



Report of the State Comptroller of Israel | March 2022

Ministry of Defence

**Administrative Aspects
in the Work of the
Medical Committees
Determining the Rights
of Disabled IDF Veterans
and the Medical Services
Provided to them –
Follow-up Audit**



Administrative Aspects in the Work of the Medical Committees Determining the Rights of Disabled IDF Veterans and the Medical Services Provided to them – Follow-up Audit

Background

The Ministry of Defense Rehabilitation Department is in charge of the handling and rehabilitation of disabled IDF veterans. The department includes medical committees with the authority to determine disability levels for those recognized as disabled veterans. As part of the disabled veterans' rehabilitation process, the department provides them with medical services corresponding to the disability level determined by the medical committee.



Key figures

57,000

number of disabled veterans to whom the department provided medical services in 2020

8,826

number of medical committees (district and supreme) convened in 2020

73%

ratio of applicants to medical committees (district and supreme) dissatisfied with their functioning²

**180,
294 days¹**

total duration of file processing in district (180) and supreme (294) medical committees determined by the Rehabilitation Department

34%

ratio of appeals to supreme medical committees of district committee decisions in 2020

82%

the ratio of files in which the Rehabilitation Department was in compliance with the time determined for the duration of file processing in district medical committees in 2019. In the supreme medical committees, the ratio was 82.9%

**NIS 986
million**

the financial scope³ of medical services provided by the Rehabilitation Department to disabled veterans in 2020

**29%,
38%**

rate of satisfaction of disabled veterans from the department's medical treatment (29%) and the district physician (38%)⁴

1 Calendar days.


2 According to the findings of a survey conducted by the State Comptroller of Israel as part of a follow-up audit. The figure was determined according to the following responses: "moderately satisfied", "slightly satisfied", and "not at all satisfied".

3 Annual expenditure according to actual implementation.

4 According to the findings of a survey conducted by the State Comptroller of Israel as part of a follow-up audit. The data was determined according to the following responses: "extremely satisfied" and "very satisfied".





Audit actions

 From October 2020 to July 2021, the State Comptroller conducted a follow-up audit on the actions taken by the Ministry of Defence to rectify the main deficiencies noted in the previous audits regarding the administrative aspects of the medical committees work and medical services to disabled IDF veterans (the follow-up audit). Some of the data was updated by October 2021. The follow-up audit was conducted in the Ministry of Defense: in the Rehabilitation Department, the Planning Department⁵, and the Teleprocessing and IT Department.

Key findings






Degree of deficiencies rectifications as presented in the follow-up audit

-  **Satisfaction of disabled veterans for the functioning of the medical committees** – a survey conducted by the State Comptroller's office in the previous audit reflected the disabled veterans' dissatisfaction with the processes conducted in the medical committees, as well as disturbing feelings and experiences (such as a lack of consideration, disrespect, contempt, painful medical tests, insensitivity, impatience, disparaging statements) and lack of familiarity of the committee physicians with the medical file at hand. In the follow-up audit it was found that **the deficiency was not rectified**: according to the findings of the survey conducted in the follow-up audit, 73% of applicants to the medical committees (district and supreme) in the Rehabilitation Department expressed dissatisfaction with the functioning of the committees. The main reasons noted in the survey were in-appropriate treatment, lack of consideration, humiliation, and mistrust of the applicants. Furthermore, in all aspects examined, satisfaction among the emotionally disabled was lower than that among the physically disabled. Mainly regarding aspects of treatment of the disabled, physicians' familiarity with the medical file details, and the clarification regarding the committee discussion procedure.
-  **Follow-up and control of the duration of processing in determining disability** – in the previous audit it was found that the Rehabilitation Department had not determine structured, orderly processes for tracking and control of the duration of determining disability and that the medical committee unit did not frequently and methodically check the reasons for differences between the various districts, regarding

⁵ Designated Body for Integrated Planning in the Ministry of Defense. In 2020, its name was changed from Designated Body for Integrated Planning to Planning Department. In this report both names will be used, according to the matter.





the duration of placement in the medical committees and overall duration of file processing. In addition, the Department did not produce irregular reports (NCR) and did not examine the reasons for prolonging the processes and causes of their delay, and did not check whether measures could be taken to reduce them. In the follow-up audit, it was found that **the deficiency was slightly rectified**: the Rehabilitation Department performs monthly control on the district level for the degree of compliance with the time determined for the various stages of determining disability levels in the district and supreme medical committees. In addition, the department issues irregular reports concerning files deviating from determined time. Nevertheless, the audit has found that the reports serve mainly to solve problems in specific delayed files and that the Department does not perform orderly analysis to locate issues and bottlenecks in a systemic way.


-  **The quota for district physicians and examination of work processes and overloads in the Rehabilitation Department** – in the previous audit it was found that since the 1990s the Ministry of Defense has not examined the quota of district physicians – 21 doctors in seven districts. This, despite the increase in the number of disabled veterans handled by the department, as well as the aging of the veteran population. In the follow-up audit it was found that **the deficiency was slightly rectified**: as of October 2021, the quota of district physicians was increased by one position (now standing at 22 doctor positions). However, the quota, as well as the work processes in the department, have not been adapted to the need of disabled veterans and the scope of services required for them due, inter alia, to their aging.
-  **Staffing of district physician positions** – in the previous audit it was found that not all 21 doctor positions determined by the quota were actually filled. In August 2018, 12.25 (58%) of the district physician quota positions were staffed, while 5.5 regular quota positions and 3.25 temporary positions had not yet been staffed. In the follow-up audit, it was found that **the deficiency was slightly rectified**: as of October 2021, 17 (77%) of 22 district physician positions according to quota were staffed. However, despite the new plan agreed with the Ministry of Finance in March 2020 for payment of grants for the staffing new doctors in the Rehabilitation Department, the department has not succeeded in staffing all of the district physician positions according to the quota and should recruit five more doctors.
-  **Satisfaction of disabled veterans with the handling of their medical issues by the Rehabilitation Department and by the district physician** – in the survey conducted in the previous audit, it was found that 42% of respondents said they were very satisfied and extremely satisfied with the department's handling of their medical issues, and 28% said they were satisfied or very satisfied with that of the district physician. In the follow-up audit it was found that **the deficiency was slightly rectified**: the satisfaction of disabled veterans with the department's medical treatment and that of the district physician was low (38% of respondents were very satisfied and



extremely satisfied with treatment by the district physician, and 29% were very satisfied and extremely satisfied with the department's handling of their medical issues); satisfaction with the department's handling of medical issues diminished compared to the survey conducted in the previous audit (from 42% in the previous audit to 29%). Nevertheless, the survey showed that satisfaction with the handling by the district physician increased compared to the survey conducted in the previous audit (from 28% in the previous audit to 38%).

 **Waiting times for medical specialists, tracking and control of these times, and satisfaction of disabled veterans with their service** – in the previous audit, it was found that the Rehabilitation Department has not performed tracking and control in these areas: waiting times for appointments to medical specialists at independent clinics; for tests appointments at institutes, and at independent clinics. In the follow-up audit, it was found that **the deficiency was slightly rectified**: the Rehabilitation Department does not perform tracking and control of waiting times for appointments to medical specialists and with regard to the treatment of disabled veterans at these clinics. Furthermore, in the service measures published by the department on its website, the level of service received by those eligibles from the medical specialists has not been taken into account. In addition, the satisfaction surveys performed by the department in the years 2011, 2015, and 2018 and published on its website, did not apply to the services of external medical services, but rather only to those of parties belonging to the Rehabilitation Department.

 **The waiting times for medical specialists, tracking and control of these times, and the satisfaction of disabled veterans with the service** – the findings of the survey conducted for the State Comptroller's office in the previous audit attested to the dissatisfaction of some of the disabled veterans, regarding the level of service provided by medical specialists, low availability of medical specialists, and long waiting times for them. In the follow-up audit it was found that **the deficiency was slightly rectified**: despite the fact that the survey conducted in the follow-up audit dealt with the period largely coincident with the Covid-19 pandemic, the ratio of respondents satisfied with the services of the medical specialists was greater than the ratio of respondents expressing satisfaction with this service in the survey conducted in the previous audit (60% as opposed to 49%). In addition, waiting times for medical specialists reported by respondents as part of tracking were shorter than those reported in the survey in the previous audit (68% waited less than a month according to the follow-up audit⁶ findings, as opposed to 55% according to the findings of the previous audit).

 **Engagements with caregiver agencies that provide caregivers and supervision and control over them** – in the previous audit it was found that the Rehabilitation Department was engaged for several years with caregiver agencies on the basis of agreements from the 1990s through a tender exemption. It was also found that the

⁶ As stated, most of the period covered by the survey carried out as part of the follow-up audit overlapped with the Covid-19 pandemic.



Rehabilitation Department has performed partial supervision and control over the quality of service provided by the caregiver agencies to disabled veterans, that financial control over the agencies' reporting was not computerized; hence, the Rehabilitation Department's ability to control the costs of the services was limited. In the follow-up audit, it was found **that the deficiency was not rectified**: the fifth escorts tender of January 2021 was suspended once more due to legal proceedings in the court of labor law, in wake of the escorts organization's demand to equate their pay to that of caregiver agency workers. Thus, 12 years after the date on which the Ministry of Defense first published a tender for escorts to eligible IDF veterans, an escorts agency has still yet to be chosen through a tender procedure. In addition, the state in which the department has only partial supervision and control of the quality of services provided by the caregiver agencies to disabled veterans continues, as well as its limited ability to exercise control over the cost of escort services in the scope of NIS 500 million.



Rehabilitation Department provisions concerning caregiver's escorts for disabled veterans – in the previous audit it was found that the matter of escorts for the physically disabled had not been arranged in the Rehabilitation Department's procedures. At the end of the audit, draft provisions were in preparation. It was also found that the department had not yet formed provisions regarding escorts for the emotionally disabled. In the follow-up audit, it was found that **the deficiency was not rectified**: despite the fact that the Rehabilitation Department and the IDF Disabled Veterans Organization have exchanged several drafts of provisions regarding escort services for physical disability, at the end of the follow-up audit the parties had still not reached agreement. Furthermore, the department has yet to formulate provisions regarding escorts for disabled veterans recognized for emotional disability.

Further deficiencies that arose in the follow-up audit



Making information accessible to disabled veterans and assistance in interfaces with government bodies – the Rehabilitation Department's website has not been approved as accessible, pursuant to the regulations for accessibility of service. In addition, only 30% of respondents in a survey conducted in the follow-up audit indicated having received assistance from the Rehabilitation Department in the transfer of information and documents to government bodies to reduce bureaucracy, according to the government decision on the "only once" policy⁷.

⁷ Policy of receipt of information from the public only once.



Determining time durations for the handling of disability levels in the medical committees – in the previous audit, it was found that aside from decisions regarding the length of time for assigning a file to a medical committee, no time limits have been determined in the department procedures for other stages in the process, including the overall time for handling a file. In the follow-up audit it was found that the deficiency was considerably rectified: since June 2018 the medical committees unit had assimilated time measures for the various stages of work in the medical committees; however, they were not updated in the department's provisions, nor in its operating concept nor in its service level agreement, and they do not necessarily encourage optimizing and shortening of schedules.

Appeals against district medical committee decisions and proper control of district and supreme medical committee protocols – in the previous audit it was found that the medical committees unit gathered data manually, on files for which the supreme medical committee at the department staff had overturned decisions made by the district medical committee. It was also found that the medical committees had not examined why such a significant portion of appeals are approved, and since no orderly control processes were implemented in the department, the rehabilitation unit did not possess information from which it could draw conclusions why many decisions are overturned at the appeal instance. In the follow-up audit, it was found that the deficiency was considerably rectified: in July 2020 the medical committees unit began collecting the data of files as stated with regard to all supreme medical committee districts that are manually typed into a spreadsheet; when the supreme medical committee raises a disability level, the chairmen of the supreme committees examine the reasons for the differences between the decisions and fill out manual control forms, while the data concerning only the department staff is typed into a spreadsheet; the national superintendent of district medical committees in the Rehabilitation Department performs random checks of the protocols of district and supreme committees.

Eligibility for caregiver's escort services of disabled IDF veterans recognized for emotional disability – in the previous audit it was found that in the year 2000 the department decided to approve eligibility for escorts only for emotional disability levels of 50% and up. This decision is expressed in the operating concept in an internal document that was not transparent to the IDF Disabled Veterans Organization and disabled IDF veterans. In the follow-up audit, it was found that the deficiency was fully rectified: the Rehabilitation Department removed the stated limitation that had been part of the operating concept⁸. Thus, a district physician can refer emotionally disabled veterans of any disability level (including a recommendation by the multi-disciplinary team) to the head doctor or his deputy, to determine whether to approve an escort for them.

Transfer of information from health maintenance organizations to the Rehabilitation Department – in the previous audit it was found that, in general, the district physicians in the Rehabilitation Department do not have a full picture of all the treatments and

⁸ Since November 2020, the limitation is not included in the operating concept.



medications received by disabled veterans from both the health maintenance organizations and the Rehabilitation Department, despite the potential risk to the disabled veterans' health. Since 2011, the Rehabilitation Department has not taken any action to get the health maintenance organizations to provide it with information on the medical treatment given by them to disabled veterans. In the follow-up audit, it was found that the deficiency was considerably rectified: the Rehabilitation Department has advanced the sharing of information between it and the health maintenance organizations. Nevertheless, since the follow-up audit, no web-based connection has yet been made between the Rehabilitation Department and the Eitan System⁹.

Further findings that arose in the follow-up audit

Enlargement of the pool of medical specialists – the Rehabilitation Department has begun enlarging the pool of medical specialists, which will increase satisfaction with the service of independent medical specialists, as well as the waiting times for them.

Website of the Rehabilitation Department – since June 2021, recognized disabled veterans, as well as those in the process of obtaining recognition, can apply to a medical committee online through the personal space on the site. In addition, they can submit requests, attach documents, and ask to change the meeting schedules of the medical committees.

Key recommendations



It is recommended that the Rehabilitation Department carry out a significant examination of the medical committee doctors' treatment of the eligible veterans, their familiarity with the medical file at hand, and their willingness to allow the disabled veterans to fully make their case before the committee. It is further recommended that the Rehabilitation Department examine the gap between the level of satisfaction of the emotionally disabled and that of the physically disabled with their treatment, with emphasis on the following: treatment of the disabled by medical committee members, functioning of the medical committee, and placement of suitable doctors in the committees discussing emotional injuries.



In April 2021, the Ministry of Defense commenced work on the "One Soul" reform¹⁰. It is recommended that after its final formulation, the Ministry of Defense examine its impacts on workflow within the department, the tasks that need to be done, and the

9 A secure national platform for the management and sharing of information between health maintenance organizations and hospitals.

10 Reform in treatment of disabled IDF veterans in the Rehabilitation Department.



scope of activity and workload; as well as the need to update the manpower quota in the Rehabilitation Department, including that of district physicians.



It is recommended that the Rehabilitation Department examine the reasons, aside from salary, for the low response of doctors to Rehabilitation Department tenders for district physician positions, and the ways to increase it. In addition, it is recommended to finally formulate a collective agreement to arrange the terms of employment of doctors in the Rehabilitation Department.



It is recommended that the Rehabilitation Department examine the reasons for deviation from the time determined to the various stages in the medical committees, and then examine ways to reduce them. It is further recommended that the department perform tracking and control of waiting times for medical specialists with whom the department is engaged with, and as part of the satisfaction surveys conducted by the department, it should examine services provided by third parties. It is also recommended to publish its findings.



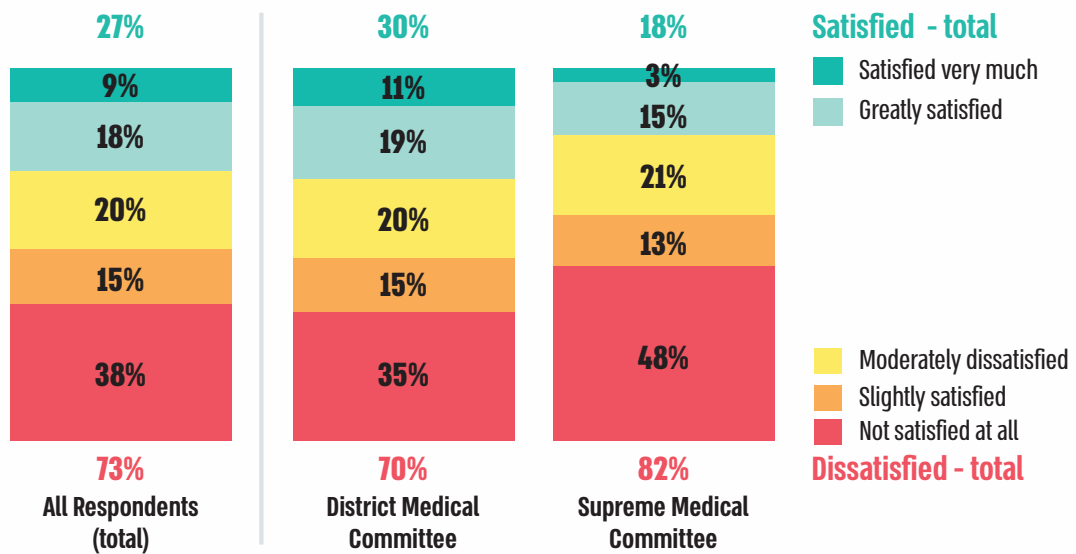
It is recommended that the Ministry of Defense complete the tender process for engagement with caregiver agencies for employment of escorts for disabled veterans, examine ways of enabling full supervision and control by the department over the quality of service provided by them to disabled veterans, and establish web-based control procedures.



In light of the decisive contribution of sharing medical information to the health and quality of life of the eligibles, it is recommended that the Ministry of Defense and Ministry of Health connect the department to the "Eitan" system.



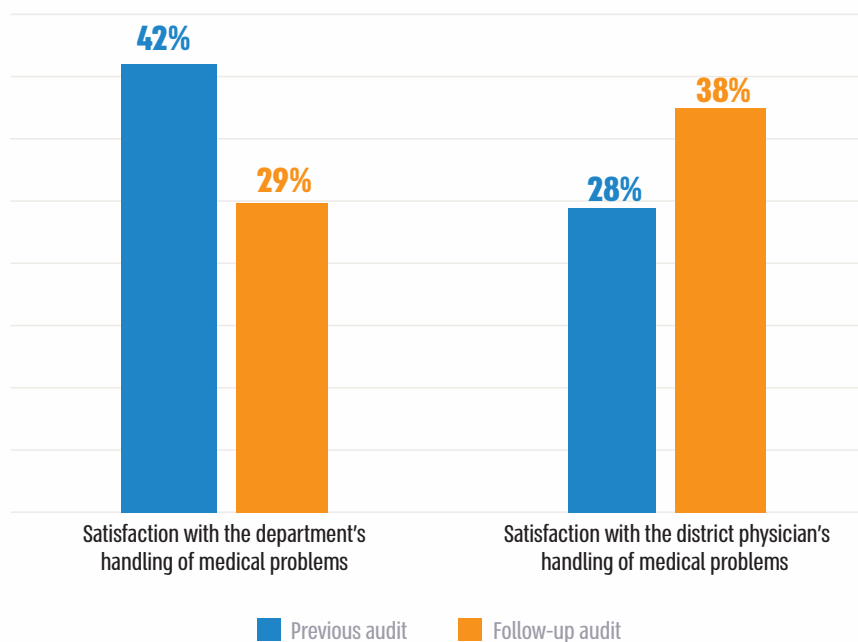
Satisfaction from the functioning of the medical committee according to the last survey conducted in the follow-up audit



According to the survey conducted by the State Comptroller's office in the follow-up audit.



General satisfaction with the department's and with the district physician's handling of medical problems – in the previous audit and in the follow-up audit







According to the surveys conducted by the State Comptroller's office in the previous audit and in the follow-up audit.








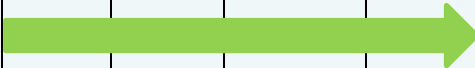
The degree to which the main deficiencies raised in the previous reports have been rectified

Administrative aspects in the work of the medical committees determining the rights of disabled IDF veterans and the medical services provided to them – key findings in the follow-up audit					
Audit chapter	Deficiencies in previous audit reports	Degree to which deficiencies have been rectified according to follow-up report			
		Not rectified	Slightly rectified	Considerably rectified	Fully rectified
Determining time Durations for the handling of disability levels in the medical committees	Aside from determining the duration for assigning a file to a medical committee, no time limits have been determined in the department procedures for other stages in the process, including the overall time for handling a file.				
Tracking and control of the duration of handling in determining disability levels	The Rehabilitation Department had not installed structured, orderly processes for tracking and control of the duration of determining disability and the medical committee unit did not frequently and methodically examine the reasons for differences between the various districts, regarding the duration of handling, the department did not produce irregular reports nor did it examine the reasons for extension of handling time and causes of delay, nor ways to reduce these times.				
Appeals of district medical committee decisions and proper control of district and supreme medical committee protocols	The medical committee's unit manually collected data on files for which the supreme medical committee at the department staff had overturned. The medical committee's unit did not examine why such a large ratio of appeals were approved, and since the rehabilitation department did not conduct orderly control processes, it did not have information from which to conclude the reasons for overturning the decisions.				



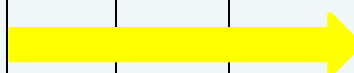
Administrative aspects in the work of the medical committees determining the rights of disabled IDF veterans and the medical services provided to them – key findings in the follow-up audit					
Audit chapter	Deficiencies in previous audit reports	Degree to which deficiencies have been rectified according to follow-up report			
		Not rectified	Slightly rectified	Considerably rectified	Fully rectified
Satisfaction of the Disabled veterans with the performance of the medical committees	A survey conducted by the State Comptroller's office in the previous audit reflected the disabled veterans' dissatisfaction with the processes conducted in the medical committees, as well as disturbing feelings and experiences (such as a lack of caring, disrespect, contempt, painful medical tests, insensitivity, impatience, scornful words) and lack of familiarity of the committee physicians with the medical file at hand.				
Quota for district physicians and examination of work processes and overloads in the Rehabilitation Department	Since the 1990s the Ministry of Defense has not examined the quota of district physicians – 21 doctors in seven districts, despite the growth in the number of disabled veterans handled by the department, and aging of the disabled veteran population.				
Staffing of district physician positions	Not all 21 doctor positions determined by the quota were actually filled. In August 2018, 12.25 (58%) of the district physician quota positions were staffed, while 5.5 regular quota positions and 3.25 temporary positions had not yet been staffed.				
Satisfaction of disabled veterans with the handling of their medical issues by the Rehabilitation Department and by the district physician	In a survey conducted in the previous audit, it was found that 42% of respondents were very satisfied and extremely satisfied with the department's handling of their medical issues, and 28% said they were satisfied or very satisfied with that of the district physician.				



Administrative aspects in the work of the medical committees determining the rights of disabled IDF veterans and the medical services provided to them – key findings in the follow-up audit					
Audit chapter	Deficiencies in previous audit reports	Degree to which deficiencies have been rectified according to follow-up report			
		Not rectified	Slightly rectified	Considerably rectified	Fully rectified
Waiting times for medical specialists, tracking and control of these times, and satisfaction of disabled veterans with the service	The Rehabilitation Department has not performed tracking and control in these areas: waiting times for appointments to medical specialists at independent clinics; for tests and treatments at institutes, and at independent clinics.				
	The findings of the survey conducted for the State Comptroller's office in the previous audit attested to the dissatisfaction of some of the disabled veterans, from the level of service provided by medical specialists, low availability of medical specialists, and long waiting times for them.				
Caregiver Escorts for disabled IDF veterans	The Rehabilitation Department was engaged for several years with caregiver agencies on the basis of agreements from the 1990s through a tender exemption.				
	The Rehabilitation Department has performed partial supervision and control over the quality of service provided by the caregiver agencies to disabled veterans, financial control over the agencies' reporting was not computerized; hence, its ability to control the costs of the services was limited.				
	The matter of escorts has not been arranged in the Rehabilitation Department provisions: a provision draft for the escort of physically disabled was in preparation, and the department had not yet formed provisions regarding escorts for the emotionally disabled.				
	In the year 2000 the department decided to approve eligibility to escorts only for mental disability levels of 50% and up. This decision is expressed in the operating concept, in an internal document and was not transparent to the IDF Disabled Veterans Organization and disabled IDF veterans.				



Administrative aspects in the work of the medical committees determining the rights of disabled IDF veterans and the medical services provided to them – key findings in the follow-up audit					
Audit chapter	Deficiencies in previous audit reports	Degree to which deficiencies have been rectified according to follow-up report			
		Not rectified	Slightly rectified	Considerably rectified	Fully rectified
Transfer of information from health maintenance organizations to the Rehabilitation Department	District physicians in the Rehabilitation Department do not have a full picture of all the treatments and medications received by disabled veterans from both the health maintenance organizations and the Rehabilitation Department, despite the potential risk to the disabled veterans' health. Since 2011, the Rehabilitation Department has not taken any action to get the health maintenance organizations to provide it with information on the medical treatment given by them to disabled veterans.				



Summary

The Ministry of Defense Rehabilitation Department is in charge of the treatment and rehabilitation of disabled IDF veterans, a matter of ethical and moral significance. For the sake of their optimal functioning and integration in society, it should provide them with quick, professional, and humane service while striving for continuous improvement. The Ministry of Defense and the Rehabilitation Department should rectify all of the deficiencies noted in this report, including by the "One Soul" reform. This will ensure improvement of the service and medical treatment provided by the Ministry of Defense Rehabilitation Department.