseling to Veterans, and to the spouses, children, and parents of veterans who may be eligible to receive benefits under the laws administered by the Secretary, to ensure that such individuals are fully informed about, and receive assistance in applying for, such benefits.” 38 U.S.C. 7703(5) directs that the Veterans Benefits Administration is statutorily responsible for the Department of Veterans Affairs’ outreach efforts.

He explained that some of their core functions at Outreach, being one division within Outreach, Transition, and Economic Development, include representing VBA at national events to increase visibility and awareness of benefits available to those who are eligible.

They also evaluate and develop new policies and procedures incorporated in VBA Manual M27-1; develop VBA outreach publications; analyze the Enhanced Outreach Reporting Tool (EORT) to assess the efficacy of existing programs and develop recommendations for new services; advocate for Veterans living overseas to ensure they all have a point of contact to connect them to VA programs and service; provide Designated Federal Officer oversight for the Advisory Committee of Former Prisoners of War; and lead Veteran special emphasis programs including Women, Minority, Former Prisoners of War, Military Sexual Trauma, Tribal, Elderly, Faith-Based, Lesbian, Gay Bisexual, Transgendered, Rural, Casualty, Foreign/International, Indigent and Unclaimed Remains, Homeless, and Justice Involved.

Mr. Wijngaarde shared that they have Special Emphasis Coordinators at each of the 56 regional offices that do specific outreach towards these populations.

He informed the committee that in FY23, they hosted over 12,000 different events and reached over 1,000,000 interactions. In addition, Outreach hosted 14 symposiums, and they conducted an Inaugural VBA Customer Outreach Survey which showed 4.5/5 for trust, 4.6/5 for ease, 4.6/5 for effectiveness, and 4.7/5 for promoter score. Mr.

Wijngaarde then turned the floor over to Ms. Sampson, who oversees the Economic Development Program.

Ms. Sampson shared that she would be going over the Economic Development Initiative work strain within Outreach. They have several programs and initiatives, with their first and main program being Economic Development Initiatives (EDIs) where they go into underserved areas identified by the IRS, which they call Qualified Opportunity Zones. They go into these areas looking at the social economic factors such as homelessness, education, and mental health, to name a few. She said they then cater the events in the local community based off of the identified challenges that they become aware of, as well as connect with stakeholders within the community at the state and federal profit and non-profit levels because they found that without them, they cannot pull the multi-day events off.

She moved on to explain the next initiative, which is a Memorandum of Understanding (MOU) with Prudential Insurance where they have created an MOU to assist transitioning service members, family members, Veterans, and caregivers in making more effective financial decisions. They provide financial literacy to them via a digital portal available to anybody who needs it within those groups. On the third Wednesday of each month, twice on that day, they offer free financial wellness training virtually given by Prudential's financial experts.

They also have the SkillBridge program, which is a DoD program that they have an MOU with. Currently, Economic Development is the liaison where they partner with the DoD to establish internships and apprenticeships across the VA enterprise to assist the service members who have 180 days left on their contracts. They are invited in to do training that is relative to what they were doing in the military via their over 50 programs that have been established. Ms. Sampson listed some of these programs, including for physicians, ICT, healthcare, program analysts, nutrition, dietician, and they are working to create a mental health program. The individuals selected for these programs still continue to get their active-duty benefits while they're going through the pipeline with the goal to offer them a job within the VA enterprise upon completion.

Ms. Sampson explained that Outreach, Transition, and Economic Development launched Economic Development (ED) in October 2018 to provide disadvantaged Veterans and transitioning service members, their spouses, family members, caregivers, and survivors with the opportunities to achieve economic success and total well-being as they advance from military service to civilian life.

She noted that Congress mandated April as Financial Literacy Month. In the ED office, they work to do a feature and concentration on financial literacy for April. She shared that they had gone to San Antonio and partnered with the USA ED Foundation to host a week-long event focused on financial literacy in order to bring education to that area. They also partnered with others who brought job fairs during that event. She said they want to put on an even larger event in 2025.

Ms. Sampson explained that ED events are held in regions of the country with

significant Veteran populations that meet the socioeconomic criteria for economically distressed communities, which include: high unemployment rate; high poverty rate; high homelessness rate; low home ownership rate; low median household income; lack of available, affordable housing; proximity to military installation and VA facilities; and Veteran issues that warrant political of public attention.

The types of events that EDI hosts include benefits fairs, presentations and workshops, town halls, claims clinics, hiring fairs, and spouse and caregiver clinics. The benefits fair is a tradeshow-style even with benefits and resources from various providers to include VSOs, special emphasis programs subject matter experts, and more. Their presentations and workshops provide informational sessions and hands-on help with topics such as SEPs, resume writing, and other topics relevant to Veterans and their families.

Ms. Sampson shared that they also have Stakeholder Roundtables which are invitation only, small group meetings focused on alleviating region-specific challenges in the Veteran community and providing a forum for public-private partnerships. The objective is to discuss solutions to Veteran issues, cultivate collaborative efforts, outline specific solutions with corresponding goals, and establish a timeline for implementation.

She also noted that they have completed three EDIs so far in FY24, which were held in Detroit, Michigan; Memphis, Tennessee; and Little Rock, Arizona. They have held 20 completed EDIs to date, with 3 upcoming. They are hoping to expand so that they are able to do more than 3 a year in the future.

Having completed her section of the brief, Ms. Sampson turned the floor over to Ms. Yount. Ms. Yount shared that she would be speaking about the VA Solid Start Program. She explained that the program was launched December 2, 2019, and it changed the way VA interacts with Veterans in transition. They no longer expect Veterans to reach out and call VA, but instead are proactively contacting them via trained VA representatives who reach out to call recently separated Veterans by phone at 3 key stages during the critical first year after release from active duty.

She explained that the calls are modeled on a consist and caring contact approach that sets expectations with recently separated service members that they will be called for one-on- one interactions with their assigned VA representative at 3 key stages: 0 to 90 days post- separation, 91-180 days post-separation, and 181-365 days post-separation, to identify opportunities for support. Any issues or challenges brought up in these conversations are supported by direct VA benefit to partner resources.

Ms. Yount shared that they utilize a proactive outreach model to reinforce and support engagement with the Solid Start program. They integrated information on Solid Start within the Transition Assistance Program (TAP) so Veterans learn about Solid Start during their transitioning process. They also have integrated information into the VA Welcome Kit. For Solid Start, prior to making the first phone call, they make sure to reach out to Veterans by e-mail welcoming them into the program, thanking them for their service, and asking them to take the phone call when it is provided. The e-mail

also includes a QR code and contact information so they can easily add the VA Solid Start program as a contact to their phone and know when they are being called. When they successfully connect with a Veteran, they are assigned a VA Solid Start representative and are sent a personalized follow-up e-mail with information specific to the benefits and services they had discussed, or specific to the issues or challenges they were experiencing, as well as follow-up activities.

She explained that they also use strategic messaging and communication through a comprehensive multi-channel approach. They also use micro sites, such as a Solid Start webpage that includes information about the importance of engaging with Solid Start. Solid Start is also integrated with VBA's Office of Communication and promote Solid Start through all of VBA's social media platforms as well as through established VA communication channels.

The VA Solid Start program was established out of an executive order that was focused on mental health and solidified into law under the Solid Start Act of 2022 which was signed October 17, 2022. Recently separated service members are contacted through Solid Start regardless of their character of discharge. They also prioritize calls to recently separated service members who meet certain risk factors during their last year of active duty that may make them more at risk. For example, mental health diagnosis or appointments, and their Solid Start representatives are trained in giving warm hand offs of those in need of one to the Veteran crisis line.

Ms. Yount shared that since the program launched in 2019 through to the end of May 2024, they have successfully connected with over 483,000 recently separated Veterans, representing a 73 percent successful contact rate, meaning that the Veteran took their call.

They have connected with over 88,000 priority Veterans, representing an 82 percent successful connection rate. 50 Veterans were connected to the Veteran crisis line. They also have completed some pilots based on feedback received from Veterans. One question they ask Veterans in their survey is what would make the program better for them, and she shared that they learned the Veterans prefer to schedule the calls instead of them being cold calls, and they want different modalities of contact. Due to this feedback, Solid Start completed a pilot to assess the effectiveness and impact of offering to schedule their Solid Start calls for the day and time that works best for them.

The pilot went well and their successful contact rate for the individuals in the pilot was over 90 percent, which made it possible for them to integrate into the Veteran's life without disrupting it. They received very positive feedback from the pilot and are currently working through the necessary IT needs to get it implemented nationally. She shared that another pilot they conducted was offering Veterans the opportunity to communicate with Solid Start via chat instead of calling. This pilot was also successful, especially with younger Veterans. They are also working on the IT part needed to implement this function. In addition, they randomly contact individuals who showed they were dissatisfied via their surveys and spoke to these individuals to see what they could do to improve their future experience.

Ms. Yount explained that they will attempt to contact a Veteran 7 times during each of the 3 key stage periods, and when doing so, they change the times they are trying to connect with the Veteran to try to find the best time that works for them.

She shared how proud they were of the Solid Start program and the progress they've made with helping Veterans who are just transitioning out of service. She then opened the floor for questions.

Chair Lewis asked what the demographics for Veterans who are called look like. Ms. Yount answered that they are sent a direct feed from the DoD weekly of all the individuals transitioning out of active duty that qualify based upon eligibility criteria and they contact everybody within that group. She said they don't have detailed data broken down by race, et cetera, but they are working with the DoD to add demographic breakdown in that information. She said she would send the latest breakdown they sent from their most recent CMR from that month to Ms. Starke to be shared with the committee. She did share that the male and female rates of contact were very similar, with 76.7 percent of female Veterans successfully being contacted and 77.8 percent of male Veterans successfully contacted. Chair Lewis felt that it was critical to know the broken-down information since there are so many issues around service-connected disability claims being processed and approved versus denied.

Judge Patt Maney thanked them for their presentation and concurred with Chair Lewis about wanting the data to be more broken down. He asked about one of the sections that spoke about providing help to spouses, since he was unaware of the VA having as much to do with military spouses. He also pointed out how the map that showed the EDI events seemed to mostly only focus on major population areas and not as much on rural ones. Ms. Sampson shared that they do partner with VHA who provide spouse and caregiver support, as well as the Department of Labor, who gives employment seminars for spouses. As far as the maps, she said they have a five-year plan to get into those areas.

Chair Lewis asked about the DEI programs being held in different locations and if they kept track of the demographics being served with those programs. Ms. Sampson assured Chair Lewis that they did analyze the demographics in those areas, and have held events in areas like reservations to help ease of access to attend such events. They also do claims clinics in rural populations so the rural Veterans are also being reached.

With no further questions or presentation, Ms. Yount, Ms. Sampson, and Mr. Wijngaarde took their leave.

Journey Map – Overview/Update

Ms. Starke introduced their next speakers, Amanda Tepfer and Jaqueline Imboden, for the Journey Map overview and update. Ms. Tepfer thanked the committee for having them and explained that she would be giving a brief project overview of the Human

Centered Design (HCD) project with focus on the disability claims process, and briefly go over the nine Veteran insights found as a result of the research. They will also review the journey map and service recovery.

Ms. Tepfer shared that the approach they took to better understand the Veterans but also the employee experience throughout claims processing was to use HCD which is a qualitative research-based methodology that gets to the root of human behaviors, understanding what motivates them, what their bright spots and pain points are, and then navigating a process or program. In this case, they focused on the disability claims process. The sample size was taken from Veterans who either recently completed the claims process or were currently navigating the process for the time period March 11, 2022 through October 12, 2022. In partnership with VEO and VBA, they were able to come together with the goals of better understanding the experience and taking action on improving that experience.

She gave an overview of the HCD methodology, which is used to help make systems and products more responsive to the people who use them. It requires rigorous qualitative research directed toward the goal of deeply understanding the needs, insights, emotions, and lived experiences of people. HCD prioritizes customers' needs over system needs in solution development. VA uses HCD to learn from people in the Veteran ecosystem such as Veterans, their families, caregivers, survivors, VA employees, supporters, and stakeholders.

HCD involves several key phases of sequential work: discovery, design, delivery and measurement. HCD is also cyclical. Once a design solution is launched, measuring effectiveness against initial and intended aims, and continually tweaks help improve the solution over time. HCD recognizes that people and their needs are dynamic and therefore solutions must also be dynamic and changing.

Ms. Tepfer told them she would be focusing on the discovery phase of the methodology in her overview, but the next two phases of design and implementation are also occurring at this time.

With the disability claims Veteran research portion, she shared that the sample size included over 60 hours of interview data from 60 Veterans interviewed. They collected 2,332 data points, identified 70 overarching themes, and found nine insights and five key findings.

She explained that Veteran insights present an understanding of Veteran's needs and experiences, as well as helping to build empathy, decrease personal bias, and provide a new perspective. All Veterans may not experience every insight, but the insights they found represent a major pattern recognized across interviews. These insights are written from the point of view of Veterans and may not match the way a service was designed. Insights serve as provocative statements of trust, which inspire a call to action and form the basis of future design decisions. These insights include: transparency and expectations, fellow Veterans as influential advocates and critics, gambling for help, apprehension and motivation to file, needle in a haystack, stressful

exam process, accessible but incomplete information, doubting decision letters, and trust and personal connection.

Ms. Tepfer moved on to Insight 1, transparency and expectations. This states that a perceived lack of transparency and poor communication results in a mismatch of Veteran expectations of the process and their actual experiences. This leaves Veterans feeling frustrated and lost during the process and ultimately disappointed when receiving their rating decision. Veterans often feel that the lack of transparency is intentional on the part of the VA. She pointed out that they made sure to incorporate quotes from the Veterans who participated in the interviews. The first quote for this insight is a Veteran saying that the claims process is “stressful and confusing. That sums it up. Run around, [there are] hoops to jump through and confusion, [while] crossing fingers that someone will do something to help you.” The second read, “They give you the decision and [what] did they base the decision on? Sometimes you see things. They send you to doctors, [but] it doesn’t show [up on your] records. When they denied [my claim] they tell [me] what was reviewed. You sent me to [a doctor], and it’s not included. What did I go for?”

She explained that Insight 1 showed that Veterans don’t often understand the full extent of what goes on behind the scenes of the claims process and where there are many human touchpoints throughout the process that are involved within the processing of the disability claim. Veterans desire personalized claim status updates rather than generalized statements using VA terminology or medical terminology, which can be very confusing and frustrating for Veterans.

Insight 2 states that Veterans see fellow Veterans as their best source of information. A single Veteran experience impacts more than one Veteran; negative experiences may discourage others from filing, while good experiences may inspire more Veterans to submit claims. The quotes included from Veterans for this insight are: “I think that [the Veterans] that came before you are the biggest source of information that you can get. If they had a good experience that’s the type of feedback you get, the good experience, but it’s also the opposite if it’s the opposite experience.” “I think if a friend of mine goes through this, I’m going to go through holding their hand; we’re going to get this done right the first time.”

Ms. Tepfer shared that this insight showed them that Veteran experiences will either amplify previously set expectations or completely disrupt the narratives set by other Veterans. The Veterans lean on other Veterans to navigate the process together. Veterans prefer the word of fellow Veterans over sometimes VA channels. A good or bad experience for one individual can ripple out and impact the Veteran community. Some Veterans who have gone through the process are happy to lend a helping hand to their battle buddies, and Veterans may reduce barriers for fellow Veterans filing claims by sharing their own past experiences or making note of mistakes they made throughout the disability claims process.

Insight 3 is based on gambling for help. It states that while some Veterans fully trust and respect Veterans Service Organizations (VSOs) for their knowledge of the process,

reaching out to a VSO can feel like a gamble of a Veteran's time and energy because beneficial support is not guaranteed. While many Veterans noted invaluable support from VSOs, other Veterans struggle to find truly helpful support from organizations and individuals. The Veteran quotes for this insight are: "I love this guy a lot. But he's overworked, and he covers the whole state. I try not to bug him [when it] isn't necessary to have answers... I try to let the process work. I try not to bother him about this or that." and "'I have the VSO who helped me [submit my claims] until a few years ago. After that, the VSOs that I had were not much help. I left them messages to help me with the unemployability [form] VA sent me. [VA] sent me that paper and said I have 30 days to fill it out. So, I left a message [for my VSO], and he never called me back. After that, I decided to change to another VSO."

Ms. Tepfer noted that often, the level of support that VSOs provide Veterans is impacted by factors such as the VSO's knowledge on the most current claims information and the VSO's availability to support multiple Veterans at one time. Veterans feel supported when they have undivided time and attention of a representative who is an expert in the claims process, acting as an advocate to VA and translating VA's requirements.

Veterans often see VSOs as someone who is on their side against the battle. Veterans see the insufficient capacity of good VSOs, and the impact of VSOs with limited or outdated claims information. In addition, Veterans can oftentimes feel supported when they have the undivided time and attention of that representative who is an expert in the claims process, and in turn building trust individually with that Veteran is important in the success of navigating the disability claims process.

Insight 4 is apprehension and motivation to file. This states that filing a claim can be an emotionally taxing decision, requiring Veterans to deeply consider how their past service impacts their long-term future. Veterans cautiously consider filing a claim, forcing them to weigh their motivation to file against their apprehension regarding the claims process.

The supporting quotes from Veterans are: "I wanted to [submit a claim] because I am hurting, in pain, and I'm done with the military. My time is up, I do have long-term issues and they're only going to get worse." And "As a Veteran we get promised that we'll be taken care of when we get out. We leave pieces of ourselves in foreign countries: mentally, physically, emotionally, and then we come here [to] the VA process. It's different for everyone, sometimes you get the golden goose versus some people that are minimized. [They] get denied and it's frustrating."

Ms. Tepfer explained that this insight showed that many Veterans make the decision to file once they realize the impact of their time served, whether it be because of worsening health conditions or premonitions about their future. Veterans feel that entering the claims process means acknowledging a sense of brokenness, which can be emotionally challenging for many. Veterans may choose to file because they deserve benefits for the dedication and sacrifices made during their time served. Veterans often compare their injuries with other Veterans to validate or invalidate how serious their conditions are, and to determine whether or not they should file. Sometimes Veterans choose to file when they realize the value of gaining long term support to get ahead of

issues stemming from their time served.

Insight 5 is called needle in a haystack. It explains that Veterans are often uncertain what evidence is needed to substantiate their claim. As a result, Veterans tend to submit excessive documentation and get frustrated when the documentation they submitted still is not enough. The supporting quotes for this insight are: "The VA should have my records since my retirement. So why couldn't they find the records that have been there the entire time? From retirement to now they couldn't find my records, but now they can." And "They used my medical records, and I'd been seen at the VA since 2016. So, they were also able to use those records. I also had some records of my own that had to be sent in. It's a little cumbersome. You have to put some work into it. I also moved from state to state. There were so many doctors I went to. There are so many medical records I couldn't remember or think about."

Insight 6 is stressful exam process. Veterans' exam experiences dramatically shape their overall perspective of the claims process. Negative experiences, such as frustrating issues with scheduling their appointment or examiners who are not thorough enough during the exam, can leave Veterans feeling disheartened about the outcome of their claim. The supporting quotes include: "The whole scheduling process is so bizarre. 'Here's a date.' No feedback from a customer. They tell you if [you] can't make it then you have to call a number and they go, 'Here's another random date'. How about you give the customer a window of opportunity and work around me versus working around their schedule?" and "And as a Veteran, I'd like to know that my claim is being reviewed by doctors and not a clerk sitting at a desk. You want to be relaying the information to medical personal."

Ms. Tepfer explained that this insight showed that the scheduling process can sometimes prioritize the clinics or examiner's availability over Veteran's availability, causing undue stress on the Veteran including missing work and traveling long distances to get to their appointments. A variation from appointment to appointment can create sometimes that inconsistent experience for Veterans. Veterans trust that the claims examiners are experts, but don't realize the examiners may not be gathering the right information for a favorable decision for that Veteran. Veterans may often not know what information is pertinent to their claim and assume their examiner will collect what is necessary. Also, many Veterans are unclear about the examiner's play in making decisions about their claim, leaving Veterans in the dark regarding their next steps. Oftentimes, many Veterans find the appointment reminders they receive extremely helpful.

Insight 7 involves accessible but incomplete information. This states that Veterans often find themselves navigating multiple means of communication from VA. Inconsistent and inconclusive messaging creates confusion for the Veteran in understanding where they are in the claims process. The two Veteran quotes are: "I had to go do some more searching to understand my benefits. Being able to find or generate my benefits letter [is found] nowhere near my rating. It required a bit of diligence on my part." And "I don't know if you're familiar with the app. [My claim status] stayed on "next step is preparation of notification." I kept thinking they wouldn't let me know. I was thinking they would

never make a decision on my claim.”

Ms. Tepfer explained that Veterans can experience challenges understanding what types of communication will provide them with the right kind of information they’re looking for.

Veterans who rely heavily on digital tools feel they still have to wait on paper notifications for a complete understanding of their decision and benefits. Veterans have access to multiple avenues of communication during the claims process and utilize these methods based on their preference.

Insight 8 deals with doubting decision letters. Receiving a decision letter can be a pleasant surprise or a source of frustration and confusion for Veterans, regardless of the actual decision. Decision letters often do not provide clarity for Veterans on any future steps or how their decision might change in the future. The Veteran quotes are: But I've been determined [at] 100%. Then [a recent decision changed my rating to] 60%, which got merged with 80%, and everything totaled to 80%. So, what happened? I don't understand that, and it wasn't explained [to me.] It's really confusing. [There is a] certain amount of randomness from my perspective, and the process doesn't make sense to me." and "At first, I was doing the math, [but] if you add it up it doesn't come up to 90%. If you add it up, divide it up, I'm getting it more than 90%. It's like over 100, but then I got the letter, and it explains more on the compensation and 'This is what you are getting.'"

Ms. Tepfer shared that Veterans rarely understand what details led to their decision, who made those decisions, or the breakdown of their rating based on the claimed conditions. If the decision was overall favorable, many Veterans do not trust that the benefits they have were accurately assessed, leading to concerns that they will have to repay VA. When a decision is unfavorable, Veterans feel like they didn't get what they deserved or what they should have been rated at. Veterans sometimes do not understand the implications of money awarded to them, what it connects to, and the scenarios that may be required for repayment to VA. Many Veterans assume that medical professionals again are the people evaluating the claims and know little or nothing about the VA staff involved behind the scenes of the VA claims process. The last insight, Insight 9, has to do with trust and personal connection. Veterans prefer one-on-one conversations with VA representatives over scripted responses. Veterans often hold on to prior notifications sent by VA because they do not always trust that the future communication with VA representatives will remain consistent with information they have already received. The two supporting quotes shared are "The service you get [when calling VA] is very dependent on the quality of the person you randomly get on the phone. That's a problem: they just read off a script. They try to act like they are saying original things. I got so annoyed."

Ms. Tepfer explained that Veterans love to take advantage of long conversations with VA representatives to clarify any details or confusion that they are experiencing throughout the disability claims process. When Veterans reach out with questions, they suspect VA representatives are there to help support them but are only able to provide them with little information based on their experience. Veterans regularly check on their claims because they do not know if VA will notify them or when VA will notify them of their decision.

Veterans keep the communication VA sends to them and oftentimes have a significantly large file to make sure they aren't missing any details when it comes to their disability claims process, and especially if they have to go to the VA to ask for support.

She then moved on to review the journey map. She explained that the purpose of a journey map is to visually depict the experience through the eyes of the customer to better understand the customer. The journey map she was sharing represented the overall experience collated from a representative sample of customers; is used to illustrate the Veteran perspective of an experience; highlighted bright spots, pain points, and moments that matter; and can inform improvements and measurement. Because the disability claim process and experience are nonlinear, the journey map is nonlinear in design.

The journey map had four parts which detailed the executive summary; overall journey; emotional journey, pain points, and bright spots; and moments that matter. She focused on the moments that matter (MTM) journey map, explaining that the disability compensation MTM include the following 7 moments: decide to file, gather records, set up an exam, see a doctor, wait, interpret decision, and fight for more.

Ms. Tepfer shared that they also identified four areas of opportunity on the Veteran facing side. The first is to build transparency from the start by creating more transparency for Veterans at every stage of the claims process, including what goes on behind the scenes, what happens during waiting periods, and what is required of Veterans to be successful in the claims process. The second is to provide clear expectations at every stage of the process to reduce confusion and Veteran frustration. The third area of opportunity is to build personal connections by incorporating more personal touchpoints for Veterans, such as when they speak one on one with an expert or fellow Veteran. Finally, they can make it simple by communicating in plain language when addressing Veterans about medical and VA jargon.

Ms. Tepfer turned the floor over to her counterpart, Ms. Imboden, to go over the Service Recovery program. Ms. Imboden introduced herself as the Assistant Director for Procedures and Interagency Staff in Compensation Service.

She began with the Disability Compensation Service Recovery, which is the process where after surveys are sent to Veterans once they receive a decision, her office will contact a number of those Veterans to get some more granular information about their experience with the claims process. The survey began in April 2023 and was still ongoing at the time of the meeting in June 2024.

She shared a chart which showed that they had 1,115 total attempted calls and 517 total completed calls. Of those completed calls, 465 were low scoring responses and 52 were high scoring responses. Some bright spots that were found through these surveys were that Veterans highly appreciated the service recovery calls as it gave them the chance to provide more details about their experience with the claims process and

made them feel heard, and that the VA website and service organization provided all of the necessary information and explained the process for moving the claim.

Ms. Imboden explained that they saw the pain points as opportunities for process improvements. Some of these include the Veterans feeling that obtaining assistance from the VA or external sources is necessary to navigate the claims process comfortably and confidently, that long wait times are experienced when attempting to connect through the National Call Center, and that the VA app and online personal accounts provide limited status information. Ms. Imboden opened the floor for questions at that time.

Mr. Wagar recalled how Ms. Tepfer spoke about Veterans talking to Veterans and how that causes confusion because every Veteran thinks they're the same as their other Veterans and think they should get the same benefits. He asked what is being done to educate Veterans that every claim is different. Ms. Tepfer said she could answer from an experience standpoint and some current initiatives that are underway. As a result of the research, they currently have an initiative around the benefits delivery experience which also involves transparency and setting expectations individually for Veterans by taking a look at the overall experience for Veterans and solutioning around whether that's providing more information to Veterans specifically to their case, or the Veteran being able to access someone personally to address questions to about their particular case. She shared that there are other resources being developed and tested within VA that are working to be helpful to Veterans in understanding the claims process.

Mr. Wagar asked Ms. Imboden how many employees they have working on the VSignals service recovery calls. Ms. Imboden answered that they have four employees making calls, but recently gained more staff. When they first started in April 2023, they had a couple of employees on detail doing calls, but now they are fully staff with four employees and one customer service action officer that oversees the program.

Steven Wolf commented that currently, VA sends out communications that are confusing and often inaccurate, which is what confuses the Veterans more than the ins and outs. He has been a VSO for over 20 years and has heard these issues from Veterans many times and feels that VA blames a lot of the confusion on training. He said he has mentioned this issue several times with others from the VA and executive directors, but there needs to be more oversight on communications being sent out to ensure accuracy. The Veteran will often blame the VSO, thinking that the VSO had filed their claim incorrectly when that is not the case. Ms. Imboden thanked him for his feedback.

Mr. Ridgway shared that he had done a similar process for the appeals experience in 2016, so he found the information shared by their presentation valuable. He commented that for the decision notices, he has recommended that if they want the Veterans to understand the decision notices when their claims are denied, they need to be phrased not from VA's perspective but from the Veteran's perspective. He asked if they were working with anybody to bring this type of research and feedback into efforts to make the decision notices better, and if they were working towards this, where are they in the process?

Ms. Imboden said that VBA is looking to do a letters initiative to see where they can improve some of the letters, which is a work in progress. She said that's all she can share on that for the time being. Ms. Tepfer shared that there have been other VBA business lines they've worked with from the VEO and VBA to help create more Veteran centered letters.

One example is a letter for Veterans who may not be eligible for benefits, and they are working with Veterans to make sure the letter makes sense and the information is found useful.

Mr. Wagar shared the issues with AI generated letters being sent to Veterans and how some of them appear to be gibberish because the AI is unable to read all handwriting correctly.

With no further questions or comments, Ms. Tepfer and Ms. Imboden took their leave.

2022 Biennial Report Review/Discussion & Subcommittee Updates

Ms. Starke informed the committee that they would now review the 2022 biennial report and discuss the VA responses to the recommendations that were submitted in 2022. She turned the floor over to Chair Lewis to lead the discussion.

Chair Lewis said the discussion would be based on them reviewing the topics that were part of the biennial report in 2022 and decide which of those topics will be included in the 2024 report. Which topics should be removed, and what should they add in addition to the 2022 topics they decide to keep. She suggested they focus on that during the discussion to build an outline around what they are going to say about the various topics they are keeping or adding.

She began with the subcommittees that held discussions during their May meeting. She asked Mr. Ridgway to summarize the discussions they had in their shared meetings, and which items they should include in or take out of the new report around the issues discussed.

Mr. Ridgway began with the VASRD and how the committee should continue to focus on the office that is supposed to be doing work for the VASRD and making sure they are adequately staffed and have the appropriate expertise. If that doesn't happen, the substance of the work doesn't matter as much. He framed the issues in terms of how they are developing the models of what they want in the VASRD, and how the current work seems ad hoc and without research of the different ways in which diagnostic codes are constructed, as well as not seeing if the changes fit with the earnings/loss data. He felt they needed to be given information to the extent of how easy or hard it is to use in the adjudicative process and evidence development process. Mr. Ridgway emphasized they need to have a high level of understanding of different ways in which issues are considered, and what pros and cons are used to inform processes going forward. This would be useful for them to make decisions, as well as for everyone outside of VA to conduct oversight and provide input about what makes sense rather

than presenting a system without the opportunity to consider alternatives in the way things are measured.

Chair Lewis agreed that they would be keeping the section on VASRD in their report, as it is at the core of the committee's work. Other than what Mr. Ridgway had talked about, they also would want to prioritize the mental health section and perhaps expanding things like compensable skin cancer conditions. This item will lead the report. She asked if there were other comments on this topic of the report.

Mr. LoGalbo felt they should look at the rating schedule for how they are updating VASRD, and how conditions are being evaluated. He noted previous notes in meetings that talked about VA evaluating automation. If VA goes into the automation process further, how does the automation determination configure? He emphasized the importance of subjective versus objective evaluations and that they should take a deeper dive on VASRD and automation to ensure they are properly evaluating conditions. Automation may be a key piece to focus on to ensure everything is aligning and providing the best decisions for Veterans or their families.

Chair Lewis felt they should be mindful of the executives who oversee different committees. She recalled a previous discussion about looking at clinical evidence versus exams, and how they learned that when Veterans are sent to examiners, it's not for a clinical assessment but instead to do the particular test or screening as it pertains to why the Veteran was sent to the exam. No clinical evaluation is being provided. She emphasized that they needed to write the recommendations to respect this fact, but also underscore the items the committee has questions about.

Mr. Wagar spoke about automation and how oversight needs to always be kept in mind when using it, especially with mental health. There are many subjective versus objective ways to determine the level of disability.

Chair Lewis recalled the letters that Mr. Wagar had shared and said they should look at that as a separate category so the oversight piece can be focused on, whether it's AI generated letters being mailed out or AI evaluations or workflow. Mr. Wagar agreed. Chair Lewis said they would mention this further down the line in their conversation. She asked if there were any other comments or recommendations about VASRD topics, and there were none.

Chair Lewis moved on to the next topic, TDIU. She recalled their previous reports and comments, and how in their last discussion the previous month, Mr. Ridgway had talked about the need for vocational expertise in TDIU education similar to Social Security's assessments. They have also seen examples of inconsistencies of how TDIU is determined from Mr. Ridgway and Mr. Wagar. She suggested they recommend VA create specific definitions around what sedentary employment means. A number of Veterans

have been denied TDIU based on the expectation of the Veteran to be able to easily transition from a job they have done for decades to something completely new and unknown to them. They also needed an economic/non-economic definition for sheltered environments. The comments on the 2022 reports made it clear that if the item was included in future reports, the committee would not get much response back. Since VA is not engaged in TDIU modernization efforts, the contents of any data report would be rendered moot. She asked if anyone had notes that were different from the last report that would warrant them to include the topic in this report as well.

Mr. Ridgway felt that based on the House hearing that just happened, VA is in the mode of a battle brewing on the Hill by the two sides over congressional direction. Congress wants to sit tight and not doing anything provocative on either side, so including the issue would not be worth the committee's effort at that time. Mr. Wagar concurred. Chair Lewis asked Mr. LoGalbo to speak about the VSO workgroup summary. Mr. LoGalbo began with issue 3.1 on their 2022 report, the migration to VA.gov. He reviewed the issues identified, including not being able to attach documents or send/receive messages. Jarrad Turner had outlined some incidents in the previous month's meeting that he experienced where documents weren't able to be added or uploaded as needed. Dr. Lewis had confirmed the concerns about eroding Veteran's confidence in VA and VA treatment towards Veterans, especially with different technology from VBA or VHA related to support. There had been questions about going into different changes, like if there was a VHA portal where the Veterans could inform the VA that they had gotten emergency care so it could be done within the short time period given to them to do so in order to ensure coverage. They also felt there should be supportive tools for MyHealthVet to look at integration, such as giving a Veteran a VA identification card which can be given to their physician so the physician would know who to contact about their records and coverage.

He also felt that the Veterans should have better access to the Individual Longitudinal Exposure Record (ILER) as well as information about how to read and understand the record from a Veteran's perspective. The exposure reports should be shared with Veterans as well so they could know if a place or ship they were assigned to was added to the record.

Mr. LoGalbo moved to issue 3.2, migration of SEP to VA on functionality and what integration looks like for VSOs, as well as the future state of that. They wanted to make sure the migration was happening and that data was being collected during that time. He talked about sitting in on testing, and how some have participated in giving feedback for the migration. He expressed his excitement for the functionality but was looking forward to seeing what it looks like. For the VSO collaborations, he wants to make sure VA liaisons with the VSOs and talks about this update at their quarterly meetings. How are the meetings being conducted, and how is VA sharing the information? They needed to gain insights across business lines, and Mr. LoGalbo wanted to ensure the invitation to collaborate on the migration is extended to everyone. He felt the information wasn't

being shared or cascaded outside of the core group, when it should be extended to all stakeholders. VA also needs to make more outreach efforts to women and minority Veterans. They needed more information from OTED on these efforts, which would help them to frame their concerns as well as figure out the pain points going ahead that OTED can address.

Mr. LoGalbo moved on to the electronic health record project analysis and how it is imperative for the committee to stay on top of. Now that they have an update based on the earlier briefing, he wanted to ensure they are aware of the changes. Now they know the project is going to go to at least 2028 to include the integration of Coast Guard records, they can ask to continue to be informed so they can also identify pain points and leverage that information and continue to push progress forward.

He spoke about access to EHRs or identifying third party family members and caregivers. He shared that VA has a standard form for that access, but none that are electronic.

Understanding the current needs of the Veteran population, they need to determine current needs based on state demographics. Everything is changing with the Mission Act partnering, and he felt they needed to look specifically at quality-of-care issues and the Mission Act. He asked if anyone else had feedback on these points.

Mr. Ridgway felt that one issue about ILER is it has no mechanism to propagate ILER exposure findings to other Veterans who had similar service. He mentioned a case where it was found that fuel was dumped from a ship and then sucked back into the water supply.

The ship was added to the exposure list, but was everybody on that ship notified of this? Were Veterans who were served on the ship automatically service-connected for the exposure they all were subjected to during this period of time in the ship's service? He found that nobody was looking at that data, and that they shouldn't be relitigating exposures after they have been found to have happened. He also brought up what Judge Ray presented about the IT changes at Social Security and how it's applicable to VBA's work. He asked if they should fold all of that into the IT subheading or break it out into a general heading on the appeals backlog and all the other things they want to look at when addressing the appeals backlog?

Chair Lewis answered that if they look at what they end up writing around the appeals process and there is a considerable amount of information, they may break it out into its own category so it doesn't make another section too large. If there is room, then it will be incorporated. They can take a look at that as it's being put together. She asked if Mr. LoGalbo can take the key points he talked about and work together with others to create an outline for what needs to go in that section so it can be built upon, which is the next step to writing the report. Mr. LoGalbo agreed.

Chair Lewis moved to the next topic area, the exams workgroup meeting summary. The highlights of this section are examinations and the purpose of examinations. She recalled how Mr. Ridgway had emphasized the critical role of examinations in providing accurate information for Veteran claims. They needed to recognize the nuances of how exams are looked at and compare the clinical versus claim examinations. The common issues they have identified so far include inadequate examinations that frequently lead to remands at the Board and Court levels, and how the examination contract lacks adequate measures to ensure comprehensive symptom histories from Veterans. They may get in a little bit more to the whole clinical piece and how they are separated, and it could be looked at closer.

She noted how examiners also can often neglect Veteran's lay statements, leading to incomplete assessments. They should look at the elements and common issues identified and make sure they are not too much on the clinical side, as that would result in a non-concur on their recommendation. They needed to make it clear and applicable enough to the exam that they are specifically looking for, and how these things can relate to that.

Chair Lewis asked if there were any comments on this topic.

Mr. Wagar said he was finishing up the comments being added to the piece about the request being made to initiate surveys for the contract examiners. He just needed to get some additional information before sending the information to the committee and staff. Chair Lewis spoke about training and quality control, and how they have seen disparities in examiner training even outside of clinical exams. Training is the key factor and can't be used as an excuse for making mistakes. It has an impact on the outcome of information for the Veteran's claims. She also shared concerns about performance work statements for contract examiners focusing on quantity rather than quality of the examinations. They need to make a point around that as they talk about that section. They had also identified contract issues, rescheduling, and lack of transparency and communication between contractors and Veterans.

She felt they should make a recommendation to revise DBQs in a way that would ensure clarity in the examination process. These are different when talking about contractors and Veterans. DBQs can be filled out not only by contractors but also the Veteran's primary physician who would already be familiar with the Veteran's record. They should make recommendations for future actions around including training on legal requirements in examiner reports. They should also request briefing updates on actions taken by VA to address the identified issue. She recalled the proposed "secret shopper" type approach to evaluate examination quality.

Mr. Wagar shared that part of what he is working on writing up for the committee includes how VA facilities such as state nursing homes will have unannounced surveys conducted by VA, so the contractors should be held to the same standard. Chair Lewis agreed.

Dr. Tamez agreed that it was important to emphasize quality and competence of medical providers the Veterans are sent to. She wondered if they could find out about if there are biases against different demographics of vets, recalling how some Veterans have said they didn't feel like the examiner was interested in what they were saying about their symptoms.

Chair Lewis outlined the next steps to take, which included Claire forwarding documents to committee members for review, requesting updates from VA on actions taken in response to previous recommendations, considering additional research for reasons for remands and inadequate examinations, and continue to prep for the next briefing and ongoing actions.

This is a topic that should definitely be included in the 2024 report. She invited anyone who wanted to help participate in writing that section to let Ms. Starke know so that information can be included.

She felt they also needed to look at developing an outline to use as a framework for writing and covering all of the pieces there. She asked if there were any questions or comments.

Mr. Ridgway said he was happy to help write whatever pieces were needed. Mr. Wagar asked about the reexamination of equity and disparity of benefit services, and if it should go under the examination topic. Chair Lewis said it could fit under either and they would need to look further into it. They could write the sections without placing them into any particular topic and then place them into a topic once they have more information.

Chair Lewis moved on to communication and outreach as the next topic. She asked for an overview and summary and shared that they needed to be more purposeful and direct about the conversations. There were questions in the lane of looking at different ethnic groups or subpopulations of Veterans, and the committee needed to make sure those needs were being addressed. She asked that the committee keep this goal at the forefront of their mind while writing recommendations and to make sure it's not dismissed because they didn't include it.

Dr. Lewis concurred and said the information they've learned has held true with what he had seen over the years. He hadn't seen anything in reference to equity disparity among Veterans as it pertains to outreach. He had nothing else to share except to agree that it should be their focus as they look further into the issue.

Mr. LoGalbo recalled how the committee had discussed in previous meetings how areas such as Atlanta weren't being given any attention in terms of outreach. He said the brief they received earlier that day showing that Atlanta was getting outreach now was great to see.

He also felt they should look at letters and information, VSignals surveys, and what Josh Jacobs wanted to focus on with looking at that survey data and finding specific pain points or trends. They should look at improving outreach further. He mentioned the M27-1 public contact manual for outreach, and that they should make sure data aligned with reports going out from OTED. He felt they should consider a deeper dive into the data to make sure there is more diverse community outreach, especially for those who are underserved.

He recalled that they had looked at community care and providers and determined there were documents not shared with the VA. They also needed to look at VA/VSO collaborations for outreach with different ethnic groups to make sure they are understanding the progress being made. He suggested they review OEA and pull information from there in order to better define what communication and outreach means for that.

Chair Lewis said she would be calling on other members of the subcommittees to put together an outline for the framework of their report. She wants them to come to the next meeting with the outline, adding substance to the information with references and others to support the points being made in the outline. She asked that they keep that in mind moving forward. She asked if anybody had any other comments.

Mr. Ridgway said he sees appeals as an issue on the spreadsheet they were provided for the meeting. He asked if she wanted him to outline that now or save it for the next meeting. She said he could cover it at that time.

Mr. Ridgway noted that the big rocks under appeals is first AMA outcome data use and sharing. All of the reports they have been given so far haven't shown any concrete examples of VA using data to diagnose problems and take action like it was intended. This info is also not being shared with representatives when it would be good to do so, as the representatives would be able to use this data to make informed choices of what type of review to choose with their Veterans. He said this is point 1, AMA data use and sharing.

He moved on to his second point with how he had previously shared a presentation from Board of Veterans' Appeals with data from appeals in a subcommittee meeting. That information plus Judge Ray's and the appeals OIT briefing is important to review together. He felt the BVA needed to share a work and resource model that includes a plan to bring down the 5-year backlog. From his experience at the Board, Mr. Ridgway saw that there was a strong tendency to hide problems because most VA leaders don't tend to dig into appeals before they have left office.

He shared that there is a current system where a Vietnam Veteran who is old enough to be advanced on the docket, that's 70 percent of the Board's work and so it's going to go faster and make the data look like they're finishing cases faster. The Board is currently working on appeals from 2019, so if you're in the 30 percent not in the advanced on the

docket lane, you're waiting at least 5 years for a response. He said the Board is falling behind every year and don't want to draw attention to it, and so it's not being dealt with.

Mr. Ridgway said the Board needs to have a model like with AMA development that makes a specific plan for the Board to handle the backlog in a specific amount of time. They need to plan for the Board to be provided with a suite of modern IT tools, both front facing for the judges and attorneys doing the work, but also on the back end for management to see what's happening with the workflow. This would give the type of visibility needed to do training and error correction as well as policy improvement work like Judge Ray had done at Social Security.

He felt the Board needed to change how they are reporting the data for cases finished, as the data is currently disaggregated and when 70 percent of the cases are being expedited, it's going to make the data look 100 percent of the cases are moving more quickly. He emphasized the importance of clear data reporting coming from the Board.

Chair Lewis asked Mr. Ridgway if he could share the presentation with the committee in the next day's meeting so those who were not in the subcommittee when he shared it can get the same information. He agreed to do so.

Chair Lewis told the committee that as they review or consider things they discussed in the meeting, they should come back to the next day's meeting with questions, comments, and recommendations. They will go over that information before they take public comments.

Wrap-Up & Adjournment

Ms. Starke announced that they would now wrap up the meeting. She reminded the committee to fill out their end of day survey about the meeting, and then adjourned.

June 26, 2024

June 26, 2024 - Opening Remarks/Welcome

Ms. Jones greeted the participants of the meeting and conducted a roll call. Ms. Starke then welcomed everybody to the meeting and informed them of the rules of engagement, then invited the committee members to introduce themselves. Ms. Starke turned the floor over to Chair Lewis to begin the meeting with subcommittee updates, continuing from the previous day.

Subcommittee Updates Continued

Chair Lewis asked Mr. Ridgway to review the Board of Veterans' Appeals slideshow with data that he had previously shared in a subcommittee meeting so they could review the information as a committee.

Mr. Ridgway began by explaining that the slideshow was from a presentation he did at a training internal to his firm in May. He would only be going through the portions relevant to the Board and the Appeals Modernization Act.

The first slide showed the Board's inventory over time, represented with a blue line of how many decisions the Board was putting out and an orange line showing how many cases were waiting for a decision. He pointed out that what the data appears to show is that around 2013, there was a massive spike in inventory that has continued and only slightly improved in the last year. However, all of the numbers prior to 2013 were not as accurate as those after 2013. This is because until 2013, the system ran on paper files and so the Board's inventory was based on how much shelf space they had. He shared that all of the information he was sharing was sourced from public data, either official VA reports or data that was FOIAed from the VA.

The next slide he shared showed the overall inventory back to 2019. He explained how the Legacy appeals have gone down as AMA appeals were coming in for the 3 different dockets. By the end of 2024, the Board would have touched every Legacy appeal at least once, though many of those were remanded and came back to the Board. It has taken 5 years for the Board to get to the point where they are nearly finished with Legacy cases so they can focus on the AMA cases which are the only type coming in now. He also shared that when he was working at the Board, they did a death dismissal for cases about 18 times a day, which means Veterans were dying before they got a decision made on their appeal.

He then showed the grant rate broken down by issue, where it also counted the Board re-opening a claim as a grant even though the Veteran is not actually getting a benefit, only a look at their case. Pre-WWII, the grant rate was 10 percent, and it's closer to 15 to 20 percent under the AMA. The grant rate at the Board is very flat, as what has become prominent are remands being issued for further development. Some of those do come back and become grants. The remand data is an issue, he explained, because in the Legacy appeal system 78 percent of those remands come back to the Board and need another decision. 50 percent of those could be remanded again, and it continues in a circular fashion from there.

Mr. Ridgway moved on to AMA data of Board decisions from 2020 to 2023. Among the different dockets, grants and remands for further development continue to be dominant. "Other" is a large portion of the Board's AMA output, but the Board didn't explain what "other" includes. The big problem he sees at his firm is that, because it takes the Board four to five years to get to an AMA appeal, when they dismiss it the Veteran is out of time to file something proper and they lose their continuous pursuit which means their benefits are no longer tied to their original filing date.

He shared that the AMA docketing system at the Board uses the actual date of the notice of disagreement (NOD) as the docket number so at the firm they can get the Board's decisions being issued and see for the cases not advanced on the docket when

they were filed. He reminded them that 70 percent of what the Board decides are cases advanced on the docket mostly due to the age of the Veteran being 75 or older. This is an expedited line that is put before the other 30 percent of Veterans waiting, which means if your case is not being expedited, you're waiting at least 5 years for a decision. Mr. Ridgway pointed to some background information on the claims volume (not appeals) where going back to 2016, the volume of claims has grown substantially. In 1997, VBA had 5,177 FTE handling 700,000 claims per year. Through 2014, which is as far back as the data for this presentation went, the VBA staff came close to tripling to 14,000 employees with the number of claims nearly doubling to 1.3 million. However, the individual issues per claim were increasing exponentially. That went from 2.1 million to 5.5 million from 2006 to 2014. The FTE would have to be more than twice the number than today in order to grow at the same rate. The reason it didn't grow is because the backlog was invisible in the reporting as he showed in the first slide. There isn't a current plan for tackling the backlog, which is why the Board's inventory isn't going down.

Mr. Ridgway then explained that VBA is only doing 10 percent of the DBQ exams needed for claims, meaning that 90 percent of that is being outsourced to contractors. This is why the claim examiners need to have a contract that is well designed and oversight needs to be done properly.

The AMA data for VBA showed that the rate of Veterans using the third appeals lane of going to the Board is plummeting, which is the only reason the Board has made any progress in FY23 on its backlog. About half of decisions that Veterans dispute within VBA are upheld, about 10 percent are granted on higher level review, and another 35 to 40 percent were remanded because the development was improper and the VA didn't get all of the documents, or got a bad decisions. The higher-level review is telling them that there are a lot of issues since this shows only about half of the claims are being developed correctly.

Mr. Ridgway said the rest of the slides have to do with data being broken down by different body systems, so that concluded the information he had to share with the committee.

Chair Lewis thanked him and said it crosses over into a lot of other areas such as suicide prevention and reduction. When they look at one of the major factors identified in terms of suicide rate among Veterans, one of the top reasons is their finances. The amount of time taken to resolve a Veteran's claim can vary greatly factor into their lack of finances if their claim was to be granted.

Mr. Wagar mentioned remands and how when he was there, often the notification letters from the VBA didn't contain any certain paragraph and often was remanded for that administrative issue which pushes it back to the regional office and then back to the Board for a decision. He asked if that was still happening. He also asked how the BVA

data had shown claims were going up but inventory going down, and if that resulted in any increase in appeals as well.

Mr. Ridgway answered that at the Board level, the vast majority is inadequate development. The majority of remands are done because no exam was obtained when needed, or the exam that they did obtain was inadequate. This is often because the examiner doesn't listen to Veteran's lay statement evidence and purely relies on the documentation in the records. Behind exams, the Veteran mentioned documents and VBA didn't get them. In general, the fact that an RO decision didn't say something won't generate a Board remand because a Board's review is de novo, and very few procedural errors by the VA are cause for the Board to not do its de novo review so long as the development has been completed. The main procedural remands are when the Board notices the Veteran tried to appeal another claim within the decision and VBA didn't recognize and process the entire claim.

Under the Appeals Modernization Act, there are more demanding requirements for what needs to be in a rating decision, but Mr. Ridgway had still not seen many remands about the notice letter being inadequate unless it's an egregious problem that prejudices the Veteran's ability to prosecute their appeal.

Judge Maney shared that when he inherited a docket that was far behind, he created what he called a rocket docket where they looked at files quickly and if the decision was obvious, they went ahead and made it. He had a situation when he first filed his claims with VA where he had 27 injured teeth with line of duty statements on each tooth. The VA approved all of the teeth except one, which appeared to be a clerical oversight so he appealed. It took 5 years for him to get a decision on that one tooth. He asked if the Board has any mechanism where cases can be screened quickly for decisions in the way he described.

He also asked if the Judges were doing remote work or not. Finally, he asked about PACT Act and contracts, sharing how a Veteran had a contract evaluation and a few weeks later had received a letter saying they had 30 days to submit paperwork. The Veteran had an entire file box that he gave to the VA, who added them to the records in no exact order. In the same week he got the letter about submitting paperwork, he got a denial letter. He questioned if contractors were being paid for making decisions, and if so, that becomes a VA workload problem.

Mr. Ridgway answered that the Board has experimented with a rocket docket type system in the past, but there were problems with it. The first is a legal problem, as by statute the Board must decide cases in docket order. They don't want the Board goosing their numbers by grabbing the easy cases while the Veterans with the harder cases wait longer because they have harder cases. He said the second issue is, in order for that system to be effective, you have to be able to triage the work and identify what can be done in an efficient way. The third problem is the union and issues in terms of who gets what work and what do you do with the work that isn't a decision, so there's

no credit under the work contract. He shared that there is efficiency to be gained, as the Board implemented the One Touch program recently where if the Veteran has a hearing and the Judge at the hearing decides it's a grant, they can do so on the spot without waiting for it to come back to them in docket order to review after the hearing. The Board decided they were probably in violation of the law with that program so they closed it.

Mr. Ridgway felt they should be running the hearing docket so the hearing isn't being done until the Veteran is close to the line anyway, and that Congress would give the Board statutory authority to do if they asked because it makes sense and isn't making decisions out of docket order. He said they could have a hearing for a Veteran today, when the Veteran won't actually be up on the docket for 3 years. A lot can change in those 3 years.

He said the Board could not exist in its current form without remote work, as one of the blocks for the Board in the past was that it didn't have enough space for more physical employees. For the medical examinations, the contract is an issue. The performance work statement he has for the contracts is 161 pages. He shared that for being paid, the quality review is a questionnaire that just asks if certain boxes are being filled out for the DBQ. As long as they are filled out, the contents of the report don't matter for the quality review because those doing the quality review don't understand what needs to be there to be substantial.

Mr. Ridgway noted that he had spoken to OGC people he knew and showed them the quality review rubric being used, and OGC said that nobody with backgrounds in benefits law had been shown the rubric or approved that it was a good way to evaluate quality. It was just created so contractors can make decisions about whether performance was adequate. He said there were similar issues with training, and shared that when he was working at that Board, every year the Disability Medical Assessment Office would come over to the Board for a week with their doctors and sit down with the quality review and training team lawyers to design and build all of the individual trainings doctors would have to do so they were on the same page across the board. This is no longer happening.

Mr. Wolf asked if Mr. Ridgway thought there were possibilities in the future going forward that they could leverage some type of indexing technology that would allow them to capture claims that don't need to wait. He used the example of Veterans filing appeals for increases where all they need is a new exam. They would get the exam but then wait several years for a hearing, and by the time that happens, the exam is already outdated so the claim would have to be remanded for a new exam. He suggested this process would happen before a Veteran is placed in line in the docket.

Mr. Ridgway said he felt that was something that Judge Ray had done with his work at Social Security, where they are able to parse their workload up front and identify the cases such as Mr. Wolf's example. He said a system needed to be built specifically for

it. Another thing Social Security has done is parse their inventory up front which organizes cases in batches of similar type of case.

The committee took a short break before moving on to the public comment section of their meeting.

Public Comments

Ms. Starke invited the members of the public who wished to speak to do so by utilizing the raising hand function within Teams. The first person to give their public comment was Todd Strader.

Mr. Strader thanked the committee for their time and service. He said he'd like to speak about an issue that has been happening for a long time, but new science has brought to light the injurious connection between the occupation of having to be exposed to low level blasts, firing, heavy weapons, or tier 1 weapons such as mortars or artillery, and injury to the brain. He said the DoD is leading on the issue and has acknowledged that it exists and is working on putting into place policies and measures to address it. He shared that he is an Army Veteran mortarman who has been affected by these blasts. Through his own claims, he uncovered the correlation between the blasts and what was happening to his health. He teamed up with a friend of his, Timothy Grossman, and created C3mortarman.org which is a cohort of chronically concussed mortarman. They are working to bring awareness to their fellow mortarman of what is happening to them by being occupationally exposed to the blasts and helping them to try to get VHA and VBA recognition for that.

Mr. Strader continued, sharing that they decided they needed to ask for presumptive service connection for military occupations that are trained in and use tier 1 weapon systems as part of their occupation. This is because they are not blast exposures or events that happen by circumstance during a soldier's enlistment, as being exposed to the blasts are part of their occupation in order to be proficient at their job. A soldier could be exposed to hundreds or thousands of explosions through their career that affect their brain. He shared that if a mortarman or tier 1 weapon Veteran go to the VHA or VBA complaining of post- concussive type systems that are believed to be from the occupational exposure to the blasts, that is not being recognized as an occupational hazard. He turned the floor over to Mr. Grossman to give more information on their group.

Mr. Grossman also thanked the committee for their work. He shared that for decades through the DoD, they have known that 4.2 pounds per square inch (psi) threshold is the minimum that causes injury to hearing. However, the blast over pressure for heavy weapons systems can reach up to 5.8 psi or higher, and the incident over pressure is dynamic and relates to the training environment, whether they're in a vehicle or dismounting, or the type of rounds they're firing and what charge. Special operation forces are also affected because they use the same weapons systems and are cross-

trained on them. They have seen studies that show the neurophysiological effects on the brain, that there is a cascade of effects that happen neurophysiologically, neurovascular wise, and move toward subjective complaints of tinnitus, headaches, vertigo, and memory/attention issue.

He shared that the blast exposures have been recognized as a significant source of morbidity and mortality in these populations. The NCOs that Mr. Strader interacted with by going to live fire ranges in Fort Lewis and Georgia have all shared their loss of acuity over the span of their career and the issues they face when dealing with the VA over these issues. The only MOS that's protected with protective gear against the blasts are EOD specialists, but even the protective helmets can compound the effect. He said they are addressing the DoD on that issue as well.

Mr. Grossman said that for the purposes of this committee, they know the VA has recognized that low level blasts can cause concentration issues, memory problems, irritability, slow thinking, reaction time, decreased coordination, difficulty hearing, and so forth. Under the VA's guidance of December 2023, they have asked that military occupations with experiences with training structure, years in service, and high-risk occupations be documented by providers. This issue has been happening for decades but has never been recognized.

He asked that the committee review the document provided to them and take next steps to make recommendations on how to move forward. He thanked them for their time and said he would be sending the DFOs the most updated information he has to be shared with the committee.

Ms. Starke announced that their next speaker was Kirby Stracco.

Ms. Stracco introduced herself as an Operation: Iraqi Freedom Veteran who was deployed to the red zone when President Obama first came into office. Her husband is a Veteran who was part of Operation: Enduring Freedom, who suffers from severe prostrating migraines. She noted how VA has not evolved in their rating of migraines, because neurologists, the Cleveland Clinic, and the Mayo Clinic, have shown that there are four stages to migraines. Her husband collects SSDI for his migraines alone because of how debilitating they are. She said the VA decided the highest rating for migraines was 50 percent, which shows their misunderstanding of how debilitating migraines can be. She felt many other Veterans are also having this issue, because she's seen that the VA will look at a Veteran who has TBI and rates them for migraines instead. She emphasized the low quality of life that these migraines and conditions cause people who suffer from them.

She asked that the committee request the VA to consider allowing the schedular rating for migraines to be reevaluated. She would also like some clarification to be provided from the VBA on how they can make decisions based on caregivers. She did praise them for their work on handling those appeals and for taking their time to get them right. However, she wanted to know in the future how that's going to be allocated, because it's

a VHA program that comes from VHA funding. Now that VBA has the final say, will it become a VBA program or stay with the VHA?

Ms. Stracco thanked the committee for their time.

Their next public comment came from Ishmael Miles Burgos. Mr. Burgos shared that he got out of the military in 2016 and when he read the 2022 biennial report, he saw the proposed rulemaking for mental disorders. He said it looked like it had been at a standstill since 2022 though it shows as being at the rulemaking stage. He said that it looks like it's moving very slowly and that more transparency on the proposed rule should be given by the VA.

As there were no other public comments, Ms. Starke closed the public comments portion of the meeting.

Continued Subcommittee Discussion

Chair Lewis asked Mr. LoGalbo to share comments on some summary notes he had gathered.

Mr. LoGalbo said he was going to cover the appeals working group recap. In their meeting, Mr. Ridgway had given a review of the data that he shared with the committee in that day's meeting. They had looked at how they can inform issues on data specific appeals and dismissal rates. The workgroup felt that they should recommend as a committee solutions or a direction of going forward to tackle the appeals system with focuses on training, support systems, and staffing.

He shared that the workgroup had also discussed the importance of hiring IT and infrastructure, and also understanding the need for a more detailed model on addressing the backlog. They were looking at SME experts like Judge Ray to give them more specific information to get a deeper information about the issues and to create an outline of recommendations for the report. He asked Mr. Ridgway if there were any points he wanted to cover.

Mr. Ridgway said Mr. LoGalbo had hit the highlights and shared that he sent additional questions to Judge Ray via e-mail as well as an outline of potential points on the appeals process. He felt it made sense to focus on the larger issues first.

Chair Lewis shared that over the next week after the meeting, she and Mr. LoGalbo were going to meet to draft some outlying structures for the different topics to be addressed in their report. They would be sure to include Mr. Ridgway in drafting the appeals process. She said once the draft outlines are constructed, the people who are assigned to the different topics that have been agreed to be part of the report will receive the outlines. She asked that the subcommittees get together with the draft outline to begin the work for putting more substantial information such as references and supporting documents for the points they want to make. That way when they meet

in July, they will be ready to have the information for each of the topics. She asked if there were any questions or concerns.

There were none. She then asked if anybody wanted to be on additional sections or change the sections they are part of currently. There was no response.

Mr. Ridgeway recalled that when the Under Secretary charged them, he said one of the things he wanted to hear about was the Benefits Automation. He pointed out that it's not a separate topic or clearly shoe-horned into another topic. He said he would be happy to be part of wherever that topic ends up, whether OIT or standalone.

Chair Lewis said she and Mr. LoGalbo would be looking at where that would fit into their recommendations. She also reminded the committee to send any questions to her or Mr. LoGalbo so they could work together to get that done. As there were no other comments or questions, she invited Ms. Starke to move on to wrapping up.

Wrap-Up & Adjournment

Ms. Starke informed the committee they had reached the wrap up and adjournment portion of the meeting. She reminded them that they are in the process of planning a site visit to the Columbia regional office in July 2024, and another site visit to the Indianapolis regional office in August 2024. More details will be shared soon. She also asked the committee members to be sure to fill out and return their signed invitation letters as soon as possible and reminded them to fill out the end of day survey for the meeting.

Chair Lewis thanked the committee members for their time and attention. Ms. Starke then adjourned the meeting.

Jamison Professional Services
Preparer of the Executive Summary

/s/ Claire Starke
Committee Designated Federal Officer
Dated: August 22, 2024

/s/ Evelyn Lewis
Committee Chair