In Chapter 3, we propose a purpose and set of desired outcomes for the Disability Evaluation System. Chapters 5 and 6 fully develop this top-down, purpose-driven approach to conducting the DES training needs analysis that lead to our training and management information system recommendations. This chapter, however, presents our bottom-up, issues-driven analysis as part of a comprehensive plan to achieve consistent application of disability policy which, likewise, informed our recommendations.

Based on our attending the military departments’ major training events and conducting numerous interviews with diverse primary participants in the course of our study, we identified dozens of instances of variability in policy application across or within the military departments. We interviewed policymakers and administrators from both the personnel and medical communities, PEB members, and attorneys from all three military departments. We also spoke informally with PEBLOs and patient administrators at PEBLO workshops.

We captured these instances of variability in policy application—as well as problems identified by the primary participants—in the form of issues to be resolved. For example, three instances of variation in policy application are expressed as the following three issues: military departments describe the purpose of the Disability Evaluation System differently; no Disability Evaluation System process owner exists; and, none of the primary participants (except the PEBLOs in the Department of the Navy medical centers) in the medical evaluation phase of the Disability Evaluation System work for the O-6 who oversees the Physical Evaluation Board. Appendix C summarizes the complete list of issues.

1 For the purposes of this study, we identified 12 primary participant populations: PEBLOs and disability evaluation counselors; patient administrators; physicians at MTFs; Medical Evaluation Board members at MTFs; Medical Evaluation Board approving authorities at MTFs; PEB administrative action officers; PEB members; PEB approving authorities; appellate review board members beyond the formal PEB; active component unit commanders; Reserve component commanders; and attorneys who represent service members during appeals.

2 The O-6s who are assigned to oversee the military departments’ PEBs share no titles in common. The Army O-6’s title is Deputy Commander, Army Physical Disability Agency; the Department of the Navy O-6’s title is President, Physical Evaluation Board; and the Air Force O-6’s title is Chief, Air Force Physical Disability Division. For convenience, we created the title PEB Approving Authority to apply to all three military departments’ O-6s. This title parallels the Medical Evaluation Board Approving Authority and it
This chapter describes our analysis of all the issues and the recommended interventions to move toward more-consistent application of disability policy. We considered addressing each of the issues individually; however, many of the issues are interrelated and others require interventions that are common across more than one issue. Consequently, to develop a comprehensive plan to achieve consistent application of disability policy, we used a variation of goal fabric analysis.

Our application of goal fabric analysis suggested ten broad interventions, each consisting of specific actions for resolving the particular issues. Because the recommended interventions are based on reported or observed instances of inconsistent policy application—information that is not necessarily complete, objective, or empirically based—we expect that the interventions are not as finely tuned as they otherwise might be.

This chapter ends with introducing a shift in viewpoint—from a focus on ensuring consistent policy application to a focus on improving system performance.

GOAL FABRIC ANALYSIS OVERVIEW

Goal fabric analysis is a “bottom-up” planning tool for identifying actions needed to address a diverse set of issues and organizing those actions into an overall plan.3 In other words, the tool is well suited to the task at hand in this study. It provides a context within which to thoroughly identify issues and necessary actions and then design a comprehensive plan around those actions. Goal fabric analysis does this by tying the issues to the desired results and tying the results to both the specific actions needed to bring about those results and the specific organizational objectives and goals.

As a prelude to employing the goal fabric analysis, we conducted an environmental assessment by recording notes on how the primary participants describe the operation of the DES. This assessment highlighted differences in how the primary participants view disability policy and its application, how well the primary participants are prepared to carry out their responsibilities, and differences in the problems perceived by the primary participants. We recorded each of their differences (for example, differences in the statement of purpose of the DES among the military departments or in the interpretation of standards contained in the DoD Directive or Instruction) and recorded each significant problem as an “issue.” The issues were the starting point for employing the goal fabric analysis framework, which is displayed in Figure 4.1.

allows us to easily differentiate the PEB Approving Authority primary participant population from other primary participant populations of the DES when we focus on training in later chapters.

3To learn more about goal-fabric analysis see Gulick and Kuskey (n.d.).
For each issue, we asked the same question: What would we observe (in relation to the issue) if the difference were eliminated or the problem were solved? We called this observation the “desired result.” We arrived at a desired result for each distinct issue.

In the next step, we asked two separate questions for each desired result. First, what specific actions would bring about the desired result? We identified a single action for some results, identified several parallel or serial actions for other results, and posited alternative actions to achieve yet other results (which we evaluated in a later stage). Second, we asked, if the desired result were accomplished, what objective would it serve? We identified eight objectives that appear to span the desired results. Multiple desired results serve each objective, and some desired results serve multiple objectives. This multiplicity of interactions is why this framework is called a goal “fabric.”

In the final step of employing the framework, we asked, if the individual objectives were achieved, what broad organizational goals would they serve? We identified three broad-based goals. These goals support an implicit superordinate goal that we state simply as: Ensure the consistent application of disability policy within and across the military departments where appropriate. This analysis focused on identifying “desired results” and the actions necessary to accomplish the desired results—in other words, formulating a near-term plan of action. However, implementation of the recommendations based on this analysis must include actions to identify and measure “actual results,” as illustrated in Figure 4.1. Appendix D presents a specific example of the goal fabric analysis framework development and delineates the full set of objectives and goals the analysis evoked.
The goal fabric analysis process may appear to unfold in reverse order, presuming that an organization should start with a goal (the top of most strategic planning frameworks) and work "down" through objectives and desired results to identify actions. Generally, we would agree with this observation; however, we found no established and shared set of objectives or goals organization-wide (or even a shared statement of purpose) within the OSD or military departments. The strength of the goal fabric framework lies precisely in its capability to make explicit the objectives and goals that underlie a recommended set of actions.

Although the goal fabric analysis starts at the bottom with issues and Figure 4.1 suggests the process is unidirectional, it is in fact iterative. The process begins with identifying issues, then in turn formulating desired results, actions, objectives, and goals. When the goals have been formulated based on a bottom-up analysis, the process begins to iterate, starting at the "top" with each goal identified and then asking (1) whether the goal would be accomplished if the supporting objectives were successfully achieved; (2) whether all the necessary objectives were identified; and (3) whether all identified objectives were necessary for accomplishing the goals. The iteration continues, asking (1) whether each objective would be accomplished if the supporting desired results were obtained; (2) whether all the necessary results were identified; and (3) whether all identified results were necessary. This iterative procedure results in a more robust set of desired results, objectives, and goals in which to organize the necessary actions.

The product of this goal fabric analysis comprises ten categories of interventions (each composed of similar actions) together with assignment of responsibility. The analysis is couched in terms of the goals and objectives the actions are designed to achieve. Through this iterative process, a goal fabric analysis evokes the plan’s overall goal (in this case, to ensure the consistent application of disability policy within and across the military departments where appropriate) and links the goal to the many actions necessary to achieve it. In the same way, the analysis prioritizes the necessary actions and their desired results in the larger context of the objectives they are intended to serve. In effect, the goal fabric analysis produces a near-term plan that management uses to ensure that the interventions are carried out.

Finally, with this near-term plan in place, the OSD can monitor the plan’s implementation by focusing on the actual results of the actions taken. This is conveyed by the loop shown on the right side of Figure 4.1.

**APPLYING GOAL FABRIC ANALYSIS TO RESOLVE IDENTIFIED ISSUES**

To apply goal fabric analysis to the issues at hand, we employed a spreadsheet that (1) linked issues to desired results; (2) linked desired results to both actions to bring about those results and the objective(s) the results support; and (3) linked objectives

4In fact, as discussed in the final section of this chapter, we employ just such a top-down approach, using the purpose and set of outcomes proposed in Chapter 3, to develop recommendations for training and a management information system.
to the overall goals they support. This goal fabric model allowed us to group the actions together in different ways, while always retaining the link to the issues from which they originated and the higher order they serve.

Ten categories of interventions evolved as the most useful means of resolving the identified issues. Each intervention category, as follows, contains similar types of actions, many of which build on other actions in the same or different categories:

- Assistant Secretary of Defense Decisions
- Policy Guidance
- Organizational Changes
- Personnel Policy
- Personnel Management
- Training
- Information Source Development
- Management Information System Deployment
- Process
- Incentives.

These intervention categories cut across the various phases of the DES, the primary participant populations, and the objectives and goals evoked through the goal fabric analysis. Nevertheless, we found that organizing the necessary actions into ten intervention categories was the best means to present a comprehensive plan to the OSD. The OSD could thereby use the plan to move toward a more consistent application of disability policy based on the instances (that is, the issues) that exist today.

The issues-driven goal fabric analysis reinforced the importance of training DES participants—the genesis of this study—and management information system deployment as key interventions to ensure consistent application of disability policy across and within military departments (the management information system is discussed in Chapter 6). A separate purpose-driven analysis indicated that these two interventions are also keys to improving overall system performance.

This study also called for developing a process to monitor the effectiveness of the changes in training and other interventions, which led to the recommended management information system deployment interventions in more depth. These two interventions are the most resource intensive of the ten intervention categories, which are covered in the following sections, and offer the greatest prospects for increasing overall system performance.

Appendix E groups the actions by intervention categories and by the objectives they support.
Assistant Secretary of Defense Decisions Intervention

The Assistant Secretary of Defense Decisions intervention focuses on two types of ASD decisions: (1) those that result in a common understanding of the purpose of the DES and (2) those that result in a common understanding of the standards for operationalizing disability policy. With regard to the first type of decision, the variations in the operational characteristics of the DES across the military departments, and the differences in the primary participants’ observations on these variations, stem in large part from varying perspectives on the purpose of the DES.

A common, shared, and clearly articulated statement of the purpose of the DES is critical to the consistent application of disability policy. Consequently, we recommend that, as the first intervention, the ASD/FMP, in coordination with the ASD/RA and the ASD/HA, decide on an explicit statement of the purpose of the DES. The ASD/FMP should direct the Director, Officer and Enlisted Personnel Management, to consult with a small group of experienced DES experts representing the military departments’ PEBs and Office of the Surgeons General to produce recommendations upon which the three ASDs can make a decision.

In addition, we found that primary participants in the medical evaluation phase and physical disability evaluation phase of the DES perceived major problems with each other’s phase of the system (see the issues in Appendix C). We believe these perceptions stem from a mutual lack of understanding of the purpose and role of the Medical Evaluation Board despite the changes and information in DoD Instructions 1332.38 and 1332.39. Consequently, we recommend that the ASD/FMP, in coordination with the ASD/RA and the ASD/HA, decide on a statement of purpose for the Medical Evaluation Board. The same small group of experienced DES experts representing the military departments’ PEBs and the Office of the Surgeons General should also produce recommendations upon which the three ASDs can decide upon a mutually acceptable statement of the purpose of the Medical Evaluation Board (not to be confused with the medical board case file) within the overall process.

These two ASD decisions are critical; they must be made first because they inform all of the other ASD decisions that follow. Although we would have preferred to recommend specific actions in all ten categories of interventions, we did not do so because without a clearly defined and mutually understood DES purpose statement, no effective criteria exist to choose among alternative recommendations.⁵

With regard to the second type of action stemming from this category of intervention—ASD decisions that result in a common understanding of the standards for operationalizing disability policy—primary participants cited numerous examples in which primary participants in the DES received little or no guidance, or ambiguous instructions, regarding the specific standards to employ despite the changes and information in DoD Instructions 1332.38 and 1332.39. The first eight issues in

⁵Although we propose a specific stated purpose for the DES in Chapter 3 in order to present a methodology for developing the training intervention and set of metrics for use in a management information system, we believe the DoD itself should apply that methodology to the DES purpose statement the three ASDs decide upon.
Appendix C form the basis for these recommendations. For the Medical Evaluation Board, the issues fell in two areas: the standards for referring medical boards to the PEBs and time frames for initiating Medical Evaluation Boards.

We recommend that the ASD/FMP, in coordination with the ASD/RA and the ASD/HA, decide on appropriate standards for referring medical boards to the PEB and appropriate time frames for initiating Medical Evaluation Boards. The standards for referring medical boards to the PEB should allow for variations among military departments based on their different missions and requirements; however, these allowable variations and the reasons for them should be clearly enunciated. The ASD/FMP should direct the Director, Officer and Enlisted Personnel Management, to consult with a small group of experienced DES experts representing the military departments’ PEBs and the Office of the Surgeons General to produce recommendations upon which the three ASDs can make the decision.

In a somewhat different context, we recommend that the ASD/FMP, in coordination with the ASD/RA and the ASD/HA, decide on mechanisms for seamless transmission of medical boards from one military department to another. These mechanisms should result in data that is needed and formatted to expeditiously incorporate a medical board from one military department into the PEB of another. The ASD/FPM should direct the Director, Officer and Enlisted Personnel Management, to consult with a small group of experienced DES experts representing the military departments’ PEBs and the Office of the Surgeons General to produce recommendations upon which the three ASDs can make the decision.

Numerous primary participants in the DES expressed confusion and frustration because they receive little or no guidance, or ambiguous instructions, regarding the specific standards to employ despite the changes and information in DoD Instructions 1332.38 and 1332.39. For the PEBs, the issues covered four areas: (1) the reasons for nondeployability, and the use of nondeployability in determinations of fitness; (2) more broadly, the standards for determining fitness; (3) aspects of the information used by the PEB to determine fitness and disability ratings; and (4) the amount of time authorized to a service member to make an election following a PEB decision.

We recommend that the ASD/FMP, in coordination with the ASD/RA and the ASD/HA, decide on appropriate standards for determining fitness; the information the PEB should use for determining fitness and disability rating; and a consistent period of time among the services to allow the service member to elect options following a PEB decision. The ASD/FMP should direct the Director, Officer and Enlisted Personnel Management, to consult with a small group of experienced DES experts representing the military departments’ PEBs and the Office of the Surgeons General to produce recommendations upon which the three ASDs can make a decision.

As a prelude to making recommendations, the small group of DES experts should examine and determine appropriate criteria for nondeployability and use of nondeployability in determinations of fitness. The standard agreed upon should accommodate variations among military departments based on their different missions and requirements; however, the standard should clearly enunciate the allowable varia-
tions and the reasons for them. The group should consider and agree upon the type of information the PEB should use to determine fitness and disability ratings. The small group of DES experts should also determine, across the military departments, a consistent period of time to make an election following a Physical Evaluation Board decision or explain how differences would still allow for due process.

To summarize the Assistant Secretary of Defense Decisions intervention:

- The ASD/FMP, direct the Director, Officer, and Enlisted Personnel Management to consult with a small group of experienced DES experts representing the military departments’ PEBs and the Office of the Surgeons General to produce recommendations upon which the ASD/FMP, in coordination with the ASD/HA and the ASD/RA, can decide upon
  - a statement of the purpose and the DoD’s desired outcomes of the DES
  - a statement of the purpose of the Medical Evaluation Board within the overall process
  - appropriate time frames for initiating Medical Evaluation Boards
  - appropriate standards for referring medical boards to the PEB
  - mechanisms for seamless transmission of medical board information from one military department to another
  - appropriate standards for determining fitness
  - the information the PEB should use to determine fitness and disability rating
  - a consistent period of time among the services to allow for service member election of options following a PEB (or higher-level appellate review board) decision.

**Policy Guidance Intervention**

The policy guidance intervention focuses on two types of actions: (1) formalization of the ASD decisions recommended in the preceding section and (2) specific OSD direction to require the military departments to use expanded certification as a means of ensuring a common understanding throughout the DES.

DoD Directive 1332.18 and DoD Instruction 1332.38 address the following issues, yet numerous primary participants identified the issues as ongoing problems that cause confusion and frustration. Therefore, with regard to the first type of action, we recommend that the OSD formalize the ASD decisions through reissuance of DoD Directive 1332.18 (1996) and DoD Instruction 1332.38 (1996). The DoD Directive should incorporate a clearly stated purpose of both the DES and the Medical Evaluation Board within the larger system. The DoD Instruction 1332.38 should set forth

- an appropriate time frame for initiating Medical Evaluation Boards
- clearly stated standards for referring medical boards to a PEB
• clearly stated standards for determining fitness, including explicit guidance regarding the role of nondeployability
• the information the PEB should use to determine fitness and disability ratings
• a definition of a consistent period of time for service members to elect options following a PEB or higher-level appellate board decision.

The DoD Instruction 1332.38 should also clearly set forth stated standards for the medical board format and the minimum information needed for the seamless transmission of medical boards from one military department to the PEB of another.

In addition, the military departments should expeditiously incorporate these changes into (1) their instructions and regulations; (2) the existing training programs and those that we propose in this report; and (3) the information sources available to all primary participants.

With regard to the second type of action, we recommend inserting a broader requirement for certification than the requirement contained in DoD Directive 1332.18 today. The current DoD Directive requires that the Secretaries of the military departments “ensure that physicians who serve on MEBs [medical boards] are trained in the preparation of MEBs [Medical Evaluation Boards] for physical disability evaluation.” The DoD Directive also requires the Secretaries to ensure that PEB members and applicable review authorities are trained and certified in disability evaluation. We found no mechanism within the military departments on which the Secretaries could rely in order to ascertain whether they were, in fact, carrying out this direction. Certification is an excellent means of ensuring that appropriate training has been conducted and appropriate information sources have been used. It is an effective means of ensuring shared understanding of the DES purpose and desired outcomes, performance time frames, and performance standards throughout the DES.

We recommend certification for the following primary participants: (1) PEBLOs and disability evaluation counselors; (2) patient administrators who support the DES on a regular basis; (3) Medical Evaluation Board approving authorities; (4) PEB members, approving authorities, and administrative action officers; (5) physicians who write narrative summaries and specialty consultations, and those who serve on Medical Evaluation Boards; and (6) unit commanders. In particular, we recommend “self-certification” for physicians who write narrative summaries and specialty consultations and those who serve on Medical Evaluation Boards, as well as unit commanders. For example, the medical board should contain a statement signed by the contributing physicians that certifies they relied on available training and information sources in preparing their input. Likewise, the commander’s letter should indicate whether the commander used available training and information resources in developing his or her input. This information should be collected as data in the management information system.

Consequently, the OSD should strengthen and expand leadership direction in the DoD 1332.18 and DoDI 1332.38. In particular, we recommend that the DoD Directive require training and certification for (1) PEBLOs and disability evaluation
counselors; (2) patient administrators who support the DES on a regular basis; (3) Medical Evaluation Board approving authorities; (4) PEB members, approving authorities, and administrative action officers; (5) physicians who write narrative summaries and specialty consultations, and those who serve on Medical Evaluation Boards; and (6) unit commanders who submit commander’s letters.

The requirements for supporting certification are discussed briefly later in this chapter and in greater detail in Chapter 5. Chapter 6 highlights the need for the recommended management information system to collect data on the certification status of primary participants as a key measure of system performance.

To summarize the Policy Guidance intervention:

- The OSD—formalize the decisions listed in the previous section through reissuance of DoD Directive 1332.18 and DoD Instruction 1332.38.
- The DoD Directive—require expanded use of certification as a means of ensuring a common understanding throughout the DES; for example, training and certifying physicians who dictate narrative summaries and write specialty consults, unit commanders who submit a commander’s letter, and PEBLOs, as well as Medical Evaluation Board approving authorities and PEB members, approving authorities, and administrative action officers.

**Organizational Change Intervention**

We recommend two fundamental organizational changes that would cut across the DES: (1) designation of a process owner for each military department DES and (2) establishment of an oversight committee at the Deputy Assistant Secretary of Defense level to assess system performance and expeditiously resolve issues that the Disability Advisory Council cannot.

A number of primary participants frequently cited the interface between the Medical Evaluation Board and the PEB as a particular problem source. Those charged with carrying out the medical evaluation phase perceive the PEB to be undervaluing the medical assessment of the service member’s ability to perform his or her duties. Those charged with carrying out the physical evaluation phase perceive the physicians to be providing incomplete or inaccurate information upon which the PEB must make its determinations. Both perceptions are correct.

We recommend specific actions in other categories of interventions that will ameliorate many of the current problems. However, a more fundamental problem results from a lack of accountability for the overall process, which currently resides only at the level of Secretary. As a result, we recommend that the Secretaries of the military departments designate a process owner who is responsible for oversight and

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6Unit commanders must sign a document that describes the impact of the service member’s medical condition on the member’s ability to perform his or her normal military duties and to deploy or mobilize, as applicable. This document is commonly referred to as the “commander’s letter.”
control of the overall operation of the DES and is accountable for all outcomes within each military department’s DES.

Within the OSD, as opposed to the individual military departments, oversight for the DES resides with the Under Secretary of Defense for Personnel and Readiness, who is the overall process “owner.” However, no formal forum exists beyond the Disability Advisory Council,7 which is composed of O-5s, O-6s, and GS-15s, to provide oversight of the DES, to examine problems and make decisions that the Disability Advisory Council cannot efficiently resolve because of the composition (organizational level) of its membership, and to evaluate overall DES performance.

We recommend that the Under Secretary form a standing committee—to be called a Disability Evaluation Committee—at the Deputy Assistant Secretary of Defense level. Membership should include the Deputy Assistant Secretary of Defense for Military Personnel Policy (the chair), the appropriate Deputy Assistant Secretaries representing the Assistant Secretaries for Health Affairs and Reserve Affairs, and an appropriate Deputy Assistant Secretary from each military department.

The current Disability Advisory Council would bring unresolved issues to the Disability Evaluation Committee during quarterly or biennial meetings.8 In addition, the committee should review and evaluate, at least annually, information from the management information system, which is discussed again later in this chapter and described more fully in Chapter 6. The committee should direct DES actions to the Disability Advisory Council and the military departments, as appropriate, based on its analysis of that information. More importantly, establishing a Disability Evaluation Committee will raise the visibility of the DES within the DoD.

To summarize the Organizational Change intervention:

- The Secretary of each military department—designate a process owner9 for the department’s DES.

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7According to the Disability Advisory Council charter, April 28, 1998, “The Disability Council will be chaired by the Office of the deputy Assistant Secretary of Defense MPP (Officer and Enlisted Personnel Management) Director or their designee. The Assistant Secretaries of Defense (Health Affairs) and (Reserve Affairs) will nominate representatives to serve on the Disability Council. The Secretaries of the Military Departments shall also appoint representatives. The specific representatives may be chosen at the discretion of the Secretaries of the Military Departments. Normally, the Secretary of the Army shall appoint the Deputy Commander, U.S. Army Physical Disability Agency, and a representative of the Office of the Army Surgeon General. Normally, the Secretary of the Navy shall appoint the Director, Naval Council of Personnel Boards, and a member of the Office of the Chief of the Bureau of Medicine and Surgery. Normally, the Secretary of the Air Force shall appoint the Chief, USAF (U.S. Air Force) Disability Division, and a representative of the Office of the Air Force Surgeon General. The Office of General Counsel, Department of Defense, shall designate the legal advisor to the Disability Council. The Secretary of the Department of Veterans Affairs shall provide representation from the Office of the Under Secretary for Benefits [sic].”

8The structure could be modeled on the DoD’s Per Diem, Travel, and Transportation Allowance Committee (PDTTAC), which is composed of membership at the Deputy Assistant Secretary level and supported by a military and civilian advisory panel at the field grade and civilian-equivalent level. We do not recommend, however, the addition of any staff for the Disability Advisory Council (other than the personnel that currently serve), as suggested by the PDTTAC model.

9A process owner is an individual or team designated for oversight of, control of, and accountability for all activities constituting a complete process—in this case, each military department’s DES.
• The Under Secretary of Defense for Personnel and Readiness—establish a senior leadership oversight committee at the Deputy Assistant Secretary of Defense level to assess system performance and to resolve issues that the Disability Advisory Council cannot resolve expeditiously.

**Personnel Policy Intervention**

We recommend personnel policy intervention in two areas: (1) personnel policies that directly affect personnel in the DES and (2) personnel policies that potentially affect how primary participants in the DES make their decisions.

Regarding the first intervention area, the process owners (as recommended in the previous section) need not actually control all the resources of the military department DES. However, if they do not, we recommend that they nevertheless assess the performance of the military department PEB approving authority and the MTF commanders. The process owners should provide their assessment to the official who writes individual performance evaluations for the PEB approving authorities and the MTF commanders. The individual performance assessment should be based largely on the information that is gathered and reported by the management information system operator.

Regarding the second intervention area, two related personnel policies have the potential to introduce unwarranted variation into PEB decisions regarding fitness and/or disability ratings:

(1) Some primary participants we interviewed say that some PEBs “adjust” the fitness or disability ratings of a service member with a relatively minor, but unfitting disability who is nearing 20 years of service in order to allow the service member to retire for years of service. In a case like this, the “adjustment” might consist of designating what would normally be an unfit determination as a fit determination and returning the service member to active duty so that the member can go ahead and retire for years of service. An adjustment might also consist of raising a disability rating that would normally be 10 or 20 percent to 30 percent, thereby allowing the member to retire for disability (and draw disability retirement compensation) rather than separate for disability (with no disability compensation). We recommend that the OSD articulate an explicit policy regarding service members in this situation.

Strong cultural incentives exist to take care of fellow service members. Other personnel policies potentially contribute to the pressure to find nondeployable service members unfit, although DoD Instruction 1332.38 limits the extent to which the PEB can use nondeployability as the sole basis for unfitness. We recommend the services assess the possibility of placing service members who are fit but not deployable into units that can utilize their skills and experience without unduly hampering unit effectiveness and the effective operation of the service personnel system. The assessment should be conducted with a view toward ensuring the best use of trained resources.
(2) The Defense Authorization Act of 1993 amended 10 U.S.C. 1142 to require that service members receive pre-separation counseling no later than 90 days prior to separation. We found indications that the military departments direct members to begin pre-separation counseling before a fitness determination has been rendered, in compliance with the Defense Authorization Act of 1993.

Referral for pre-separation counseling sends a pretty strong message that a service member will likely be separated or retired and potentially creates false expectations on the part of the service member when in fact that service member may be found fit and subsequently returned to duty. Specific OSD guidance is needed to correctly interpret application of this statute in regard to service members undergoing disability evaluation. We recommend that the Office of the ASD/FMP review the impact of the Defense Authorization Act of 1993 amendment to 10 U.S. Code 1142 as it applies to service members undergoing disability evaluation and articulate an explicit policy regarding service members in this situation.

To summarize the Personnel Policy intervention:

- Process owners—assess the performance of the military department PEB approving authority and MTF commanders.
- The services—assess the difficulty of placing service members who are fit but not deployable into units that can utilize their skills and experience
- The OSD—articulate an explicit policy with regard to fitness and disability ratings for a service member who is nearing 20 years of service.
- The OSD—review the impact of the Defense Authorization Act of 1993 amendment to 10 U.S.C. 1142 that requires providing pre-separation counseling for service members no later than 90 days before separation, as it applies to service members undergoing disability evaluation.

**Personnel Management Intervention**

Many dedicated and capable people staff the various positions within the DES. Many of the primary participants that we interviewed acknowledge that the DES does not receive top priority in terms of selecting and assigning people with the competencies and experience who best match the job requirements. The DES is not, unfortunately, considered a career-enhancing assignment for many military personnel. Nevertheless, increased experience generally leads to better performance. Consequently, we recommend that the services review personnel policies with the objective of increasing PEBLO performance competencies, in particular, through a combination of experience and training.

Our observation of junior noncommissioned officers and petty officers serving as PEBLOs heightened our concerns that the level of maturity needed for the tough job of counseling required in these assignments may be lacking. As a result, we recommend that the military departments monitor the grades of individuals assigned as PEBLOs and disability evaluation counselors and notify the OSD when service mem-
bers below the pay grade of E-6 are assigned to these positions, and the military department’s rationale for the assignment.

In addition, PEB leadership is critically important to the successful overall operation of the DES. Consequently, we recommend that the PEB approving authorities serve for a minimum of five years.

To summarize the Personnel Management intervention:

- The services—review personnel policies with the objective of increasing PEBLO performance capabilities through a combination of experience and training.
- The services—monitor the grades of individuals assigned as PEBLOs and disability evaluation counselors, and notify the OSD when service members below the pay grade of E-6 are assigned to these positions, together with the rationale for the assignment.
- The military departments—assign PEB approving authorities for a minimum of five years.

Training Intervention

As discussed throughout this report, this study was chartered to produce recommended changes to the training provided to primary participants of the DES to ensure more-consistent application of disability policy across and within military departments. This section presents the results of our issues-driven training needs assessment, which suggests that three major actions need to be taken to move toward more-consistent application of disability policy:

1. The Office of the ASD/FMP—develop and deliver training designed to expedite medical board processing.
2. The Disability Advisory Council—sponsor annual symposia for representatives of all primary participant populations across military departments.
3. The military departments—conduct annual symposia for primary participants within the departments.

The PEBLO training provided by all three military departments identified the same set of obstacles (which we call issues) to efficient processing of medical boards through the DES, and focused on resolving those issues. Likewise, independent interviews with numerous diverse primary participants identified the same set of issues and produced recommended training content that could be used in all the military departments to resolve those issues and result in more-consistent application of disability policy. The primary participants identified the following priority training content to resolve the issues:

- Template for narrative summary (contents and format)
- Medical board contents
- Required medical data in sufficient detail to enable cases to be adjudicated
• Documentation of rationale supporting Medical Evaluation Board decisions
• Commander’s letter/nonmedical assessment
• Documentation of rationale supporting PEB decisions
• Differences between DoD and VA disability systems.

Table 4.1 presents the training content, including subcategories, by primary participant populations, as identified by primary participants who were interviewed. The full range of information for some topics appears in italics under those topics. The comprehensive training recommendation presented in Chapter 5 includes the training content and targeted primary participant populations listed in Table 4.1, with the exception of the service member population.10 The next section of this chapter presents a recommended action to address the issue of service members’ confusion in distinguishing between VA and DoD disability systems.

Throughout this study, we perceived that the primary DES participants do not necessarily think of themselves as part of a system or that what they do is part of a process. Although a segment of the training content recommended in Chapter 5 focuses on participants developing a broad perspective of their role within the overall DES—that is, a system perspective—periodic workshops or symposia could augment formal training. When conducted with the specific objective of enhancing communication to produce more-consistent application of disability policy, workshops can be a powerful training delivery method for fostering a broader system perspective.

Consequently, we recommend that the Disability Advisory Council sponsor an annual cross-military department symposium at which representatives of all appropriate primary participant populations can present, review, and analyze military department data; propose corrective actions; and identify best practices. Periodic attendance at these symposia should be a requirement for continued primary participant certification.

We also recommend that the military departments conduct annual symposia at which department primary participants present, review, and analyze service data; propose corrective actions; and identify best practices.

To summarize the Training intervention:

• The OSD/FMP—develop and deliver training designed to expedite medical board processing.
• The Disability Advisory Council—sponsor an annual cross-service symposium.
• The military departments—conduct annual symposia for all primary participant populations in the DES to present, review, and analyze military department data; propose corrective actions; and identify best practices.

10Primary participants noted that many congressional inquiries result from service members not understanding the difference between the DoD Disability Evaluation System and the Department of Veterans Affairs Disability Compensation System and therefore believing they have been treated unfairly.
### Table 4.1

**Primary Participant Training Needs Derived from Issues-Based Analysis**

<table>
<thead>
<tr>
<th>Training Content</th>
<th>PEBLOs/Disability Evaluation Counselors</th>
<th>Patient Administrators</th>
<th>PEB Administrative Action Officers</th>
<th>Physicians Who Write Narrative Summaries</th>
<th>Medical Evaluation Board Members/Approving Authorities</th>
<th>PEB Members/Approving Authorities</th>
<th>Appellate Review Board Members</th>
<th>Attorneys Who Represent Service Members</th>
<th>Active Component Unit Commanders</th>
<th>Reserve Component Commanders</th>
<th>Service Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrative Summary Template (contents and format)</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Contents of Medical Board</strong></td>
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<tr>
<td>Narrative summaries containing sufficient detailed information for PEB adjudication</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Appropriate specialty consultations</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>LOD Determinations (Notice of Eligibility for Navy Reserves)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Complete physical examination (Standard Form 88/93)</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Comprehensive Clinical Evaluation Protocol (CCEP) data</td>
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<td>X</td>
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<td>X</td>
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<td>Documents dated within the past 90 days</td>
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<tr>
<td>Appropriate signatures</td>
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Table 4.1—Continued

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<th>Training Content</th>
<th>PEBLOs/Disability Evaluation Counselors</th>
<th>Patient Administrators</th>
<th>PEB Administrative Action Officers</th>
<th>Physicians Who Write Narrative Summaries</th>
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<th>PEB Members/Approving Authorities</th>
<th>Appellate Review Board Members</th>
<th>Attorneys Who Represent Service Members</th>
<th>Active Component Unit Commanders</th>
<th>Reserve Component Commanders</th>
<th>Service Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Necessary Medical Data in Sufficient Detail to Adjudicate Cases</td>
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<tr>
<td>Orthopedic cases (in particular, backs)</td>
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<td>X</td>
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<tr>
<td>Neurological/neurosurgery cases (in particular, backs)</td>
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<tr>
<td>Ophthalmologic cases</td>
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<tr>
<td>Pulmonary cases</td>
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<td>X</td>
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<td>X</td>
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<tr>
<td>Cardiological cases</td>
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<td>Psychiatric cases (e.g., epilepsy, narcolepsy)</td>
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<td>Migraine headache–related cases</td>
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<tr>
<td>When Specialty Consultations and Details Are Required</td>
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<tr>
<td>Chronic Fatigue</td>
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<tr>
<td>Syndrome cases</td>
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<tr>
<td>Gulf War Syndrome/ SouthWest Asia theater of operations–related CCEP</td>
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<td>Psychiatric diagnoses/neuropsychological testing for head injury patients</td>
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<tr>
<td>HIV cases</td>
<td>X</td>
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<tr>
<td>Training Content</td>
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<tr>
<td>Documentation of rationale supporting Medical Evaluation Board decision</td>
<td>X</td>
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</table>

**Commander’s Letter or Nonmedical Assessment**

| | Timely response | | |
|判断关于条件如何影响服务成员的服役能力 | X | | |
|判断关于服务成员的服役能力 | X | | |
| Adverse actions pending | X | | |
| Documentation of rationale supporting PEB decision | X | | |
| Difference between VA and DoD Disability Evaluation Systems | X | | |
Information Source Development Intervention

The information source intervention focuses on three types of OSD actions: (1) development of up-to-date and readily available information banks shared by the military departments; (2) creation of a virtual communications network for the primary participants; and (3) creation of an instrument for conducting customer surveys. With regard to the first action, see Chapter 5 for a description of our recommendation that the OSD devote a Web site to self-directed computer-based distance training for disability evaluation.

We envision the training packages including comprehensive samples of the documents required to process a case through the DES. In particular, the unit commanders’ training package should contain examples of well-written and effective commander’s letters. Ideally, the unit commander should use a Web-based template for on-line transmission to the PEBLO or patient administrator handling a specific case. In addition, the unit commanders’ training package should provide all the information commanders must have regarding the need for and preparation of a LOD determination, including examples of LOD determinations. The unit commanders must also have a means of transmitting the information electronically.

Likewise, we envision a similar Web-based information source that provides a training package for physicians. In particular, the physicians’ training package that would be accessed from the proposed Web site should include examples of well-written and effective narrative summaries and specialty consults. Ideally, a physician would access an electronic template to write narrative summaries and provide specialty consult input.

The electronic format is intended as a user-friendly guide to narrative summary requirements (such as tests and measures required for a complete medical board) for all diseases and injuries in general and the five specialties that make up the majority of consults in particular. The electronic format overcomes a problem we identified: Unlike paper documents, it is an information source that physicians cannot take with them when they rotate to a new assignment, so it will be there for the next physician who needs the training. This format also invites interaction because it is physically available and current, it makes physicians’ jobs easier, and because physicians know it makes their jobs easier, they will come to rely on it.

If the OSD does not develop the recommended self-directed computer-based distance training, it should incorporate the information described earlier pertaining to the unit commanders’ and physicians’ training into the medical instructions or directives pertaining to the Medical Evaluation Board. The Office of the Surgeons General should update the medical policy documents to match the OSD and military departments’ disability policy documents, and describe the appropriate format and content of medical boards.

To supplement the training packages for PEBLOs/disability evaluation counselors and patient administrators, we recommend organizing structured information in a centralized location on a Web site for frequent updating. The Web site should contain DoD and military department directives, instructions, and regulations; contact
information for cohorts and centrally located experts; frequently asked questions and their answers; and other up-to-date information.

As part of this centrally located Web site information source, or as a separate source, we recommend that the OSD provide individual service members access to all the information they need to understand the DES and their rights and entitlements under it, through either a Web site and/or a published document. In particular, this Web or print document should include a comprehensive comparison of the DoD Disability Evaluation System and the VA Disability System. The material developed for the proposed computer-based distance-training packages (described in Chapter 5) can serve as the basis for developing this information source, which could also contain answers to frequently asked questions.

We also recommend that the OSD develop a database of DES best practices. The database should contain data collected from the recommended workshops and symposia suggested earlier in this chapter and from the virtual communications network we recommend next.

With regard to the virtual communications network, we recommend that the OSD establish a separate mailing list server for the Medical Evaluation Board approving authorities, another for the PEB members and approving authorities, and lastly, one for the PEBLOs. A list server offers an effective means of bringing consistency to disability policy application, particularly to cases that arise infrequently. Because the Army and Navy PEBs are geographically dispersed, they especially would benefit from it. Each primary participant population’s list server should include all the military departments in order to share the greatest amount of information. As in the case of the Medical Evaluation Board approving authorities and the PEB members and approving authorities, a list server for PEBLOs serves as a mechanism for soliciting advice from the entire PEBLO knowledge base.

With regard to the third information source development action—creation of an instrument for conducting customer surveys—we recommend that the OSD develop a survey instrument to measure customer satisfaction, which the services would administer to every service member who has contact with the DES, including those who are returned to duty. A survey of satisfaction is, admittedly, a lagging indicator of DES performance. Nevertheless, it is an important measure of system outcomes. To “get ahead of the system” (that is, to measure the determinants of customer satisfaction before customer satisfaction is negatively affected), we propose a comprehensive management information system, which is discussed next. The customer satisfaction survey is an important component of such a management information system.

To summarize the Information Source Development intervention:

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11According to www.pcwebopaedia.com, a list server is a “server that manages mailing lists for groups of users.” Two of the most popular e-mail mailing list server systems for the Internet are LISTSERV and Majordomo.
• The OSD—produce electronic media that include a comprehensive sample of the documents needed to process a case through the DES, together with easy-to-use reference documents.

• The OSD—develop a brochure and/or Web site for individuals separated or retired for disability that describes the service member’s rights, benefits, and entitlements and the significance and consequences of the determinations reached, including a comprehensive comparison of VA and DoD disability systems.

• The OSD—develop and maintain a database of “best practices” in the DES.

• The OSD—establish a list server for Medical Evaluation Board approving authorities, another for PEB members and PEB approving authorities, and another for PEBLOs.

• The OSD—develop a survey instrument to measure customer satisfaction that the military departments administer to every service member who has contact with the DES, including those returned to duty.

Management Information System Deployment Intervention

Currently, no central structured mechanism exists to gather data across military departments to inform actions or assess how well the DES accomplishes its intended purpose and desired outcomes. A comprehensive management information system with this data-gathering capability would be a key intervention enabling the Under Secretary of Defense for Personnel and Readiness, the Assistant Secretaries of Defense, and the Secretaries of the military departments to carry out their responsibilities under DoD Directive 1332.18. A system capable of monitoring key performance measures in the DES would also provide the necessary foundation for an institutional mechanism for quality control and quality assurance.12

Therefore, we recommend that the ASD/FMP, after consulting on the information needs of the ASD/HA and ASD/RA, direct the Director, Officer and Enlisted Personnel Management, to develop and maintain a comprehensive management information system capable of monitoring DES performance measures (as they apply to active and Reserve components). Chapter 6 describes such a system in more depth.

Based on the issues we observed in the medical evaluation phase of the DES, the MTF commanders and the Surgeons General need information from a management information system such as the one being proposed. The MTF commander should review data at their most disaggregated level. In particular, the commander should examine reports on medical boards returned by the PEB—for insufficient data or for any other reason—broken out by reason for return, referring physician, PEBLO, and unit commander. The Surgeon General should review a more-aggregate form of the

12Chapter 3 describes, within the context of the overall DES operating framework, the existing measures the OSD requires the military departments to report.
data to determine if particular MTFs stand out, either as performance benchmarks or problem areas, with a focus on the timeliness of Medical Evaluation Boards.

To provide these aggregated and disaggregated reports, the management information system should be capable of tracking medical boards from dictation of the narrative summary to the signature of the MTF commander. The form of the reports can vary among the military departments provided they track individual medical boards and can summarize the total elapsed time from dictation of the narrative summary to the commander’s sign-off.

In addition, as noted earlier, DoD Directive 1332.18 holds the Secretaries of the military departments accountable for ensuring that physicians are trained and that PEB members are trained and certified. Certification is a key output measure\textsuperscript{13} for monitoring system performance. In order for the Secretaries to carry out these responsibilities, we recommend that the management information system operator report on the certification status of the primary participants of the DES (we recommend some additional certification requirements in the earlier section on policy guidance interventions).

To summarize the Management Information System Deployment intervention:

- The ASD/FMP, after consulting on the information needs of the ASD/HA and the ASD/RA—direct the Director, Officer and Enlisted Personnel Management, to develop and maintain a comprehensive management information system capable of monitoring DES performance measures (as they apply to active and Reserve components).

- Management information system operator—provide reports to MTF commanders and the Surgeons General on the status of medical boards in enough detail to identify bottlenecks and to highlight “best practices.”

- Management information system operator—provide the Secretaries of the military departments reports on the certification status of primary participants.

\section*{Process Intervention}

Process\textsuperscript{14} changes, by their very nature, interact with changes in the other categories of interventions. As a result, several actions constituting the process intervention link to actions in other interventions.

We recommend that the OSD direct the military departments to implement a procedure whereby a Medical Evaluation Board, upon deciding to forward a case to the PEB, would trigger a letter from the MTF commander to the unit commander. The letter should state the intent to process the service member through the DES. It

\textsuperscript{13}Output measures assess immediate performance results of key parts of the system that contribute to system outcomes. They are a mix of lagging and leading indicators of performance.

\textsuperscript{14}The term process, as used here, is a particular method of operating the DES involving a number of steps or operations. Other categories of interventions have focused on actions within those specific steps or operations.
should by and large be a form letter, ideally in electronic format, that details the DES process and explains that processing of the case and replacement of the service member cannot occur without the commander’s letter and the LOD determination. The letter should also refer the unit commander to the proposed unit commander training package located on the proposed DoD disability evaluation Web site. The letter should also identify the responsible PEBLO.

One practice we became aware of during the course of our interviews seems to lend greater expertise to the writing of narrative summaries and could have wider application. Some MTFs designate and train one physician (or several depending on the workload) at each facility to write all narrative summaries. Alternatively, some MTFs employ retired physicians to carry out this function. We recommend that the military departments explore these practices in greater depth for possible wider applicability.

Several sources suggested that cases become “lost” while awaiting the compilation of specialty consults. The Air Force assigns responsibility to the initial contact physician to ensure that the case proceeds through the appropriate consultations. In effect, the Air Force designates a “case owner.” We recommend that the other military departments assess the Air Force process in terms of its applicability to their own departments. In addition, the departments should consider other alternatives, such as assigning a case to a PEBLO or patient administrator as soon as an attending physician determines that the service member likely will require fitness evaluation for retention in a duty status.

In order to use the data generated by a management information system effectively, the data must be gathered, evaluated, and acted upon. With the exception of the Army, we found little organizational capability to use information to improve system operation. We recommend that each military department develop an organizational capability that would enable it to use data to improve system operation. This capability could reside at the PEB or, as in the case of the Army, in an oversight organization. If the recommendation to appoint a process owner in each military department is adopted, the capability should reside with that individual. Wherever the capability resides, it should be the basis for information presented to senior officials responsible for system oversight. The OSD should develop a similar capability to evaluate the data across military departments and components.

To summarize the Process intervention:

- The OSD—direct the military departments to implement a procedure whereby a Medical Evaluation Board deciding to forward a case to the PEB triggers a letter from the MTF commander to the unit commander explaining the unit commander’s role in the process.
- The military departments—explore existing practices for designating physicians with expertise in writing narrative summaries for wider applicability.

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15 A proposed capability such as this would help ensure consistent policy application within the military department and would help facilitate the generating and monitoring of reports, such as comparisons of dispositions between officers and enlisted members among various career fields and between active and Reserve components.
• The other two military departments—assess for applicability the Air Force process of assigning to the initial contact physician responsibility for ensuring a case proceeds through the appropriate consultations to narrative summary dictation in a timely manner.

• Each military department—develop an organizational capability to use data from the management information system to improve system operation.

**Incentives Intervention**

To give military treatment facilities a greater incentive to assure that medical boards from the Medical Evaluation Board are sufficient before passing them to the PEB, we recommend that each PEB publicly recognize each year’s best-performing MTF by presenting an award of excellence. This award would be based, for example, on the percentage of medical boards deemed “sufficient for adjudication” by the PEB.

Although this recommendation applies to only one phase of the disability evaluation process (based on the issues identified during the goal fabric analysis), similar formal and informal awards presented for top performance in all phases of the DES could contribute to smoother operation of the system as a whole. Deployment of the recommended management information system would ensure that reliable data is available to serve as the basis for selecting high performers for these awards.

To summarize the Incentives intervention:

• Each PEB—publicly recognize the best-performing MTF annually with an award of excellence; similar formal and informal awards throughout the system contribute to smoother overall system operation.

**A PARADIGM SHIFT: FROM ENSURING CONSISTENT POLICY APPLICATION TO IMPROVING SYSTEM PERFORMANCE**

The focus of this chapter so far has been on issues regarding the consistent application of disability policy and proposed actions to facilitate consistent policy application based on our bottom-up goal fabric analysis. Although consistent application is an important aspect of system performance, it does not represent the whole picture.

All ten interventions listed earlier in this chapter are necessary to achieve more-consistent application of disability policy. Two interventions in particular, however, merit more-extensive development than the other interventions because of their greater impact on improving system performance: DES primary participant training and implementation of a management information system. In order to develop the most effective training program and management information system—interventions intended to improve system performance over time—a different approach or methodology is needed in contrast to the issues-driven, bottom-up approach used to develop the interventions proposed in this chapter.
Identifying interventions to improve DES performance ideally requires a “top-down” methodology. Such an approach first requires a commonly agreed upon stated purpose for the DES, then a desired set of system outcomes, and finally, for a truly effective training intervention, a management information system to measure actual outcomes against desired outcomes. In this context, the differences between desired and actual outcomes lead to the identification and recommendation of DES primary participant training and other interventions to eliminate the differences. Figure 4.2 illustrates such a top-down, purpose-driven methodology.

This methodology begins with a clearly articulated statement of the purpose of the DES. The desired system outcomes describe what successful system performance would look like. Although desired outcomes are unlikely to be achieved quickly or easily because they portray the ideal system results that matter to customers—that is, they “stretch” the organization—they establish the basis for performance targets to guide individual and collective actions, in this case, the basis for identifying and assessing interventions.

Unfortunately, the foundation for developing these interventions—that is, a stated purpose for the DES and identification of desired outcomes, which are needed to employ this approach—are not available today with respect to DES. That, in addition to the absence of a management information system capable of monitoring system performance.
performance across military departments, was the primary reason we did not employ the top-down methodology in this chapter.

The desired outcomes suggest the sort of data the management information system operator needs to gather, and the competencies that the primary participants require to perform their assignments effectively. By comparing actual outcomes with desired outcomes, the management information system facilitates development of training and other interventions.

Nevertheless, to develop the training intervention and specifications for a management information system that can eventually assess the effectiveness of training and other interventions, we demonstrate later in this report the top-down methodology based on the purpose and outcomes suggested in Chapter 3. Chapter 5 describes the training intervention in detail and Chapter 6 describes the structure of a management information system. A comparison of the two analytic methods (the bottom-up, issues-driven goal fabric method and top-down, purpose-driven method) can be found in Appendix F.