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C&P Exams for MST Claims



- **Objectives**

- C&P Exams- working well/improvements needed
- Trauma Informed Approach to Exams
- Veteran's disorders accurately connected w/specialist
- C&P Exams Observations
 - DBQs positives/Needs improvement
- C&P Exams
 - Multiple/Repeat Exams
- Future Considerations

C&P Exams for MST Related Claims



- **C&P Exams**
 - **What works well**
 - Correct exams are requested for PTSD
 - Clarifications submitted by VA contract examiners
 - Exams requested based on SHA part A
 - **Needs Improvement**
 - Instructions given to examiners in exam requests
 - VA contractors are not on the same sheet of music
 - Length of exams vary, some DBQs lack details, “spoke about golf”
 - SHA part A reviewed each time

C&P Exams and Specialists



- Trauma Informed Approach
 - Physicians are sensitive to veterans
- Veteran's disorders accurately matched with specialists

- Disability Benefit Questionnaires (DBQs)
 - **Positives**
 - Service members' Service Treatment Records (STRs) reviewed
 - Diagnoses, stressors, and dates listed on DBQ
 - Medical notes from active-duty treatment used as evidence
 - **Needs Improvement**
 - **Section II- Clinical Findings are not thoroughly completed on every DBQ even if the service member received treatment on active-duty**
 - Information listed as clinical findings not checked off under diagnostic criteria

PTSD DBQ- Clinical Findings



SECTION II - CLINICAL FINDINGS

1. Evidence Review

Evidence reviewed:

- ☐ No records were reviewed
- ☐ Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

PTSD DBQ- Section II Diagnostic Criteria



3. PTSD Diagnostic Criteria

Please check criteria used for establishing the current PTSD diagnosis. The diagnostic criteria for PTSD, are from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. (DSM-5). The stressful event can be due to combat, personal trauma, other life threatening situations (non-combat related stressors). Do NOT mark symptoms below that are clearly not attributable to the Criterion A stressor/PTSD. Instead, overlapping symptoms clearly attributable to other things should be noted under #6- "Other symptoms".

Criterion A: Exposure to actual or threatened a) death, b) serious injury, c) sexual violation, in one or more of the following ways:

- ☐ Directly experiencing the traumatic event(s)
- ☐ Witnessing, in person, the traumatic event(s) as they occurred to others
- ☐ Learning that the traumatic event(s) occurred to a close family member or close friend; cases of actual or threatened death must have been violent or accidental; or, experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse); this does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related
- ☐ No criterion in this section met.

Criterion B: Presence of (one or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred

- ☐ Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
- ☐ Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
- ☐ Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
- ☐ Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- ☐ Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

- **Repeat Exams**

- VA contract physician has left the company
- Exams “lost” during transmission to internal Quality Assurance (QA)
- Service member relocates
 - QTC completes Gen Med, and TBI in GA
 - VES completes Gen Med, TBI, MH in NY

Future Considerations



- Medical Opinion/Findings on DBQ
 - Remarks Section- clarity needed to minimize need for second opinion (reduces wait times)
- Proof of Assault?
 - 21-0781a, Personal Trauma Development Checklist, Personal Trauma Incident/Marker Worksheet, DSAID
- MST/VHA access letter
 - Please simplify notification- *Thank you for your service. Please contact your closest VA clinic for free mental health support while we process your claim.*



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