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# A 21st Century System for Evaluating Veterans for Disability Benefits

Presentation of Lonnie Bristow, M.D.,  
Chair, IOM Committee on Medical Evaluation of  
Veterans for Disability Compensation, to the  
Veterans' Disability Benefits Commission

June 7, 2007

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# Origin and Purpose of the Report

- **The National Defense Authorization Act of 2004 established the Veterans' Disability Benefits Commission to “carry out a study of the benefits under the laws of the United States that are provided to compensate and assist veterans and their survivors for disabilities and deaths attributable to military service.”**
- **A section of the Act said “...the Commission shall consult with the Institute of Medicine of the National Academy of Sciences with respect to the medical aspects of contemporary disability compensation policies.”**
- **The Commission developed an agenda of research to support its mission and asked the IOM to address certain research questions on the agenda. The IOM formed two committees, this one on the VA's Schedule for Rating Disabilities and related issues, and one on VA's presumptive disability decision making process.**

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# The Study Tasks

1. Evaluate VA's Schedule for Rating Disabilities and related medical evaluation and rating procedures.
2. Assess criteria for entitlement to ancillary services.
3. Assess evaluation of veterans for entitlement to individual unemployability benefits.
4. Evaluate advantages and disadvantages of adopting universal diagnostic classifications and of adopting the AMA Guides to the Evaluation of Permanent Disability in place of Rating Schedule.
5. Recommend medical principles/practices for deciding claims based on aggravation or secondary conditions.
6. Compare roles of health care professionals in other disability adjudication processes and their training and certification.



## Committee Members

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## Study Process

- 5 meetings between May 2006 and January 2007
- Open forum for presentations from public at second committee meeting
- Email address for public comments
- Presentations from VA and DOD, APA and AMA, and subject-matter experts at first 3 meetings
- Site visits by committee members and staff to VA regional offices and medical centers
- Review of terms, medical tests and exams, rating criteria, etc., for 21 representative conditions
- Staff analyses of claims data

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## Definitions

- **Impairment.** Loss of physiological integrity in a body function or anatomical integrity in a body structure; caused by disease or injury
- **Functional disability.** Degree to which an individual is limited physically, socially, psychologically, or cognitively in performing chosen roles, duties, and responsibilities because of an impairment
- **Health-related quality of life.** The perception of physical and mental health over time



## Task 1: Review of Rating Schedule

- **Rec. 3-1.** The purpose of the current veterans' disability compensation program as stated in statute currently is to compensate for average impairment in earning capacity, that is, work disability. This is an unduly restrictive rationale for the program and is inconsistent with current models of disability. The veterans' disability compensation program should compensate for three consequences of service-connected injuries and diseases: work disability, loss of ability to engage in usual life activities other than work, and loss in quality of life.



## Task 1: Review of Rating Schedule (cont.)

### Findings:

- The Rating Schedule is currently based mostly on degree of impairment, not degree of disability
- As a schedule for rating impairment, it is not as current medically as it should be
- The relationship of the rating levels to average loss of earning capacity is not known
- The Schedule does not directly evaluate impact on a veteran's ability to function in everyday life
- The Schedule does not directly evaluate loss of quality of life



## Task 1: Review of Rating Schedule (cont.)

### Medical Currency of the Rating Schedule:

- “The Rating Schedule contains a number of obsolete diagnostic categories, terms, tests, and procedures, and does not recognize many currently accepted diagnostic categories... In other cases, the diagnostic categories are current but do not specify appropriate procedures to measure disability for the conditions.”



## Task 1: Review of Rating Schedule (cont.)

- **Rec. 4-1.** VA should immediately update the current Rating Schedule, beginning with those body systems that have gone the longest without a comprehensive update, and devise a system for keeping it up to date. VA should reestablish a disability advisory committee to advise on changes in the Rating Schedule.



## Task 1: Review of Rating Schedule (cont.)

### Assessing relationship to earning capacity:

- Actual earnings as proxy for earning capacity
- Vertical equity, i.e., at each higher rating level, are earnings less on average?
- Horizontal equity, i.e., at any given rating level, are earnings about the same on average across body systems?



## Task 1: Review of Rating Schedule (cont.)

- **Rec. 4-2.** VA should regularly conduct research on the ability of the Rating Schedule to predict actual loss in earnings. The accuracy of the Rating Schedule to predict such losses should be evaluated using the criteria of horizontal and vertical equity.



## Task 1: Review of Rating Schedule (cont.)

- **Rec. 4-5.** VA should compensate for nonwork disability, defined as functional limitations on usual life activities, to the extent that the Rating Schedule does not[. It should do so], either by modifying the Rating Schedule criteria to take account of the degree of functional limitation or by developing a separate mechanism.



## Task 1: Review of Rating Schedule (cont.)

- **Rec. 4-6.** VA should determine the feasibility of compensating for loss of quality of life by developing a tool for measuring quality of life validly and reliably in the veteran population, conducting research on the extent to which the Rating Schedule already accounts for loss in quality of life, and if it does not, developing a procedure for evaluating and rating loss of quality of life of veterans with disabilities.



## Task 1: Review of Medical Evaluation Process

- **Rec. 5-1.** VA should develop a process for periodic updating of the disability examination worksheets ...[with] input from the disability advisory committee recommended above....
- **Rec. 5-2.** VA should mandate the use of the online templates that have been developed for conducting and reporting disability examinations.
- **Rec. 5-3.** VA should establish a recurring assessment of the substantive quality and consistency, or inter-rater reliability, of examinations performed....



## Task 1 : Review of Rating Process

- **Rec. 5-4.** The rating process should have built-in checks or periodic evaluations to ensure inter-rater reliability as well as the accuracy and validity of rating across impairment categories, ratings, and regions.
- **Rec. 5-6.** Educational and training programs for VBA raters and VHA examiners should be developed, mandated, and uniformly implemented across all regional offices with standardized performance objectives and outcomes....



## Task 2: Ancillary Benefits

- **Rec. 6-1.** VA and the Department of Defense should conduct a comprehensive multidisciplinary medical, psychosocial, and vocational evaluation of each veteran applying for disability compensation at the time of service separation.



## Task 3: Individual Unemployability

- **Rec. 7-1.** In addition to medical evaluations by medical professionals, VA should require vocational assessment in the determination of eligibility for individual unemployability benefits. Raters should receive training on how to interpret findings from vocational assessments for the evaluation of individual unemployability claims.



## Task 4A: Other Classification Systems

- **Rec. 8-1.** VA should adopt a new classification system using the International Classification of Disease (ICD) and the Diagnostic and Statistical Manual for Mental Disorders (DSM) codes. This system should apply to all applications, including those that are denied. During the transition to ICD and DSM codes, VA can continue to use its own diagnostic codes, and subsequently track and analyze them comparatively for trends affecting veterans and for program planning purposes. Knowledge of an applicant's ICD or DSM codes should help raters, especially with the task of properly categorizing conditions.



## Task 4B: Other Rating Schedules

- **Rec. 8-2.** Considering some of the unique conditions relevant for disability following military activities, it would be preferable for VA to update and improve the Rating Schedule on a regular basis rather than adopt an impairment schedule developed for other purposes.



## Task 5: Role of Healthcare Professionals

- **Rec. 5-5.** VA raters should have ready access to qualified health-care experts who can provide advice on medical and psychological issues that arise during the rating process (e.g., interpreting evidence or assessing the need for additional examinations or diagnostic tests).



## Task 6A: Evaluation of Aggravation

- **Rec. 9-1.** VA should seek the judgment of qualified experts, supported by findings from current peer-reviewed literature, as guidance for adjudicating both aggravation of preservice disability and Allen aggravation claims. Judgment could be provided by VHA examiners, perhaps from VA centers of excellence, who have the appropriate expertise for evaluating the condition(s) in question in individual claims.



## Task 6B: Evaluation of Secondary Conditions

- **Rec. 9-2.** VA should guide clinical evaluation and rating of claims for secondary service connection by adopting specific criteria for determining causation, such as those cited above (e.g., temporal relationship, consistency of research findings, strength of association, specificity, plausible biological mechanism). VA should also provide and regularly update information to C&P examiners about the findings of epidemiological, biostatistical, and disease mechanism research concerning the secondary consequences of disabilities prevalent among veterans.



## Conclusion

### Cross-Cutting Themes:

- Need for more analysis and planning so VA can anticipate rather than react to change.
- A number of recommendations (4-2, 4-3, 4-6, 5-3, 6-2, and 7-3) amount to a program of needed research on the disability evaluation and rating processes and on program outcomes (clinical and economic).



## Conclusion (cont.)

### Cross-Cutting Themes:

- The disability evaluation process provides the opportunity to evaluate veterans with disabilities for the other services VA provides, such as vocational rehabilitation, employment services, education benefits, and specialized medical services...[which] would coordinate VA's programs for each veteran and make it a more veteran-centered agency.

