

Why GAO Did This Study

Since 2007, the Departments of Defense (DOD) and Veterans Affairs (VA) have been pilot testing a new disability evaluation system designed to integrate their separate processes and thereby expedite veterans' benefits for wounded, ill, and injured servicemembers. Having piloted the integrated disability evaluation system (IDES) at 27 military facilities, they are now planning for its expansion military-wide.

This testimony is based on GAO's ongoing review of the IDES pilot and draft report, which is currently with DOD and VA for agency comment. GAO conducted this review pursuant to the National Defense Authorization Act for Fiscal Year 2008. This review specifically examined: (1) the results of the agencies' evaluation of the IDES pilot, (2) challenges in implementing the IDES pilot to date, and (3) whether the agencies' plans to expand the IDES adequately address potential future challenges. To address these questions, GAO analyzed data from DOD and VA, conducted site visits at 10 military facilities, and interviewed DOD and VA officials.

What GAO Recommends

GAO has draft recommendations aimed at helping DOD and VA, as they move forward with IDES expansion plans, to further address challenges surfaced during the pilot, which GAO plans to finalize in the forthcoming report after fully considering agency comments.

MILITARY AND VETERANS DISABILITY SYSTEM

Preliminary Observations on Evaluation and Planned Expansion of DOD/VA Pilot

What GAO Found

In their evaluation of the IDES pilot, DOD and VA concluded that, as of February 2010, the pilot had (1) improved servicemember satisfaction relative to the existing "legacy" system and (2) met their established goal of delivering VA benefits to active duty and reserve component servicemembers within 295 and 305 days, respectively, on average. While these results are promising, average case processing times have since steadily increased—for example, for active duty servicemembers, the average has increased from 274 days in February 2010 to 296 days in August 2010. At 296 days, processing time for the IDES is still an improvement over the 540 days that DOD and VA estimated the legacy process takes to deliver VA benefits to servicemembers. However, the full extent of improvement of the IDES over the legacy system is unknown because (1) the 540-day estimate was based on a small, nonrepresentative sample of cases and (2) limitations in legacy case data prevent a comprehensive comparison of processing times, as well as appeal rates.

In piloting the IDES, DOD and VA have run into several implementation challenges that have contributed to delays in the process. The most significant challenge was insufficient staffing by DOD and VA. Staffing shortages and process delays were particularly severe at two pilot sites we visited where the agencies did not anticipate caseload surges. For example, at one of these sites, due to a lack of medical examiners, it took 140 days on average to complete one of the key features of the pilot—the single exam—compared with the agencies' goal to complete this step of the process in 45 days. The single exam posed other challenges that contributed to process delays, such as disagreements between DOD and VA medical staff about diagnoses for servicemembers' medical conditions. Cases involving such disagreements often required further attention, adding time to the process. Pilot sites also experienced logistical challenges, such as incorporating VA staff at military facilities and housing and managing personnel going through the process.

As DOD and VA move forward with plans to expand the IDES worldwide, they have taken steps to address a number of these challenges; however, these mitigation efforts have yet to be tested, and not all challenges have been addressed. For example, to address staffing shortages and ensure timely processing, VA is developing a contract for additional medical examiners, and DOD and VA are requiring local staff to develop written contingency plans for handling surges in caseloads. On the other hand, the agencies have not yet developed strategies for ensuring sufficient military physicians to handle anticipated workloads. Significantly, DOD and VA do not have a comprehensive monitoring plan for identifying problems as they occur—such as staffing shortages and disagreements about diagnoses—in order to take remedial actions as early as possible.