

# Army deputy surgeon general reviews Darnall's Integrated Disability Evaluation System process

By Patricia Deal

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FORT HOOD, Texas--While the war and continuous deployments have started to dwindle down, the Army Medical Command is ramping up its efforts to take care of the thousands of wounded, ill or injured Warriors and their families.



Maj. Gen. Richard Stone, deputy surgeon general, U.S. Army Medical Command, met with Col. Patrick D. Sargent, commander of Carl R. Darnall Army Medical Center, during a recent visit to Fort Hood, Texas. Stone and his team are visiting major medical treatment facilities (MTF) throughout the Army to review their Integrated Disability Evaluation System (IDES) processes, the current processing system for determining disability services and benefits for injured or ill Soldiers. (Photo by Patricia Deal, CRDAMC Public Affairs)

"It's been a long 10 ½ years, and a decade of combat has certainly taken its toll on our Soldiers," said Maj. Gen. Richard Stone, deputy surgeon general, U.S. Army Medical Command, during his recent visit to Carl R. Darnall Army Medical Center at Fort Hood. "A vast majority of Soldiers come back healthy, but a small percentage doesn't. We are committed to doing absolutely everything we can to help wounded, ill or injured Soldiers recover. If not, we are going to do everything we can to ensure their transition to civilian life goes smoothly and they are properly

compensated for any disabilities."

Stone and his team are visiting major medical treatment facilities (MTF) throughout the Army to review their Integrated Disability Evaluation System (IDES) processes, the current processing system for determining disability services and benefits for injured or ill Soldiers.

Introduced in 2007, IDES is a joint initiative between the Department of Defense and Department of Veterans Affairs, partnering the disability rating systems of both

departments to produce a single system resulting in benefits that begin after Soldiers separate from military service. Under the previous legacy system, Soldiers first went through the Army's medical evaluation process and then would go to the VA to enter its disability evaluation system, sometimes waiting more than a year before receiving VA benefits.

On average, Soldiers evaluated through IDES receive their VA disability benefits more than 50 percent faster than those evaluated through the legacy system. In its early stages, the average wait time for benefits was 297 days, close to the IDES goal. Now with the increased surge of Soldiers needing medical evaluations, the wait time has increased to an average of 394 days, according to the Government Accountability Office.

"It is a long process and we recognize that the unknown and uncertainty during that period causes anxiety and stress for Soldiers and their families," Stone said. "IDES is already faster than the legacy system, as there is no gap from when Soldiers get out of the Army to when they start receiving their disability benefits. We are taking steps such as consolidating services and adding more MEB/IDES providers to further improve the process and tackle the wait times."

During his tour of MTFs, Stone and his team will identify best practices and share the findings with all the facilities to help improve the process. Fort Hood, one of the largest deployment posts, was Stone's first stop and he said he was pleased with CRDAMC's successes in streamlining the IDES process and increasing brigade interaction.

"There is a very high quality of service at Hood and it's evident everyone is committed to helping the Soldier. The case load has grown rapidly, yet morale of Soldiers and staff is high," Stone said, adding that he will highlight Fort Hood in his monthly video-teleconference "Grand Rounds" meetings with other MTF leadership in June.

Some of the significant accomplishments at CRDAMC include creating templates for providers to complete 8 to 12 narrative summaries (NARSUMS) per week, aligning physical evaluation board liaison officers (PEBLO) to units, establishing PEBLO core competency training, formulating PEBLO performance metrics and transparent reporting of provider productivity.

Col. Patrick Sargent, CRDAMC commander, said he is happy with the MEB/IDES department's efforts to enhance the process and confident they will continue to make improvements.

"IDES is not an administrative process—it is a human process. Decisions can't be made lightly. It takes time to fully assess the needs and desires of each Soldier," he stated. "For us, it's not about making the numbers. It's ensuring we're doing all we can to provide world-class healthcare, one patient at a time."

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