

# **VETERANS' ADVISORY BOARD ON DOSE RECONSTRUCTION**

## **RECOMMENDATIONS**

On the basis of its audits and assessments of Nuclear Test Personnel Review (NTPR) Program radiation dose assessments (RDAs) and Department of Veterans Affairs (VA) claim procedures, the Veterans' Advisory Board on Dose Reconstruction (VBDR) offered a number of recommendations at the June 10, 2009 meeting held in Bethesda, Maryland. The Board believes that these recommendations, if implemented, would improve the VA compensation program for atomic veterans.

### **For the Defense Threat Reduction Agency (DTRA):**

**Recommendation 1:** A Quarterly Quality Report, (QQR) should be prepared. The QQR provides a list of summary quality indicators/metrics that characterize the quality of operations/decisions during the previous quarter should be included. The quality metrics are to be designed such that recording and reporting them take minimal additional effort, if any, over what each agency should track in any case simply as part of sound management. They may be derived in part from audit findings. The metrics are to report quality data, trends, and corrective actions as found to be necessary based on all sources, including VBDR Subcommittee 1, DTRA Dose Reconstruction Procedures (SC1) and Subcommittee 2, VA Claims Adjudication Procedures (SC2) audits, double-blind radiation dose assessments, and ongoing quality assurance (QA). The metrics are also to report on the success of past corrective actions in producing systemic change that permanently minimizes recurrence of the problems that the corrective actions were designed to overcome.

**Recommendation 2:** A Decision Summary Sheet (DSS) should be prepared for each claim, consistent with DTRA's actions in developing a DSS in response to VBDR Recommendation No. 13 made at the September 2007 sixth Public Meeting. The DSS provides a compact summary of all important actions taken in the handling of each claim, including a justification for each action, which may include any necessary references to data and procedures documents. As with the QQR, the DSS is to be designed such that filling it in should take minimal additional effort, if any, over what each agency should track in any case simply as part of sound management. It may be designed with terse data fields for each decision including, if desired, pull-down menus designed to minimize the effort called for to fill in each field, to standardize the field contents, and to enable automatic aggregation.

### **For the Department of Veterans Affairs (VA):**

**Recommendation 1:** A Quarterly Quality Report, (QQR) should be prepared. The QQR provides a list of summary quality indicators/metrics that characterize the quality of operations/decisions during the previous quarter should be included. The quality metrics

are to be designed such that recording and reporting them take minimal additional effort, if any, over what each agency should track in any case simply as part of sound management. They may be derived in part from audit findings. The metrics are to report quality data, trends, and corrective actions as found to be necessary based on all sources, including VBDR Subcommittee 1, DTRA Dose Reconstruction Procedures (SC1) and Subcommittee 2, VA Claims Adjudication Procedures (SC2) audits, and ongoing quality assurance (QA). The metrics are also to report on the success of past corrective actions in producing systemic change that permanently minimizes recurrence of the problems that the corrective actions were designed to overcome.

**Recommendation 2:** A Decision Summary Sheet (DSS) for each claim should be prepared. The DSS provides a compact summary of all important decisions made in the handling of each claim, including a justification for each decision, which may include any necessary references to data and procedures documents. As with the QQR, the DSS is to be designed such that filling it in should take minimal additional effort, if any, over what each agency should track in any case simply as part of sound management. It may be designed with terse data fields for each decision including, if desired, pull-down menus designed to minimize the effort called for to fill in each field, to standardize the field contents, and to enable automatic aggregation.

**Recommendation 3:** The first response to a veteran claim from the VA Regional Office (VARO) in Jackson, MS should include a letter of consent allowing the veterans to be enrolled in the Ionizing Radiation Registry (IRR). This letter of consent should state the benefits to the veteran from enrollment in the IRR. VBDR also recommends that the Board ask the VBDR Subcommittee 4, Communications and Outreach (SC4), to draft the letter of consent.

**Recommendation 4:** Sections B & C of the VA MR21 should be updated to include the expedited process for processing skin cancer and prostate cancer claims.

**Recommendation 5:** A focused VA Systematic Technical Accuracy Review (STAR) audit should be performed in April, 2010 at the Jackson VARO. This STAR should be for the year March, 2009-March, 2010 to assess the improvements made by the Virtual Private Network (VPN).

**Recommendation 6:** The VA should notify the veteran of the existence of other radiation compensation programs, i.e. the Radiation Exposure Compensation Act (RECA) and the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) when their application reveals a presumptive condition.

#### **VBDR Assistance Offered:**

The VBDR Subcommittee 3, Quality Management and VA Process Integration with DTRA's NTPR Program (SC3), offers to assist and guide the agencies in the development of their QQRs and DSSs

SC3 recognizes that NTPR already has developed DSSs, which may be revised in the course of the recommended effort. NTPR has also already volunteered to submit its proposed draft quality metrics to SC3 by June 30, 2009. SC3 offers to:

- assist and guide NTPR for this effort by close interaction of NTPR and VBDR SC1,  
and
- assist and guide VA for this effort by close interaction of VA and VBDR  
Subcommittee SC2.

SC3 notes that a parallel system of QQRs and DSSs for VA and NTPR would provide a consistent technical basis for better communications, coordination, and integration of overall services to Atomic Veterans.

An important part of strengthening this integration would be cross-agency cooperation in developing reinforcing quality metrics, including real-time feedback to one another during case processing as desired. SC3 offers to take primary responsibility to assist and guide the agencies in this cross-agency cooperation. That said, this recommendation does not require that special effort be invested by either agency in designing its QQRs and DSSs to be tightly linked with those of the other agency.