Department of Veterans Affairs-
Department of Defense

Joint Executive Committee

Annual Joint Report
Fiscal Year 2024

Paul R. Lawrence, Ph.D.
Deputy Secretary
Department of Veterans Affairs

Anthony J. Tata
Under Secretary of Defense for Personnel and Readiness
Department of Defense

The estimated cost of this report or study for the Department of Veterans Affairs (VA) and Department of Defense (DoD) is approximately $67,900 for the 2024 Fiscal Year. This includes $0 in expenses and $67,900 in VA-DoD labor.

VA-DoD
Joint Executive Committee
Membership List
(As of February 8, 2025)

Department of Veterans Affairs

Deputy Secretary of Veterans Affairs

Under Secretary for Health

Under Secretary for Benefits

Assistant Secretary for Congressional and Legislative Affairs

Assistant Secretary for Enterprise Integration

Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness

Assistant Secretary for Information and Technology

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Assistant Secretary of Defense for Health Affairs

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Department of Defense (continued)

Assistant Secretary of Defense for Legislative Affairs

Under Secretary of Defense (Comptroller)/Chief Financial Officer of the Department of Defense

Invited Participants

Assistant Secretary of Labor for Veterans' Employment and Training Service

Chief, Veterans Affairs and Defense Health Branch, Office of Management and Budget

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SECTION 1 – INTRODUCTION

The Department of Veterans Affairs (VA) and Department of Defense (DoD) Joint Executive Committee is pleased to submit the VA-DoD Joint Executive Committee Fiscal Year (FY) 2024 Annual Joint Report, from October 1, 2023, to September 30, 2024, to Congress as required by 38 U.S.C. § 8111(f). The Annual Joint Report provides Congress with information about the collective accomplishments of the two Departments and our partners, where applicable, and highlights current efforts to improve joint coordination and resource sharing. This report does not contain recommendations for legislation.

The Joint Executive Committee provides senior leadership with a forum for collaboration and resource sharing between VA and DoD and invited participants. In accordance with 38 U.S.C. § 320, the Deputy Secretary of Veterans Affairs and the Under Secretary of Defense for Personnel and Readiness co-chair the Joint Executive Committee. The Joint Executive Committee consists of the leaders of the Health Executive Committee, Benefits Executive Committee, Transition Executive Committee, Information and Technology Executive Committee, Joint Data and Analytics Executive Committee, Federal Electronic Health Record Modernization Office, additional Independent Working Groups, and other senior leaders designated by each Department, in addition to invited participants from other Departments or agencies necessary to maximize joint coordination and resource sharing. See the Appendix for details on the executive committees, working groups, boards, and areas of oversight that encompasses the Joint Executive Committee governance structure.

The Joint Executive Committee works to remove barriers and challenges that impede collaborative efforts, asserts and supports mutually beneficial opportunities to improve business practices, ensures high-quality cost-effective services for VA and DoD beneficiaries, and facilitates opportunities to improve resource utilization. Through a joint strategic planning process, the Joint Executive Committee recommends the strategic direction for joint coordination and sharing efforts between the two Departments and oversees the implementation of those efforts.

The VA-DoD Joint Executive Committee FY 2024 Annual Joint Report links accomplishments to the following five strategic goals established in the FY 2022-2027 VA-DoD Joint Executive Committee Joint Strategic Plan: (1) Health Care Collaboration; (2) Integrate Benefits and Services Delivery; (3) Enhance the Transition and Post-Separation Experience; (4) Modernize Shared Business Operations; and (5) Strengthen Interoperability and Partnership. These goals are supported by the annual Joint Operating Plan that identifies current Joint Executive Committee priorities, objectives, and action plans to allow for flexible execution. This approach clarifies the connection between strategic planning and outcomes achieved through VA and DoD coordination, collaboration, and sharing efforts.

SECTION 2 – ACCOMPLISHMENTS

This section highlights the FY 2024 accomplishments of the Joint Executive Committee's Health Executive Committee, Benefits Executive Committee, Transition Executive Committee, Information and Technology Executive Committee, Joint Data and Analytics Executive

Committee, Federal Electronic Health Record Modernization Office, and independent working groups. The report also acknowledges some planned activities for FY 2025.

GOAL 1 – Health Care Collaboration

Goal Statement: Provide a patient-centered health care system that delivers excellent quality, access, satisfaction, and value consistently across the two Departments.

Priority 1.A. Environmental Exposures/Individual Longitudinal Exposure Record

The Individual Longitudinal Exposure Record develops individual exposures summaries that consolidate the link between Service members and Veterans to their deployment and garrison locations and associated environmental exposure data, health care data, and health effects information across their time in service. The Individual Longitudinal Exposure Record improves the quality and quantity of information centrally available for Service member and Veteran health care and supports force health protection efforts and health care policy.

In FY 2024, the Health Executive Committee's Individual Longitudinal Exposure Record Program Business Line achieved continued integration, growth, and usage with the Individual Longitudinal Exposure Record. The Individual Longitudinal Exposure Record was integrated with additional environmental and occupational data systems including ship-based deployment data and interoperability with the electronic health record. In FY 2020, the number of individual deployment records available for inclusion to the Individual Longitudinal Exposure Record was 17 million. In FY 2024, that number expanded to 64.6 million. In addition, the location, exposure, and health assessment datasets available to Individual Longitudinal Exposure Record have grown to over 34 million users and 6.58 million Service members and Veterans exposure summaries.

The Individual Longitudinal Exposure Record continues to maintain a sufficient user approval rating and usage continues to increase. In FY 2024, there were more than 16.77 million queries made to the Individual Longitudinal Exposure Record by providers. At the end of FY 2024, 99 percent of all Veterans Health Administration facilities have at least one trained Individual Longitudinal Exposure Record user. Based on a VA and DoD survey, users have indicated the Individual Longitudinal Exposure Record includes valuable data and directly facilitates access to exposures information in support of Service member and Veteran medical encounters and treatment.

Highlighting the importance the Individual Longitudinal Exposure Record has on Service member and Veteran healthcare and VA benefits, the Health Executive Committee approved the establishment of the Individual Longitudinal Exposure Record Business Line as part of a new governance structure to oversee the delivery of functional and technical requirements, research, development of key functionality, adherence to policy, policy and communication development, and improvements to data quality. Membership of the business line includes VA and DoD co-leads, subgroup co-chairs, the Military Departments, representatives from the Joint Executive Committee's sub-committees, and other stakeholders. The Individual Longitudinal Exposure Record Business line works closely with both VA and DoD stakeholders to support the implementation of key subgroups that will address Individual Longitudinal Exposure Record development, research, clinical care, benefit claims recommendations, and delivery of statutory

requirements. The business line will continue to expand the Individual Longitudinal Exposure Record by developing interfaces to new data sources and functionality based on VA and DoD priorities and emerging functional statutory requirements, such as those established by the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act) (Public. Law. 117–168).

Priority 1.B. Military Medical Provider Readiness – Veteran Access

The goal of the Military Medical Provider Readiness-Veteran Access initiative is to explore and identify opportunities for increased collaboration between VA and DoD that are mutually beneficial for improving access, quality, safety, clinical readiness of providers, and cost effectiveness of care provided to beneficiaries.

During FY 2024, the VA-DoD Military Medical Provider Readiness-Veteran Access team completed the remaining two critical milestones by developing a dashboard focused on reporting Military Medical Provider Readiness workload generated from VA beneficiary surgical encounters. From March 2023 to May 2024, the DoD Joint Knowledge, Skills, and Abilities Office collected and tabulated completed VA surgical cases performed at the 17 pre-selected military medical treatment facilities. The data collected were used to create a dashboard to illustrate the complexity and readiness value of VA surgical cases completed by DoD providers. Access to the dashboard and its summary data reports is through either the DoD Common Access Card or the VA Personal Identity Verification Card, allowing access to both VA and the DoD personnel while preventing unauthorized disclosure of patient and provider Personal Identification Information and Protected Health Information.

The Health Executive Committee's Shared Resources Work Group successfully completed the Military Medical Provider Readiness-Veteran Access Information Guide in August 2024. The guide consolidates relevant material to assist local VA-DoD resource sharing partners to assess VA's access standards to refer Veterans to military medical treatment facilities with available capacity. The Health Executive Committee's Shared Resources Work Group released the guide to the Defense Health Agency and the Veterans Health Administration resource sharing coordinators in September 2024.

Priority 1.C. Opioid Safety and Awareness

As the Nation faces an epidemic of prescription medication overuse, misuse, and diversion, VA and DoD continue aligning their respective policies, strategies, and clinical practices in their health care systems in response to these challenges.

In FY 2024, the Health Executive Committee evaluated and synchronized Departmental strategies for improving access to quality pain care, multi-modal pain treatment, and, when appropriate, safe prescription of opioids. Research results show that Functional Restoration Programs are an effective treatment adjunct for chronic pain conditions and can reduce or eliminate the use of opioids in treatment plans. Functional Restoration Programs are relatively resource-intensive for participating military medical treatment facilities, requiring multi-disciplinary clinical teams to provide an average of five weeks of outpatient therapy

appointments. These programs are not universally available across VA and DoD facilities; consequently, patients either lack access to these programs at their local facility or are compelled to travel long distances to access a Functional Restoration Program. VA's Pain Empowerment Anywhere Program in Tampa, Florida, is a working model of a virtual Functional Restoration Program accredited by the Commission on Accreditation of Rehabilitation Facilities and currently has the capacity to accept Active Duty Service members.

The Health Executive Committee designed a multi-year project evaluating the Tampa VA Healthcare System's Pain Empowerment Anywhere Program to assess barriers, benefits, and outcomes from the joint utilization of this virtual Functional Restoration Program. The Health Executive Committee partnered with representatives from the Defense Health Agency Medical Affairs, VA Central Office, and the James A. Haley Veterans' Hospital to develop an approved referral-authorization pathway, calculate the per-patient charge to DoD, and establish a mechanism to authorize funding for components of the Pain Empowerment Anywhere program that are not TRICARE-covered benefits. The project team subsequently utilized a mock patient drill to simulate an Active Duty Service member's referral, authorization, enrollment, treatment, VA charge to DoD, and clinical outcomes. Following completion of the first phase of the project, planned in FY 2025, the Health Executive Committee will report initial findings and recommendations regarding DoD's replication or continued joint utilization of VA's Pain Empowerment Anywhere Virtual Functional Restoration Program. The Health Executive Committee is currently in the process of recruiting Active Duty Service members eligible for enrollment in the VA Pain Empowerment Anywhere Program.

In FY 2024, the Health Executive Committee completed a review and update to selected modules within the Joint Pain Education Project curriculum, which provided continuing education content for those clinicians required to complete the Drug Enforcement Administration's mandate for training on managing patients with opioid or other substance use disorders. The Health Executive Committee started an analysis of VA and DoD initiatives to expand access to non-opioid, complementary, integrative health pain treatments.

Priority 1.D. Sexual Trauma Health Care Assistance, Benefits Assistance, Transition Assistance

In FY 2024, the primary focus of the VA-DoD Sexual Trauma Working Group was coordinating the implementation of Section 538 of the William M. (Mac) Thornberry National Defense Authorization Act for FY 2021 (Public Law 116–283), "Coordination of Support for Survivors of Sexual Trauma," that requires VA and DoD to jointly develop, implement, and maintain a standard of coordinated care for Service members who experience sexual trauma during military service. This includes providing information in specified venues to Service members about VA's military sexual trauma-related services and benefits, development of transition assistance systems to allow for connections between DoD Sexual Assault Response Workforce personnel and Veterans Health Administration Military Sexual Trauma Coordinators for survivors, annual training for certain DoD personnel, and other efforts to educate survivors and Sexual Assault Response Workforce personnel about VA services. In FY 2024, specific accomplishments related to implementation of Section 538 of the William M. (Mac) Thornberry National Defense Authorization Act for FY 2021 included:

- Cross-Departmental development and dissemination of an informational poster describing VA health care services and other benefits available to current and former Service members (including the Reserve Component) in all DoD facilities across the enterprise. The poster includes a scannable Quick Response or "QR" code, as well as web links to enable Service members to access additional information at their convenience and, if desired, in a private setting. By providing standardized materials, DoD will ensure that Service members receive the same messaging and resourcing, no matter their location. Areas the informational poster is displayed include, but are not limited to:

  - Family Advocacy Program offices;
  - Mental health care provider offices;
  - Areas where sexual assault prevention and response staff normally posts notices or information; and
  - High-traffic areas (including dining facilities).

In FY 2024, the VA-DoD Sexual Trauma Working Group finalized a handout designed to ensure all transitioning Service members are aware of the full range of sexual trauma-related services available from VA and DoD. This handout details VA and DoD health care, disability benefits, and other services available to assist Service members who have experienced sexual trauma and will be provided to each separating Service member as part of their Separation Health Assessment, regardless of which Department conducts the exam. This handout highlights that individuals may be able to receive Military Sexual Trauma-related care even if they are not eligible for other VA care. VA is currently distributing the handout as part of all exams conducted by VA; DoD will incorporate the handout into their pilot of the new Separation Health Assessment with the intention to fully disseminate the handout upon complete implementation of the Separation Health Assessment.

In FY 2024, the VA-DoD Sexual Trauma Working Group also finalized a combined process map documenting Department-level information relevant to individuals filing disability claims for military sexual trauma -related conditions. The process map documents Veterans Benefits Administration benefits processes and timelines related to these claims, and DoD sexual trauma reporting procedures and documentation that may support the Veterans Benefits Administration military sexual trauma-related claims process. This process map is being used to identify areas of opportunity where VA and DoD can work together to improve the claims process for individuals filing claims for military sexual trauma-related conditions.

It should be noted that VA and DoD use different language for sexual trauma during military service. DoD uses the terms "sexual assault, intimate partner sexual abuse, and sexual harassment" while VA uses "military sexual trauma." As a result, the working group established the umbrella term "sexual trauma" to capture the terms used by both the VA and DoD to promote clarity of the Joint Executive Committee's intent without seeking to change the language used by each Department.

Priority 1.E. Behavioral Health Talent Pipeline

The Health Executive Committee's Integrated Project Team conducted a comprehensive review of all the Defense Health Agency's Graduate Medical Education psychiatry residency programs to assess unused training capacity or potential areas for expansion. The results showed DoD, with assistance from VA, had already increased its psychiatry residency training capacity by 20 percent over the past five years to a level that meets projected needs. While VA does not have any of its own Graduate Medical Education programs, it provides funding to support residency positions at civilian programs in exchange for VA facility rotations.

In the past five years, DoD expanded residency training capacity by 20 percent, reaching 60 positions annually. DoD achieved this increase by adding two positions at Naval Medical Center San Diego, launching a new psychiatry residency program at Carl R. Darnall Army Medical Center at Fort Cavazos, Texas, and establishing an affiliation with Novant Health/Navy Medical Center Camp Lejeune, Jacksonville, North Carolina, which offers three permanent positions per year for Navy residents. The DoD has five psychiatry residency programs and three affiliations with civilian medical centers that include military trainees.

Most of these programs offer rotations at VA Medical Centers and efforts are ongoing to strengthen these partnerships. For example, in August 2024, the Olin E. Teague Veterans' Medical Center in Temple, Texas, agreed to provide additional neurology and emergency medicine rotations to support the Carl R. Darnall Army Psychiatry Residency Program.

It is not feasible to further increase training positions within the DoD psychiatry residency programs for two reasons. First, there is a shortage of psychiatrists in the services as well as the Defense Health Agency, making it difficult to recruit additional faculty. As a result, faculty numbers are just above the minimum requirements set by accreditation bodies. Second, structural limitations, such as clinic size or availability of selected rotations, would necessitate significant resources to increase capacity.

In FY 2024, the Health Executive Committee's Integrated Project Team also explored other potential sources of funding for civilian residents to train in the Defense Health Agency programs, but none would result in a useful service requirement to the DoD. For example, Section 737 of the James M. Inhofe National Defense Authorization Act for FY 2023 (Public Law 117–263), "Improvements Relating to Behavioral Health Care Available Under Military Health System," authorizes the Secretary of Defense to provide funds for scholarships to cover tuition/fees and loan repayment assistance to a credentialed behavioral health provider. As most medical students select their specialty towards the end of medical school, the Secretary could not offer a scholarship until the final year of school. Thus, the student would only have one year of service obligation to the DoD, which is a poor return on investment. Loan repayment can only be provided to a credentialed behavioral health provider which, in this case, are psychiatrists who have already completed residency training.

Priority 1.F. Whole of Government Approach to Suicide Prevention

In FY 2024, the VA-DoD Joint Suicide Prevention and Associated Mental Health Independent Working Group was chartered with a mission that includes the advancement of Lethal Means Safety, implementation of Section 102 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Hannon Act) (Public Law. 116–171), "Review of Records of Former Members of the Armed Forces Who Die by Suicide within One Year of Separation from the Armed Forces," and expanding access and services of the Veterans Crisis Line/Military Crisis Line. The VA-DoD Joint Suicide Prevention and Associated Mental Health Independent Working Group has made progress on its objectives over the course of FY 2024, including the launch of four sub-working groups focused on these individual objectives.

Lethal Means Safety

The Lethal Means Safety Sub-Working Group collaborated with the Interagency Task Force Work Group to create a list of partners to guide tailored Lethal Means Safety communications solutions to at-risk sub-groups. Additionally, it has facilitated successful Lethal Means Safety campaigns which have garnered more than nine million unique engagements, including 8.8 million connections directly from Lethal Means Safety resources, more than 300,000 conversions from a Lethal Means Safety campaign asset to the Crisis Line, more than 135 million interactions, and 1.6 billion social engagements, impressions, and completed video views.

Section 102 of the Hannon Act Congressionally Mandated Report

On October 17, 2020, the Hannon Act was enacted, which contained 34 sections that, among other things, focused on enhancing VA mental health services, access to care across VA medical facilities, and suicide prevention programs. This report focuses specifically on Section 102 of the Hannon Act, that required VA and DoD to jointly review the records of each former member of the Armed Forces who died by suicide within one year of separation from the Armed Forces during the five-year period from October 17, 2015, to October 17, 2020.

To provide clear and comprehensive information required by Section 102 of the Hannon Act, the VA-DoD Joint Suicide Prevention and Associated Mental Health Independent Working Group identified all former Service members of the Armed Forces who died by suicide within one year of separation from the Armed Forces starting on October 17, 2015, and ending on October 16, 2020. Based on parameters set forth, a total of 382 former Service members were included. Within this cohort, DoD identified:

- 50.3 percent (192 out of 382) of the former Service members were identified as being at an elevated risk for suicide, most commonly by DoD providers.
  - About three percent of the 192 former Service members who were identified as being at an elevated risk for suicide in the 365-day period prior to separation had information communicated in some way to VA regarding their elevated risk for suicide.
- Over seven in ten (70.7 percent) of suicide deaths involved firearms.

- Most (64.9 percent) had received a mental health diagnosis through DoD prior to separation and one in four (24.6 percent) had received inpatient mental health services from DoD prior to separation.

- 16.2 percent received VHA inpatient or outpatient health care encounters in the 365 days prior to separation, and 28.5 percent received such encounters on the day of separation or within the next 365 days.

Veteran Crisis Line/Military Crisis Line

Veteran Crisis Line/Military Crisis Line efforts for crisis coordination include a high-level analysis of Veteran Crisis Line caller data that consists of demographics and call information including, if available, location, reason for call, customer satisfaction, and branch of service. These data will be used to develop better crisis coordination between VA and DoD as well as improve the caller experience.

The Veteran Crisis Line/Mobile Crisis Line Mobile Application Development Sub-Working Group convened subject matter experts from across VA and DoD to advance the application of Veteran Crisis Line and Military Crisis Line services to Veterans and Service members both within and outside the continental United States. This group identified major milestones including validation of previously developed business requirements for a mobile application and continued collaboration to identify and execute a viable solution.

GOAL 2 – Integrate Benefits and Services Delivery

Goal Statement: Deliver comprehensive benefits and services through an integrated beneficiary-centric approach that anticipates and addresses the needs of stakeholders, provides excellent customer service, and is transparent.

Priority 2.A. Communication of Benefits and Services

In FY 2024, the Benefits Executive Committee's Communication of Benefits and Services Working Group led efforts to expand access to critical benefits, services, and resources for Service members, Veterans, their Families, and Caregivers. Through both in-person and virtual engagements, VA, DoD, and other partners strengthened outreach, ensuring consistent messaging and the broadest dissemination of essential information.

By leveraging this working group, VA and DoD amplified messaging on several key programs, enhancing awareness and engagement. Notable efforts included:

- Improving the Transition Assistance Program: The team revamped pre-separation messaging, beginning one year before discharge, to emphasize the Benefits Delivery at Discharge program and other benefits critical to recently transitioned Service members.

- Celebrating the 80th Anniversary of the GI Bill: As part of the commemoration of the Servicemen's Readjustment Act of 1944, VA launched the 80 for 80 campaigns, sharing 80 stories in 80 days highlighting Veterans who benefited from the GI Bill and VA Home Loan program. The working group also leveraged the interagency Transition Assistance Program communications group to facilitate DoD's distribution of these stories across its channels.

- Expanding Commissary and Morale, Welfare, and Recreation Privileges: To support the expansion of commissary, exchange, and certain Morale, Welfare, and Recreation facility privileges authorized under Section 621 of the John S. McCain National Defense Authorization Act for FY 2019 (Public Law 115–232), "Extension of Certain Morale, Welfare, and Recreation Privileges to Certain Veterans and Their Caregivers," the Benefits Executive Committee developed outreach materials, messaging, and an execution plan. VA and DoD launched communications efforts for this expansion in Quarter 1 FY 2025.

- Protecting Service members and Veterans from Scams and Fraud: As benefits distribution increases, so does the risk of fraud and scams targeting Service members, Veterans and their Families. VA and DoD collaborated to educate Service members and Veterans on these threats and how to protect themselves. Efforts included:

  - A new campaign on predatory claims practices.
  - Expanded presence across VA and DoD social media, websites, and digital platforms.
  - Cross-posted guidance on finding accredited representatives for claims assistance.
  - Inclusion of scam prevention resources in the VetResources Newsletter.

These joint efforts will continue into FY 2025, reinforcing interagency collaboration to safeguard and enhance access to earned benefits.

Priority 2.B. Dual Compensation

By law, Service members cannot receive both VA disability compensation and military pay (Active Duty or Inactive Duty) at the same time.[1] They must choose to waive either their military pay or VA disability compensation. With the Benefits Executive Committee's support, VA and DoD continue to enhance the adjustment process for Veterans who elect to waive VA disability pay, aiming to reduce improper payments and improve efficiency.

In FY 2024, VA completed adjustments for FY 2023 Drill Pay (Active Duty for Training and Inactive Duty Training pay). A total of 115,350 drill pay cases were processed in batches, with 85,562 (74.2 percent) cases fully completed through automation.

[1] 38 U.S.C. § 5304.

Additionally, VA adjusted Veterans' benefits based on DoD's notifications of a return to Active Duty received between October 1, 2023, and July 30, 2024. VA completed a total of 17,100 adjustments, with 11,560 (67.6 percent) completed through automation.

To prevent improper concurrent payments, VA improved its monitoring of return-to-Active-Duty cases, ensuring full case tracking and better accountability. Additionally, on December 12, 2023, VA published the final rule to amend its regulations on active service pay enabling VA to adjust disability payments closer to the receipt of Active Duty pay, thereby reducing overpayments.

Priority 2.C. Extension of Certain Morale, Welfare, and Recreation Privileges to Certain Veterans and their Caregivers

In October 2024, VA and DoD, under the Benefits Executive Committee, implemented a streamlined process to improve recurring installation access at DoD facilities. This initiative leverages the REAL ID Act of 2005[2] to facilitate seamless access to VA medical appointments, commissaries, exchanges, and Morale, Welfare, and Recreation facilities. Additionally, a VA-to-DoD data feed now allows DoD installations to electronically verify the eligibility of Veterans with VA-documented service-connected disability ratings from 0 percent to 90 percent; Purple Heart recipients, Medal of Honor recipients, former prisoners of war; and individuals approved and designated as the primary family caregivers of eligible Veterans under the VA Program of Comprehensive Assistance for Family Caregivers, eliminating the need for manual verification.

Under the new process, first-time visitors must enroll at the installation's Visitor Control Center using a Veterans Health Care Identification Card or REAL ID. Once enrolled, they can use the same credential for recurring access without needing to stop at the Visitor Control Center on future visits. Enrollment remains valid for one to three years or one year after the last visit. If a Veterans Health Care Identification Card or REAL ID expires, the individual must reenroll with updated credentials. This system ensures that 5.4 million eligible Veterans and nearly 67,000 VA-enrolled Caregivers can seamlessly access military installations without unnecessary delays.

To ensure a smooth rollout, VA and DoD developed a communications strategy in FY 2024 to support implementation efforts. A joint VA-DoD communication campaign was launched to inform eligible Veterans and Caregivers about their expanded benefits and access procedures. The outreach strategy ensures that beneficiaries are aware of how to utilize commissary, exchange, and Morale, Welfare, and Recreation privileges. Additionally, VA and DoD developed training materials and informational resources for commissary, exchange, and Morale, Welfare, and Recreation employees to ensure staff are familiar with point-of-sale procedures. This effort enhances the customer experience for Veterans and Caregivers accessing their benefits.

[2] H.R. 418, 109th Cong. (2005), https://www.congress.gov/bill/109th-congress/house-bill/418, now part of the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief, 2005 Act, Pub. L. No. 109–13, 119 Stat. 231 (2005)

This initiative represents a significant improvement in the accessibility of military facilities and services for eligible Veterans and Caregivers. By modernizing access procedures, leveraging automated verification, and enhancing communication efforts, VA and DoD are ensuring a seamless and efficient experience for beneficiaries.

Priority 2.D. Joint Plan to Modernize External Digital Authentication

In FY 2024, the Information Technology Executive Committee developed a joint plan for VA and DoD to maintain interoperability by DoD accepting a VA sign-in credential. This plan supports the VA's goal to deprecate the use of DoD's Self-Service Logon by September 30, 2025. DoD accepting a VA sign-in credential is occurring in parallel to the DoD's myAuth initiative to modernize DoD's Self-Service Logon. Together, these tasks support the Joint Executive Committee priorities and strategic goals to modernize and simplify access to critical services for Service members, Veterans, beneficiaries, and other external users.

DoD's Self-Service Logon has served eligible VA and DoD beneficiaries to facilitate secure authentication to critical websites. To meet system availability, security, and user experience requirements for VA and DoD, the Defense Manpower Data Center is deploying a modernization solution called myAuth and making it available to the 11.3 million DoD's Self Service Logon account holders to manage their DoD benefits with a single credential.

Of the 11.3 million DoD's Self-Service Logon account holders, 1.5 million exclusively use DoD's Self-Service Logon to access VA benefits. Between August 2024 and September 2025, these users will need to adopt an alternative VA sign-in credential to continue accessing benefits at VA. DoD will federate with VA's authentication services to preserve interoperability without creating additional costs and duplicating capabilities for DoD to onboard an additional credential service provider.

Priority 2.E. Military Personnel Data Transmission

Servicemembers' Group Life Insurance

In FY 2024, the Information Technology Executive Committee focused on ensuring that Servicemembers' Group Life Insurance elections matched the premium that was being paid. The Supporting Families of the Fallen Act of 2022 increased Servicemembers' Group Life Insurance maximum coverage from $400,000 to $500,000 effective March 1, 2023. In November 2023, VA and DoD were notified by the Uniformed Services of mismatches in Servicemembers' Group Life Insurance coverage and premiums between the Service members' Group Life Insurance Online Enrollment System and the Services' respective pay systems. VA and representatives from Defense Manpower Data Center, Defense Finance and Accounting Service, and the Office of Service members' Group Life Insurance have met routinely to discuss these issues and work toward resolutions.

The Defense Manpower Data Center and the Defense Finance Accounting Service identified approximately 170,000 errors through data matching and processed 41,000 records. This left 129,000 records requiring Defense Finance Accounting Service corrections, of which 21,000 were due refunds and 108,000 accrued debts. The Defense Manpower Data Center and

the Defense Finance Accounting Service held a summit in September 2024 to review errors, identify root causes, and establish parties responsible for correcting the errors. DoD will continue these efforts into FY 2025 and meet with appropriate uniformed Service representatives to review the actions that are resulting in errors to prevent mistakes in the future. The Defense Manpower Data Center, the Defense Finance Accounting Service, and VA will continue their partnership to address challenges and execute efforts to resolve these issues in FY 2025.

Priority 2.F. Service Treatment Record Electronic Sharing Enhancements

The Benefits Executive Committee's Service Treatment Record Working Group made strides to facilitate the timely exchange of Service Treatment Records between both Departments over the course of the year. Throughout FY 2024, DoD reduced the quarterly average of late and loose-flowing Service Treatment Records documents transmitted to VA by 44 percent in comparison to FY 2023, or from 12,183 documents per quarter to 6,848. DoD also reduced the year-over-year quarterly average of Veterans impacted by late and loose-flowing by 44 percent, down to 3,790 from 6,751. Both reductions comprise the largest year-over-year decreases in late and loose-flowing document transfers to VA since DoD began tracking these metrics. The decreases in late documents were coupled with a 35 percent average increase in the number of Service Treatment Records certified as complete, further demonstrating both Departments' commitment to improving throughput while reducing errors.

The Service Treatment Records Working Group also oversaw the continued development of a capability to transfer historical paper Service Treatment Records digitized by VA back to DoD. The Departments' technical teams implemented an automated transfer capability in Q1 FY 2024 with daily file transfers beginning thereafter and were able to quickly increase from 250 Veteran records per day to 500 per day. In Q4 FY 2024, the Departments agreed on a strategic pause to the daily transfers until a planned DoD data cloud transition in FY 2025/FY 2026; this cloud migration will greatly accelerate the transfer completion. The complete transfer of all remaining copies of historical Service Treatment Records scanned by VA to DoD systems remains on track for no later than September 2027.

Priority 2.G. Education Usage Data Reporting

In FY 2024, VA and DoD focused on resolving key data issues that impacted the automation of education eligibility for Service members. These challenges included ensuring the Army National Guard's accurate reporting of Title 10/32 Active Duty for Operational Support, addressing discrepancies in the Marine Corps Reserve's reporting of Annual Training vs. Active Duty for Training periods prior to 2016, and improving the Army Reserve's reporting of Initial Active Duty for Training, Annual Training, and other Active Duty for Training periods.

To address these issues, VA and DoD held biweekly meetings throughout the year and conducted offsite working sessions in February and July 2024. Additionally, the Army National Guard and Marine Corps Reserve established their own biweekly meetings to correct misreported data and update inaccurate records. VA worked closely with the Army National Guard to identify 3,681 high-priority cases requiring corrections. In FY 2024, 68 percent of these cases (approximately 2,500) were resolved, with the remaining priority cases corrected as

of January 2025. As outlined in Milestone 1 for education data, efforts are ongoing to complete the remaining impacted cases by the end of FY 2025.

Another major focus in FY 2024 was clarifying Service exclusion periods for GI Bill benefits. This effort concluded with VA submitting an update to system requirements to account for Reserve Officers' Training Corps obligations, Loan Repayment Program participation, and Military Service Academy commitments.

GOAL 3 – Enhance the Transition and Post-Separation Experience

Goal Statement: Provide a comprehensive, holistic, timely and personalized approach to ensure transitioning Service members and Veterans have access to the highest quality care, benefits programs, job training, and post-service placement services at the right time in their transition.

Priority 3.A. Military to Civilian Readiness (M2C Ready) Framework

Transition Assistance Program

To meet the congressionally mandated Transition Assistance Program requirements and to address other ancillary transition functions, VA, DoD, Department of Labor, and the Small Business Administration (SBA), along with other interagency partners, provide separating and retiring Service members, Veterans, Family members, and Caregivers a variety of interactive courses, one-on-one engagements, and learning opportunities. In addition, DoD supports an online learning system, Transition Online Learning, with 235,237 courses completed in FY 2024 across all Transition Assistance Program curricula. Transition Online Learning provided Service members, Veterans, family members, and caregivers with unlimited access to the entirety of the Transition Assistance Program curricula and resource guides.[3]

VA Benefits and Services Curriculum

VA provides a full day of content focused solely on the benefits and services provided by VA that were earned by the Service member through military service. During FY 2024, the Transition Assistance Program VA Benefits and Services course was briefed to 206,005 transitioning Service members. Additionally, in FY 2024, there were 367,052 individual touchpoints with Service members, military spouses, Caregivers, and survivors across all of VA's transition assistance offerings available at 332 military installations worldwide. During FY 2024, the VA Benefits and Services course exceeded its 95 percent target with a satisfaction rating of 96.3 percent.

In January 2024, VA significantly enhanced the customer experience for transitioning Service members, Veterans, their Families and Caregivers. This success was achieved by incorporating Veterans Service Organizations, which include State Veterans Affairs representatives, into the VA Transition Assistance Program course. From January through September 30, 2024, Veteran Service Organizations participated in 1,329 courses and connected with 35,389 transitioning Service members.

[3] https://www.tapevents.mil/courses under "Core Requirements", "All Courses" or "Transition Tracks" selections.

Department of Labor Curricula and Tracks

The Department of Labor Veterans' Employment and Training Service provides three courses focused on employment: 1) Employment Fundamentals of Career Transition, 2) Career Credential Exploration, and 3) an Employment Workshop. Employment Fundamentals of Career Transition is a full day course that is mandatory for all transitioning Service members. Department of Labor also provides two of the two-day career tracks: one for career exploration and vocational training, Career Credential Exploration, and one for general employment, Employment Workshop.

In FY 2024, the Department of Labor conducted 10,888 instructor-led Transition Assistance Program courses, with a total of 227,183 participants. During FY 2024, the Department of Labor Transition Assistance Program workshops received a 96.3 percent customer satisfaction rating. Additionally, 54,712 Service members accessed Department of Labor's courses within DoD's Transition Online Learning platform which included 37,499 participants in Employment Fundamentals of Career Transition, 3,649 participants in Department of Labor's Employment Workshop, 1,868 participants in the Vocational Workshop (Career Credential Exploration), and 11,696 participants in Wounded Warrior and Caregiver Employment Workshop.

The Transition Employment Assistance for Military Spouses and Caregivers curriculum is a series of employment workshops that extend Transition Assistance Program resources and information to military spouses and caregivers as they plan and prepare for their job search in pursuit of their employment goals. Transition Employment Assistance for Military Spouses and Caregivers was released in October 2021 and is provided in classrooms on installations by request and is available virtually and instructor led. In FY 2024, 2,523 participants attended a Transition Employment Assistance for Military Spouses and Caregivers workshop.

Small Business Administration Track

The Small Business Administration provides curriculum and facilitators to teach an entrepreneurship track. The Boots to Business class delivers Service members an introduction to business ownership. In FY 2024, the Small Business Administration trained a total of 19,785 individuals in Boots to Business, including 15,450 in-person attendees and 4,335 online attendees; 2,610 online attendees participated in synchronous online or hybrid classes, and 1,725 online attendees participated through the DoD's Learning Management System.

Post-Separation Programs

VA Solid Start

The VA Solid Start program launched on December 2, 2019, as part of the Military to Civilian Readiness (M2C Ready) Pathway, to make early, consistent, and caring contact with recently separated Service members. In VA Solid Start, VA proactively calls all eligible recently separated Service members at three key stages: 90, 180, and 365 days post-separation. Utilizing

data provided by DoD, VA Solid Start provides priority contact to recently separated Service members meeting certain risk factors during their last year of Active Duty to help lower the barrier to accessing high quality mental health care at VA. VA Solid Start representatives address challenges the recently separated Service member may be facing at the time of the call by connecting the recently separated Service members with the appropriate VA benefit and/or partner resources for assistance. These representatives receive special training to recognize the signs of crisis and, when needed, can provide a direct transfer to the Veterans Crisis Line for additional support.

In FY 2024, VA Solid Start successfully connected with 193,626 recently separated Veterans, identified as at risk, achieving a successful connection rate of 77.1 percent. As a subset of this group, VA Solid Start successfully connected with 36,329, or 92.9 percent, of eligible priority Veterans, helping to ensure continuity of mental health care.

DoD Military OneSource

The Military OneSource program provides support up to 365 days after separation as part of the Military-to-Civilian (M2C) Readiness Framework; Executive Order No. 13822, "Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life," 83 FR 1513 (2018); and Section 558 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019, (Public Law 115–232), "Expansion of Period of Availability of Military OneSource Program for Retired and Discharged Members of the Armed Forces and Their Immediate Families." This expansion allowed Military OneSource to: (1) conduct direct outreach to transitioning Service members; (2) create a new transitioning Service member case type; and (3) receive peer support warm handovers from the Transition Assistance Program.

In FY 2024, Military OneSource provided 103,246 connections to Veterans during the 365-day post-separation period. Military OneSource conducted email outreach to 100 percent of transitioning Service members who opted in for contact to inform them of the availability of Military OneSource's 24/7 call center and website services. Furthermore, in FY 2024, Military OneSource assisted 4,387 cases of all types for transitioning Service members.

Overall, in FY 2024 Military OneSource assisted 5,811 cases for eligible transitioning Service members and their Families. The top three case types were: (1) non-medical counseling; (2) tax services; and (3) work-life. While the most common reason for seeking non-medical counseling was for relationship issues, 20 percent of transitioning Service members and their Families sought non-medical counseling for reasons outside the scope of Military OneSource's short-term, solution-focused counseling. In these cases, Military OneSource consultants facilitated connections to other helping agencies, including mental health care providers.

Department of Labor Off-Base Transition Training

In January 2021, Section 4303 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116–315), "Pilot Program for Off-Base Transition Training for Veterans and Spouses," directed the Secretary of Labor to provide the Transition Assistance Program to Veterans and their spouses at locations other than Active Duty military installations. In FY 2024, the Department of Labor conducted the Off-Base Transition Training pilot program in ten states (California, Colorado, Illinois, Massachusetts, Nevada, New York, North Carolina, Oregon, Pennsylvania, and Texas) and offered virtual instructor-led training. In FY 2024, 14,731 participants attended a total of 2,977 Off-Base Transition Training workshop modules.

VA, in collaboration with DOL, offers a live bi-monthly Off-Base Transition Training workshop, providing an overview of VA benefits and services. This workshop is open to any Veteran, Service member, family member, or Caregiver and offers an opportunity for direct interaction with the VA.

Priority 3.B. Separation Health Assessment Enhancements.

During FY 2024, the Joint Executive Committee continued supporting enhancements to the Separation Health Assessment. Key objectives of the 2022 VA-DoD agreement remained front and center, including: continuity of both mental and physical healthcare, improvements to transition support, increased knowledge of health effects from military service, and supporting Service member's eligibility for VA disability benefits and services.

In FY 2024, DoD received approval for DD Form 3146, "Separation Health Assessment," which will replace DD Form 2807-1, "Report of Medical History," and DD Form 2808, "Report of Medical Examination." The new form shares the same enhanced Separation Health Assessment content as the VA Separation Health Assessment Disability Benefits Questionnaire which VA launched in FY 2023. VA has completed over 70,000 Separation Health Assessments for Benefits Delivery at Discharge and Integrated Disability Evaluation System participants using the enhanced content. Upon full implementation in DoD, all separating Service members will receive the same Separation Health Assessment. Use of the new form by both VA and DoD will minimize instances where Service members need to complete more than one Separation Health Assessment prior to separation, which will improve their separation experience and increase efficiency.

Additionally, VA and DoD continued testing the fully electronic Service Treatment Record delivery process for Service members applying for VA disability compensation through the Benefits Delivery at Discharge program. The goal of this effort is to alleviate the burden on separating Service members to submit a copy of their Service Treatment Record when making a VA Benefits Delivery at Discharge claim, eliminating the time and cost of transferring physical records, and expediting processes. Each Military Service developed and tested their process for responding to notifications received from VA and acquired additional resources, as needed. Testing has provided VA and DoD an opportunity to measure efficiency, identify and address technical issues, and apply appropriate staffing to meet program demands.

Priority 3.C. Transition Experience for Service members and Veterans

In addition to the current Transition Assistance Program curriculum, interagency partners have ongoing efforts to enhance the transition process and/or the content for Service members, which fosters programmatic improvements for successful post-transition experiences. There are several additional programs, pilots, and studies working in tandem to enhance the transition and post-transition experience for Service members, Veterans, and their families.

DoD SkillBridge

DoD SkillBridge provides an opportunity for Service members to gain valuable civilian work experience through specific industry training, apprenticeships, or internships during the last 180 days of service. In May 2024, the Military-Civilian Transition Office completed an external independent Lean Six Sigma assessment which identified programmatic and information technology gaps. In response to the assessment: DoD released a revised DoD SkillBridge Memorandum of Understanding for industry providers, established defined structured enrollment periods for FY 2025, launched Ethics Training as part of SkillBridge employer vetting, and introduced a streamlined application workflow with expanded data collection features.

Department of Labor Employment Navigator and Partnership Program

In FY 2024, the Department of Labor expanded the Employment Navigator and Partnership Program from 13 pilot sites to a total of 36 military installations. In FY 2024, 5,969 Service members and military spouses received services through Employment Navigator and Partnership Program. This program serves as an extension of the Transition Assistance Program to provide transitioning Service members and their spouses with personalized assistance outside of traditional workshops. Following the completion of self-assessments, skills testing, career and high-demand occupation exploration, and resume review, Employment Navigators assist participants in selecting career pathways and connecting them to partners and resources to address any additional employment-related needs participants may have.

VA Women's Health Care Services Transition Training

To encourage transitioning Service women's learning about VA healthcare services for women and to increase enrollment, the Joint Executive Committee approved the Women's Health Transition Training Pilot Program in September 2017. Since February 2021, the Women's Health Transition Training Programs remains a self-paced, web-based course accessible anytime from anywhere to all Service women and women Veterans. In FY 2024 over 140 total attendees including Service members, Veterans, caregivers, families, and others[4] participated in web-based training with the data showing high levels of satisfaction with their experience. Of those who enrolled in the training and responded to course evaluation questions about the improved awareness of VA services, approximately 82.7 percent responded that the program influenced them to enroll in VA health care and 91.3 percent responded they have the necessary information to start the enrollment process for VA health care.

[4] 'Others' refers to anyone not listed in one of the four categories listed. Others are counted for data collection purposes.

Network of Support Pilot

On December 5, 2020, the President signed the Sergeant Daniel Somers Veterans Network of Support Act of 2019, now part of the Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020 (Public Law 116-214, was signed into law on December 5, 2020[5]. This Act called for a pilot program that allows certain Service members and Veterans to designate up to 10 individuals to receive information on specified services and benefits from VA. The intent of the program is to provide each Service member or Veteran with a "network of support" made up of selected friends and family members who can help them better understand and apply for the benefits they have earned. The Network of Support pilot was launched in December 2021 and ran through December 2023. The pilot identified that providing information about VA benefits and services to individuals close to transitioning Service members and Veterans can help those experiencing the transition cope with the experiences and challenges of transitioning from military to civilian life. VA agrees with the concept of the program and will continue to explore ways to leverage existing programs and information technology resources to integrate this network support participation and utilize the lessons learned from the pilot to provide better information to our customers.

Post-Separation Transition Assistance Program Outcome Study

VA first executed the Post-Separation Transition Assistance Program Assessment Outcome Study in 2019. The purpose of the multi-year study is to analyze the effect of participation in the Transition Assistance Program on the long-term outcomes of Veterans in the broad life domains of employment, education, health, social relationships, finances, overall satisfaction with the program, and well-being. The Post-Separation Transition Assistance Program focuses on Veteran long-term outcomes from a holistic perspective. VA conducted the 2024 data collection between June and September. VA sent survey invitations to approximately 200,000 Veterans with a response rate of 9.25 percent for the cross-sectional portion and 36.35 percent for the longitudinal portion.

Department of Labor Transition Assistance Program Evaluation and Employment Navigator Study

The Transition Assistance Program Evaluation and Employment Navigator study seeks to evaluate the impact of Department of Labor's portion of the mandatory Transition Assistance Program initiative as a vehicle for preparing and training eligible transitioning Service members to successfully transition into the civilian labor force, and the role of Employment Navigators on transitioning Service member employment outcomes. At the end of FY 2024, the Department of Labor began analyzing data from the National Directory of New Hires. This study is comprised of two outcome analyses:

- Transition Assistance Program Effectiveness Outcome Analysis — this long-term outcome study will analyze Transition Assistance Program participants' employment outcomes to assess how well the program prepares and trains eligible separating Service members to successfully transition into the civilian labor force. This study

[5] Pub. L. No. 116–214, 134 Stat. 1026 (2020).

will examine the timing of Transition Assistance Program courses before separation from the military and possible correlations between military occupation and employment outcomes.

- Employment Navigator Outcome Analysis—this study will compare the employment outcomes of transitioning Service members who have used employment services provided through the Employment Navigator and Partnership Pilot program and those who have not.

Preliminary analysis for this study was published on the Department of Labor's website in August 2024.

Longitudinal Study on Changes to the Transition Assistance Program

The longitudinal study on changes to the Transition Assistance Program required by Section 4306 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116–315), "Longitudinal Study on Changes to Transition Assistance Program," is the companion to the one-year independent assessment of the effectiveness of the Transition Assistance Program stipulated by Section 4305. VA will meet Section 4306 requirements by leveraging the existing Post Separation Transition Assistance Program Assessment Outcome Study and the one-year independent assessment of Transition Assistance Program conducted in FY 2022. The main achievements during FY 2024 included the finalization of the Section 4306 survey instrument based on interagency partner feedback and the execution of the first data collection in June 2024. VA submitted the 2023 progress report to Congress on August 1, 2024. The 2024 progress report is in coordination with the interagency partners and VA anticipates to finalize it in FY 2025.

Priority 3.D. Warm Handovers to Support Transitioning Service Members

The last step of the Military to Civilian Readiness Pathway is comprised not only of VA Solid Start and Military One Source, but of an array of state, community, Federal and non-Federal post-separation programs. This effort starts with the person-to-person connections via warm handovers, when appropriate, from DoD to the appropriate interagency partner(s). Warm handovers provide a confirmed introduction and assurance that the applicable interagency partner acknowledges that an eligible Service member requires post-military assistance. Once the agencies agree, the interagency partner follows through on providing assistance to meeting the needs of Service members, mitigate risk, and assist them in attaining their post-transition goals and a successful transition.

Warm handover verifications from DoD to partnering agencies are critical to bridge transitioning Service members' pre- to post-transition support services. To strengthen warm handover improvements and evidence-based prevention practices, the Transition Executive Committee reviewed and expanded data sharing efforts, metrics, and transparency, including warm handover verification as part of the FY 2024 performance measures, led by the Transition Assistance Interagency Working Group.

Transitioning Service Member Resource Pilot

The Transitioning Service Member Resource Connection pilot was developed to inform improvements in the warm handover process from DoD to VA. VA conducted the Transitioning Service Member Resource Connection pilot at 31 DoD installations from May 2022 through June 2024. The pilot provided a single point of entry to VA for DoD Transition Assistance Program Counselors who initiated a warm handover during the DoD Capstone. The goal of the Transitioning Service Member Resource Connection pilot was to have real-time tracking and validation of warm handover connections to VA in areas such as education, compensation, healthcare, housing, mental health resources, and other VA benefits and services. VA will analyze pilot findings and develop a final assessment to implement an efficient means for tracking warm handover and support connections in FY 2025.

Beyond 365-days post-military transition, the Transition Assistance Program interagency partners continue to bridge education, employment, health, financial, housing, and social relational support services in conjunction with local government and community non-federal entities (e.g., non-profits, Military Service Organizations/Veteran Service Organizations).

Priority 3.E. Career Readiness Standards

During the annual review of the Transition Assistance Program curriculum, the Interagency Curriculum Working Group reviewed the curriculum to ensure adherence to policy, congressional mandates, industry standards, and accuracy and clarity of content. During this process, the Interagency Curriculum Working Group analyzed the existing Career Readiness Standards to determine the validity, relativity, and alignment to curriculum content.

In FY 2024, the Department of Labor subject matter experts, consisting of various employers involved in the Employment Navigator Partnership Program, Office of Personnel Management, and subject matter experts from the job training field, reviewed and made recommendations to strengthen the curriculum, focusing on resume writing, interview skills, job search training, and pre-separation career training. The Office of Personnel Management specifically focused on the use of special hiring authorities for Service members seeking Federal employment. Outside of the employment specific curriculum, VA and DoD included information on pre-separation career training through various education programs such as Credential Opportunities On-Line, apprenticeships, and VA Personalized Career Planning and Guidance, which processed 14,931 applications in FY 2024.

GOAL 4 – Modernize Shared Business Operations

Goal Statement: Remove barriers to effective and efficient delivery of services through proactive joint planning and execution, innovative technology solutions, and a commitment to financial stewardship.

Priority 4.A. Base Access

The Joint Executive Committee Base Access Working Group continues to monitor access issues, ensure consistent messaging, and enhance awareness of military installation access for Veterans, Caregivers, and other eligible individuals. The group has expanded its focus to facilitate access to DoD installations with healthcare facilities through local sharing agreements

and to align with Section 621 of the John S. McCain National Defense Authorization Act for FY 2019 (Public Law 115–232), "Extension of Certain Morale, Welfare, and Recreation Privileges to Certain Veterans and Their Caregivers," which extended commissary, exchange, and Morale, Welfare, and Recreation facility privileges to eligible Veterans and Caregivers. All access procedures comply with DoD security requirements.

To streamline access, VA and DoD implemented a phased approach using DoD-approved credentials and automated eligibility verification. In November 2024, advancements in installation security access control systems and the REAL ID Act of 2005 enabled more efficient, recurring installation access, eliminating the need for a VA-issued letter for most eligible individuals. DoD can now electronically verify an eligible Veteran or Caregiver's purpose when accessing commissary, exchange, or Morale, Welfare, and Recreation facilities, removing the requirement for additional documentation at the installation access point.

As of September 30, 2024, approximately 451,000 Veterans Health Care Identification Cards were enrolled for recurring installation access, reflecting an increase of 100,000 since September 30, 2023. Once a Veterans Health Care Identification Card is registered in DoD's electronic physical access control system at a Visitor Control Center, the cardholder can enter installations directly through electronic gates, scanning their Veterans Health Care Identification Cards without needing to stop at the control center. All Navy, Air Force, Marine Corps, Space Force, and Army installations are now equipped with this system, which includes identity matching technology for enhanced security and analysis.

Priority 4.B. Integrated Disability Evaluation System

VA and DoD operate the Integrated Disability Evaluation System to assess Service member's fitness for continued service and to provide disability-related benefits for those unable to serve due to service-connected disabilities. The Benefits Executive Committee's Integrated Disability Evaluation System Working Group, in collaboration with Military Department representatives, continues to enhance the system's efficiency and effectiveness.

In FY 2024, VA and DoD updated the Integrated Disability Evaluation System Memorandum of Agreement, consolidating previously separate agreements on Veteran Readiness and Employment and VA Health Care Reimbursement into a single document. The new agreement designates non-reimbursable space on DoD installations for VA support staff assisting Service members in Integrated Disability Evaluation System programs. It also formalizes the electronic sharing of Service Treatment Records, pending full deployment of an interoperable processing system.

In August 2024, VA and DoD successfully tested a key component of system integration, allowing the Joint Disability Evaluation System Information Technology Solution to create claim files in VA's Veterans Benefits Management System.

Performance reporting for Integrated Disability Evaluation System stages within the Defense Health Agency's sphere of influence was modified in June 2024 to reflect the full transition of military medical treatment facility management to the agency. Since the Defense

Health Agency now oversees most personnel involved in the Medical Evaluation Board process, alongside Military Department personnel, performance tracking has been refined to measure improvements. Overall, Integrated Disability Evaluation System processing time improved, with the Military Departments and Defense Health Agency reducing total processing time from 241 days in FY 2023 to 226 days in FY 2024. Additionally, 40 percent of cases now meet the 180-day goal, up from 33 percent in FY 2023. These improvements demonstrate progress in reducing delays and enhancing the efficiency of the disability evaluation process for Service members.

Priority 4.C. Joint Sharing of Facilities and Services

The Joint Executive Committee established the VA-DoD Capital Asset Planning Committee in 2005 to facilitate an integrated approach to mutually beneficial planning, designing, constructing, and leasing real property-related initiatives for medical facilities.

In FY 2024, the VA-DoD Capital Asset Planning Committee advanced the development and execution of the three joint project opportunities identified in FY 2023:

- A three-phase project for the Gulf Coast Veterans Health Care System, Biloxi, Mississippi, to establish outpatient surgery and remodel inpatient and nutrition space so VA can provide inpatient services and establish a VA inpatient surgery at Naval Hospital Pensacola;

- A joint project to remodel DoD's Wright-Patterson Medical Center, Dayton, Ohio, which will expand the Dayton VA's Patient Aligned Care Team services; and

- A joint construction project between VA Northern California Healthcare System and Travis Air Force Base near Sacramento, California, to expand an existing joint clinic at McClellan Park.

Specifically, VA stood up ambulatory surgical services and completed the initial phase of the project at Naval Hospital Pensacola with the first patients seen on October 16, 2023. VA and DoD bid a design-build project for the second phase of this project to update critical facility systems and remodel Naval Hospital Pensacola for VA inpatient use. At McClellan Park, VA submitted a Major Construction project for Strategic Capital Investment Planning approval and prioritization and is coordinating with DoD on standing up a design team for an expanded joint clinic.

In the first use of their new joint leasing authority action, the James A. Haley Veterans Hospital and MacDill Air Force Base in Tampa, Florida, created a joint clinic that opened in January 2024 through an occupancy agreement of the Sabal Park Clinic, Tampa, Florida. This effort allows the VA to provide primary care, pharmacy, lab, and mental health services side-by-side with DoD.

GOAL 5 – Strengthen Interoperability and Partnership

Goal Statement: Strengthen and expand cross-agency and public-private partnerships to improve data interoperability, shape policy, facilitate data-driven decisions and enable a seamless experience for beneficiaries.

Priority 5.A. Electronic Health Record Modernization Interoperability

Throughout FY 2024, the Federal Electronic Health Record Modernization Office, VA, and DoD continued to partner in the advancement of interoperability and the deployment of the single, common Federal electronic health record. The Departments' implementation of the Federal electronic health record provides a single, accurate, lifetime health record for Service members, Veterans, and beneficiaries that enhances patient care and provider effectiveness, wherever that care is provided.

This modernized, enterprise electronic health record capability enhances healthcare delivery and delivers better outcomes. Among its many benefits, it allows for interoperability, standardized workflows, better coordination between VA, DoD, other Federal partners, and private sector health care systems, and the efficient dissemination of innovation, technology, and new capabilities.

The Federal Electronic Health Record Deployment Status

The Federal Electronic Health Record Modernization Office, VA, and DoD successfully deployed the Federal Electronic Health Record to the Captain James A. Lovell Federal Health Care Center on March 9, 2024. This significant milestone marks the completion of DoD's successful, worldwide deployment of the Federal electronic health record. The single, common Federal electronic health record is now deployed across DoD's 138 parent military treatment facilities.

The Federal electronic health record partnership continues to expand. Multiple Federal agencies see the value of the Federal electronic health record and take advantage of the Federal Electronic Health Record Modernization Office's ability to unite efforts and deliver common capabilities in its implementation. Beyond VA and DoD, the Federal Electronic Health Record Modernization Office supports the Department of Commerce's National Oceanic and Atmospheric Administration and the Department of Homeland Security's United States Coast Guard. There are now more than 207,000 users of the Federal electronic health record and the Federal Electronic Health Record Modernization Office anticipates additional Federal agency partners will join this partnership in the future.

Federal Electronic Health Record Management and Capability Delivery

To drive Departmental interoperability, the Federal Electronic Health Record Modernization Office focuses on the efforts VA and DoD do together while employing a strategy of standardization and convergence. Throughout the reporting period, the Federal Electronic Health Record Modernization Office's strategy unified efforts across the Federal electronic health record ecosystem and delivered common capabilities that add value to the Federal

electronic health record and its deployment. The common capabilities the Federal Electronic Health Record Modernization Office delivered in FY 2024 include:

- Managing the Federal Enclave, a shared environment to contain the Federal electronic health record and supporting systems;
- Managing the joint Health Information Exchange, a data-sharing capability;
- Overseeing configuration and content changes to the Federal electronic health record agreed on by the Departments through a joint decision-making process facilitated by the Federal Electronic Health Record Modernization Office;
- Providing software upgrades and solutions to optimize electronic health record performance;
- Tracking joint risks, issues, and opportunities as well as lessons learned regarding electronic health record implementation to inform continuous improvement;
- Maintaining an integrated master schedule to help coordinate electronic health record activities;
- Developing and updating deployment maps to show real-time status of deployments.
- Advancing interoperability, the meaningful use and exchange of data, to improve continuity of care among and between public and private-sector providers; and
- Leading analysis and integration of deployment activities at joint sharing sites.

Upgrading and Optimizing Electronic Health Record Performance

The Federal electronic health record continuously improved through the routine introduction of enhancements. Throughout FY 2024, the Federal Electronic Health Record Modernization Office and the Departments enhanced the Federal electronic health record through initiatives such as Longitudinal Natural Language Processing, Immunization Data Exchange, HealtheIntent, and other efforts to enhance existing capabilities, introduce new interfaces, and remain current on software code via a standard, bi-annual release plan for the Federal electronic health record. Further, the Departments and the Federal Electronic Health Record Modernization Office continued to improve system reliability and performance.

Joint Health Information Exchange

The joint Health Information Exchange is part of the Federal Electronic Health Record Modernization Office's overarching effort to deliver capabilities that enable VA, DoD, the United States Coast Guard, and the National Oceanic and Atmospheric Administration to deploy a single, common Federal electronic health record. The joint Health Information Exchange is a modernized health data sharing capability that enhances the ability to share data bi-directionally, quickly, and securely with participating provider organizations. This capability provides more informed patient care.

In FY 2024, joint Health Information Exchange optimization updates resulted in a 15 to 17 percent reduction in the execution time of patient-retrieved transactions from the joint Health Information Exchange to the Defense Enrollment Eligibility Reporting System and a 54 percent reduction in transaction execution times for joint Health Information Exchange patient retrieves, resulting in less load stress on Defense Enrollment Eligibility Reporting System and shorter wait times between internal DoD systems.

Federal Electronic Health Record Cybersecurity Risk Management Framework

The Federal Electronic Health Record Modernization Office and the Departments worked collaboratively to identify and strengthen the implementation of cross-agency work in cybersecurity. Throughout the reporting period, they partnered to enhance the electronic health record risk management framework implementation, review security holistically, and reduce risk in both organizations.

In FY 2024, the Departments deployed and implemented the joint Enterprise Mission Assurance Support Service reciprocity capability to standardize the system of record, which can be used to review Authority to Connect packages to assess risk in an automated system, reducing the time it takes DoD to process these requests by up to 60 percent.

Federal Electronic Health Record User Engagement and Assessments

Throughout FY 2024, the Federal Electronic Health Record Modernization Office collaborated with VA and DoD clinician and patient satisfaction subject matter experts' Joint Working Groups to measure clinical and patient use and satisfaction with the Federal electronic health record. Further, the Federal Electronic Health Record Modernization Office conducted the 2024 Federal Electronic Health Record Annual Summit, bringing together more than 1,780 VA and DoD stakeholders, clinicians, nurses, informaticists, administrators, and government staff to assess the state of the Federal electronic health record. The Federal Electronic Health Record Modernization Office gathered valuable feedback and insights from the summit attendees, which will drive improvements in healthcare delivery for Service members, Veterans, and other beneficiaries.

Priority 5.B. Joint Data and Analytics Strategy

The VA-DoD Joint Data and Analytics Executive Committee completed its FY 2024 Joint Implementation Plan, which tracks and monitors all milestones and activities supporting the Joint Data Strategy. Implementation is structured around six workstreams: Member Experience Journey, Advancing Joint Analytics, Federated Data Management, Joint Data Governance, Joint Data Sharing Operating Model, and Data Services. These workstreams created and implemented 12 new milestones and identified further collaboration opportunities throughout the year.

The Member Experience Journey workstream integrated DoD transition data into the President's Management Agenda transition journey map, creating two journey maps that visualize key data points and align VA and DoD processes. These maps help employees, researchers, and analysts understand available data for Moments That Matter in a Service

member's transition. Additionally, vendor selection was completed for a tagging strategy to improve VA and DoD's ability to track where Service members and Veterans are in their journey, ensuring accurate data contextualization.

The Advancing Joint Analytics workstream, in coordination with the Health Executive Committee's Interagency Data and Analytics Working Group, developed a VA and DoD Informatics and Computing Infrastructure informational paper, which was presented to the Health Informatics Business Line. Increased awareness of VA-DoD Informatics and Computing Infrastructure will facilitate interagency data exchange and improve data utilization for Service members and Veterans. Additionally, the Long COVID-19 use-case team identified DoD functional sponsors and leveraged a common VA-DoD data model to enhance data mapping and sharing. This work will improve health risk screenings, continuity of care, and population health management solutions for transitioning Service members.

The Joint Data Sharing Operating Model workstream updated the VA-DoD Memorandum of Understanding on Personal Information Sharing, last renewed in 2014. The new 10-year agreement, signed in June 2024, strengthens the trust framework governing all VA-DoD data sharing agreements, including the new shared electronic health record. It also establishes guidelines for inter-Departmental transfers of protected health information and personally identifiable information, ensuring compliance with legal authorities. This agreement enhances DoD readiness through VA longitudinal outcome data, which supports predictive analytics for early risk identification. Likewise, VA benefits from DoD data for seamless transition, continuity of care, and Veteran service eligibility.

The Data Services workstream developed prioritization criteria to identify enterprise data products with the greatest business and operational impact at the lowest cost. Military Deployments data was selected as a priority due to its critical role in PACT Act-related functions. The workstream also conducted an analysis of alternatives for secure, automated data transfers between VA and DoD, aiming to optimize data security and re-use while preventing over-sharing, under-sharing, or data misinterpretation. Given the Veterans Benefits Administration's reliance on multiple military deployment data sources for disability claims, ensuring timely and accurate access is essential.

These collective efforts strengthen data governance, interoperability, and analytics, improving how VA and DoD leverage data to support Service members and Veterans.

Priority 5.C. Captain James A. Lovell Federal Health Care Center Electronic Health Record Deployment

Deploying the Federal Electronic Health Record to Lovell Federal Health Care Center

In a historic first, VA and DoD jointly deployed the Federal electronic health record at Lovell Federal Health Care Center in North Chicago, Illinois, the only fully integrated VA-DoD healthcare facility in the Nation. This deployment ensures seamless care coordination for the 75,000 patients the facility serves annually, including Veterans, Service members, Families, and Navy recruits. As of March 9, 2024, all Sailors graduating from Navy Recruit Training

Command, Great Lakes will transition onto a single electronic health record, regardless of their future duty station. The system enhances data sharing and care coordination between VA, DoD, and the broader U.S. healthcare system.

Deployment Strategy and Execution

The Federal Electronic Health Record Modernization Office, VA, and DoD, worked together with vendors to apply lessons learned, best practices, and subject matter expertise. A key strategy included leveraging DoD's Pay-it-Forward program and VA's National Electronic Health Record Modernization Supplemental Staffing Unit, which provided peer support and at-the-elbow assistance to staff during the transition. These efforts significantly improved user adoption and go-live effectiveness. The multi-agency team executed the deployment safely, with no critical patient safety incidents.

Sustainment and Continued Optimization

As the Electronic Health Record implementation moves into sustainment, VA, DoD, Federal Electronic Health Record Modernization Office, site leadership, and vendors continue working together to optimize integration. To support this phase, the Federal Electronic Health Record Modernization Office finalized the Lovell Federal Health Care Center Facility Sustainment Guide, developed the One Helpdesk information resource, and is coordinating with VA and DoD communications teams to ensure consistent messaging.

Advancing Interoperability

The successful deployment of the Federal electronic health record at Lovell Federal Health Care Center marks a major milestone in VA-DoD interoperability, demonstrating the ability to collaborate, innovate, and enhance patient care. VA, DoD, and the Federal Electronic Health Record Modernization Office remain committed to ongoing improvements at Lovell Federal Health Care Center, ensuring the system meets care and readiness requirements while advancing the broader goal of seamless healthcare integration across both Departments.

Technology Enhancements at Lovell Federal Health Care Center

Alongside the implementation of the Federal electronic health record, VA, DoD, and the Federal Electronic Health Record Modernization Office successfully introduced multiple technology enhancements to improve the user experience at Lovell Federal Health Care Center. These improvements included cross-Department calendar integration, messaging, account provisioning, secure email, secure document sharing, and other collaboration capabilities.

Key outcomes of these enhancements include globalized contact sharing across VA and DoD users, streamlined secure communications, and a shared controlled unclassified information program, resolving long-standing data governance challenges. Users can now securely collaborate on documents using an industry-standard framework that supports future expansion across agencies. Additionally, real-time cross-agency virtual meetings and teleconferences have been significantly improved, allowing ad-hoc collaboration without technical barriers.

A major cybersecurity improvement was the reduction of dual business application identities, enabling a One User-One Identity model. This approach enhances cybersecurity by reducing attack surfaces and ensuring parent agencies control accounts, all while simplifying user access. Staff members no longer need to switch workstations or logins, increasing efficiency and reducing operational friction.

Completed ahead of schedule, these technology upgrades removed longstanding barriers to collaboration, enabling seamless communication and real-time data sharing across both VA and DoD campuses. These advancements refined daily operations, improved efficiency, and enhanced both user and patient experiences. Lovell Federal Health Care Center now serves as a model for future joint-site technology integration, with lessons learned and developed resources paving the way for sustainable, scalable solutions across both Departments.

Capturing Lovell Federal Health Care Center Lessons Learned

The Federal Electronic Health Record Modernization Office collected and shared nearly 120 lessons learned from the Federal Electronic Health Record deployment at Lovell Federal Health Care Center. These insights focused on key areas such as partner coordination, timelines, collaborative communications, training, peer support, and user role provisioning.
Key lessons include:

- Engage senior stakeholders and site leadership throughout deployment. At Lovell Federal Health Care Center, active participation from VA, DoD, and Federal Electronic Health Record Modernization Office leadership was critical to a coordinated and effective rollout.

- Utilize the Enterprise Requirements Adjudication process. This approach helped resolve differences in policies, procedures, and workflows between Departments, ensuring alignment within the Federal Electronic Health Record enterprise baseline.

- Prioritize training and adoption strategies. Encouraging completion of training sessions, differentiated learning modes, and peer coaching (such as the Pay-It-Forward program) improved end-user proficiency and minimized workflow disruptions.

- Enable an integrated, collaborative workspace. Access to real-time, multi-agency collaboration tools was essential for seamless joint deployment.

- Accommodate dual-hat users. Healthcare providers working across both VA and DoD required enhanced authentication pathways to access the Federal electronic health record with either Department's credentials.

The Federal Electronic Health Record Modernization Office continues to track and assess these lessons, using them to inform future VA-DoD interoperability efforts. These findings will help optimize electronic health record implementation at joint sharing sites, ensuring smoother transitions and improved coordination across both Departments.

SECTION 3 – NEXT STEPS

The accomplishments described in this VA-DoD Joint Executive Committee FY 2024 Annual Joint Report demonstrate concerted efforts between VA and DoD to improve the multiple areas of joint responsibility that directly affect the care and benefits of Service members and Veterans. This report updates strategic areas that will continue to evolve until these joint initiatives become fully institutionalized into everyday operations. Both Departments are sincerely committed to maintaining and improving the collaborative relationships that make this progress possible.

Moving forward, the Joint Executive Committee will continue to drive joint coordination and sharing efforts between VA and DoD and partner agencies to support the strategic direction established in the FY 2022-2027 VA-DoD Joint Strategic Plan. The Departments will continue to demonstrate and track progress toward defined goals, objectives, and end-states, and provide the continuum of care needed to successfully meet the needs of Service members, Veterans, and their Families, and Caregivers.

APPENDIX – ORGANIZATION

The Joint Executive Committee, Health Executive Committee, Benefits Executive Committee, Transition Executive Committee, Information and Technology Executive Committee, Federal Electronic Health Record Modernization Executive Committee, and Independent Working Groups are comprised of more than 60 working groups, boards, and areas of oversight.[6]

Health Executive Committee Business Lines and Working Groups:

- Clinical Care Business Line
  - Deployment Health Working Group
  - Evidence-Based Clinical Guidelines Working Group
  - Patient Healthcare Experience Working Group
  - Pain Management Working Group
  - Patient Safety Working Group
  - Telehealth/Virtual Health Working Group
  - Women's Health Working Group
- Healthcare Operations Business Line
  - Acquisitions & Medical Materiel Management Working Group
  - Care Coordination Working Group
  - Continuing Education & Training Working Group
  - Operations Integrated Product Team
  - Duplicate Claims Integrated Product Team
  - James A. Lovell Federal Health Care Center Advisory Board
  - Reimbursement Process Working Group
  - Graduate Medical Education Integrated Product Team
  - Shared Resources Working Group
- Health Informatics Business Line
  - Interagency Clinical Informatics Board
    - Continuity of Care Working Group
    - Health Information Policy Working Group
    - Interagency Data and Analytics Working Group
    - Joint Clinical Information and Standards Implementation Working Group
- Individual Longitudinal Exposure Record Business Line
  - Research Working Group
  - Technical and Functional Working Group
  - Access and Update Integrated Product Team
  - Education, Training, Outreach, and Policy Working Group

[6] VA-DoD Joint Executive Committee Organization List (as of February 8, 2025).

Benefits Executive Committee Working Groups:

- Communication of Benefits and Services Working Group
- Information Sharing/Information Technology Working Group
- Integrated Disability Evaluation System Working Group
- Service Treatment Records Working Group
- Patronage Expansion Working Group

Transition Executive Committee Working Groups:

- Senior Transition Steering Group
- Transition Working Group
  - Curriculum Working Group
  - Data Sharing/Information Technology Working Group
  - Employment Working Group
  - Performance Management Working Group
  - Integrated Reserve Component Working Group
  - Strategic Communications Working Group

Information and Technology Executive Committee Working Groups:

- Enterprise Architecture Working Group
- Identity, Credentialing, and Access Management Working Group
- Information Protection Working Group
- Information Technology Operations Working Group
- Military Personnel Data Working Group

Joint Data and Analytics Executive Committee Workstreams:

- Member Experience Journey Workstream
- Advancing Joint Analytics Workstream
- Federated Data Management Workstream
- Joint Data Governance Workstream
- Joint Data Sharing Operating Model Workstream
- Data Services Workstream

Joint Executive Committee Independent Working Groups:

- Base Access Working Group
- Capital Asset Planning Committee
- Separation Health Assessment Working Group

- Sexual Trauma Working Group
- Strategic Communications Working Group
- Joint Suicide Prevention and Associated Mental Health Working Group

Joint Executive Committee Advisory Relationship: Federal Electronic Health Record Modernization Office:

- Executive Data Management Board
- Federal Electronics Health Record Modernization Analytics Board
- Federal Electronic Health Record Modernization Data Governance Board