

## Chapter 30

# ROLE OF THE PHYSICIAN ASSISTANT IN THE DISABILITY EVALUATION SYSTEM

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## Introduction

The Disability Evaluation System is a US Department of Defense (DOD) process for determining if a wounded, injured, or ill soldier will be able to return to duty or if they will be medically separated or medically retire due to their disability. The Integrated Disability Evaluation System (IDES) is a combined process used by the DOD and the Department of Veterans Affairs (VA). The two departments work concurrently to determine the soldier's capability to continue to perform their duties and serve in the Army.

Prior to the implementation of IDES in the early 2010s, the DOD and VA disability and rating processes were completed separately. The Legacy Disability Evaluation System (LDES) process resulted in a long wait for and between evaluations, a benefits gap between soldiers' separation from the Army and when they started receiving VA benefits and disability compensation payments, and differences in the disability ratings between the Army Physical Evaluation Board (PEB) and the VA.

IDES was intended to resolve these issues by providing a simple, unified system<sup>1,2</sup> that resulted in consistent evaluations and ratings, and, most importantly, ensured that disabled soldiers leaving the Army were immediately linked into the VA and began receiving benefits. Although IDES streamlined the system overall, it also increased the time soldiers remained on active duty while undergoing medical evaluation and being

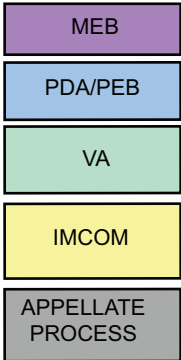
<b>Treatment</b>	<b>Medical Evaluation Board (MEB)</b>
Soldier becomes wounded, ill, or injured	Referral 7 days
	Claim Development 7 days
Physician assesses and treats Soldier	VA Disability Examination 31 days
	MEB Stage 20 days
<b>Medical Retention Determination Point (MRDP)</b>	MEB Rebuttal and/or Impartial Medical Review 7 days
<b>DoD Goal</b>	<b>72 calendar days</b>

assigned disability ratings. Designed at the height of the surge of forces in Iraq and Afghanistan, the IDES process has retained its value during the more recent times of sequestration and military drawdown, helping the DOD preserve a fit and vital force and maintain military readiness.<sup>3</sup>

However, the LDES system allows for a DOD-led process that can be more time efficient based on the need of the soldier, the Army, or both.<sup>3</sup> The soldier or their commander can request that the LDES process be used instead of the IDES. The local military medical treatment facility (MTF) commander can approve the soldier’s enrollment in the LDES or elect to send the soldier through IDES.

### The IDES Process

The IDES process is outlined in Figure 30-1.<sup>2</sup> Once a soldier has reached the medical retention determination point (MRDP) and is referred to

Physical Evaluation Board (PEB)	Transition	VA Disability Compensation Delivery
Informal PEB (IPEB) 11 days	If Found Fit for Duty; Assign to Unit	VA Disability Benefits Decision Letter 30 Days
Proposed Ratings 19 days		
Proposed Disposition 5 days		
Elections 6 days	Transition 26 Days	<b>LEGEND</b> 
Formal PEB (FPEB) 24 days		
FPEB Appeal 10 days		
VA Rating Reconsideration 2 days		
Final Disposition 5 days	SEPARATION AT END OF PHASE	
<b>82 calendar days</b>	<b>26 calendar days Total: 180 days</b>	<b>30 calendar days Total: 210 days</b>

**Figure 30-1 (left and above).** Department of Defense/Veterans Administration Integrated Disability Evaluation System (IDES) timeliness goals. IMCOM: Installation Management Command; PDA: Physical Disability Agency; VA: Department of Veterans Affairs  
 Data source: Wilkie RL. *Directive-Type Memorandum (DTM)-18-004–“Revised Timeliness Goals for the Integrated Disability Evaluation System (IDES).”* Under Secretary of Defense; July 30, 2010, Incorporating Change 2, September 19, 2019.

IDES, the process is expected to take 180 days. There are five key phases to this system, outlined below.

**Treatment Phase**

Once a soldier becomes injured or ill and seeks medical care, they enter the treatment phase. This will be the most common phase that physician

assistants (PAs) will participate in while serving in their role as the primary care provider for the soldier. Treatment may be prescribed by the PA, or the soldier may be referred to a specialty provider. If, during the course of the treatment phase, the PA or specialty care provider determines that a soldier has at least one condition that fails to meet the medical retention standards as defined in Chapter 3 of Army Regulation (AR) 40-501, *Standards of Medical Fitness*,<sup>4</sup> and the soldier has reached optimal medical benefit, then the soldier has reached the MRDP and should be referred to the IDES system.

The MRDP determination and referral to a Medical Evaluation Board (MEB) and PEB must be made within 1 year of the diagnosis with the medical condition that does not appear to meet medical retention standards, but the referral may be earlier if the medical provider determines the soldier will not be capable of returning to duty within 1 year. A profile containing a “3” or more means that the individual has at least one medical condition or physical defect that requires significant limitations. The completion of the permanent 3 or 4 on the Department of the Army (DA) Form 3349, Physical Profile, with the required approval signature of the designated physician assigned by the MTF commander initiates the process transitioning to the MEB. The PA’s role in this phase is further discussed below.

### ***Medical Evaluation Board Phase***

Upon referral to the IDES system, the soldier enters the MEB phase of the IDES system. This phase takes place at the local installation (or the nearest Army installation). Upon referral to the MEB, the soldier is assigned a physical evaluation board liaison officer (PEBLO), who will serve as the link to the IDES system for the soldier and the soldier’s commander. The PEBLO counsels the soldier on the IDES process, assembles the soldier’s case file, and gathers all necessary documents, including medical records and a nonmedical assessment from the soldier’s commanding officer. The PEBLO will ensure a complete, accurate, and fully documented case file, which is the foundation for a fair and equitable disability evaluation. The PEBLO’s goal is to ensure each member’s case is properly documented, fairly presented, and fully considered by all elements of the disability system, with appropriate compensation.

Once the soldier's case is assembled, including a list of all potential medical conditions that require evaluation for potential disability, the soldier's medical evaluation is scheduled. Conducted by the VA, the medical examination includes both general and specialty evaluations. This evaluation is the exam of record for IDES: if there are discrepancies between the VA and any prior DOD health care provider's diagnoses or limitations, the VA exam is used for determination of disability ratings. The exam is generally completed at the nearest VA facility. Several military installations have VA clinics located on site; however, this practice varies from site to site.

Upon completion of the VA's comprehensive medical exam, the findings and evaluation are returned to the local IDES team, where the exam is reviewed by the MEB physician. The physician reviews all of the diagnoses, limitations, and conditions and applies Chapter 3 of AR 40-501<sup>4</sup> to determine whether the soldier meets medical retention standards. If the soldier does meet medical retention standards, the MEB is terminated at this time and the soldier is returned to duty. If the MEB physician determines that the soldier does not meet the medical retention standards, the physician must determine whether the condition existed prior to military service, if it was aggravated by the service, and whether the soldier complied with treatment recommendations and protocols. These three areas can all have an impact on the disability rating awarded for a condition. The MEB physician summarizes these findings in the narrative summary (NARSUM).

Prior to the next phase, the soldier has the opportunity to review the NARSUM and may appeal to the MEB physician or request an impartial medical review of the findings and recommendations at the local MTF. As part of the system, the soldier has access to legal counsel trained and familiar with the IDES process, who can provide recommendations on responses. Upon either the soldier's approval or disposition of the appeal, the NARSUM is forwarded to the PEB. This action completes the MEB phase of IDES. The total time for this process should not exceed 72 days. The timeline may be affected by any delays in the VA comprehensive exam, scheduled by the PEBLO, as well as the time required to address appeals of the NARSUM. It is important to note that during this phase, soldiers must be readily available for their medical evaluations and review of their NARSUM. Therefore, non-emergent leave should be discouraged.<sup>5</sup>

### ***Physical Evaluation Board Phase***

The PEB phase begins when the PEBLO forwards the MEB case file, including the NARSUM, to the PEB. All PEBs take place at Joint Base San Antonio. The PEB reviews the soldier's NARSUM, medical records, VA evaluation, and commander's statement about the soldier's performance, and determines whether the soldier meets fitness-for-duty standards. One of the most influential documents in this review process is the commander's statement, which provides important information about how the medical condition and any duty limitations impact the soldier's ability to perform individual tasks, and the unit's ability to complete its mission. If the soldier elects to appeal the findings of this initial review, they may request a formal hearing to present the appeal to the PEB in person.

If the PEB determines that all of the soldier's conditions render them fit for continued duty, the IDES process is complete and the soldier is returned to duty. However, if any of the medical conditions are determined to render the soldier unable to meet fitness-for-duty standards, the PEBLO forwards the soldier's case to the VA, where it is sent to the VA Disability Evaluation System rating activity site (D-RAS). D-RAS staff apply the VA Schedule for Rating Disability to assign a disability rating for each condition. Ratings are impacted by certain circumstances: when the condition began (ie, if it existed prior to service); if it was the direct result of combat service; and if it was aggravated during military service. Once D-RAS staff assign the ratings, the case is sent back to the PEB, which makes final determination on whether the soldier will be medically retired or separated as a result of their conditions.

When this process is complete, the PEB forwards the results to the soldier's PEBLO. The soldier will review the results and has the opportunity to appeal the final results. As before, the soldier is afforded opportunity for legal counsel. This stage ends when the soldier signs off on DA Form 199, Informal PEB Proceedings, which documents the findings and ratings.<sup>1</sup> In total, the PEB phase must be completed within 82 days; however, the time period varies significantly based on the number and type of conditions, the ongoing workload of the PEB and D-RAS, and the number of appeals submitted.

### ***Transition Phase***

After concurring with the PEB findings and D-RAS ratings, the soldier enters the transition phase. During this process, the soldier undergoes either military retirement or separation. The local installation will generate the appropriate orders, and the soldier begins the process of clearing the installation and preparing for departure from the military, including returning all required equipment, closing out evaluations, clearing housing, and shipping household goods. While the goal for this phase is 26 days, this period often does not account for any accumulated leave soldiers may take prior to their separation or retirement (leave frequently extends this timeline beyond 26 days). This phase is completed when the soldier is officially out of the military.

### ***Reintegration Phase***

Upon departure from the military, the goal of the IDES system is to ensure that the soldier becomes a VA beneficiary within 1 month. This includes receiving VA compensation payment for all service-connected medical conditions and being integrated into the VA health care system for ongoing medical care. The PEBLO and VA's medical service coordinators are integral to the success of this phase; they ensure appointments are established with the local VA wherever the soldier chooses to locate after departing the military.

## **Physician Assistants in the IDES**

While PAs are not directly involved in the MEB process, they should be generally aware of the process and able to brief their commander on the timeframe and status of their enrolled soldiers. The soldier's assigned PEBLO will be able to provide detailed answers both to the soldier's primary care provider and directly to the chain of command. Because most PAs serve as primary care providers to soldiers, there are two key aspects in which the PA has a significant role:

1. The most important role of the PA is the initial identification and treatment of potential duty-limiting conditions and determination of the MRDP. Key parts of this process are ensuring access to care, preventing delays in care, active monitoring of soldiers

with duty limitations, and ensuring high-quality medical documentation.

2. The second key aspect is the PA's responsibility to the chain of command. Although privacy laws restrict certain aspects of what a health care provider shares with their commander, the health and welfare of a unit is one of the commander's overall responsibilities. Therefore, it is imperative for a medical officer to track medical readiness and brief the commander on the unit's deployment status.<sup>6</sup> Soldiers nearing MRDP will most likely be placed into the MEB process, which can affect a deploying unit. The electronic profile system provides a key mechanism for tracking medical profiles.<sup>6</sup> PAs should be prepared for varying levels of review to discuss duty limitations and MRDPs.

Chapter 3-3 of AR 40-502, *Medical Readiness*, defines the MRDP as "medical condition has stabilized or cannot be stabilized in a reasonable period of time for up to 12 months and impacts successful performance of duty; the ability to perform basic soldiering skills required by all military personnel and MOS [military occupational specialty] specific duties."<sup>6</sup> The regulation goes on to state that a referral to MEB will be made within 1 year of a soldier being diagnosed with a medical condition. However, it is more important to ensure that the soldier's medical condition has stabilized and all reasonable treatment options have been exhausted.

When working toward an MRDP with a soldier, it is important to document how any injury occurred as well as where it occurred, when applicable. Conditions noted as combat related or aggravated in a combat zone can have significant effects on a soldier's ratings and compensation. Conversely, it is also important to document any noncompliance with therapy, which may not only affect ratings, but also guide further treatment.

PAs can refer soldiers to IDES once the MRDP has been reached without the recommendation of a specialist. However, it is extremely beneficial if at least one specialist has also recommended initiation of IDES to ensure all medical care possibilities have been explored. Once it is determined that a soldier has reached the MRDP, and ideally a specialist has concurred, the soldier should be called in for a face-to-



face encounter with the primary care provider to discuss the process. Soldiers should be aware that they are still under the authority of the Uniform Code of Military Justice (UCMJ)<sup>7</sup> and all applicable Army regulations during this phase. A permanent profile is initiated by the referring primary care manager and becomes official after the second approval signature. If the electronic profile has not been signed within 30 days, it will automatically be canceled. The MEB physician must complete a Defense Department (DD) Form 2807-1 documenting the soldier's medical history. Every prior medical complaint must be addressed to ensure that a particular complaint either meets, or does not meet, the standards of AR 40-501, Chapter 3.<sup>4</sup> The DD Form 2807-1 screening should be as complete as possible at the beginning to expedite the remainder of the MEB process and to reduce the number of appeals for unaddressed complaints.

## **Medical Care During IDES**

The soldier's primary care manager remains responsible for the care of all the soldier's acute illnesses and injuries during the MEB process. Because the IDES process can take up to 210 days, it is important to maintain frequent, ongoing medical visits and coordination of care for the management of all the soldier's medical needs. Of note, once the soldier enters the PEB phase, they may undergo elective surgeries, in accordance with local policies and procedures as well as with Medical Command policy memo 13-044, *Medically Optional Surgeries for Service Members Undergoing Disability Evaluation through the Integrated Disability Evaluation System*,<sup>8</sup> that may impact the soldier's quality of life. The policy memo's proponent is the Medical Command's Clinical Policy Services, Health Care Delivery (G3/5/7). The approving authority for optional surgery is never a unit commander but is delegated down by the MTF commander or deputy commander of clinical services as the senior medical provider of the MTF. It is important for PAs to know these policies and procedures to prevent any unnecessary delays in the process or the soldier's medical care.

## **Legacy Disability Evaluation System**

The LDES process is similar to the IDES, except it does not involve the VA.<sup>3</sup> In contrast to the IDES, the LDES should not take more

than 105 days. The DOD completes the medical examinations for the qualifying conditions, processes the MEB and PEB determinations, and produces the disability ratings for the conditions that caused the service member's inability to continue service. This process has the same appeal options as the IDES. If the service member is separated or medically retired through LDES, they may apply for VA disability benefits prior to separation through VA's pre-discharge program, or they may apply after leaving the military.

## **Chapter Separations**

As unit medical advisors, PAs must be familiar with the guidelines associated with legal actions, non-medical military separations, and IDES/LDES. In general, court martials (Article 32 of the UCMJ)<sup>7</sup> supersede IDES/LDES cases, while IDES/LDES supersedes administrative separation actions (involuntary separation from the service due to failure to rehabilitate or failure to meet Army standards, such as Army Substance Abuse Program participation or physical fitness and height/weight standards).<sup>3</sup> In most cases, if a soldier enrolled in IDES/LDES is brought up on charges and referred for a court martial, they are disenrolled from IDES/LDES, and their case is reviewed again after the conclusion of the court martial. The soldier's primary care provider will continue to provide medical care during this process.

An exception to this rule is if the soldier is recommended by their chain of command for separation in which the discharge is characterized as "other than honorable." The most common reason for this type of separation is a pattern of misconduct. In these cases, both the involuntary separation process and IDES/LDES will proceed concurrently. When the chapter separation packet (see AR 635-200, *Active Duty Enlisted Administrative Separation*)<sup>7</sup> is completed and the current phase of the IDES/LDES process finalized, the case will be referred to the installation's senior mission commander (the commanding general). As a unit advisor, the PA may be asked if they believe the soldier's misconduct was associated or related to their medical condition.

## **Conclusion**

Once a soldier has reached MRDP, they are referred to IDES/LDES. PAs are generally only involved in the referral process. It is important

for PAs to understand their role and how their decisions impact initiation of a MEB and ultimately the benefits a soldier may receive. Because the IDES/LDES process can take up to 210 days, a soldier can be on profile almost 2 years before the process is complete. Although it is challenging for commanders to understand the lengthy process, it is imperative that PAs explain the medical course of action, the length of time expected for the process, and the progression through each phase of IDES/LDES. This will help the commander know what to expect once a soldier is referred to IDES/LDES, and understand that due process and diligence is paramount in providing the care that soldiers deserve.

## References

1. US Department of the Army. *Physical Evaluation for Retention, Retirement, or Separation*. HQDA; January 19, 2017, Administrative Revision: December 21, 2017. Army Regulation 635-40.
2. US Army Medical Command. *Integrated Disability Evaluation System Guidebook: An Overview of the Integrated Disability Evaluation System*. MEDCOM; July 2013.
3. US Department of Defense Warrior Care website. Legacy Disability Evaluation System. Accessed October 5, 2020. <https://warriorcare.dodlive/mil/disability-evaluation/legacydes>
4. US Department of the Army. *Standards of Medical Fitness*. HQDA; June 27, 2019. Army Regulation 40-501.
5. US Department of Defense. *Disability Evaluation System*. DOD; August 5, 2014. DOD Instruction 1332.18.
6. US Department of the Army. *Medical Readiness*. HQDA; June 27, 2019. Army Regulation 40-502.
7. US Department of the Army. *Active Duty Enlisted Administrative Separations*. HQDA; December 19, 2016. Army Regulation 635-200.
8. Headquarters, US Army Medical Command. *Medically Optional Surgeries for Service Members Undergoing Disability Evaluation through the Integrated Disability Evaluation System*. MEDCOM; March 7, 2019. OTSG MEDCOM Policy Memo 19-015.

## **Additional Source**

US Department of the Army. *Patient Administration*. HQDA; July 8, 2014. Army Regulation 40-400.