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# AN ASSESSMENT OF THE PROCESSING OF VETERANS BENEFITS ADMINISTRATION DISABILITY CLAIMS IN MONTANA: A CASE STUDY

Betty Morrison-Franklin  
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AN ASSESSMENT OF THE PROCESSING OF VETERANS BENEFITS  
ADMINISTRATION DISABILITY CLAIMS IN MONTANA: A CASE STUDY

by

Betty Morrison-Franklin

A thesis submitted in partial fulfillment of the  
requirements for the degree of

Master of Science in Interdisciplinary Studies

Montana Tech

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## **Abstract**

The purpose of the study is to examine the effectiveness of the veteran disability claim process. The research seeks to provide clear and definitive information regarding the essential information needed to produce and submit a successful claim for veteran disability benefits. The concepts measured included: what specific information is necessary; what information is available, and how often the necessary information is received. Additionally, this research offers ideas for improvement of the VA disability claims process from the perspective of veterans and their representatives as well as tools for veterans and representatives to use as a guide for gathering the essential information necessary for a successful VA disability claim.

**Keywords:** Veteran; Veterans Administration; VA; VBA; VHA; Disability claim; Disability Claim Process; Advocate; Representative; Essential Information

## **Dedication**

I wish to thank my husband Tanner for supporting and encouraging my pursuit of higher education without complaint. His belief in my abilities even when I didn't believe in myself is the reason this project succeeded.

I also wish to thank my children Karmen, Korine, Jakob, and Leo for doing your best to understand the importance of this endeavor amid our constant activities. Mom loves you more than you know!

A special thank you to my oldest daughter Karmen. Your dedication to serving your country and willingness to let me share your disability experience is one of the many reasons this project was so important to me. I am proud to be an Army mom!

To my extended family, the Hollandsworth's, thank you for pushing me. Your willingness to be a sounding board and not accept excuses was great motivation in times of defeat.

To my family at the Department of Military Affairs, thank you for your approval of this project and willingness to take the time to participate. Without you this project would not have been.

## **Acknowledgements**

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Dr. Faught deserves recognition for not only chairing my committee, but for her willingness to give her time and attention to this project over the course of entirely too long. Without her dedication to student learning, this project would have ended before it truly began.

Professor Jim Aspevig also deserves credit for his unending patience and calming demeanor. His ability to tolerate my excited interruptions and see my vision for this project inspired creativity.

In addition, I must thank Rita Spear for her honest advice and unique perspective in the early stages of this project. Her insight was invaluable to the final proposal and approval.

Finally, I wish to thank Montana Tech of the University of Montana for providing an educational environment that encourages extraordinary learning. The faculty, administration, and staff are visionaries who see the potential in all who grace their halls. Thank you for all you do!

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## Glossary of Terms

Term	Definition
Community-Based Outpatient Center	(CBOC) Community-based outpatient centers are healthcare facilities managed by the Veterans Health Administration. They are most often located in rural areas in which there are no inpatient VA facilities available, making access to care more convenient for veterans who utilize them (U.S. Department of Veterans Affairs, 2017j).
Compensation & Pension Exam	(C&P exam, VA claim exam) An exam that occurs only when veterans file for VA claim for disability compensation or pension benefits. The exam is provided to determine service connection of a claimed condition and the severity of a claimed condition (U.S. Department of Veterans Affairs, 2016c).
Disability Compensation	A tax free monetary benefit paid to Veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service (U.S. Department of Veterans Affairs, 2017a).
eBenefits	An online portal collaboration between the Department of Defense (DoD) and the Veterans Administration (VA) for Veterans to access limited information regarding military records, benefits, and disability claim status. The portal offers free basic access and premium access for a fee (U.S. Department of Veterans Affairs and Department of Defense, 2017).
Electronic Health Record	(EHR) A digital version of a medical patient's paper chart. The health information in the record is created and managed by authorized providers in a digital format capable of being shared with other providers across one or more health organization (U.S. Department of Health and Human Services, 2017).
Fully Developed Claim	(FDC) VA Form 21-526EZ (Appendix A: 7.1): Preferred form created by Veterans Administration for use by Veterans to file a claim for disability benefits through the Veterans Benefits Administration (U.S. Department of Veterans Affairs, 2015b)
Power of Attorney	(POA) VA Form 21-22 (Appendix A: 7.2): Form signed by both the Veteran Representative and the Veteran that allows the representative to discuss Veteran claim with the Veterans Administration (U.S. Department of Veterans Affairs, 2015c).
Regional Office	(RO) Office of the Veterans Benefits Administration that provides operational oversight to 56 regions in the United States (U.S. Department of Veterans Affairs, 2017a).
Standard Claim	VA Form 21-526: Longer version of Fully Developed Claim – VA Form 21-526EZ that requires the Veterans Benefits (U.S. Department of Veterans Affairs, 2017a).
Veteran	For the purposes of VA health benefits and services, a person who served in the active military service and who was discharged or released under conditions other than dishonorable is a Veteran (U.S. Department of Veterans Affairs, 2016a).

Veterans Administration	(VA) The Veterans Administration is the largest department of the United States Department of Veterans Affairs. It is the governing body of the Veterans Benefits Administration (VBA), Veterans Health Administration (VHA), and National Cemetery Administration (NCA) (U.S. Department of Veterans Affairs, 2016i).
Veterans Benefits Administration	(VBA) The entity of the Veterans Administration that adjudications veteran claim for disability and other compensation benefits (U.S. Department of Veterans Affairs, 2017a).
Veterans Benefits Management System	(VBMS) Electronic records system used by the Veterans Benefits Administration to manage, develop, and process pending claims for disability compensation, pension, and widows' benefits (U.S. Department of Veterans Affairs, 2017a).
Vet Centers	Vet Centers guide veterans and their families through many of the major adjustments in lifestyle that often occurs after veterans return from combat. (U.S. Department of Veterans Affairs, 2017h).
Veterans Health Administration	(VHA) The entity of the Veterans Administration that provides health care services for eligible veterans (U.S. Department of Veterans Affairs, 2017j).
Veterans Service Organization	(VSO) Private, non-profit, state, or county organizations that employ accredited service representatives that advocate on behalf of veterans, servicemembers, dependents, and survivors (U.S. Department of Veterans Affairs, 2017c).
Veteran Service Representative	<ol style="list-style-type: none"> <li>1. "An accredited representative is an individual who has undergone a formal application and training process and is recognized by VA as being capable of assisting claimants with their affairs before VA" (U.S. Department of Veterans Affairs, 2017c). Also referred to as: Veteran Service Officer, Vet Rep, Veteran advocate</li> <li>2. VSR – an employee of the Veterans Benefits Administration that prepares veteran disability claims for adjudication by an Rating Veterans Service Officer (RVSRO) (U.S. Department of Veterans Affairs, 2017a; Walker, 2009).</li> </ol>

## 1. Introduction

Health care is a complex industry, including the financing of health care services (Shi & Singh, 2015). Part of the complexity involves filing a claim for reimbursement for services, which may be denied for many reasons, including determination of eligibility. For veterans of the United States military, the process of filing a claim for disability benefits can also be equally frustrating and confusing. Fortunately, the Veterans Administration provides support for the process in the form of offering representation from Veterans Service Organizations (VSOs) (U.S. Department of Veterans Affairs, 2017c).

However, even within the Veterans Administration, the disability claims process is often complicated and lengthy. Veteran advocates can ease the pain of the disability claim processing if they have the tools and access to do so. As a former Veterans Administration employee and then as a veteran advocate employed by the State of Montana, I know all too well the frustrations and disappointments associated with VA disability claims processing. The purpose of this study is to examine the effectiveness of the veteran disability claim process.

This paper will provide a background of problems with the claims process. The literature regarding veteran's services and claims processing will be reviewed. The study design and choice will be justified. Finally, this paper will provide observation and survey results from veteran advocates interviewed and offer long-term solutions to the problems as well as discuss some possible next steps to addressing these challenges.

The first section will provide the background of the study, which in turn will justify the significance of the study and why it is relevant. The background will include the following sections: What is the Veterans Administration? What are veteran disability benefits? Who are veteran advocates? What is the disability claims backlog?

## **1.1. Background of the Study**

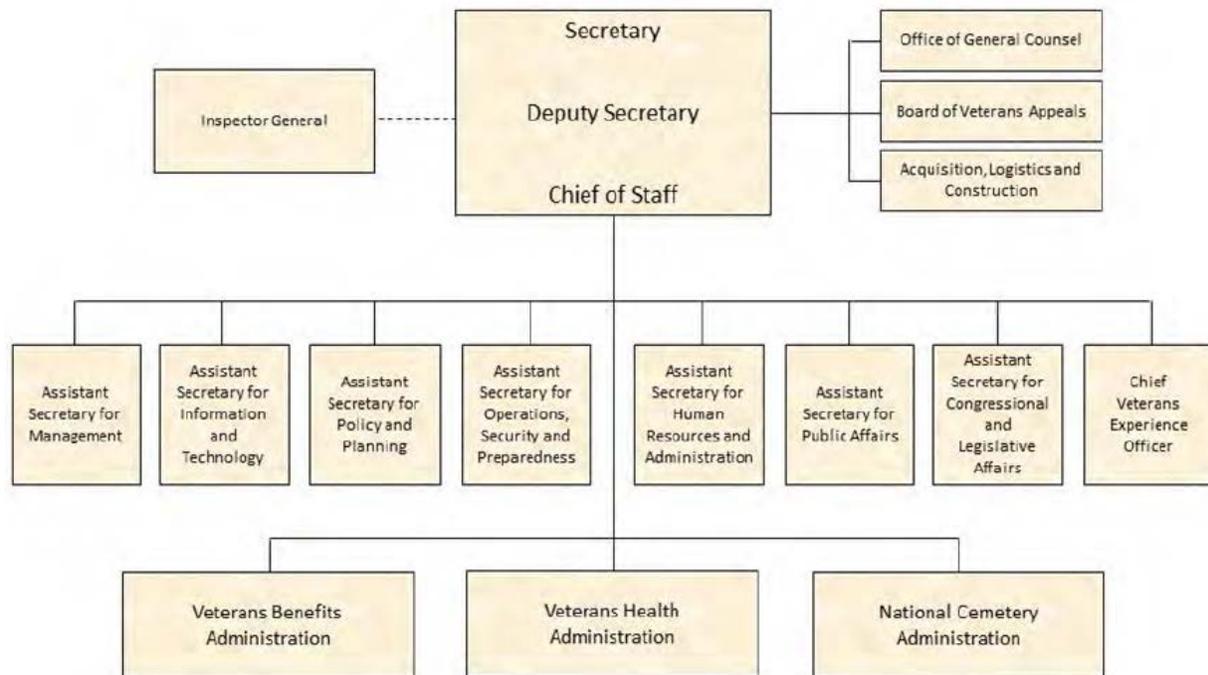
### **1.1.1. What is the Veterans Administration?**

“The Veterans Administration was founded to fulfill President Lincoln’s promise ‘To care for him who shall have borne the battle, and for his widow, and his orphan’” (U.S. Department of Veterans Affairs, 2017i). The VA was established as an independent agency under the President by Executive Order (EO) 5398 on July 21, 1930, and was elevated to Cabinet level on March 15, 1989, (Public Law 100-527, 1988). The Department’s mission is to “serve America’s veterans and their families with dignity and compassion, and to be their principal advocate in ensuring that they receive medical care, benefits, social support, and lasting memorials promoting the health, welfare, and dignity of all veterans in recognition of their service to this Nation” (Public Law 100-527, 1988).

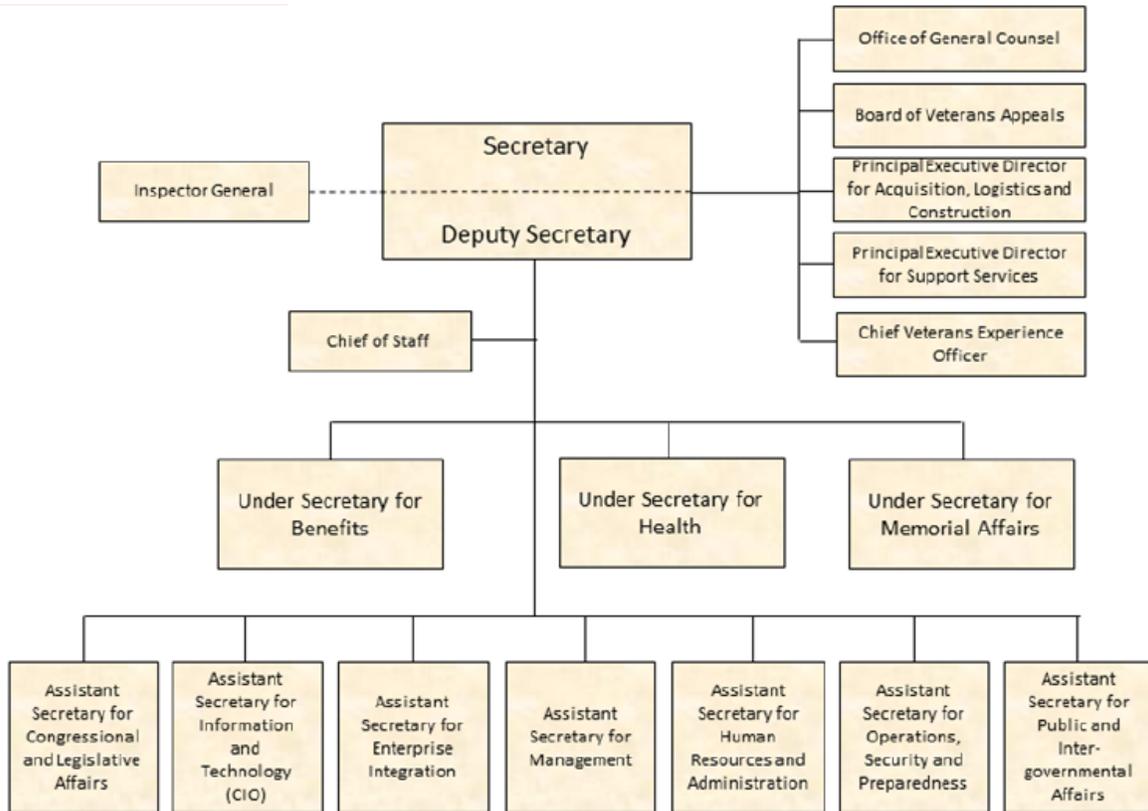
The VA consists of three parts (Figure 1): Veterans Benefits Administration (VBA), Veterans Health Administration (VHA), and National Cemetery Administration (NCA), (Department of Veterans Affairs, 2015). The Veterans Benefits Administration is the entity of the VA that provides compensation, pension, and insurance benefits to service members and their families (U.S. Department of Veterans Affairs, 2017a). The Veterans Health Administration provides healthcare services of varying complexity to veterans who qualify (U.S. Department of Veterans Affairs, 2017j). The National Cemetery Administration provides burial and memorial benefits as well as maintaining national cemeteries. (U.S. Department of Veterans Affairs , 2017f).

With the media attention surrounding veteran mistreatment, the Veterans Administration made some changes to their organizational chart in the past year. Figure 1 depicts the organization of the department in 2016 and Figure 2 the organization of the department in 2017 (U.S. Department of Veterans Affairs, 2016a; 2017d). The Chief of Staff position was moved

under the Deputy Secretary. The office of Principal Executive Director for Support Services was added and office of Chief of Veterans Experience was moved the under the Secretary. Under secretaries were names for each of the VA entities: Benefits, Health, and Memorial Affairs. Finally, the Assistant Secretary for Policy and Planning was reclassified to the Assistant Secretary for Enterprise Integration (U.S. Department of Veterans Affairs, 2016a; 2017d).



**Figure 1: Department of Veterans Affairs Organization Chart (2016)**



**Figure 2: Department of Veterans Affairs Organization Chart (2017)**

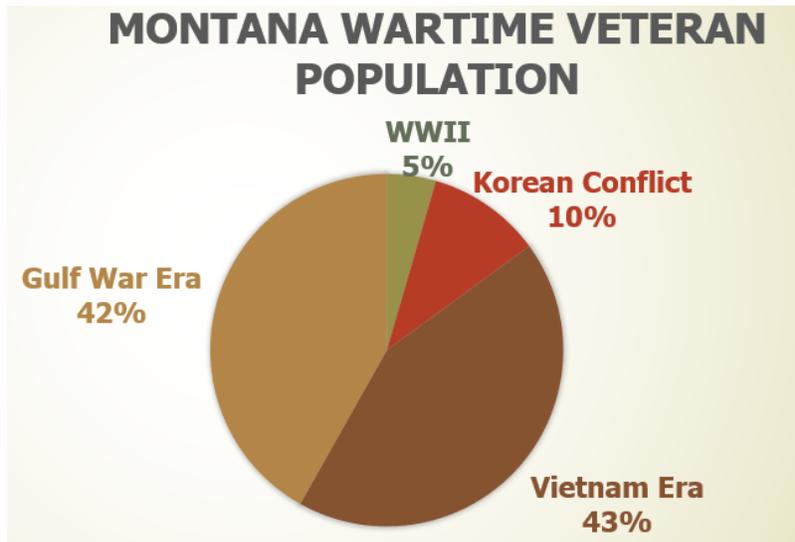
### 1.1.2. Veteran Population in Montana

As of January 6, 2017, the Veterans Administration population statistics recorded 20,392,192 veterans in the United States (U.S. Department of Veterans Affairs, 2017g). Of those, 98,386 reside in the State of Montana (Table I). “Montana has the one of the highest per capita veteran populations in the U.S.; about 1 in 10 residents (9.4%) are veterans” (U.S. Department of Veterans Affairs, 2017g). Of the veterans in Montana, combat (wartime) veterans account for 76%. Of Montana wartime veterans, 58% of them are pre-Gulf War (Figure 3); the U.S. is about 59% (Figure 4) (U.S. Department of Commerce, 2017). Furthermore, over 21,000 (23%) of the veterans in Montana receive disability compensation. For a sparsely populated state, these statistics are significant.

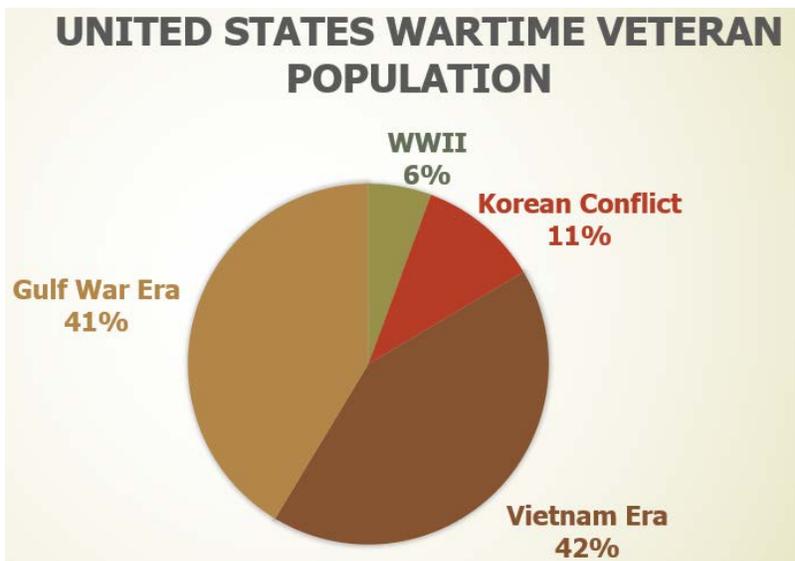
**Table I: Population of Veterans in Montana and the United States (FY2016)**

Population of Veterans in Montana*		
	Montana	United States
Total Population	1.042 million	323.1 million
Veteran Population	98,386 (9.4%)	20,392,192 (6.3%)
Wartime Veterans**	74,820 (76%)	16,638,047 (81%)
Veterans Receiving Disability Compensation	21,704 (23.5%)	4,356,433 (21.4%)

*\* retrieved from VA.gov, US Census Bureau & National Center for Veterans Analysis and Statistics*  
*\*\*reflects total wartime veterans in Montana with some having served in multiple conflicts*



**Figure 3: Population of Wartime Veterans in Montana (FY 2016)**



**Figure 4: Population of Wartime Veterans in the United States (FY 2016)**

### 1.1.3. What are Veteran Disability Benefits?

Veterans disability benefits include: disability compensation, dependency and indemnity compensation, special monthly compensation, housing, and insurance benefits. For the purposes of this research, the disability claims process will focus specifically on disability compensation.

“Disability compensation is a tax free monetary benefit paid to Veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service. Compensation may also be paid for post-service disabilities that are considered related or secondary to disabilities occurring in service and for disabilities presumed to be related to circumstances of military service, even though they may arise after service. Generally, the degrees of disability specified are also designed to compensate for considerable loss of working time from exacerbations or illnesses” (U.S. Department of Veterans Affairs, 2017a, compensation home).

The disability claims process from the perspective of the Veterans Benefits Administration (VBA) consists of 8 steps as indicated in Figure 5 below (U.S. Department of Veterans Affairs, 2017a). The disability claims process from the perspective of the veteran and the veteran advocate is what occurs *prior* to the steps below. The information offered by the VBA regarding the claims process focuses primarily on the compensation & pension exam (also referred to as the C&P exam or the VA claim exam) and encourages claimants to utilize the online portals to file a claim (U.S. Department of Veterans Affairs and Department of Defense, 2017).

The difficulty with the VA’s guidance is that it does not provide information to the claimant about the documentation needed to support a successful claim for VA disability benefits. This responsibility lies with the veteran. Therefore, it is extremely beneficial for a veteran to utilize the services of an accredited veteran representative/advocate. Veteran advocates can be the liaison between the veteran and the VA. They can provide explanation and

education to a veteran about the claims process as well as the VA decision guidelines to ensure all necessary information is provided for the most beneficial outcome.

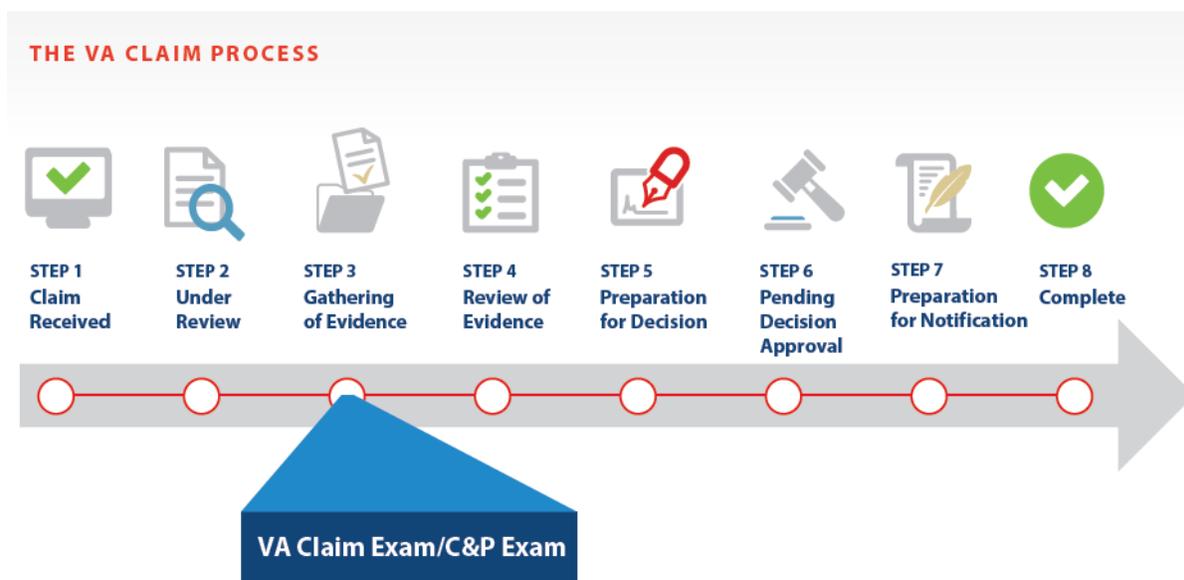


Figure 5: The VA claim process: VA perspective

#### 1.1.4. Who are Veteran Advocates?

When a veteran decides to file a claim for disability compensation with the Veterans Administration, they can choose to receive assistance from a Veteran Service Organization. These organizations employ accredited veteran advocates that assist veterans with gathering documentation, reviewing records, advising veterans on conditions that can be claimed for benefits, and submitting claims for disability compensation. Additionally, accredited advocates with a power of attorney (POA) signed by the veteran they represent can access limited claim information on behalf of the veteran to provide status updates or any challenges the VBA experiences with the claim.

The Veterans Administration recognizes accredited representatives as those who have “undergone a formal application and training process and is recognized by the VA as being

capable of assisting claimants with their affairs before VA” (U.S. Department of Veterans Affairs, 2017c). Veteran representatives are also referred to as Veteran Service Officers and veteran advocates. They are employed by states, counties, or non-profit organizations under the jurisdiction of a recognized Veteran Service Organization such as the American Legion, Veterans of Foreign Wars (VFW), Disabled American Veterans (DAV), Military Order of the Purple Heart (MOPH), and Vietnam Veterans of America (VVA) (U.S. Department of Veterans Affairs, 2017d).

The focus of this research originated from personal experience. While employed with the State of Montana as an accredited Veterans Service Officer, I discovered that the information provided to me to assist veterans was limited. The information I had access to as an accredited representative was dependent entirely upon the information that the veteran provided. Over the years I served veterans in this capacity, I came to believe that having more access to veteran records, including service and medical records would make the claims process move much faster and cause less frustration on the part of the veteran.

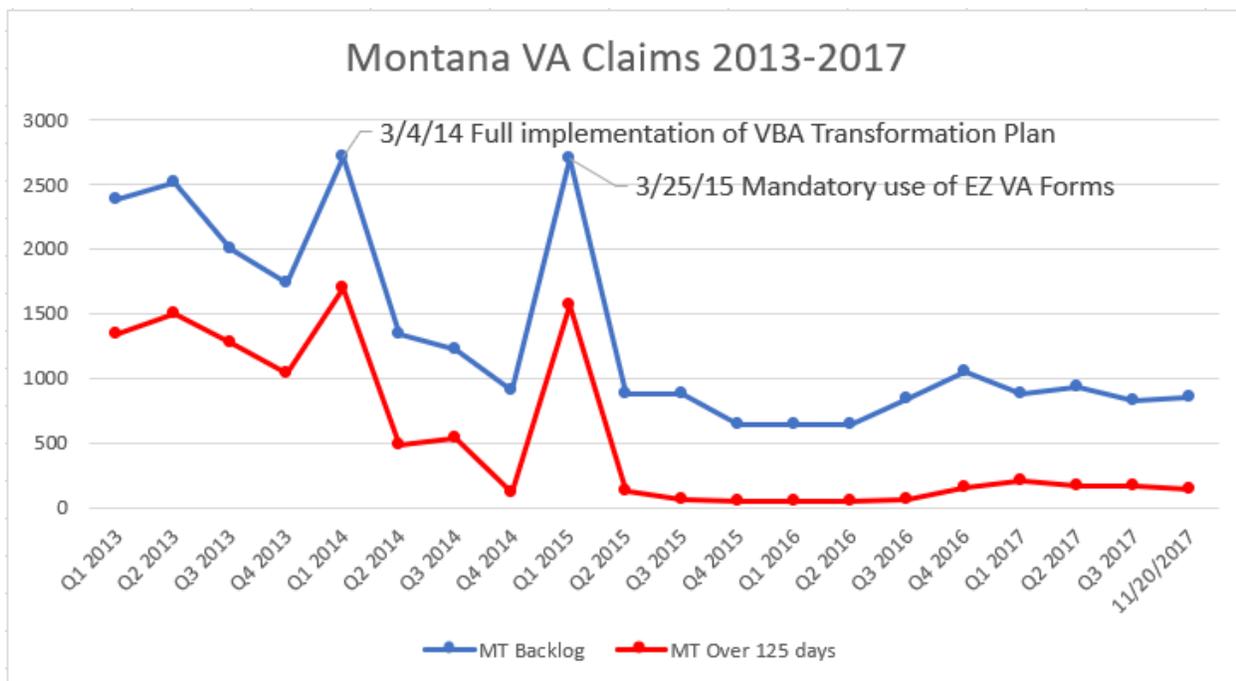
Many veteran applicants assume that advocates have access to all the information necessary to file a claim for disability. A reason for the assumption may be that veteran advocates are typically housed in federal VA buildings. This arrangement is intentional by the VA for the sole purpose of veteran physical access to all things VA related. However, veteran advocates are not provided with any information about a veteran until the veteran gives permission for the advocate to have the information. Veterans can do this by directly providing the necessary documentation, or by signing a limited power of attorney for the advocate to obtain the information (Appendix A: 7.2).

The definition of a veteran advocate as discussed in this research is: Veteran Service Representatives are employed and accredited by Veteran Service Organizations (VSOs) that are endorsed by the Veterans Benefits Administration (U.S. Department of Veterans Affairs, 2017c). Accredited representatives assist veterans and their families with applying for benefits. Veteran Service Representatives are also referred to as Veteran Service Officers, Service Officers, VA Reps, and veteran advocates. For the purposes of this research, Veteran Service Representatives will be identified as veteran representatives and veteran advocates interchangeably.

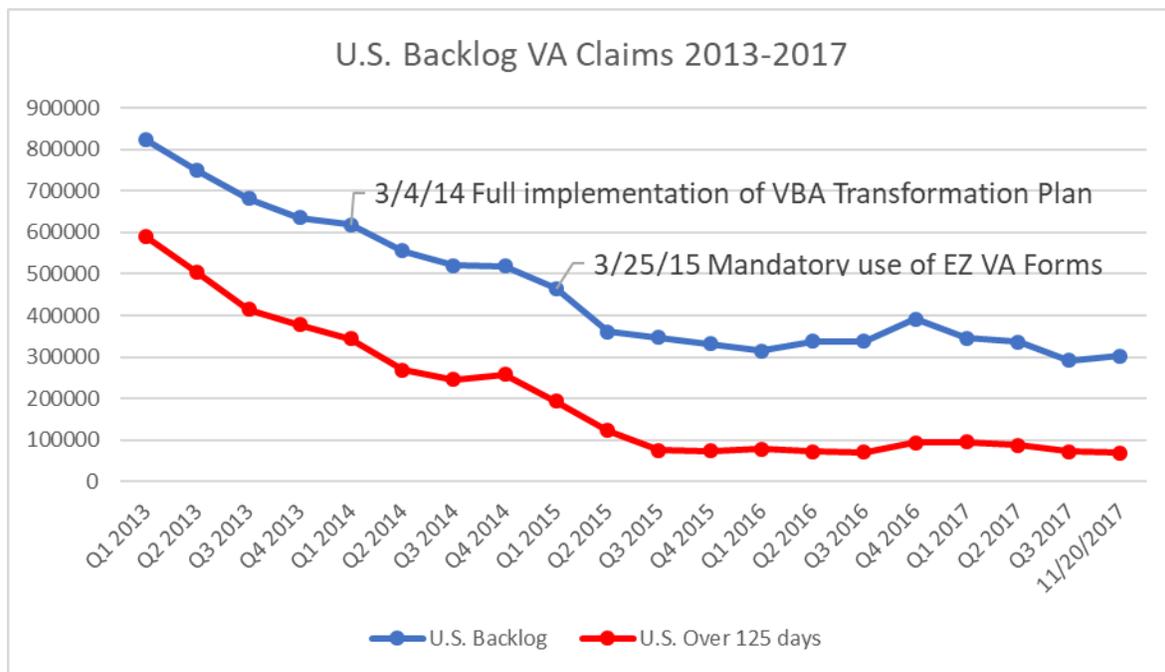
### **1.1.5. What is the VA's Disability Claims Backlog?**

A VA disability claim is considered “backlogged” when it has been submitted, but not worked by VBA employees for a period of more than 125 days (Veterans Benefits Administration, 2017b). Claims received by the VBA that require a rating decision are called the rating bundle. These claims include claims for disability compensation, dependency and indemnity compensation for survivors, and veterans’ pension benefits, including both original and supplemental claims (those adding conditions to an approved claim).

As of November 20, 2017, Montana has 844 claims to be processed with 143 of those over 125 days (Figure 6) (Veterans Benefits Administration, 2017b). The entire United States has 302,377 claims to be processed with 69,214 over 125 days (Figure 7). Considering the inventory and backlog in the entire U.S., Montana looks pretty good. In fact, the regional office (RO) in Ft. Harrison Montana has repeatedly received awards on their claims processing statistics. This is in part because the RO has an amicable partnership with the Veterans Service Organizations located in their building. However, from the veteran’s perspective, and delay or backlog is cause for concern.



**Figure 6: Montana Backlog of VA Claims from 2013-2017**



**Figure 7: United States Backlog of VA Claims from 2013-2017**

The Veterans Benefits Administration has made several attempts to combat the backlog, of claims over the years. By the end of January 2012, the backlog of claims reached 853,851 (U.S. Department of Veterans Affairs, 2017b). The continued peaks in backlogged claims initiated the VBA Transformation Plan. The plan included the national use of the Veterans Benefits Management System (VBMS), which was an attempt to better manage the compensation and benefits process through an electronic system. The Fully Developed Claims (FDC) process was another way in which the Veterans Benefits Administration attempted to streamline the claims process (Appendix A: 7.1). This process prioritized claims by first completing claims that were not in need of development (those claims that seemed to have all the necessary documentation included with the claim) (U.S. Department of Veterans Affairs, 2017c). As indicated in Figure 6 above, the implementation of VBMS and FDC initially increased the backlog in Montana, but the backlog quickly decreased once the process was fully initiated. In the U.S., the change was more gradual, but the backlog has steadily decreased, especially those claims pending more than 125 days.

#### **1.1.6. Veterans Health Administration Role in Veteran Disability Claims Process**

The Veterans Administration is often mentioned in the media for a variety of reasons, some of which are not positive (U.S. Department of Veterans Affairs, 2017h). The following section highlights some experiences and stories that are published in terms of healthcare and benefits relevant to the study. First, the electronic health record (EHR) that is used in the Veterans Health Administration is considered among one of the best in the country by physicians that have used and/or reviewed it (Carmichael et al., 2017). Second, the use of secure messaging allows patients to reach out to their providers without the need for an appointment. Third, the development of eBenefits, an online benefits management system for veterans allows users to

request records, apply for benefits, check status of pending claims, and update dependent information (U.S. Department of Veterans Affairs and Department of Defense, 2017). On another note, as former veteran advocate, former employee of the Veterans Health Administration, as well as a mother and granddaughter of veterans, I can attest that veterans are receiving the most innovative care available from the Veterans Administration and its partnering agencies (U.S. Department of Veterans Affairs, 2016b).

With regard to the VA's electronic records system, Chief medical representative of Medsphere Systems Corporation Edmund Billings, MD, proposed that the VA's Computerized Provider Record System (CPRS) is "regarded as one of the best overall" by physician respondents (Billings, 2014, p. 3). Physicians surveyed rated the electronic health record in the categories including: ease of data entry, physician satisfaction, staff satisfaction, overall usefulness, usefulness as a clinical tool, connectivity, reliability, and practice situations. The program requires minimal training (2 hours) and then learn as you go. One of the significant benefits of CPRS is connectivity (U.S. Department of Veterans Affairs, 2016b). The system is used throughout the Veterans Health Administration therefore making care coordination less haphazard when patients receive treatment outside of their primary treatment system. Accessibility of information between VA facilities has greatly improved with the adoption of CPRS in 1997 with continued improvement since that time (Tong, 2012).

Another relevant example of the success of the VA's electronic records system was found a retrospective cohort study in which data was extracted from the Veterans Health Administration electronic health record to determine information about employment status, goals, and work-related challenges by service members and veterans with traumatic brain injuries (Dillahunt-Aspillaga et al., 2014). Because it is important for clinical providers to obtain

socioeconomic and psychological information to properly treat veteran physical conditions, the electronic health record used by the Veterans Health Administration contains vital documentation needed for studies such as this. The outcome of this study was limited by access restrictions applied to the data underlying the findings and is therefore stored in the VA Office of Information Technology (Dillahunt-Aspillaga et al., 2014).

A third example of the use of technology at the VA is a qualitative analysis of interviews regarding the use of secure messaging in the VA. The results of the analysis indicated that while veterans valued secure messaging for communicating with their healthcare team, they found that many clinicians were resistant to using the system (Haun, Lind, Shimada, & Simon, 2013). Veteran patients were overall content with the secure messaging system once they became comfortable with how to use it as were the clinicians that initially resist the use of it. “This study represents an effective application of this methodological approach to a patient-centered evaluation of an electronic health resource within a large health care system” (Haun et al., 2013, p. 71). The utilization of the secure messaging system resulted in less appointments and prescription drug mistakes because patients were able to communicate with their providers regularly (Haun et al., 2013).

A fourth example of the VA’s use of technology to serve the veteran community is the development of eBenefits, a web portal collaboration between the Veterans Administration and the Department of Defense (DoD) (U.S. Department of Veterans Affairs, 2017a; U.S. Department of Veterans Affairs and Departments of Defense, 2017). The portal allows veterans to apply for benefits such as compensation, education, health care, housing, insurance, and pension. It also provides veterans an opportunity to check the status of pending claims and report changes to dependent information. The eBenefits program is greatly beneficial to those veterans

that are comfortable using technology (U.S. Department of Veterans Affairs and Departments of Defense, 2017).

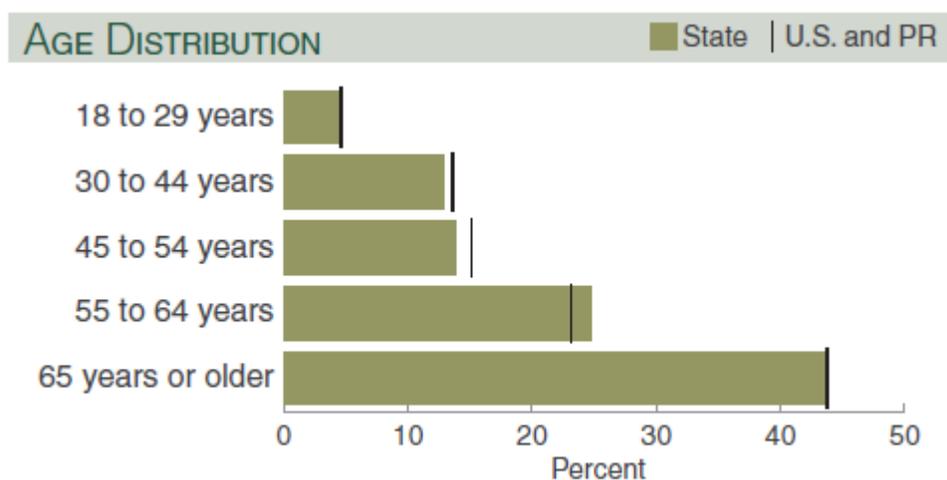
A fifth example of the use of information technology in the VA system was published in an article in 2002 in *Caribbean Business* (Diaz Jr., 2002). At that time, new software was being created by a partner of Microsoft to allow Veteran Service Organizations (under which veteran advocates are employed) to have read-only access to Veteran Health Administration (VHA) records for those veterans they represent. Veteran representatives access such as Diaz suggests would decrease the time it takes to develop disability claims prior to submission. It is unknown if this software continued development or if it was piloted in the VA system.

In a cohort study conducted in FY2001 to FY2004, outpatient utilization of VA healthcare was tracked to examine differences in use of VA and Medicare outpatient services. The study concluded that there is “greater outpatient care needs among disability-eligible veterans than age-eligible veterans, especially for VA care” (Liu, Chapko, Bryson, Burgess, Fortney, Perkins, Sharp, & Maciejewski, 2010, p. 1281). The findings in this study suggest that increasing access to community clinics may fragment veteran care in unintended ways. “Coordination of care between VA and non-VA providers and health care systems is essential to improve the quality and continuity of care” (Liu et al., 2010, p. 1281).

VA disability claims processing has been a subject of controversy for as many years as it has been available. The Government Accountability Office (GAO) has produced many reports on ways in which the disability claims process needs improvement (Bascetta, 2005; Government Accountability Office, 2002; Government Accountability Office, 2010). The reports outline what changes are needed as well as steps that have been taken by the VA to improve the disability claims process; yet none address this issue from the perspective of a veteran advocate.

This study seeks to examine VA disability claims processing in Montana from the standpoint of Veterans Service Representatives that assist with veteran claim submission.

Perhaps one of the biggest challenges with the Veterans Health Administration and disability claims are the age of the veterans most often being served. The push for health care to be technology-driven in the health care world doesn't consider that most people served are over 65 years of age. This is true in the veteran community as well as the U.S. population (U.S. Department of Health & Human Services, 2011). Approximately 43% of veterans in Montana and the U.S. are over 65 (Figure 8) (U.S. Department of Veterans Affairs, 2017g). This statistic indicates that almost ½ of the civilian and veteran population were born on or before 1952. It wasn't until the early 1990s that personal technology became commonplace (Internet Society, 2017). As such, much of our population was already in their early 40s when the use of technology became the “norm”. Many of the individuals I served from these past eras didn't feel comfortable sharing their information on a computer. It has also been my experience that older generations are not often taken into consideration when health organizations like the VHA upgrade systems and processes to meet the demands of technology-driven society.



**Figure 8: Age Distribution of Veterans in Montana (2015)**

## 1.2. Statement of the Problem

The problem is that it is not known if veteran representatives in Montana are getting the essential information they need to process veteran disability claims. The aim of this research is to determine what essential information is available to veteran advocates in Montana and how often the information is provided.

The disability claims process as pictured in Figure 9 below depicts the complication of the process and all the parties involved (U.S. Department of Veterans Affairs, 2016c). A disability claim begins with a veteran's injury while actively serving in the military. The next step is for the veteran to decide if he or she has the desire to file a claim for disability compensation. If a veteran decides to file a claim, then the process begins. Hopefully, the veteran chooses to ask for assistance from a veteran advocate, who advises and assists them in gathering the documentation necessary to have a successful claim. Once the information is gathered, the claim can be submitted to the Veterans Benefits Administration for development and adjudication.

The development process (steps 2 through 4 in figure 5 above) at the Veterans Benefits Administration (VBA) may include a request for the veteran to complete a health exam at the Veterans Health Administration (VHA) to determine the severity of the claimed disability (U.S. Department of Veterans Affairs, 2017a). Adjudication of a VA disability claim (steps 5 through 6 in figure 5 above) is when a VBA employee called a "rater" applies the VA disability regulations to claimed conditions and determines the percentage of disability for each claimed condition. Finally, the VBA sends a decision letter to the veteran claimant (step 7 and 8 in figure 5 above). Shortly after the letter is received, a veteran claimant who is awarded compensation will begin to receive monthly monetary benefits.

The VA disability claims process is a complicated one from every perspective (Figure 9). The veteran is responsible for providing documentation. The advocate is responsible for compiling the documentation and advising the veteran if essential information is missing. The Veterans Health Administration is responsible for conducting medical examinations and accurately reporting the findings. The Veterans Benefits Administration is responsible for awarding benefits that follow VA disability regulations. If essential information is not obtained by the veteran to be compiled by the advocate, the process cannot go forward.

The position of the veteran advocate is an important one, as they can act as the liaison between the veteran and the VA regarding the disability claims process. This can be seen in the organizational chart below that has been used in the past as an educational tool for veterans (Figure 10). In my years as a veteran advocate, I used a visual tool similar to this one to educate veteran claimants about the hierarchy of information access at the VA. This simple chart denotes that Veteran Service Organizations only have access to the information given to them by veterans. Access to additional limited veteran information is only granted with a valid power of attorney (POA) signed by the veteran being represented (Appendix A). As a veteran advocate, I found this chart especially useful when explaining my inability to access health information and military records.

The focus of this research is to improve the outcome of veteran disability determination by ensuring *all* essential information is obtained at the time of claim submission. This would decrease the need for continued claim development which only delays the claim process further. Most importantly, it would allow advocates to produce and submit quality, accurate, & timely disability claims for the veterans they represent.

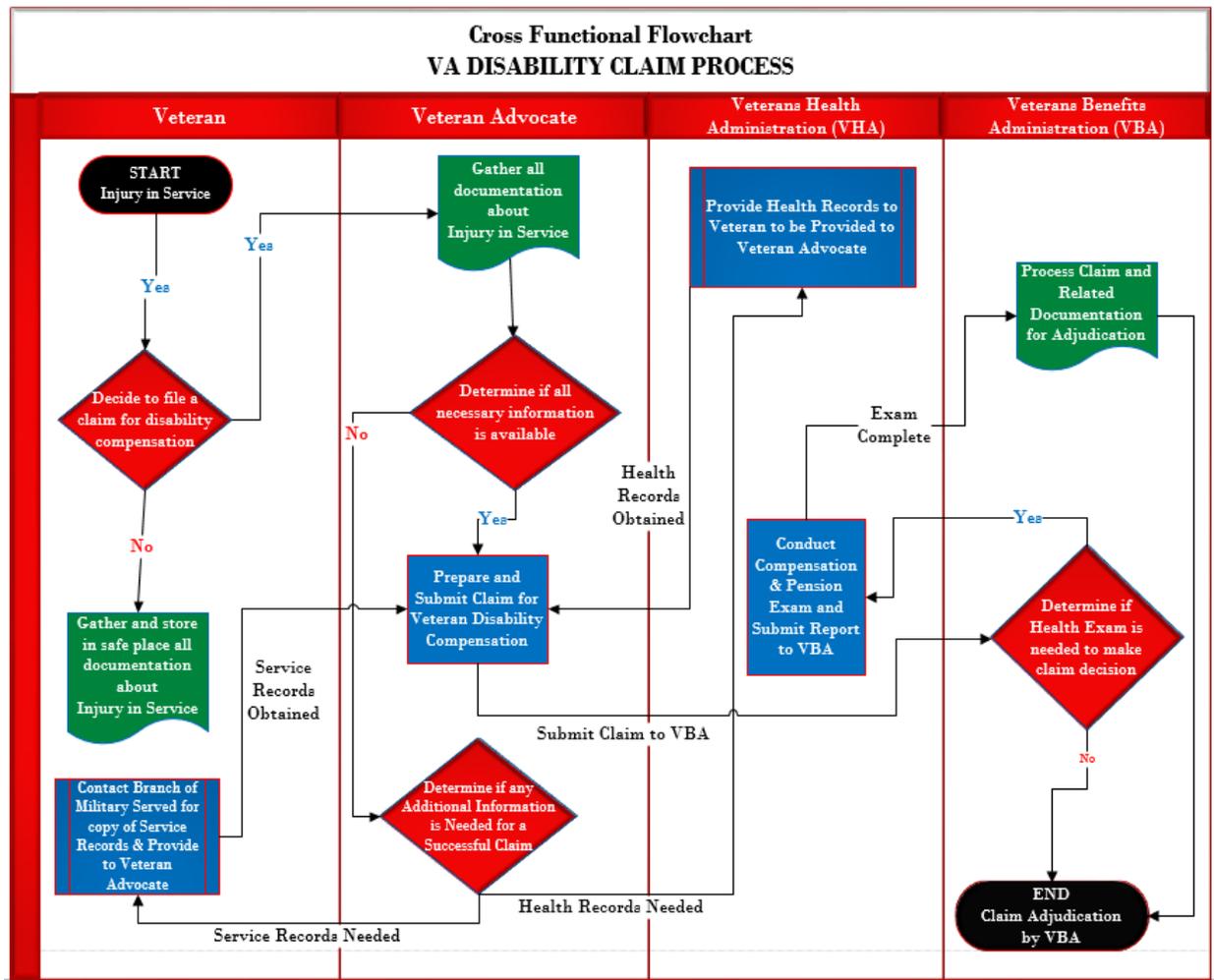
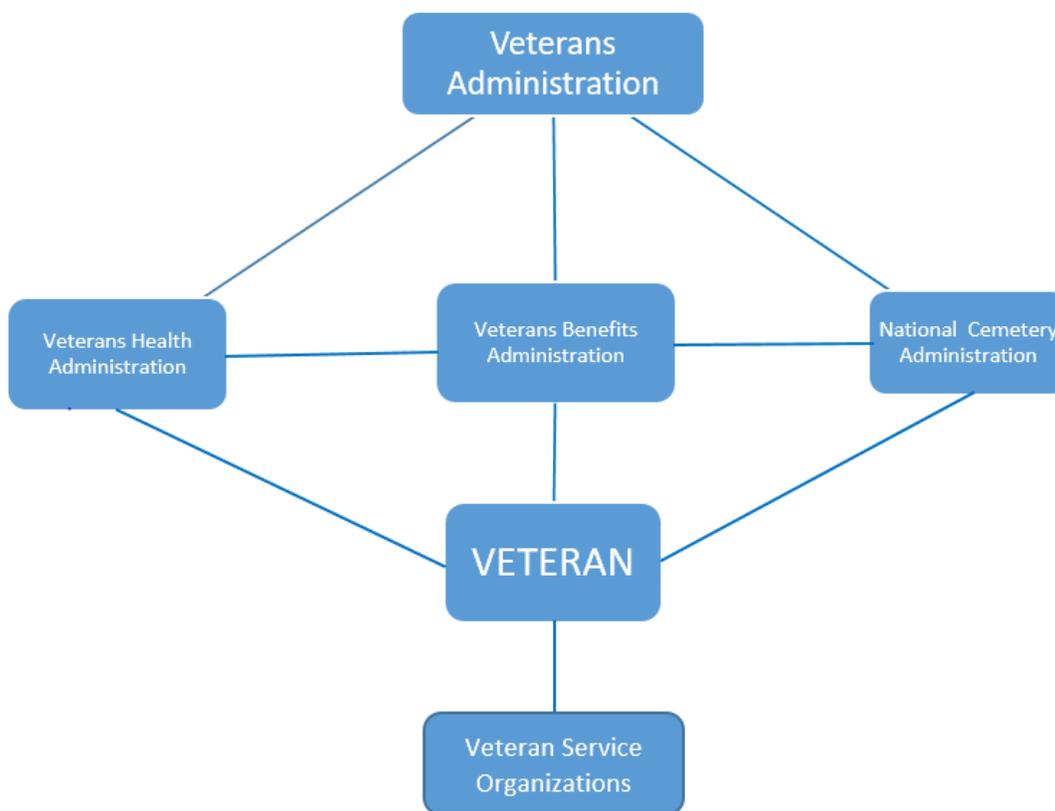


Figure 9: Cross Functional Flowchart: VA Disability Claim Process



**Figure 10: Veteran Access to VA Organizational Chart**

### 1.3. Significance of the Study

According to the 2015/2016 U.S. Census Bureau and National Center for Veterans Analysis and Statistics (Table I) veterans in Montana consist of nearly 10% of the entire population in Montana (U.S. Department of Commerce, 2017; U.S. Department of Veterans Affairs, 2017g). Of those, 46% of veterans in Montana use VA Healthcare (Figure 11), while only 28% of veterans in the U.S and Puerto Rico use VA facilities (Figure 12). There are 19 VA health care facilities in the State of Montana (Table II) which includes 1 inpatient facility, 12 community-based outpatient facilities (CBOCs), 1 specialty clinic, 1 long-term care facility, 1 rural health center, and 1 sleep clinic. The distribution for some of these facilities can be seen in the distribution map in Figure 13. Additionally, veterans in Montana can receive non-healthcare

assistance from the 4 vet centers, 2 benefit offices, 1 national cemetery and 3 state cemeteries (Table II) (U.S. Department of Veterans Affairs, 2017j).

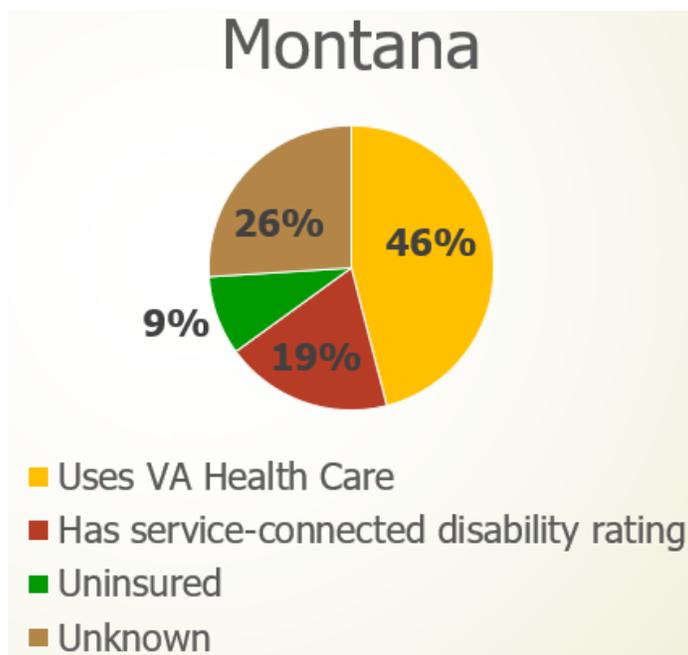


Figure 11: Veteran use of VA Health Care in Montana

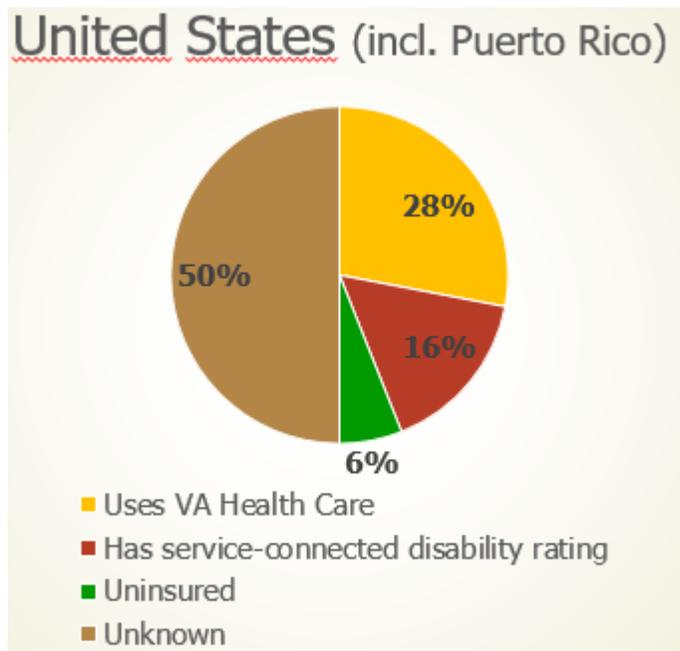


Figure 12: Veteran use of VA Health Care in U.S. and PR

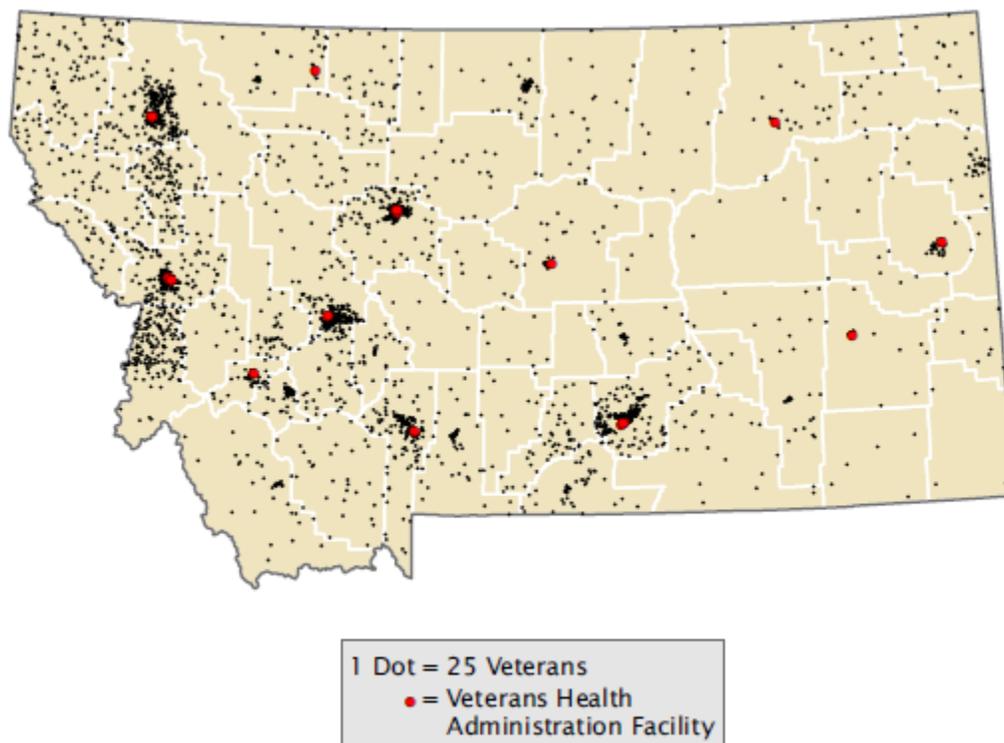


Figure 13: Distribution of Veterans and VA Facilities in Montana (2015)

Table II: VA Facilities in Montana

<b>Veterans Administration Facilities in Montana</b>	
Inpatient Hospitals (1)	VA Montana Health Care System – Fort Harrison, MT
Community Based Outpatient Clinics – CBOCs (12)	Havre, MT; Anaconda, MT; Billings, MT; Bozeman, MT; Cut Bank, MT; Glasgow, MT; Glendive, MT; Great Falls, MT; Kalispell, MT; Lewistown, MT; Miles City, MT; Missoula, M
Specialty Clinics (1)	Billings, MT
Long-Term Care Facilities (1)	Miles City, MT
Telehealth Outreach Clinics (2)	Hamilton, MT; Plentywood, MT
Vet Centers (4)	Billings, MT; Great Falls, MT; Kalispell, MT, Missoula, MT
Rural Health Clinics – RHCs (1)	Libby, MT
Veterans Benefits Administration Regional Offices – ROs (1)	Fort Harrison, MT
Regional Office Intake Sites (1)	Malmstrom Air Force Base – Great Falls, MT
VA Sleep Clinics (1)	Helena, MT
National Cemeteries (1)	Yellowstone National Cemetary – Laurel, MT
State Veteran Cemeteries (3)	Ft. Harrison, MT; Miles City, MT, Columbia Falls, MT; Missoula, MT
<b>Total Facilities: 29</b>	
<i>Retrieved from U.S. Department of Veterans Affairs (2017)</i>	

The significance of the above statistics indicate that the State of Montana has a large percentage of aging veterans, most of whom are from the war era in which they received the least support, and the majority of whom use Veterans Administration services. Of the 19 VA facilities in Montana, accredited representatives are housed within or near 10 of those facilities (Department of Military Affairs, 2015). Veterans in Montana have access to healthcare and representation, but access is worthless if they don't have the documentation to receive the services the access provides.

Accredited veteran representatives request a signed Power of Attorney (Appendix A: 7.2) to legally assist veterans with the disability claim process. This allows the representative to speak on behalf of the veteran to the Veterans Benefits Administration and have limited access to the VBA data system. "POA representation is extremely significant in individual veteran awards. Nationwide, veterans with POA representation receive an average annual award of \$11,162, while veterans with no POA receive an average of \$4,728" (Hunter, Boland, Guerrero, Rieksts, & Tate, 2006, p. 18).

For a veteran representative to effectively advocate for the veteran they represent, they need to have all information related to the veteran, their service, injuries, medical treatment, and dependents. Without all this information, they gamble with filing veteran disability claims. The VBA potentially could gather all the information on their end, but that is never guaranteed, and never promised. The most likely outcome of filing a veteran disability claim without the proper documentation is denial of benefits.

#### **1.4. Assumptions and Limitations**

The assumption being examined is that veteran advocates may or may not have access to all the essential health information needed to effectively produce and submit a VA Fully

Developed Claim (FDC) for disability benefits. Veteran representatives in the State of Montana are spread throughout the State and therefore depend heavily on the staff located at the regional office in Fort Harrison, Montana. The staff located in the regional office is limited to the information in which Veterans Benefits Administration staff is authorized to provide, and that is ever-changing depending on the political climate of the Veterans Administration.

Topical assumptions of this study are that availability to essential health information may exist, but may not be provided by the Veterans Administration to veteran advocates. The Veterans Health Administration and the Veterans Benefits Administration are both entities of the Veterans Administration. Staff employed at these agencies are federally-funded and under the authority of the Department of Veterans Affairs (U.S. Department of Veterans Affairs, 2017e) as depicted in Figures 1 and 2 in chapter 1 section 1.1.1.

Methodological assumptions of this study will be evaluated through a qualitative case study design evaluating the experiences of current and past Veteran advocates. The Donabedian model of health care refers to the setting in which the care is delivered knowledge (Donabedian, 1988). Included in the model is the elements of the material resources such as the facilities and equipment; human resources such as the number of staff employed by an organization, and organizational structure. In the Donabedian model, process refers to the method in which health care is provided including the services and treatments received by patients. Outcome refers to the impact of care on the health status of patients and populations treated by an organization. Results measured in part by degree of patient satisfaction as well as improvement of patient knowledge (Donabedian, 1988; Visnjic, 2012).

Limitations in this study includes small sample size of participants to complete questionnaire; lack of access to veteran feedback; and limited VA employee participation. The

small sample size of participants is due to the limited number of Veteran advocates in the State of Montana. There are approximately 25 veteran representatives for the entire State and all did not choose to participate.

The findings of this study were limited to participants who are employed by the State of Montana, however the methods used, and inquiry made, could easily be replicated in any state or even throughout the country. It was my experience as a veteran advocate that each state determines accessibility to veteran records in a different way and thus has different methods to gaining the information needed to effectively process a claim for disability.

### **1.5. Nature of the Study**

The framework for this study is to fill the gaps in the VA disability claim process. The purpose of using case study and narrative research methods is to explore the processing of Montana VA disability claims (Bowling, 2014; Creswell, 2007). The study design may yield conclusions that can be used for more effective preparation and processing of VA disability claims in Montana. The information gathered from this study is intended to be shared with VA administrative staff that determines veteran advocate access to VA data and that the current access to veteran advocate in Montana will be re-evaluated.

A case study of the Montana veterans service organizations will allow the researcher to examine veteran disability issues on a small scale while bringing to light many of the issues that affect veteran disability claims on a national level. The outcome of this research intends to offer recommendations to disability claims preparers as well as the Veterans Benefits Administration based on the systems that are working well and those that are not.

A qualitative method of study has been chosen due to the small sample size and variability of veteran advocate access to essential health information dependent on location of

service office (Creswell, 2007). This method of study was chosen due to the small sample size of the research participants, observation on the part of the researcher as a former Veterans Service Representative, and the lack of historical research available on this specific topic related to veteran disability claims. The results of this research are not likely to be reproduced as Veterans Service Representatives have had high turnover in recent years as well as multiple changes in the Veterans Benefits Administration policies and procedures regarding claim submission.

The population to be studied is veteran advocates throughout the State of Montana. Inclusion criteria is any veteran advocate presently employed or employed in the past in the past 12 months. Exclusion criteria is any veteran advocate that has not been employed as such for more than 12 months. Steps taken to recruit participants have been to discuss the project with potential participants as well as the administrative staff that employs those participants.

Formal permission and IRB approval was received prior to participants taking part in this study. Participants were contacted through employer email in which voluntary participation was requested. Ten out of a possible twenty-one participants completed the survey used for this study. Rationale for this study was determined by researcher's personal experience as a previous veteran advocate.

The study is not designed to include veteran feedback as veteran inclusion would require national permission from the Veterans Administration. For the purposes of this study, only veteran advocates in the State of Montana will be evaluated. VA employee participation is also limited for the above reason, although a small number of employees personally agreed to participate, the survey was unable to be offered to them. Following the conclusion of the study, participants will again be contacted through employer email to offer access to study results to any participant that is interested in the study results.

## **1.6. Organization of the Remainder of the Study**

In the remaining chapters of this document, a review of the available literature will be provided as well as further information regarding the study design, data collection, and data analysis. The results of the study with discussion, implications, and recommendations will be addressed in the final chapter in addition to some tools for documentation gathering for both the veteran and advocate.

The introduction to this study included a statement of the problem, the purpose of researching the proposed problem, and the significance of said problem. An assessment of veteran disability claim processing arose from my personal experience as a veteran advocate with the Veterans Health Administration and an accredited veteran representative for the State of Montana. The purpose of such research was to compile the experiences of all veteran advocates in the State of Montana to determine if the essential information is provided to the representative with each disability claim request. The significance of this problem lies in the lives of veterans with disabilities. Veterans who file for VA disability compensation have given their lives to defend their country, the least we can do for these brave men and women is to provide them with the utmost respect by ensuring their requests are being fully and accurately adjudicated.

This project is divided into five chapters. Chapter 1 includes an introduction, background of the study, statement of the problem, statement of purpose, significance of study, definition of terms, assumptions and limitations, nature of the study (conceptual framework), and organization of the remainder of the study. Chapter 2 reviews the literature that is relevant to this study. Chapter 3 describes the research methodology. Chapter 4 is an analysis of the data collected from the study. Chapter 5 contains a summary, conclusion, future research recommendations, a veteran narrative, and recommendations in response to this study.

## **1.7. Chapter 1 Summary**

In summary, this study and related research developed from my personal experience as an advocate for veterans, both in the federal and state sectors. One of the goals of State of Montana Military Affairs is “to provide counseling, advice and assistance to veterans and veterans’ family members in attaining federal and state earned entitlements” (Department of Military Affairs, 2015). This chapter has described the Veterans Administration, identified the veteran population in Montana and discussed the roles of the veteran advocate and the Veterans Health Administration in the VA disability claim process. Additionally, this chapter has provided a summary and framework of the research problem that will be discussed throughout this document. The remainder of the topics to be discussed are a review of the literature, the research methodology for this study, the results of the study, and a discussion of the results to include recommendations for future research.

## **2. Review of Literature**

### **2.1. Introduction**

The purpose of this chapter is to review the literature concerning Veterans Benefits Administration disability claims. The purpose of this research is to determine if veteran representatives have access to all the essential information to produce and submit a successful VA disability claim. Few studies were found on the topic of VA disability claims; therefore, the search was expanded to include healthcare of veterans, interoperability of the Veteran Administration data systems, disability adjudication, and veteran advocacy.

The resources used for searching for related studies were the Montana Tech library Google Scholar, and the Veterans Administration government website using search engines such as Academic Search Complete with the limitations of scholarly, peer-reviewed articles that included full text. Literature review was conducted between December 2015 and September 2017. All types of study designs were included. A total of 20 studies were reviewed to include the keywords: veteran, military, disability, claim, adjudication, health, information, interoperability, exchange, representative, and advocate. Each study is broken into 5 themes for the literature review; including challenges of veteran healthcare and the relation to disability compensation; sharing of clinical information in healthcare, interoperability of electronic health records, government information sharing, and many published articles regarding the sharing of information between the Veterans Administration and Department of Defense. This review was undertaken as a part of the thesis requirement of the Interdisciplinary Master of Science degree at Montana Tech of the University of Montana.

## **2.2. Review of Findings**

### **2.2.1. Veteran Healthcare in Relation to Disability Compensation**

The first theme found in the review of the literature was an evaluation of the faced by veterans receiving healthcare through the Veterans Health Administration and the relation of that healthcare to disability compensation. Six studies were found regarding veteran healthcare and VA disability. This theme is relevant to the study because the challenges veterans face in receiving healthcare affects the healthcare information that can be reported for filing disability claims.

The first study was aimed at identifying factors associated with receipt of VA compensation and benefits among homeless veterans; 5,731 veterans who were not receiving benefits were contacted during the first three months of fiscal year 2003 (Greenberg, Chen, Rosenheck, & Kaspro, 2007). Over a period of 18 months, only 15% (859) of those Veterans interviewed were awarded benefits. This study found that those who received benefits, most were receiving care from a VA healthcare facility. Those who received services at VA healthcare sites that expended more funds on mental health services were more likely to receive benefits (Greenberg et al., 2007). The authors of the study stated that one problem is that when a veteran claims a condition is caused by military service, yet they have no documentation to support such a claim, compensation cannot be awarded (Greenberg et al., 2007; American Foundation for the Blind, 2007). In other words, the ability to file a claim requires documentation that may or may not exist, which is relevant to the current study.

The second study related to veteran healthcare and disability compensation examined the racial disparities among veteran users of VA and non-VA health care systems (Tsai, Desai, Cheng, & Chang, 2014). The research sample included 19,270 Veterans which included 88.24% White, 9.15% African American, 2.15% Native American/Alaskan Native and 0.45% Asian

American/Pacific Islander Veterans. Researchers found that VA healthcare benefits are more likely to be utilized by those in receipt of compensation or pension benefits and was not significantly influence by race. The findings revealed that use of VA health service were more strongly associated with lack of private health insurance and health care needs than it was with race (Tsai et al., 2014).

In a third study, Dr. Douglas Mossman examined the potential benefit to veterans who continue litigation for disability claims and seek long-term hospitalization rather than outpatient treatment (Mossman, 1996). When a veteran patient is hospitalized for more than 20 days in a month for conditions connected to their service in the military, they are determined to be 100% disabled by the Veterans Benefits Administration. This fact often keeps chronically mental ill patients seeking hospitalization. In other words, criteria is as such that it pays to be sick (Mossman, 1994). Veterans often learn of pension benefits while they are in receipt of other VA health care, such as primary care visits, specialty appointments, or pharmacy services (American Foundation for the Blind, 2007) .

A fourth study addressed equity concerns regarding the adjudication process (Grubaugh, Elhai, Ruggiero, Egede, Naifeh, Frueh, 2009). In 2001, researchers conducted a National Survey of Veterans. The sample size included 20,048 Veterans from across the nation. Using an established theoretical framework, the researchers reviewed socioeconomic, access, and illness as it correlated to the award and rating of disability benefits (Grubaugh et al., 2009). This study found that physical health functioning, combat exposure, and employment status were the strongest predictors of disability benefits. The researchers concluded that those variables were “relevant and appropriate for making disability award decisions” (Grubaugh et al., 2009, p. 1245).

In a fifth study, in an effort to identify strategies to improve the timeliness and accuracy of VA claim exams, researchers used national performance measures and the Donabedian model of structure-process-outcome framework to determine characteristics of high-performance (Luk, Shiner, Watts, Zubkoff, & Schlosser, 2010). This research found that high-performing facilities used a core set of strategies to obtain the desired outcome. Strategies such as financial incentives, role specialization, and process reliability were emphasized to increase desired outcomes of examiner behavior and predictability of the exams. The study was limited to a pilot project identifying characteristics of high-performing facilities, but the characteristics of low-performing facilities was not studied and therefore the findings may not be generalizable (Luk et al., 2010).

The sixth study found was a review of the literature available concerning denied VA disability compensation for U.S. veterans. Overall, research suggests that the health status among *some* of the denied applicants are indeed burdened with various health limitations (Fried, Helmer, Halperin, Passannante, & Holland, 2015). In similar research among denied applicants of social security disability compensation, 80% of denied applicants reported fair or poor overall health. The noteworthy finding among the literature review was that of the veterans that were denied and have health limitations, less of them utilize Veterans Health Administration services in comparison with the awarded applicants (Fried et al., 2015). The finding suggests that claimants are more likely to receive disability benefits if they have a history of treatment at a VA health facility.

While not a study, another publication provides relevant background in terms of disability claims. First, there are two different disability systems for individuals discharging from the military: military disability retirement and Veterans Administration disability compensation (Reed, 2009). Significantly, the two systems are not dependent on one another nor do they use

the same set of criteria. An individual may be eligible to receive both benefits, or may be awarded one benefit and denied the other. Thomas Reed, author of “Parallel Lines Never Meet: Why the Military Disability Retirement and Veterans Affairs Department Claim Adjudication Systems are a Failure”, published in the *Widener Law Journal* in 2009 proposes redesign of the VA’s development and adjudication process and termination of the military disability retirement system (Reed, 2009). His primary argument is that both benefits are for the same condition incurred while on active duty, but the military disability retirement is based upon the service member being “unfit for service” whereas VA compensation awards benefits for the severity of the condition, regardless of whether it makes them fit for service (Reed, 2009).

### **2.2.2. Clinical Information Sharing**

The second theme in the literature review was the sharing of clinical information between healthcare facilities that share treatment of veterans. In this section, three studies and two articles were reviewed. These studies and articles document the ability for healthcare systems to work in conjunction with one another for the best of the patients.

The first study was a review of health care delivery by the Organization for Economic Cooperation and Development (OECD) (Cercone, 2013). The introduction of coordinated care that arose as a result of the Patient Protection and Affordable Care Act (PPACA) led the OECD to conduct a literature review of over ten years of coordinated care efforts. The review revealed many factors that have room for improvement. Among those changes needed are clearly defined population and territory; prioritizing health needs in defined territory; focus on risks and pathologies of defined territory; and a scope of network services with regulated access to specialists (Cercone, 2013).

In a second study, a qualitative analysis of the information shared within and across healthcare organizations about children with medical complexities, researchers found three major themes of barriers to information sharing (Quigley, Lacombe-Duncan, Adams, Hepburn, & Cohen, 2014). In this study, two independent coders conducted secondary analysis of interviews with parents and medical providers of children with medical complexity that were collected from two studies of healthcare service delivery for this population. The study concluded that the lack of an integrated, secure storage system, fragmentation of the healthcare system, and lack of consistent policies are the primary barriers to information sharing; however by finding solutions to these barriers, optimal information sharing can be achieved (Quigley et al., 2014).

A third study included social determinates of health into primary care and care transitions (Hewner et al., 2017). Researchers found that by incorporating interoperability standards into electronic health systems, the exchange of health information was made possible. In a single clinic, the study was conducted in a large metropolitan area in upstate New York with approximately 6,000 participants. The clinic implemented a coordinating transitions (CT) project to assess patient risk, use real-time alerts, care coordination outreach, and the systematic assessment of social determinants of health. The project resulted in higher-value post-discharge utilization and fewer inpatient and emergency departments visits than anticipated (Hewner et al., 2017).

An article written in support of clinical information sharing was a legal review of the laws surrounding health information sharing in correctional facilities (Goldstein, 2014). Melissa Goldstein, JD from the School of Public Health and Health Services at George Washington University reviewed stakeholder concerns and described possible ways going forward that enable electronic exchange while ensuring protection of inmate information. The Health Insurance and

Accountability Act of 1996 (HIPAA) in conjunction with drug abuse patient record laws thwart attempts to coordinate care in the correctional system. Additionally, the limited health information technology available in correctional facilities due to funding priorities of legislators' further limit care coordination. Goldstein proposes that electronic exchange of health information should be a priority as it "could play an important role in helping stabilize the health care of inmates while in correctional institutions as well as help ease their reentry into the community" (Goldstein, 2014, p. 807).

In a second article supporting clinical information sharing, the author discusses the European Hospital and Healthcare Federation (HOPE). This non-profit organization promotes facilitating the exchange of information between the organizations they represent (Garel, 2011). HOPE is a non-profit organization that represents public, private, and non-profit hospitals in 26 European countries. HOPE also links with other European organizations focused on healthcare and has regular meetings with payers, consumers, patients, medical staff, administrative staff, and pharmacists to coordinate the exchange of information needed to best serve their populations. The success of HOPE has been boundless. Their efforts have influence European legislation regarding patient safety standards and implementation of directives involving patients who travel between countries (Garel, 2011).

### **2.2.3. Governmental Information Sharing**

The third theme in this literature review is information sharing between governmental entities. There are multiple articles that consist of opinions and personal experiences about the inconsistencies of communication between government agencies; however little research has been conducted to discover the root cause of such miscommunication. This review of the literature found three studies related to government information sharing.

The first study was regarding information sharing among government agencies. Researchers conducted a systematic analysis of governmental information sharing (Liu & Chetal, 2005). Liu and Chetal conclude that the primary reason for lack of communication and information sharing among federal agencies is due to lack of trust. The researchers continue stating “information sharing schemes are trust-based; and whether an information sharing scheme can lead to effective information sharing among government agencies is heavily dependent upon the trust model on top of which the information sharing scheme is constructed” (Liu & Chetal, p. 4).

The second study found addressing concerns about the lack of information sharing among governmental agencies primarily reviews the 9/11 Commission Report (Jones, 2011). The author addresses further concerns regarding the lack of information sharing that occurred leading up to, during, and after the events of 9/11. The Commission Report for the event recommended “unity in effort” with regard to the sharing of intelligence. The 585 page report created after the attacks was compiled to give the most accurate account possible and identify the lessons learned from the event (9/11 Commission, 2004). Jones concludes in his report the devastating effects that the abuse of information can have on our nation and the civil liberties of our citizens (re: Vietnam War). “We then created such a wall for our country to protect information and privacy, that it was detrimental to us when we were under attack” (Jones, 2011).

The third study regarding governmental information sharing is a stakeholder analysis that addresses the barriers to interorganizational information sharing in e-government (Fedorowicz, Gogan, & Culnan, 2010). Researchers conducted a case study as part of a larger study of inter-agency information. The researchers used a semi-structured interview protocol to identify linkages among data integration & financial issues. The study concluded that “many research

questions remain to be answered about the trade-offs inherent between privacy and the public good” (Fedorowicz et al., 2010, p. 327).

#### **2.2.4. Interoperability Between Electronic Health Records Systems**

The fourth theme of this literature review is the interoperability between electronic health care records (EHR) systems. This section of the literature review will discuss the different options available in which systems can operate together. One of the ways this can be done is by utilizing a set of standards within software applications that allow the transfer of clinical and administrative data between differing applications. Six studies and one article were found related to interoperability of electronic health care records as well as a few articles in support of developing links between these systems.

The increased attention on information technology in healthcare intensified after the publication of the 1999 report from the Committee on Quality Health Care in America of the Institute of Medicine *To Err is Human: Building a Safer Health System* (Institute of Medicine, 2000). This report brought forth the idea that information technology in healthcare has the potential to improve the quality and safety of the delivery of health services. Error in medical care can result in patient harm, decreased safety, and lack of trust of the medical community (Weigel, Switaj, & Hamilton, 2015).

The first study found was a comprehensive literature review of eleven studies analyzing the use of computerized record systems (Weigel, Switaj, & Hamilton, 2015). Researchers concluded that the use of computerized physician order entry increased the accuracy of medication dosage and decreased errors in medication. The research also found that interoperability and usability are continuing challenges for implementation. Researchers in the literature review state “the VA is the only federal healthcare entity we found with published

research that shows the benefits of their electronic health record on quality measures” (Weigel et al., 2015, p. 70).

The second study reviewed was a qualitative study that included a literature review involving clinicians and information technology professionals (Samal, Dykes, Greenberg, Hasan, Venkatesh, Volk, Bates, 2016). The study included participants who were clinicians and informational technology professionals from six regions of the United States. Twenty-nine respondents from seventeen organizations were involved in six focus groups. Researchers found that health information technology is currently used most often to monitor patients and to align resources with the needs of the population. The study concluded that significant gaps exist due to lack of interoperability across the U.S. with the largest gaps being information transfer, systems to monitor patients, tools to support patients’ self-management goals, and tools to link patients and their caregivers with community resources (Samal et al., 2016).

In a third study evaluating the standardization of interoperability, researchers discovered that the standards and capability of differing electronic health records (EHRs) is the primary challenge with interoperability (Eichelberg, Aden, Riesmeier, Dogac, & Laleci, 2005). Researchers evaluated seven different EHR systems and found that not one had all the necessary components to be considered for standardization for interoperability between multiple systems. The researchers concluded that “true interoperability of EHRs will only be possible by providing semantic interoperability” (Eichelberg et al., 2005, p. 310) which they describe as the ability for information to be shared and understood by different data systems.

In a fourth study related to interoperability of electronic health records, semantic interoperability is defined (Khan, Hussain, Latif, Afzal, Ahmad, Lee, 2013). These researchers define semantic interoperability as “the ability to provide common understanding of processes

and data exchanged between communicating systems” (Khan et al., 2013, p. 838). They further describe interoperability as involving two parts: Data and Semantics. “Data interoperability is related to the correct interpretation and understanding of the information exchanged between healthcare systems” (Khan et al., 2013, p. 838). The researchers conclude “the achievement of semantic interoperability results in timely delivery of healthcare services to patients saving precious lives” (Khan et al., 2013, p. 861).

The fifth study found concerning healthcare interoperability is in the field of home healthcare (Lee & Gatton, 2010). The program operates with the use of “triggers”. These events, such as the arrival of the patient, test results of the patient, or referrals of the patient then stores those events (triggers) to be accessed by interoperable healthcare organizations. The challenge with home health care is that the sensors used to transfer data are not configured as “triggers” and therefore cannot be interoperable with multiple electronic health records. Researchers found that the system that allows for interoperability does not provide for data exchange with sensors. Lee & Gatton propose the development of a medical information system that allows for data exchange between servers that will also maintain the privacy and security within the system (Lee & Gatton, 2010).

The sixth study reviewed the literature regarding applications based on service-oriented architecture (SOA) in the field of home healthcare (Avila, Sanmartin, Jabba, & Jimeno, 2017). Researchers found that when SOA is used, it can enable data recorded on a remote patient monitoring system to access a network, such as electronic health record (EHR) or another type of data system. The SOA model allows multiple interfaces through a given program and therefore “allow seamless integration of different technologies, applications, and services” (Avila et al., 2017, p. 12).

Along with the study, an article found focused on the monetary aspect of electronic health record interoperability (DeAngles, 2015). The article cited a Research and Development Corporation study that found that medical expenditures could be reduced by over 160 million dollars if EHRs were implemented nationally. The caveat to this level of implementation is that EHRs are commonly lack interoperability. The author's solution is that the federal government should regulate a national network of EHRs so that interoperability can be achieved. The author goes on to support her argument with multiple studies citing savings in treatment and re-admission rates. Also cited are multiple examples as to how national EHRs would control costs associated with fraud and abuse with the use of tracking mechanisms (DeAngles, 2015).

#### **2.2.5. Collaboration between Veterans Administration and Department of Defense**

The fifth and final theme in the literature review is that of the collaboration between the Veterans Administration (VA) and the Department of Defense (DoD). Although there were no peer-reviewed studies found about the collaboration of the VA and the DoD, there were published articles on the intention of the agencies to share information about shared patients. An overview of five of these articles is covered below.

The first article proposes the idea that interoperability is simply the ability for two IT systems to work together without additional effort from the users (Hufnagel, 2009). Within the federal government, interoperability is often the term used for the sharing of healthcare information between the Department of Defense (DoD) and the Department of Veterans Affairs (VA). These two government entities share information they both have vested interest in – that of active duty soldiers, veterans, and beneficiaries. The challenge between these government agencies is that their data systems are not compatible so the information they share is not complete (Hufnagel, 2009).

In a second article, the author discusses the “*President’s Task Force to Improve Health Care Delivery for Our Nation’s Veterans*” created by President George W. Bush. The task force created in 2001 as an attempt to improve the collaboration between the Veterans Administration and the Department of Defense (Goodrich, 2006). The purpose of the task force was to identify ways in which benefits and services for Veterans could be improved. At the time of the creation of the task force, the DoD’s physical examination programs were not current with the standards of medical practice. In comparison, the VA uses physical examinations for disability determination. While the two examinations are entirely different, they could be used in conjunction with one another. The author concluded that if the DoD exam held to the same standards and the VA exam, then the DoD exam could be used in lieu of a VA exam, saving Veterans applying for disability a lot of time and frustration, while potentially saving the VA money by not paying for unnecessary exams (Goodrich, 2006).

The fourth article found is an overview of the conclusions from the National Forum on the Future of Defense Health Information Systems that convened in the spring of 2008. The primary purpose of this meeting was to speed up the interoperability plans of the DoD and VA health care systems (Jerome & Wong, 2009). The participants of this forum came from government agencies, academia, and the health care industry. The theme throughout the three-day meeting was process interoperability, which participants defined as “the design and implementation of human work process, including workflow management, systems engineering, and interaction with computer systems” (Jerome & Wong, 2009, p. 51). This means simply that agencies work together to bridge the gap of unshared information. The key areas that were identified during the forum were the need for technological change, transparency, knowledge retention and generic vs. specific interfaces. The forum concluded with participants in agreement

that the challenge of interoperability could be successful if they used a holistic approach by addressing both the technical and business process (Jerome & Wong, 2009).

Finally, several articles have been published in military journals commending the Veterans Administration and Department of Defense for their collaboration efforts regarding information sharing (Association of Military Surgeons of the United States, 2006). In 2007, the DoD and VA announced plans for joint acquisition and use of a new in-patient electronic health record system (Association of Military Surgeons of the United States, 2007). Although both agencies were awarded for sharing of information, they still maintained separate systems that both required upgrades in 2007. The agencies made plans to facilitate a joint system that would make the transition of active duty service member to veteran “seamless”; however, this has yet to occur. Again in 2008, the VA and DOD made statements of working together to serve past and present service members (Association of Military Surgeons of the United States, 2008). As of January 2017, the DoD and VA have joined forces to pilot an integrated health facility in Chicago (Government Accountability Office, 2017).

### **2.3. Implications and Recommendations**

The review of the literature supported the unique study of veteran advocate access to the necessary information for veteran disability compensation. The review was restricted to English language studies and peer-reviewed, full-text articles because the research being conducted is in fulfillment of a thesis requirement at Montana Tech of the University of Montana.

The limitations of this study include the lack of research available from the standpoint of the veteran and veteran advocates. The literature and articles available about the Veterans Administration are limited to discrepancies in health care delivery in relation to disability status. Literature available regarding interoperability among health care organizations was limited to

discussion of systems that have the greatest potential for linking electronic records systems. The information available about VA and DoD collaboration was limited to that which those agencies published in military publications, therefore the published articles were often bias supporting the agencies attempts rather than discussing the implications of the agencies' inability to fully merge their respective data systems. The themes highlight that although studies were found in the use of technology and the claims process, none focus on the combination of veteran's advocates and the veteran disability claims process, including the State of Montana.

## **2.4. Conclusion**

The lack of available research from the standpoint of veteran advocacy limited the literature review for this study. The literature reviewed for this project included research about the Veterans Health Administration and their role in the disability claim process, clinical information sharing, governmental information sharing, the interoperability of electronic health records, and the proposed collaboration between the VA and the DoD. The peer-reviewed studies available specifically about veterans or the Veterans Administration were few, however many articles written by military personnel were found. The articles were helpful in eliminating research from this review that was irrelevant to this project, but they were inconclusive about the future of information sharing among agencies that serve veterans.

## **2.5. Chapter 2 Summary**

The purpose of this chapter was to review the literature regarding Veteran Service Representative access to the essential health information needed to prepare and submit VA disability claims. Each study varied in sample size, methodology, and respondent specificity. The literature reviewed was useful for this research study because it covered various aspects of research similar and/or related this this study.

The findings of this research revealed many disparities in the studies currently available. Strengths in the studies included veteran-specific research and a variety of methodologies. Some of the weaknesses included the lack of research regarding VA disability claims, and lack of peer-reviewed research regarding the collaboration between the Veterans Administration and the Department of Defense. Based upon the background and literature review, the next section outlines the methodology of the study.

### **3. Methodology**

The purpose of this research study is to determine if Veterans Service Representatives have access to the essential information to successfully prepare and submit a veteran disability claim. This chapter will: (1) describe the research methodology of the proposed study, (2) explain the selection of voluntary participants, (3) describe the procedure used in designing the survey and data collection, (4) provide an explanation of the statistical procedures used to analyze the data. The chapter is based on the previous sections to clarify the design and methodology of this study.

#### **3.1. Research Design**

The following research questions have been formed to survey veteran advocates across the State of Montana about the availability of essential information for the veterans they serve. A qualitative method of study has been chosen for this research due to the limitation of conventional quantitative methods to evaluate thoughts, feelings, and experiences of the participants (Strauss & Corbin, 1998). Another rationale for the design is the use of qualitative studies found in the literature review.

For this present study, the researcher explored the perceptions and experiences of advocates serving veterans, specifically those who assist with claims for disability. The outcome of this research intends to offer recommendations to VA disability claim preparers as well as the Veterans Benefits Administration based on the systems that are working well and those that could use improvement.

Qualitative research is especially useful in discovering the meaning that people give to events they experience (Stake, 1995). It is justified when the nature of the research requires investigation (Stake, 1995). The purpose of this case study was to discover if veteran advocates

in the State of Montana have access to the essential health information needed for preparation and submission of a VA disability claim on behalf of the veterans they serve.

The intention of a case study is to study and understand a single situation, such as a person, a program, a process, or an activity (Bowling, 2014). For this case study, I chose to use the method of an anonymous survey to interview veteran advocates about their experiences serving veterans. The survey design was non-identifiable by participant name or location.

The purpose of explanatory case study is to address the how and why events may happen as they do (Yin, 2012). Case studies are considered when the researcher wants to ensure the behavior of those involved in the study are not manipulated. An advantage of this type of research is the partnership between the researcher and the participants because it allows the participants stories to be told from their own perspectives (Yin, 2012). This method of study is appropriate for the biographical research method which are unstructured interviews to obtain a narrative of respondent's life (Bowling, 2014).

The study design may yield conclusions that can be used for more effective preparation and processing of VA disability claims in Montana. The information gathered from this study will be shared with the Department of Military Affairs. The results will also be offered to administrative officers with the Veterans Administration in that determines veteran advocate access to VA data.

### **3.2. Population / Sample**

The population being studied for this research are accredited Veteran advocates throughout the State of Montana. Participants were recruited by email to voluntarily complete a survey to determine: What information is essential for veteran disability claims; if veteran advocates have access to the essential information; and to assemble tools based on the survey

answers to educate veterans and support veteran advocates. Inclusion criteria is any individual currently employed, or in the past 12 months, as an accredited Veteran advocate. Exclusion criteria is any Veteran advocate that has not been employed as such for at least 12 months.

The expected sample size for this study is 20-25 participants. Rationale for setting the target sample size was determined by the number of accredited Veteran advocates employed by the State of Montana Military Affairs Division at the time of the of the study. Due to the limited number of potential participants and positive feedback, it was reasonable to assume that all or most advocates would participate in the study questionnaire. Participation in the study was voluntary.

The Montana Veterans Affairs Division, of the State of Montana is comprised of one headquarters office in Ft. Harrison and nine field offices across the State. All ten offices will be the sites of this study. An online survey produced through Qualtrics allowed anonymous, voluntary participation in the study. Participants were offered 6 questions to answer, including their role in disability claims processing; the location of their office; what information they feel is essential in claims processing; the order of importance of such information; and an additional box for participants to add comments.

### **3.3. Setting**

The setting for this study is VA services in the State of Montana. This setting was chosen due to inconsistencies of the services offered to veterans residing in the State of Montana. The small population size, yet expansive geography of the State allows me as the researcher to evaluate a variety of experiences from Veteran Service Organizations located throughout Montana.

Justification for this study is supported by the lack of information available regarding disability claim preparation and submission in the State of Montana. As stated in chapter 2 of this research paper, a total of 20 studies were reviewed for this study. The information found about VA claim processing was limited, and none were from the perspective of veteran advocates.

### **3.4. Instruments / Measures**

The data to be collected will be the responses of voluntary participants to an anonymous survey. Raw data will be organized into a spreadsheet according to each response given by participants and then presented in the results in graph format. Answers to survey questions will be compiled into categories to determine if any themes are present. In the interpretive phase of research, the researcher will evaluate the responses to reach a conclusion (Creswell, 2007).

The research questions being studied examine if veteran advocates have access to essential information to prepare and submit veteran disability claims. The survey asks participants if they have access, and if they don't have access what information *is* essential. The survey also offers participants the opportunity to add comments about the VA disability claims process.

The survey consists of 6 questions. Each question in the survey will provide a set of data to be analyzed for this study. The results will be analyzed individually and compiled by question. Individual responses will be reviewed within the constraints of the Qualtrics© survey tool. Compiled question responses will be downloaded into an excel spreadsheet to be stored on a dedicated USB drive in a secured location.

Questions asked of the participants are listed below in addition to the intention for the use of each question regarding the research. The survey format provided to participants is available

in Appendix B of this document. The goal of this research is to offer deliverables that provide additional resources to improve the process and outcome of veteran disability claims.

The survey instrument was field tested prior to study approval for clarity and readability. Field testing consisted of myself and another veteran advocate completing various survey questions in various formats. Clarity and readability of the questions were determined by allowing the sample participants to document questions and make changes as needed. Potential participant time availability as well as knowledge variability was considered when forming survey questions. Sample survey responses will not be included in final study survey results.

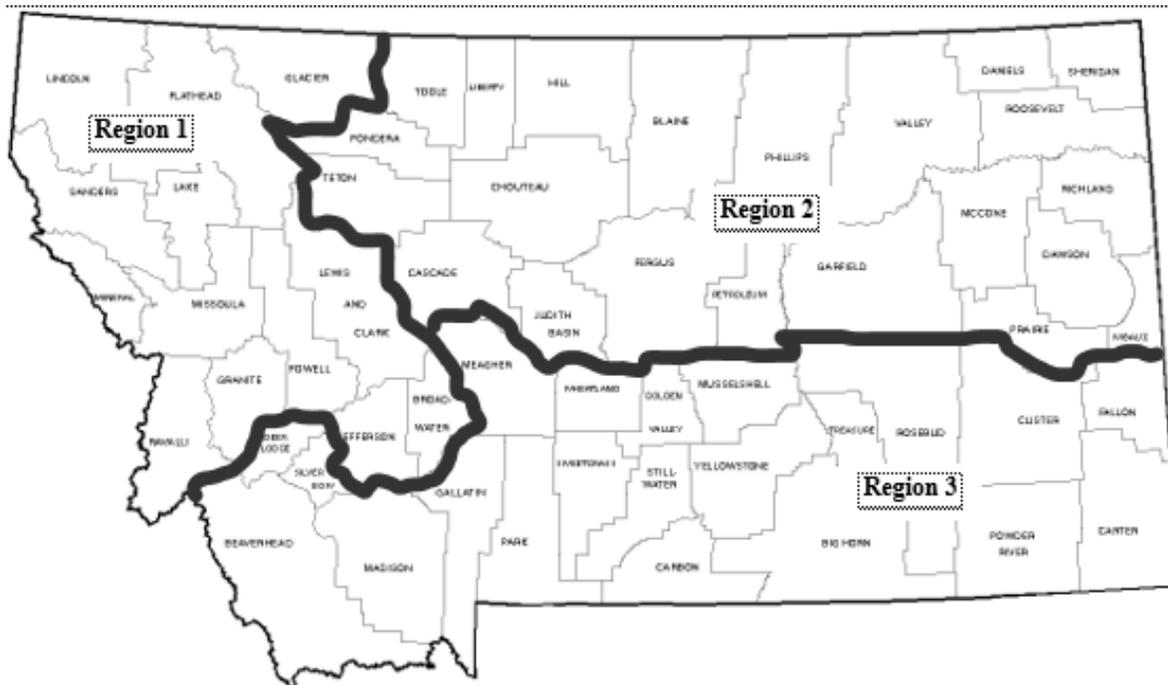
### **3.5. Data Collection**

Data will be collected using a web-based survey method. The survey tool Qualtrics© will be used to gather data for this study. Qualifying participants will be sent an anonymous link to complete 6 questions related to Veterans Administration disability claim preparation. After the survey is closed, the compiled data received will be reviewed and downloaded into an Excel spreadsheet to be analyzed to determine if any trends in data can be discerned.

The Administrator for the Department of Military Affairs in the State of Montana will be contacted for formal permission to survey employees serving as Veteran Service Representatives. An email reminder will be sent out weekly after the initial survey link is sent until the survey closes. The survey will remain open for 6 weeks to allow participants to complete the survey at a convenient time. Individual data will be managed anonymously through the Qualtrics© survey site and then non-identifying information will be transferred to an Excel spreadsheet to be analyzed and stored on a USB device in a secure location.

Participants will be contacted through employer email requesting voluntary participation in the study. Following the conclusion of the study and final thesis, participants will again be

contacted through employer email to offer access to study results. All identifying information of participants will be removed prior to analysis as well as any information that identifies the office location of participants. All location data will be reported in this document by region to protect the privacy of participants (Figure 14).



**Figure 14: Regional Map of Survey Participants**

### **3.6. Methods of Analysis**

For this case study, direct interpretation will be used to analyze the data collected (Creswell, 2007). A single survey of which there were a possible 25 voluntary participants will be evaluated (Appendix B: 8.2). The survey results will be analyzed individually and collectively to determine if any themes or patterns in responses are found regarding the VA disability claim process. A hypothesis will be proposed in chapter 4 based on the themes determined from survey results.

The relevant data to be collected for each question asked in the survey begins with question 2 to ensure anonymity of the participants. Question 2 of the survey asks participants to

indicate their role in the claims process and in what office they are located. The results of Question 2 will only be shared collaboratively.

In question 3 of the survey participants are asked to rank the order of importance of documents most vital to the VA claims process. Question 4 of the survey asks participants to determine what percentage of the time certain pieces of information are made available for claim submission. Survey question 5 is intended to determine the recommendations that would be most beneficial to assisting Veterans with disability claim submission. These three questions answer the research question as to what information is essential to prepare and submit a successful Veteran disability claim. Question 6 allows participants to provide any additional information about their experiences assisting Veterans with disability claims.

This research did not include a follow-up interview with participants as the survey questions successfully answered the research question: “Do veteran representatives have the necessary information to prepare and submit a veteran disability claim?”. Since the research question was answered from survey results, an interview with participants was not necessitated for this study.

Non-statistical analysis will be employed for this research. The qualitative approach of this study involves understanding the behavior and action of the individual participants. The interpretation of the data will likely be influenced by my previous employment as a veteran advocate (Leedy & Ormrod, 2010). It is my intent to provide an unbiased compilation of the survey results, regardless of my personal history in the field.

### **3.7. Ethical Considerations**

The ethical considerations of this study include safeguarding participant privacy. Any identifying information that is provided by participants through the online survey is protected in

the Qualtrics© survey site and will not be shared in the results of this study. Minimal risk is assessed regarding the effect the study presents for current employees of veteran service organizations. The administrator of the Department of Military Affairs will provide written permission for employees to participate in the study, therefore participation will not have an impact on the employment of veteran advocates who chose to participate in the study.

Data collected will be gathered through the Qualtrics© survey site through Montana Tech of the University of Montana. Identifiable information, to include the location of the specific participant, will be removed prior to data analysis storage. Individual answers to the survey will remain stored in the secured Qualtrics© survey site and compiled data will be stored on a dedicated USB drive and kept in a secure location.

### **3.8. Chapter 3 Summary**

The purpose of this chapter was to describe the research methodology of the study, explain the participant pool, and describe the process used in designing the instrument and collecting the data. It also provided an explanation of the process that will be used for data analysis. Chapter 4 follows this chapter with data collection and analysis of the results. The following chapter will discuss participation in the study, research questions, expected findings, data analysis, testing, and hypothesis.

## **4. Data Collection and Analysis**

The purpose of this study was to determine if veteran advocates have access to the essential information necessary to produce and submit a VA disability claim on behalf of their clients. In this chapter, the results of the study are reported. The chapter is divided into six parts: (1) the sample population and data collection; (2) the research questions and hypothesis; (3) data analysis, (4) themes of the data; (5) testing the hypothesis; and (6) the chapter summary.

### **4.1. Sample Population and Data Collection**

The sample population for this study consisted of current and former accredited veteran advocates in the State of Montana. Participation in this study was voluntary. The criteria for an individual to participate in the study was that the advocate must be or have been in the role of a veteran advocate in the State of Montana for at least one year. This criterion was implemented to assure that the participants had the experience and knowledge to productively answer the survey questions.

The Administrator for the Department of Military Affairs in the State of Montana granted permission for the employees of his agency to voluntarily participate in this survey in June 2016. Institutional Review Board approval was granted July 20, 2016. The participants were contacted the last week of July by email requesting their voluntary participation in the study and were given approximately five weeks to complete the survey.

An anonymous survey link was included in the initial email request using Qualtrics ©, a web-based survey method (Appendix B: 8.1). An email reminder was sent out each week the survey was active and continued until the survey was closed. A thank you was sent when surveys were received through the Qualtrics © portal. A final reminder was sent the last week of August and the survey was August and was closed at 6 p.m. on August 25, 2016. Data was managed

anonymously through the Qualtrics© survey site and then non-identifying information was downloaded into a secure Excel spreadsheet to be analyzed by the researcher.

## **4.2. Data Analysis**

Following the closure of the survey, responses were examined individually by participant within the context of the Qualtrics© survey site. The compiled data was then downloaded into an Excel worksheet and analyzed by survey questions.

Question 1 asked participants to state their role in the disability claims process. The findings were as expected that 100% of the participants were current or former Veterans Service Representatives. The participants indicate throughout the survey that they actively advocate on behalf of veterans regarding the disability claims process. The question was analyzed by the percentage of participants in specific employment positions assisting veterans with disability claims. The choice of answers was: Veterans Service Officer, Veterans Health Administration, Veterans Benefits Administration, and Other (with an option to enter text). Request for participation was approved only for employees of Montana Department of Military Affairs, however it was possible for the requested participants to share the study with employees of partnering agencies, therefore, other options of employment were provided.

Question 2 asked participants to indicate the location of the area in which they serve veterans. To protect the identity of the voluntary participants, the specific location of each participant will not be released in the results of this study. This question was asked to determine if the office location of a veteran advocate was a determinant in the information provided to the advocate. The findings for this question hinged on the results of the remainder of the survey because if the participants answered differently in different locations, then it could be concluded that location is a factor in veteran advocate receipt of claim information. The question was

analyzed by compiling the number of responses from each region of the State (Figure 7). This question asked participants to list the location of their service area. The answers to this question in relation to all other questions will not be released to protect the anonymity of the participants.

Question 3 requested participants to rank in order of importance the information that is most vital to the VA claims process. Question 4 asks participants to indicate what percentage of the time they receive the essential information to prepare and submit VA disability claims. The expected findings of these questions are that the answers will vary among participants dependent on their proximity to VA services.

Questions 3 and 4 was two-fold, therefore the analysis for this question was also two-fold. The question first requested participants to rank the importance of information used for Veteran disability claims, then the question asked what percentage of the time the information is provided to Veteran Service Representatives. This question was analyzed by ranking of importance and percentage of time information is reportedly received.

Question 5 asks participants to rank the recommendations provided by that which they feel would be most beneficial for successful preparation and submission of VA disability claims. The results of this question are expected to be similar to question 3 with relation to the location of the service office proximity of VA services. The question offered four recommendations and requested participants to choose the helpfulness of each recommendation. This question was analyzed by determining which recommendations were deemed most and least helpful by participants.

Question 6 is an open-ended question that allows participants to offer additional information about their personal experiences and views about creating and submitting Veterans Benefits Administration claims. The intention of this question was to offer a forum in which all

Veteran advocates could anonymously express their expert opinion about veteran disability claims. The question was open-ended and asked participants to share any further information they felt was important to this study. The answers to this question are provided below in the form of veteran advocate quotes and can also be found in Appendix B, section 8.3.

Each of the survey questions were designed by myself, the researcher, and thesis committee members. The survey questions were approved by the thesis committee, participant employer, and the University of Montana Institutional Review Board. The survey participant's answers were evaluated, and common themes were concluded from the responses.

### **4.3. Results of the Analysis**

The findings for each research question were based on the analysis as specified in the previous data analysis section of this chapter. The six survey questions were intended to determine if Veterans advocates consistently receive the essential information necessary to prepare and submit VA disability claims.

#### **4.3.1. SQ1**

100% of participants that chose to complete the survey indicated they were current or former Veteran Service Officers (veteran advocates).

#### **4.3.2. SQ2**

Of the 11 participants that completed the survey, 63% of the participants reported serving veterans in Region 1 of the State of Montana (Figure 8). 27% reported service in Region 2, and 9% reported service in Region 3.

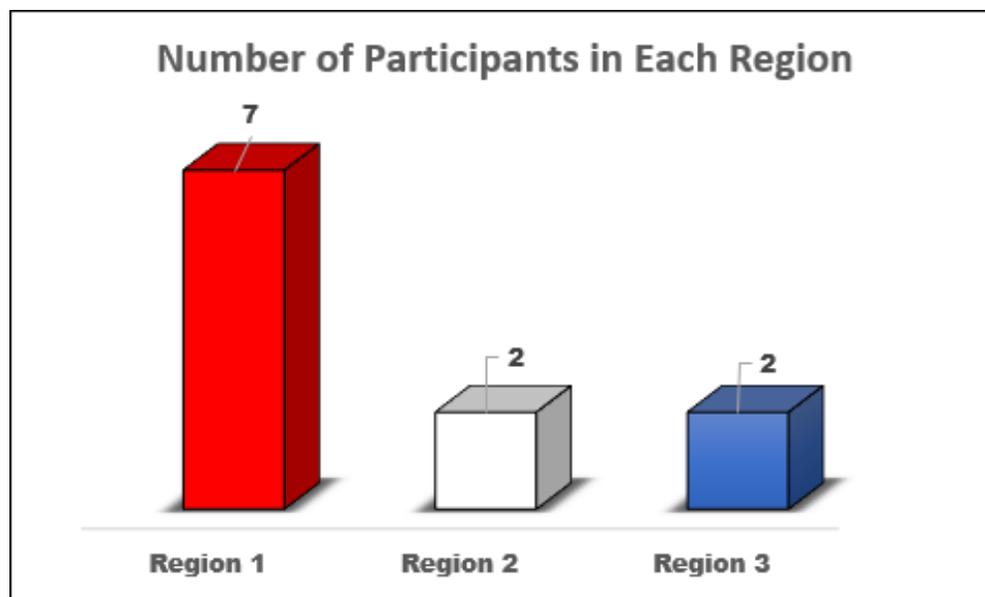
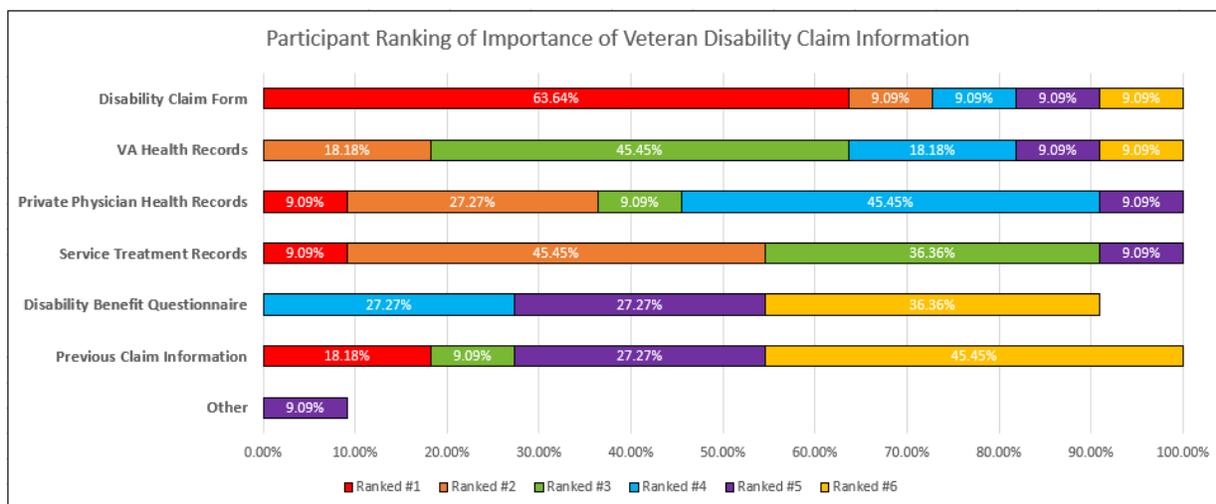


Figure 15: Graph of Participant Survey Results for Survey Questions 1 & 2 Combined

#### 4.3.3. SQ3

Participants were asked to rank in order of importance the documentation they believed were most vital to veteran disability claim completion. Seven out of eleven (63%) participants chose a Completed Veteran Initiated Claim Form as the most vital information for claim completion. Five out of eleven (45%) participants chose Service Treatment Records as the 2<sup>nd</sup> most vital piece of information needed. Five out of eleven (45%) participants chose VA Health Records as the 3<sup>rd</sup> most important, and four out of eleven (36%) chose Private Physician Health Records as the 4<sup>th</sup> most important (Figure 16).



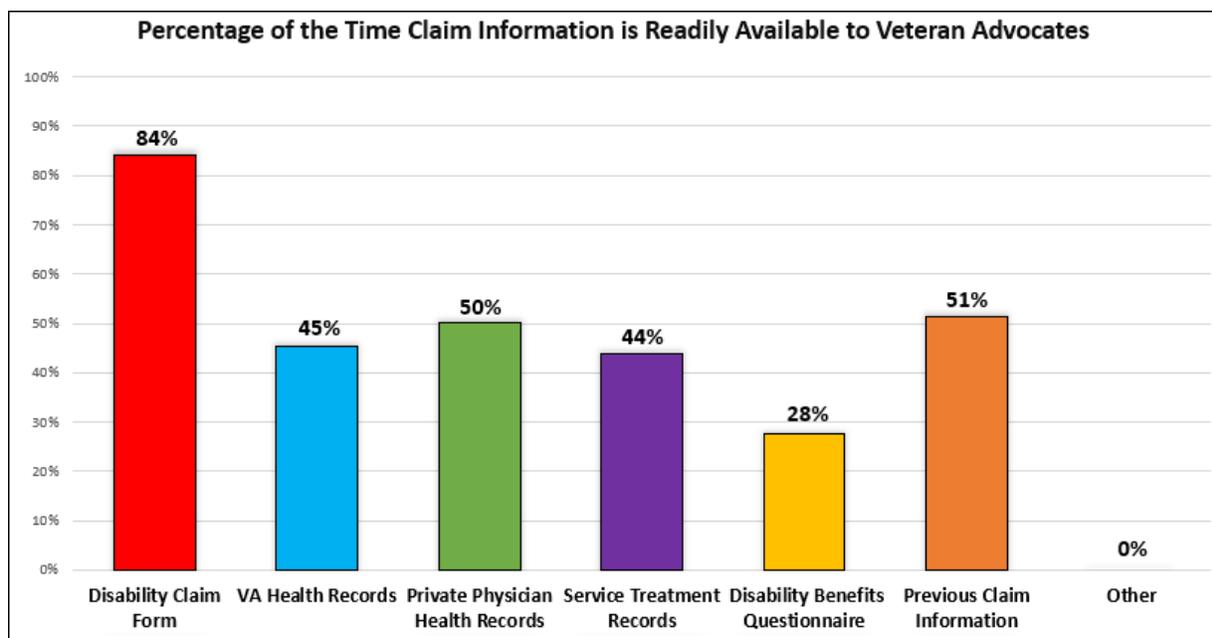
**Figure 16: Graph of Participant Survey Results for Survey Question 3**

#### 4.3.4. SQ4

Of the information that participants deemed most vital, six out of eleven (54%) participants indicated that they receive a completed claim form 84% of the time. In contrast, the second most vital piece of information determined by participants was Service Treatment Records and participants reported receiving this information only 44% of the time. The third most vital piece information, VA Health Records, was reported as being received 45% of the time, with the fourth most vital, Private Physician Health Records, reportedly received 50% of the time (Figure 17).

It can be concluded based on the study results that veteran advocates report they receive the most essential information much of the time and the remainder of the essential information 50% or less of the time. In the disability claims process, it is imperative that advocates receive essential information 100% of the time to ensure a successful disability claim outcome. As discussed in chapter 1 of this study, if a claim is submitted to the VA without the evidence to

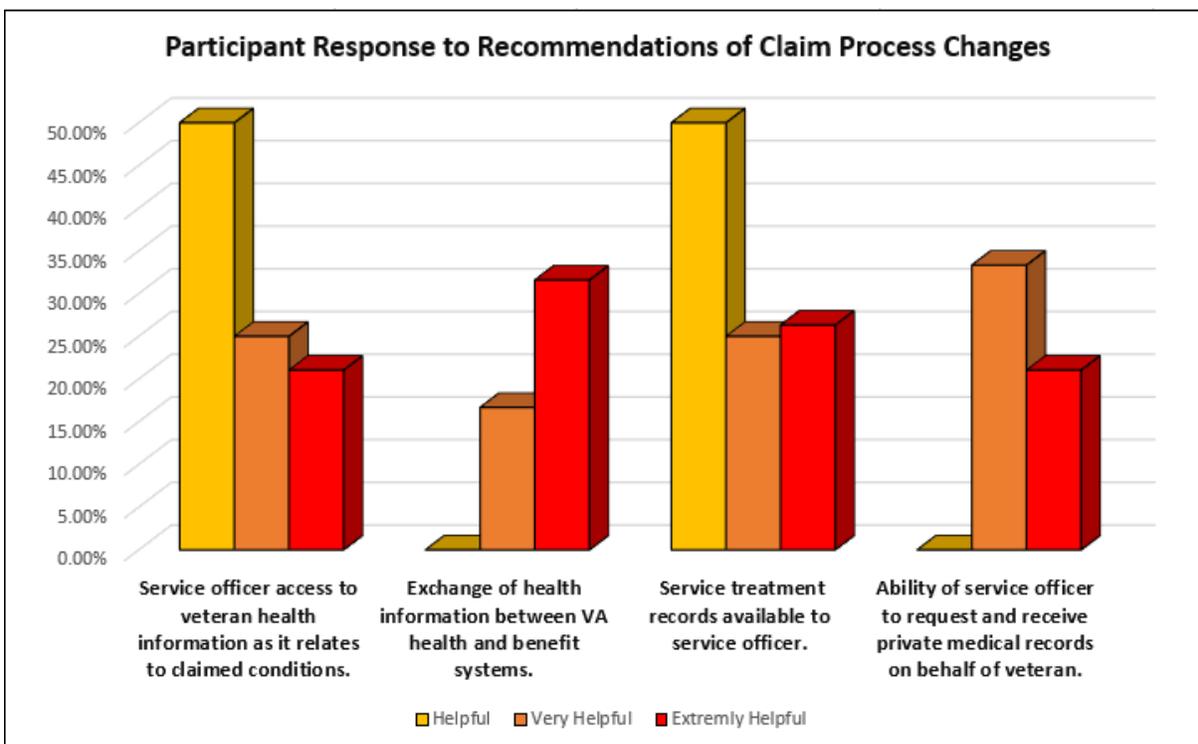
support that claim, the claim can be denied for lack of evidence or worse, backlogged while an attempt is made to gather evidence.



**Figure 17: Graph of Participant Survey Results for Survey Question 4**

#### **4.3.5. SQ5**

The recommendations suggested by the researcher included: service officer (veteran advocate) access to veteran health information as it relates to claimed conditions; exchange of health information between VA health and benefit systems; service treatment records available to service officers; and the ability of service officer to request and receive private medical records on behalf of veteran. Of the participants that responded to this question, 75% indicated that it would be “Extremely Helpful” for exchange of health information between the VA health and benefit systems, and 50% indicated that Veteran Service Representative access to veteran health information would be “Extremely Helpful”.



**Figure 18: Graph of Participant Survey Results for Survey Question 5**

#### **4.3.6. SQ6**

Survey question 6 was an open-ended question that allowed participants to offer any additional information that they felt would be beneficial to this study based on their personal experiences as Veteran Service Representatives. Although most participants did not respond, a few commented that they had no comments. One participant however made the following statement:

“The VA needs to provide a more transient system between VHA and VBA. VSO should have direct contact ability with VHA staff ie doctors. VHA needs retraining on C&P exams and needs to be reminded that this is supposed to be a non-adversarial process and should be trained on reasonable doubt” (Appendix B: 8.3).

#### **4.4. Chapter 4 Summary**

The results of the survey suggest that veteran advocates are able to receive essential information sometimes, but not all of the time. A large percentage of participants were located in region 1 of the state (Figure 14), which is the most populated, has the highest concentration of veterans, and is in the closest proximity to the only inpatient VA facility in Montana. It was inconclusive as to whether the results were dependent on the location of the participant's office location, however participants located in region 1 are in closer proximity to the Veterans Administration Regional Office where disability claims filed in in Montana are primarily adjudicated.

Findings also indicated that most veteran advocates would find it extremely helpful for the Veterans Health Administration and Veterans Benefits Administration to share information more consistently. This was supported with the anonymous participant statement regarding the need for transparency between the VA and Veteran Service Representatives.

Chapter 5 completes this study by providing discussion, implications of the study, and recommendations for future studies. The chapter includes the purpose of the study, restatement of the research questions, a summary of the results, a discussion of the results, limitations, and recommendations.

## **5. Discussion of Results**

The purpose of this chapter is to correlate the findings of this study to the submission and processing of Veterans Administration disability claims in Montana. The outcome of the study in relation to veteran advocate access to essential health information will be discussed. This chapter will include eight sections: (1) review of research problem and purpose, (2) restatement of research questions (3) summary of results, (4) implications of findings, (5) discussion of results, (6) limitations of the study, (7) recommendations for future research, and (8) chapter 5 summary.

### **5.1. Review of Research Problem and Purpose**

The purpose of this study was to determine if veteran advocates have access to the essential information necessary to effectively prepare and submit veteran disability claims. As a former Veterans Health Administration and veteran advocate, I witnessed a lack of interoperability of state and federal records systems as well as a lack of communication between VA services. Due to the fact that a variety of agencies provide health care related services to veterans, I set out to investigate if others in the State of Montana experienced similar issues with interoperability and communication amongst these agencies (U.S. Department of Veterans Affairs, 2016c).

Veteran advocates are most often employed by state and non-profit agencies to assist veterans with the disability claim process. Representatives may have the training, accreditation, and tools to assist veterans. However, if they are provided with insufficient information to assist with the claims process, they are forced to submit claims that are incomplete and therefore potentially incorrectly adjudicated (U.S. Department of Veterans Affairs, 2017c).

## **5.2. Restatement of Research Questions**

The research question being addressed in this study is to determine if veteran representatives receive the essential information necessary to prepare and submit a VA disability claim on behalf of a veteran. Additionally, the research asks if essential information is available, what specific information is available, and if it is not available, what information is needed?

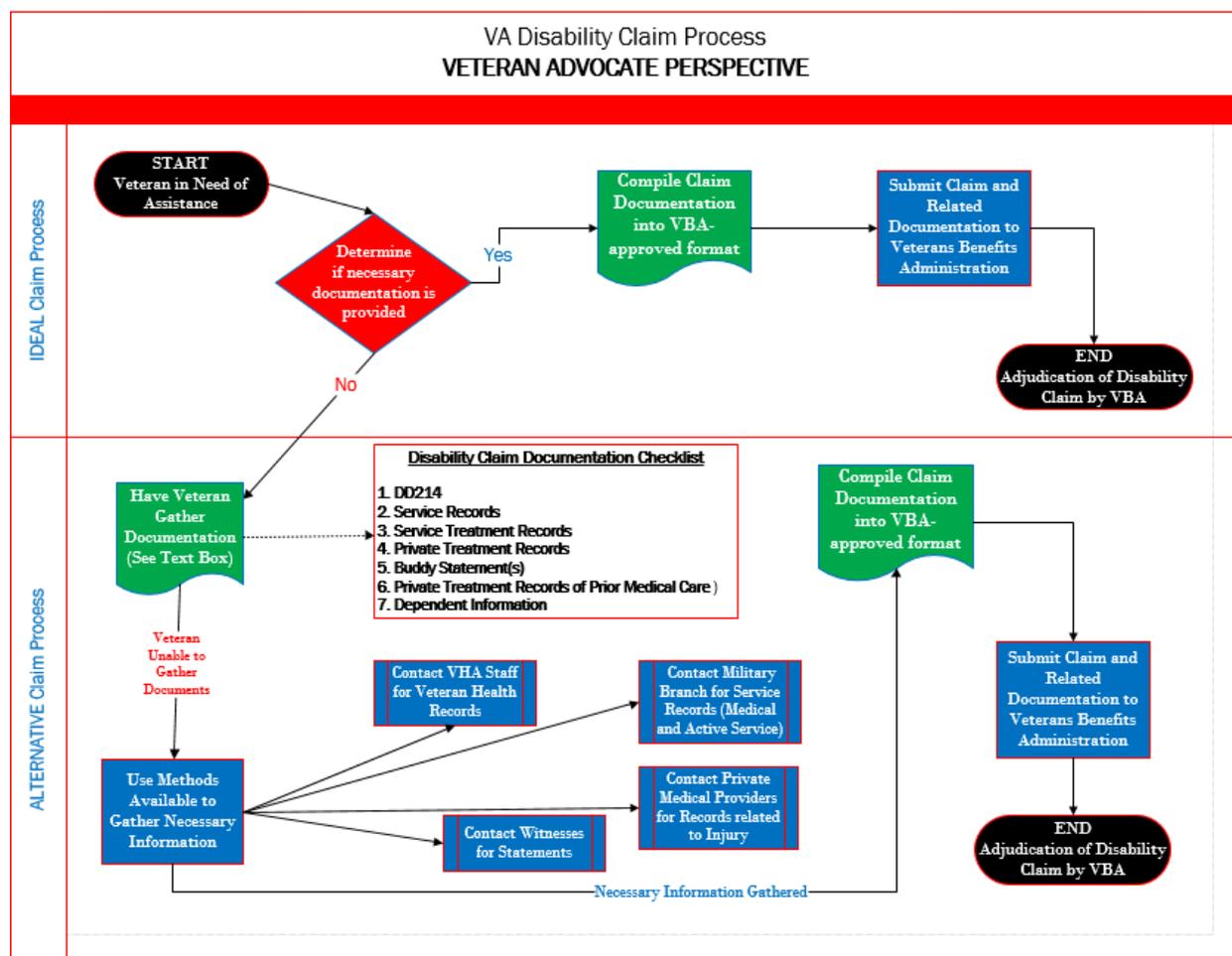
## **5.3. Summary of Results**

The results of the survey were in alignment with expectations. However, more veteran advocates were expected to participate in the study. On the other hand, having been a veteran advocate, I understand the extremely busy days and the limited time available to advocates. The findings discussed in the previous chapter indicated that veteran advocates do have access to the information they find most important most of the time, however receipt of that information varied by participant.

Participants determined the disability claim form to be the most important piece of information needed for a claim, and they reported receiving the form 84% of the time. It is unknown if some participants reported receiving the form because the form was brought to them complete, or whether they assisted the veteran with the form and therefore they reported receiving it. Participants reported receiving all other essential information about 50% or less of the time. Due to the limited number of participants, it was inconclusive as to whether the remaining information received was influenced by location of the service office, but the results remain that veteran advocates are not receiving all of the essential information necessary to prepare and submit a successful VA disability claim on behalf of the veterans they represent.

The veteran disability claims process is a complicated one. Many individuals and organizations are involved with each step of the process (Figure 9). The veteran advocate

perspective of the process can be straight-forward if they have all the information needed for a claim (Figure 19 – top half of flowchart). It is when they do not have access to or in their possession that the process becomes complicated (Figure 19 – bottom half of flowchart). As shown below, when an advocate must use any means necessary to gather information, the process is held up until the information can be gathered.



**Figure 19: Flowchart of VA Disability Claims Process: Veteran advocate Perspective**

The survey participants determined the disability claim form to be the most important piece of information needed for claim preparation and submission and that they receive it most of the time. Survey results also determined that participants regard service treatment records and

VA health records as the next two most important pieces of information (Figure 16), but they receive it less than half of the time (Figure 17).

Participants were asked to rank suggestions that would be most helpful in the disability claims process. Survey results revealed that the exchange of information between the health and benefit systems would be the most helpful in assisting with the claims process. Additionally, more than half of the participants ranked Veteran Service Representative access to veteran health information as extremely helpful in assisting with the claims process (Figure 18).

These survey results led me to the recommendation that the Veterans Administration review the policies and procedures to provide effective sharing of information within their own agency and partnering organizations. A review of the policies and procedures can determine the level of access or interoperability with the systems that contain essential documentation (Quigley et al., 2014). The recommendations are consistent with finding in the literature review (Goldstein, 2014).

Further, all VA employees and partnering organization staff, including veteran advocates, must complete a rigorous lifetime background check and recommendation process to gain access to VA information systems. Continued employment is contingent upon the background check being returned with no concerns regarding involvement with law enforcement, previous terminations, ethical concerns, and if applicable, the staff must have honorable discharge from military service. In other words, the extensive background check and previous employer endorsement, interoperability among VA system for staff and contractors is warranted and therefore recommended.

## 5.4. Implications of Findings

The results of this study give some indication of the dedication of veteran advocates in Montana. They work with veterans every single day educating them on the disability claim process. Based on experience, veteran advocates often use personal resources and contacts to get the information needed to assist a veteran with a claim. Veteran advocates have been known to take it personal when a claim is denied, even when the VA regulations are clear about the ruling. For most who are employed as veteran advocates, the position is more than just a job, it's a commitment to the veteran community.

Findings from this study imply that veteran advocates have most of the essential information to prepare and submit veteran disability claims most of the time. While this may be true in many cases throughout Montana, disparities remain. Veterans throughout the State of Montana are not equally represented (Figure 6). Relationships between service offices, VA facilities, local providers, and military representatives dictate whether information is shared.

Relationships are highly valued in the State of Montana. Businesses are built on relationships, and most, if not all, professional interactions have relational elements – including healthcare (Cederberg, 2011; Erickson, 2015). Because of this culture in Montana, veteran advocate access to information hinges on the relationships they have in their community with others who serve veterans. In the first year of employment as a veteran advocate, advocates work to become accredited while they learn about the disability claims process and their role in the process. During this time, relationships are built, trust is fostered, and information is cautiously shared. As time goes on, those relationships are enriched, and information is shared more freely.

The three regions in Montana were not equally represented in the participant pool. More than half of the study participants were from region 1 of Montana. It can then be deduced that

out of 14 possible participants in the remainder of the state, only 4 chose to participate in regions 2 & 3 combined. With only 4 participants in three-quarters of the state, that part of the state was not fairly represented (Figure 7).

Implications of the findings in this study suggest that essential information for veteran disability claims is available to representatives most of the time. Veteran advocates who have built relationships in their communities receive the necessary information to successfully prepare and submit a veteran disability claim. The ways in which this information is received was not studied in this research, however, from my personal experience as a veteran advocate, I can attest to the unconventional means in which information has been received. As previously implied, veteran advocates are committed to their work. They will do whatever it takes, (excluding anything unethical or illegal) to assist a veteran with entitled benefits.

## **5.5. Discussion of Results**

This study was the first to review access to essential information to veteran advocates. The literature review in chapter 2 examined the research available concerning veterans, the Veterans Administration, and disability claims. Several articles were discovered that discussed the anticipated partnership between the Veterans Administration and the Department of Defense. Studies were found about veteran health care and disability. Studies were also found concerning the sharing of health information between health care providers for the benefit of patient care. I even came across an article that discussed legal representation of veterans for the disability claims process, but none of the current research or articles discussed the efforts of veteran advocates.

## 5.6. Limitations of the Study

Limitations of this study include small sample size, concentrated location of participants, survey question clarification, and lack of pilot study and related data. Participants were also limited to those employed by the Department of Military Affairs. Not all accredited service officers are employed by that agency, some are employed by private and non-profit agencies while others are licensed attorneys who assist veterans with disability claims. The sample size and participation were chosen due in part to the constraints of institutional review board permission; in part because of the limited time frame in which to complete the study; and in part to utilize a case study approach that gave voice to veteran advocates in the State of Montana who are former co-workers (and friends).

Twenty-Five Veteran Service Representatives were requested to participate in the study. Eleven representatives chose to participate during the six weeks of the survey process. Among those that participated, more than half indicated they were from region 1 of the State, which includes service offices in Ft. Harrison, Missoula, and Kalispell, Montana. It is important to note that because of this small concentrated sample size, the results were bias for those locations and therefore limited information was available about veteran disability claims in the eastern side of the State of Montana.

One of the guidelines to participation in the study was that the participants must have been employed at least a year in the position. The survey did not request information on how long the participant had been employed as a veteran advocate. Additionally, the ranking mechanism and sliding scale offered to participants was unclear to some which created significant variability in the responses.

The researcher chose to pursue institutional review board (IRB) approval to study all accredited veteran advocates employed by the State of Montana Department of Military Affairs. There are several service offices that employ accredited veteran advocates that are employed by non-profit and private agencies. These representatives were not asked to participate in the study due to lack of permission from said agencies and IRB approval to survey them.

### **5.7. Future Research Recommendations**

The research participants represented the entire State of Montana, however potential participants were concentrated in the most populated areas of the rural state. Given the lack of studies on this topic, it is my recommended as the researcher that further study be conducted on a national level to include not only veteran representatives, but also Veterans Benefits and Veteran Health Administration staff. A more widespread study may reveal that essential information received varies depending on the proximity of an advocate's office to a VA facility.

This study serves as the introductory research on the veteran disability claims process from the perspective of accredited Veteran advocates in the State of Montana. The study parameters used in this research can be replicated using an electronic or hard copy survey tool. Although future researchers may choose to make changes to the questions to suit their geographical location, this research has the potential to be extended beyond the State of Montana to all states and territories that advocate for veterans by assisting in the disability claim process.

The research and subsequent results of this study was unique in that it was conducted entirely online within the boundaries of the State of Montana Department of Military Affairs employees. It would be my recommendation for future research that all veteran advocates, whether accredited or not, be surveyed similarly to this study. A broader spectrum of participants

would give more aggregate data to analyze that could be shared on a national level to work toward improving the claims process for everyone.

Furthermore, it is recommended that VA employees and veterans who have applied for disability benefits be included in a study with similar parameters. It may be beneficial to have knowledge of this process from the perspective of the claim adjudicators as well as the veterans who have applied for benefits. As a former advocate, I was aware of the constraints in which a VA adjudicator determines the outcome of claims. However, it is not clearly known what information is deemed most helpful from the perspective of the VA adjudicator's part of the claims process.

On a similar note, veteran participation in similar research would be motivating to say the least. The reason a veteran may choose to file a disability claim varies for each individual circumstance. Some veterans chose to reach out as soon as they can after ending active duty service while others wait months and years, even decades, to attempt to file a claim for disability benefits. The determinants of these choices vary among military branches and service eras. It would be very indicative of the success of the current process to hear from the claimants.

## **5.8. Narrative of Veteran Experience**

The dedication of veteran advocates in the State of Montana is second to none. In addition to being formerly employed as a veteran advocate, I am the mother (and granddaughter) of a veteran. I was employed as an advocate when my daughter decided to join the Army at age 17. I was extremely proud and excited for her future. I was also scared. Having worked with veterans filing all kinds of claims for disability – physical, mental, and emotional, I was worried about what the future might hold for her and wanted to prepare her for all possibilities. Beginning from when she left for basic training, I used the knowledge I had gained from my

employment and insisted she have all her paperwork in order, copies made, and put in a safe and secure place before she left.

A year after returning from basic training and advanced training, she was deployed. It was shortly after this that I changed employment. As a mom, it was difficult for me to work with all these young veterans imagining what was happening to mine. I am happy to report she came back in one piece, although she did have an injury. It was that injury that gave me the motivation I needed to complete the dictation of this study. By educating my daughter on the documentation that was needed for a VA disability claim, including the documentation prior to the injury that I had her gather before basic training, her claim was submitted and complete in less than 90 days. The veteran advocate that assisted her was a former co-worker of mine who did a wonderful job of helping her through the claims process with ease.

My daughter's experience is the ideal. Her disability exam was promptly scheduled, the claim was adjudicated quickly, and her compensation was received and increased in short order. The primary reason for her experience is that she provided the essential information for the VBA to decide the outcome of her claim in accordance with their regulations. There was no question as to how the injury occurred; there was no additional documentation needed; and there were no conditions claimed that were not supported by the documentation provided. That said, my daughter's experience is not as rare as could be assumed. When veterans gather all the essential information necessary for a claim prior to submission, they too experience uncomplicated, promptly adjudicated claims. My hope is this same experience for every veteran.

### **5.9. Recommendations in Response to this Study**

As discussed in chapter 2, it is recommended that the VA review policies and procedures to provide effective sharing of information to veteran advocates and other participating agencies.

Research indicated that the lack of integrated software systems as well as the lack of consistent policies are some of the barriers to information sharing (Quigley et al., 2014; Goldstein, 2014).

In addition to the results of this study, my experience as a veteran advocate, and my personal experience as a family member of veterans of multiple service eras, I recommend the following actions be taken: 1. Educate veterans about the disability claims process and 2. Stress the importance of gathering documentation prior to, during, and after entering military service.

Given that information is not found within a single organization, educating veterans about the disability claim process may be the key to successful and promptly decided VA disability claims. As such, it is recommended that veterans advocates use whatever tools available to explain the veteran role in filing a claim for disability benefits. One way to achieve this is to provide a list of the documentation needed for each claimed condition and where the documents can be located (Table III). Further, both the active military and the VA system can educate soldiers about steps they can take to gather the information prior to deciding to file a claim (Figure 20). It is important for veterans to know that the outcome of their claim is entirely dependent on the information available to the claim adjudicators at the Veterans Benefits Administration. A large percentage of the adjudicators are veterans themselves and they want to allow benefits to veterans, but they must work within the constraints of the rules and regulations set forth by the Veterans Benefits Administration. The more information they have in support of the claim, the more likely the outcome will be favorable for the veteran.

The importance of keeping records is stressed when an individual enters military service. The recruiters inform soldiers that their birth certificates, proof of citizenship, medical evaluations, and ID cards will be needed throughout their service during active and reserve duty. The drill sergeants in basic training holler at recruits to keep their paperwork together because

they will need it to be transferred to duty stations and deployment locations. Officers and NCOs regularly remind soldiers in their command to keep their paperwork in order because plans can change in a moment's notice and they will need the documents to effectively continue service. At discharge, soldiers are given large files of records regarding their service, medical treatment, fitness evaluations. The importance of maintaining documents is emphasized in the military.

The caveat to recordkeeping prompts during active duty military is that in each phase of military life, different documentation is needed. It is impressed upon soldiers that the documentation they currently need is the most important, disregarding most of the documents that came before, or may come after. Therefore, it is my recommendation that all military service persons be provided with strong guidance to maintain documents before, throughout, and after their military career. Maintenance of military records could be as simple as a lock box kept in the bank of a hometown, or as complicated as utilizing an electronic storage facility that maintains records in a structured manner. I do not propose a one-size-fits-all for all military personnel, but I do recommend that all records be kept in a secure location in which every piece of information ever given to a soldier can be located if it is needed for future benefit claims.

VA Disability Claim Process  
VETERAN PERSPECTIVE

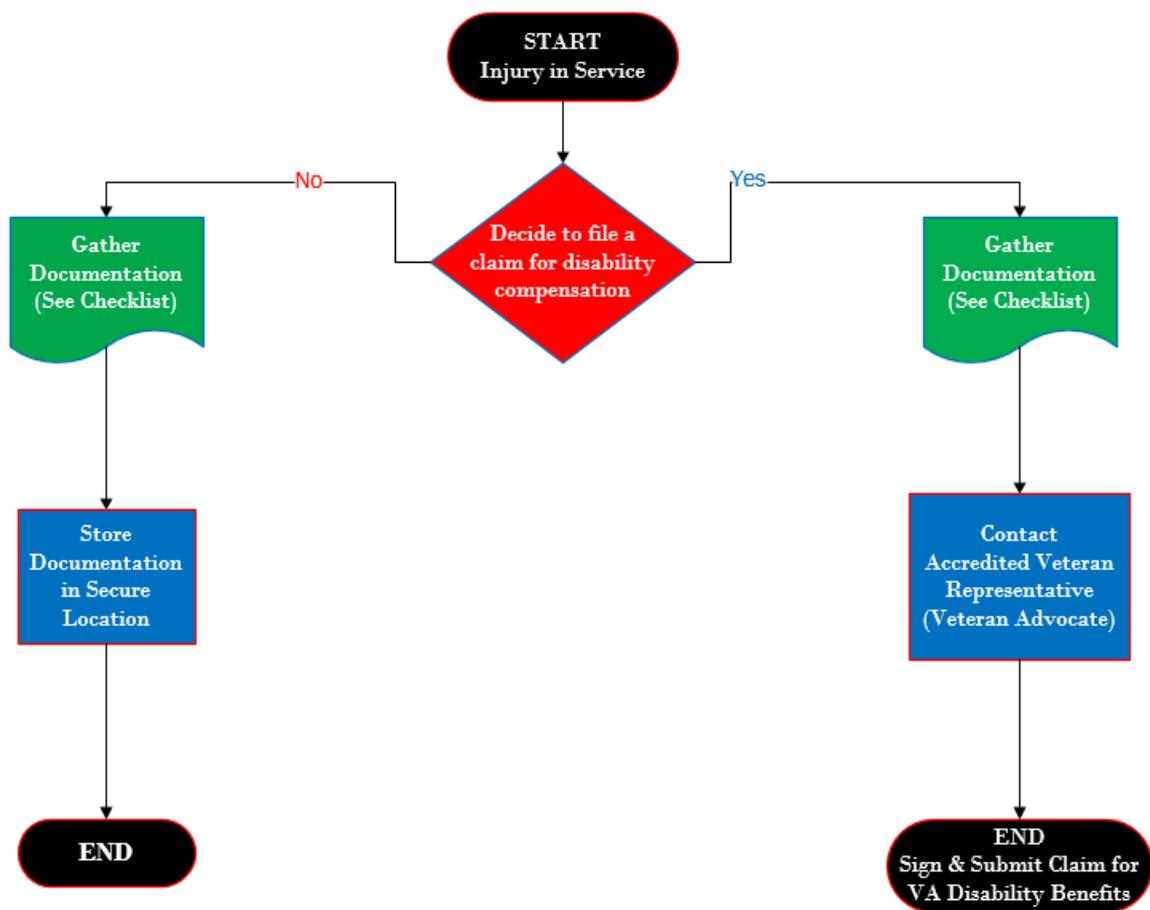


Figure 20: VA Disability Claim Process Flowchart: Veteran Perspective.

**Table III: Deliverable - VA Disability Claim Checklist****VA Disability Claim Checklist\*****1. DD214(s)**

*What is it?* Proof of active service for each active service time

*Where can you get it?* Military service branch administration

**2. Service Records**

*What is it?* Record of activities during active duty service

*Where can you get it?* Military service branch administration

**3. Service Treatment Records**

*What is it?* Medical Care received during active duty service

*Where can you get it?* Military service branch administration and/or military service branch medical treatment facility

**4. Private Treatment Records of Service-Connected Injury**

*What is it?* Medical Care received from non-military sources for injury that occurred during active duty

*Where can you get it?* The medical provider that treated you.

*NOTE: Private medical providers need to be informed of treatment that is military related for the purpose of accurate recording of the treatment provided.*

**5. Buddy Statement(s)**

*What is it?* Statement from witness(s) of injury that occurred during active duty – including fellow servicemen or family members that witnessed a physical or mental change after active service.

*Where can you get it?* From the person directly with a copy, not the original, submitted to the VA.

**6. Private Treatment Records of Prior Medical Care**

*What is it?* Medical care received prior to military service. Needed to establish lack of disability prior to active duty service.

*Where can you get it?* The medical provider that treated you.

**7. Dependent Information**

*What is it?* Name(s), Marriage Certificate(s), Birth Certificate(s), adoption decrees, Social Security Number(s). This information is used to determine monetary compensation award.

*Where can you get it?*

Marriage Certificates: Varies by state, but usually county clerk's office in the county and state where married.

Birth Certificate(s): Office of Vital Statistics in state of birth

*NOTE: It is extremely important to report changes in dependents such as divorce or death or you could owe the VA any compensation overpaid for that dependent.*

*\*Checklist of documentation is listed in order of importance*

## 5.10. Chapter 5 Summary

In conclusion, the participant survey results indicated that veteran advocates in Montana do not consistently receive the essential information needed to prepare and submit successful VA disability claims. The review of the literature did not offer definitive recommendations to improve veteran advocate access to the essential information (Quigley et al., 2014; Goldstein, 2014). Further, articles about proposed collaborations between Veterans Administration and Department of Defense may indicate a willingness to make systems improvements.

Final thoughts on the research are that there is a limited amount of study on this topic. The lack of available literature and study about the veteran disability claim process allows for many opportunities for such research in the future. Generalizations about the VA disability claim process outside of Montana cannot be concluded; however, this study offered initial insight into the steps of the process from the perspective of the veteran, veteran representative, and VA staff.

My ambition for this project was to encourage veteran representatives in the State of Montana to share their experiences advocating for the veteran community. My hope is that they will share this research with those who have the authority to make changes to the VA claim process. Most importantly, my goal is for veterans throughout Montana and beyond to benefit from the outcome of this research by utilizing the deliverables provided in the flowcharts and checklist.

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## 7. Appendix A: VA Forms

### 7.1. VA Form 21-536EZ Application for Disability Compensation

OMB Control No. 2900-0747  
Respondent Burden: 25 minutes  
Expiration Date: 11/30/2017

 Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
<b>APPLICATION FOR DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS</b>		
IMPORTANT: Please read the Privacy Act and Respondent Burden on page 10 before completing the form.		
<b>SECTION I: IDENTIFICATION AND CLAIM INFORMATION</b>		
1. VETERAN/SERVICE MEMBER NAME (First, Middle Initial, Last) <input type="text"/>		
2. VETERAN'S SOCIAL SECURITY NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>	3. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide your file number in Item 4)	4. VA FILE NUMBER <input type="text"/>
5. DATE OF BIRTH (MM,DD,YYYY) Month Day Year <input type="text"/> - <input type="text"/> - <input type="text"/>	6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. VETERAN'S SERVICE NUMBER (If applicable) <input type="text"/>
8A. ARE YOU CURRENTLY HOMELESS OR AT RISK OF BECOMING HOMELESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 8B & 8C)	8B. POINT OF CONTACT (Name of person that VA can contact in order to get in touch with you) <input type="text"/>	8C. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code) <input type="text"/> - <input type="text"/> - <input type="text"/>
9A. SERVICE (Check all that apply) <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD		9B. COMPONENT (Check all that apply) <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVES <input type="checkbox"/> NATIONAL GUARD
10A. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street <input type="text"/> Apt./Unit Number <input type="text"/> City <input type="text"/> State/Province <input type="text"/> Country <input type="text"/> ZIP Code/Postal Code <input type="text"/> - <input type="text"/>		
10B. FORWARDING ADDRESS AND EFFECTIVE DATE (Provide the date you will be living at this address) No. & Street <input type="text"/> Apt./Unit Number <input type="text"/> City <input type="text"/> State/Province <input type="text"/> Country <input type="text"/> ZIP Code/Postal Code <input type="text"/> - <input type="text"/> <b>EFFECTIVE DATE:</b> Month Day Year <input type="text"/> - <input type="text"/> - <input type="text"/>		
11. PREFERRED TELEPHONE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/>		
12A. PREFERRED E-MAIL ADDRESS (If applicable) <input type="text"/>	12B. ALTERNATE E-MAIL ADDRESS (If applicable) <input type="text"/>	







## 7.2. VA Form 21-22 Power of Attorney

OMB Control No. 2900-0321  
 Respondent Burden: 5 minutes  
 Expiration Date: 08/31/2018

 <b>Department of Veterans Affairs</b>		<b>APPOINTMENT OF VETERANS SERVICE ORGANIZATION                  AS CLAIMANT'S REPRESENTATIVE</b>		
Note - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual as Claimant's Representative." VA Forms are available at <a href="http://www.va.gov/vaforms">www.va.gov/vaforms</a> .				
<b>IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM.</b>				
1. LAST-FIRST-MIDDLE NAME OF VETERAN		2. VA FILE NUMBER (Include prefix)		
3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization)				
3B. NAME AND JOB TITLE OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 3A (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)				
3C. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 3A				
<b>INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES</b>				
4. SOCIAL SECURITY NUMBER (OR SERVICE NUMBER, IF NO SSN)		5. INSURANCE NUMBER(S) (Include letter prefix)		
6. NAME OF CLAIMANT (If other than veteran)		7. RELATIONSHIP TO VETERAN		
8. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)		9. CLAIMANT'S TELEPHONE NUMBERS (Include Area Code)		
		A. DAYTIME	B. EVENING	
		10. EMAIL ADDRESS (If applicable)		
		11. DATE OF THIS APPOINTMENT		
12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.				
<input type="checkbox"/> I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.				
13. LIMITATION OF CONSENT - I authorize disclosure of records related to treatment for all conditions listed in Item 12 except:				
<input type="checkbox"/> DRUG ABUSE		<input type="checkbox"/> INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)		
<input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE		<input type="checkbox"/> SICKLE CELL ANEMIA		
14. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 3A to act on my behalf to change my address in my VA records.				
<input type="checkbox"/> I authorize any official representative of the organization named in Item 3A to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 3A is not my appointed fiduciary.				
I, the claimant named in Items 1 or 6, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 12 and 13), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. <i>Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.</i> Signed and accepted subject to the foregoing conditions.				
<b>THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC</b>				
15. SIGNATURE OF VETERAN OR CLAIMANT (Do Not Print)		16. DATE SIGNED		
17. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 3B (Do Not Print)		18. DATE SIGNED		
<b>VA USE ONLY</b>	COPY OF VA FORM 21-22 SENT TO:		DATE SENT	ACKNOWLEDGED (Date)
	<input type="checkbox"/> VR&E FILE	<input type="checkbox"/> EDU FILE		
	<input type="checkbox"/> LG FILE	<input type="checkbox"/> INSURANCE FILE		REVOKED (Reason and date)
NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.				

## 8. Appendix B

### 8.1. IRB Approval



**INSTITUTIONAL REVIEW BOARD**  
*for the Protection of Human Subjects in Research*  
 FWA 0000078  
 Research & Creative Scholarship  
 University Hall 116  
 University of Montana  
 Missoula, MT 59812  
 Phone 406-243-6672 | Fax 406-243-6330

**Date:** July 20, 2016

**To:** Betty Morrison-Franklin, HealthCare Informatics, Montana Tech

**From:** Dr. Scott Risser, Montana Tech IRB Representative  7/20/16

**RE:** IRB #145-16: "An Assessment of the Processing of Veterans Benefits Administration Disability Claims in Montana: A Case Study"

Your IRB proposal cited above has been **APPROVED** under the **Exempt** category of review by the Institutional Review Board in accordance with the Code of Federal Regulations, Part 46, section 101. The specific paragraph which applies to your research is:

X(b)(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

University of Montana IRB policy does not require you to file an annual Continuation Report for exempt studies, as there is no expiration date on the approval. However, you are required to notify the IRB of the following:

Amendments: Any changes to the originally-approved protocol must be reviewed and approved by the IRB **before** being made (unless extremely minor). Requests must be submitted using [Form RA-110](#).

Unanticipated or Adverse Events: You are required to timely notify the IRB if any unanticipated or adverse events occur during the study, if you experience an increased risk to the participants, or if you have participants withdraw from the study or register complaints about the study. Use [Form RA-111](#).

Please contact the IRB office with any questions at (406) 243-6672 or email [irb@umontana.edu](mailto:irb@umontana.edu).

## 8.2. Participant Email Request

**From:** Morrison-Franklin, Betty  
**Sent:** July 25, 2017  
**To:** ALL mt.gov VSOs employed 1+ years  
**Subject:** VSO Survey

Dear Veterans Service Officers:

I invite you to participate in a research study entitled *An Assessment of the Processing of Veterans Benefits Administration Disability Claims in Montana: A Case Study*. I am currently enrolled in the Interdisciplinary Master Degree program at Montana Tech in Butte, MT and am in the process of writing my Master's Thesis. The purpose of the research is to determine if it would benefit VSOs to have more direct access to VA health information when assisting veterans with claims for disability.

The enclosed questionnaire has been designed to collect information on your experiences as a Veterans Service Officer.

As indicated in the email from MVAD administrator Joe Foster on June 17<sup>th</sup>, 2016, your participation in this research project is completely anonymous and voluntary. You may decline altogether, or leave blank any questions you don't wish to answer. There are no known risks to participation beyond those encountered in everyday life. Your responses will remain confidential and anonymous. Data from this research will be kept under lock and key and reported only as a collective combined total. No one other than the researcher will know your individual answers to this questionnaire.

If you agree to participate in this project, please answer the questions on the questionnaire as best you can. It should take approximately 15 minutes to complete. Please use the anonymous link below to participate.

**Anonymous Link**

[https://montanatech.col.qualtrics.com/SE/?SID=SV\\_8DsPO0iHdL4IJtP&Q\\_JFE=0](https://montanatech.col.qualtrics.com/SE/?SID=SV_8DsPO0iHdL4IJtP&Q_JFE=0)

If you have any questions about this project, feel free to contact Betty Franklin at [bmorrisonfranklin@mtech.edu](mailto:bmorrisonfranklin@mtech.edu) or PHONE NUMBER.

Information on the rights of human subjects in research is available through the Institutional Review Board at Montana Tech of the University of Montana 1300 W. Park Street Butte, MT 59701; Scott Risser, Department of Liberal Studies, [srisser@mtech.edu](mailto:srisser@mtech.edu) or PHONE NUMBER.

Thank you for your assistance in this important endeavor.

Sincerely yours,

Betty J. Morrison-Franklin

### 8.3. Participant Survey

**VA Claims Study**

▼ Default Question Block

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SQ1 What is your role in the VA disability claims process?

- Veterans Service Officer
- Veterans Benefits Administration employee
- Veterans Health Administration employee
- Other (please explain)

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SQ2 Please list the location of your service area

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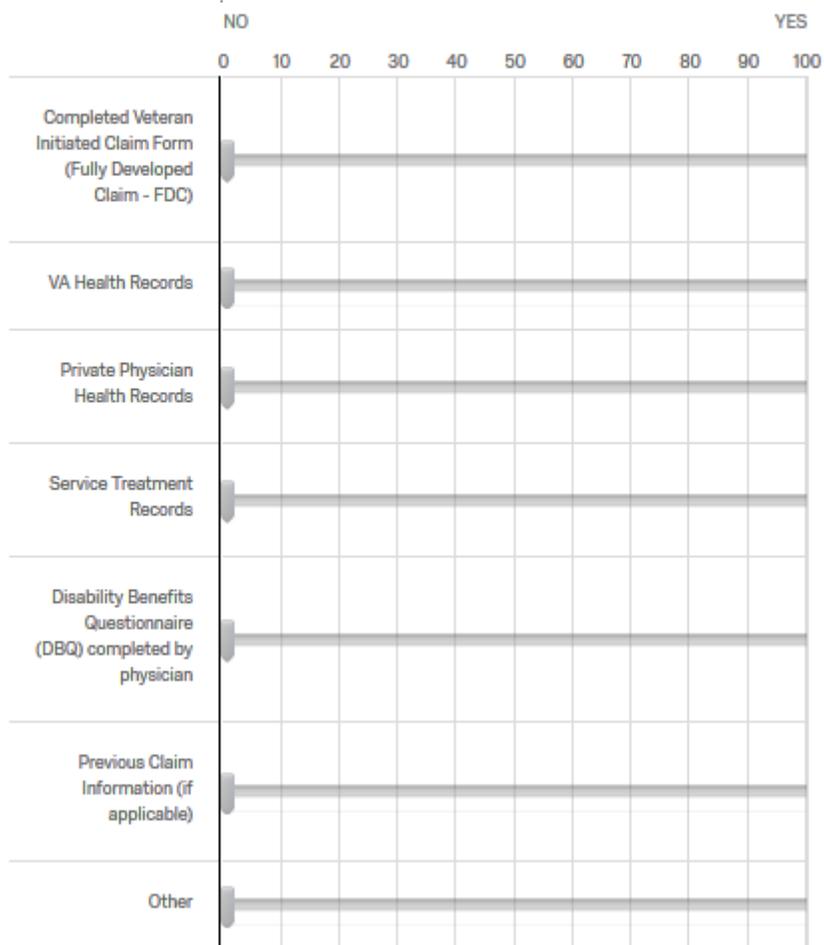
SQ3 Of the following information, please rank in order of importance (1-7 without repeating ) that which you feel is most vital to the VA claims process.

- Completed Veteran Initiated Claim Form (Fully Developed Claim- FDC)
- VA Health Records
- Private Physician Health Records
- Service Treatment Records
- Disability Benefit Questionnaire (DBQ) completed by physician
- Previous Claim Information (if applicable)
- Other (please list and explain each)

SQ4



With regard to the previous question, what percentage of the time are the following pieces of information readily available to you as a veteran service officer for the veterans you represent (prior to claim submission)?



SQ5

Based on your personal experience with the VA claims process, please rate the following recommendations that you feel would be most helpful in assisting veterans with VA claim submission. (All recommendations are intended to be received prior to claim submission).

	Helpful	Very Helpful	Extremely Helpful
Service officer access to veteran health information as it relates to claimed conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exchange of health information between VA health and benefit systems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service treatment records available to service officer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability of service officer to request and receive private medical records on behalf of veteran.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

SQ6

Please provide any additional information about your experience in helping to file VA disability claims. (This area can also used to add comments regarding any of the above questions.)

### 8.4. Survey Question Results

Question 1 & 2 Combined Participant Role & Area of Service	
Region 1	7
Region 2	2
Region 3	2

Q3 - Of the following information, please rank in order of importance (1-7 without repeating ) that which you feel is most vital to the VA claims process.							
Other*					9.09%		9.09%
Previous Claim Information	18.18%		9.09%		27.27%	45.45%	
Disability Benefit Questionnaire				27.27%	27.27%	36.36%	
Service Treatment Records	9.09%	45.45%	36.36%		9.09%		
Private Physician Health Records	9.09%	27.27%	9.09%	45.45%	9.09%		
VA Health Records		18.18%	45.45%	18.18%	9.09%	9.09%	
Disability Claim Form	63.64%	9.09%		9.09%	9.09%	9.09%	
*Education of the veteran of the claims process should be # 1; Buddy Statements							

<b>Q4: Per question 3, what pieces of information are readily available to you as a veteran service officer for the veterans you represent</b>	
Disability Claim Form	84%
VA Health Records	45%
Private Physician Health Records	50%
Service Treatment Records	44%
Disability Benefits Questionnaire	28%
Previous Claim Information	51%
Other	0%

**Q5 - Based on your personal experience with the VA claims process, please rate the following recommendations that you feel would be most helpful in assisting veterans with VA claim submission. (All recommendations are intended to be received prior to claim submission). - Service officer access to veteran health information as it relates to claimed conditions.**

Question	Helpful	Very Helpful	Extremely Helpful	
Service officer access to veteran health information as it relates to claimed conditions.	50.00%	25.00%	21.05%	4
Exchange of health information between VA health and benefit systems.	0.00%	16.67%	31.58%	6
Service treatment records available to service officer.	50.00%	25.00%	26.32%	5
Ability of service officer to request and receive private medical records on behalf of veteran.	0.00%	33.33%	21.05%	4
Total	Total	Total	Total	19

**Q6 - Please provide any additional information about your experience in helping to file VA disability claims. (This area can also used to add comments regarding any of the above questions.)**

1. The VA needs to provide a more transient system between VHA and VBA. VSO should have direct contact ability with VHA staff ie doctors. VHA needs retraining on C&P exams and needs to be reminded that this is suppose to be a non adversarial process and should be trained on reasonable doubt.							
2. None at this time							
3. Nothing else to submit							
4. N/A							

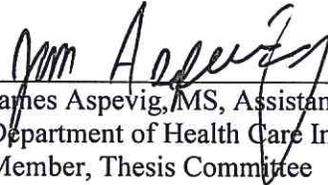
## SIGNATURE PAGE

This is to certify that the thesis prepared by Student Name entitled "An Assessment of the Processing of Veterans Benefits Administration Disability Claims in Montana: A Case Study" has been examined and approved for acceptance by the Department of Healthcare Informatics, Montana Tech of The University of Montana, on this 27th day of November, 2017.



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Charie Faught, PhD, Associate Professor and Department Head  
Department of Health Care Informatics  
Chair, Thesis Committee



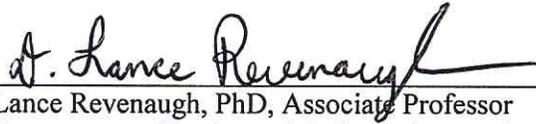
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James Aspevig, MS, Assistant Professor  
Department of Health Care Informatics  
Member, Thesis Committee



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Chad Okrusch, PhD, Associate Professor  
Department of Professional & Technical Communication  
Member, Thesis Committee



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Lance Revenaugh, PhD, Associate Professor  
Department of Business & Information Technology  
Member, Thesis Committee