



# TBI

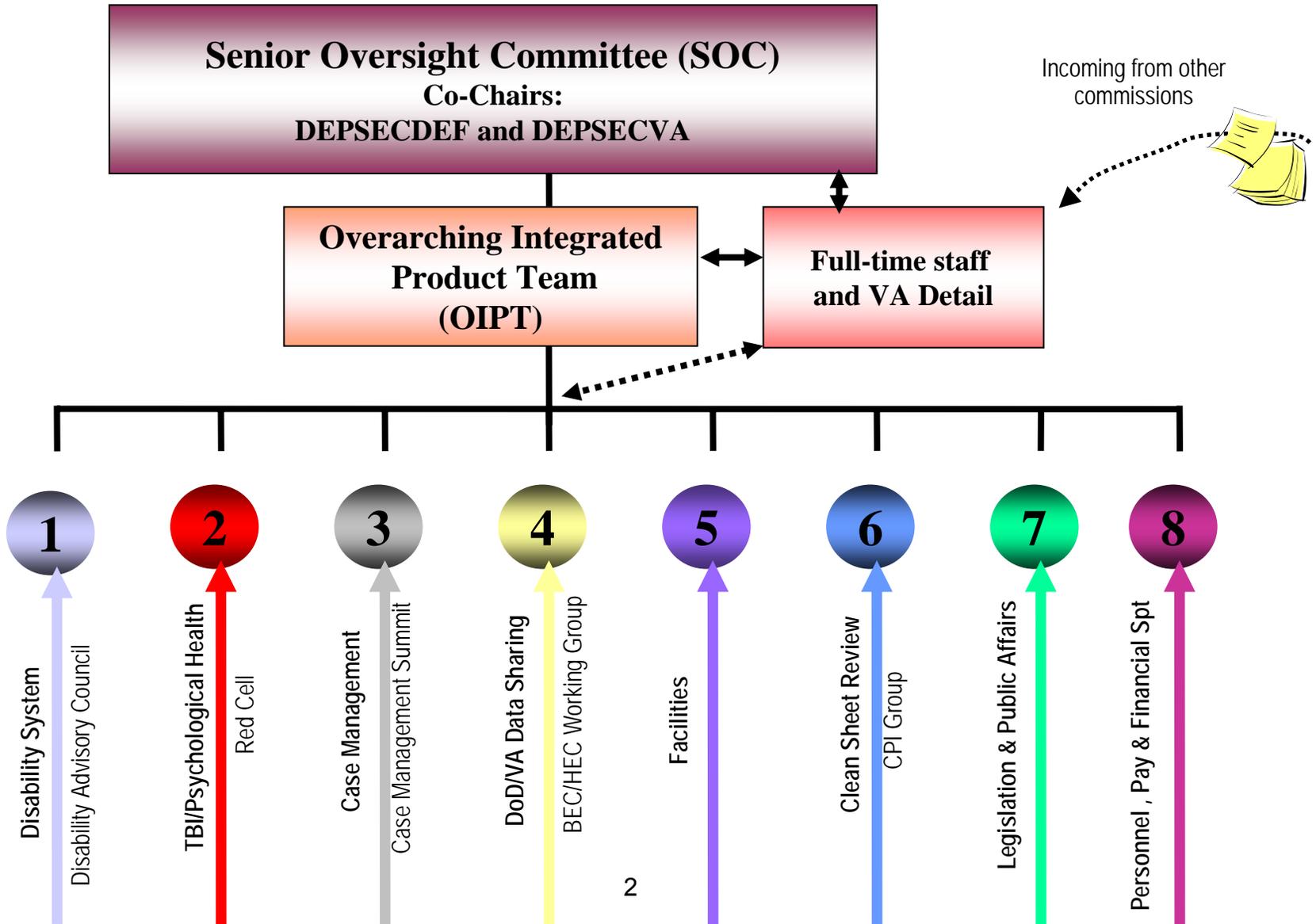
## DHB update

September 20, 2007  
COL Tony Carter



**Wounded, Ill, and  
Injured  
Senior Oversight  
Committee  
Line of Action 2**

# SOC Structure



2

# Outcomes Desired



- 1) Provide Service members, veterans and their families with standardized and comprehensive screening, diagnosis, and care for all levels of Traumatic Brain Injury.
- 2) Provide continuing education and outreach on TBI for commanders, providers, service members/veterans and their families and the communities in which they live.

# LOA Charter: TBI



Build an integrated, comprehensive DoD/DVA program to identify, treat, document, and follow up those who have suffered TBI.

Key Players: Military Departments, OSD (HA), Department of Veterans Affairs, Civilian Experts

# Deliverables:



2007: A comprehensive, integrated DoD/DVA program of policies, actions & plans to address TBI

- Evaluate/ integrate feasible recommendations from all sources, including the IRG, the Presidential Task Force and others into this comprehensive plan.
- Develop concept of operations and action plan for augmenting and improving existing network of DoD/DVA TBI centers of excellence
- Create and execute a flexible funding plan for new and revised DoD/DVA TBI programs in FY 07, 08 and out
- Establish common DoD/DVA definitions, nomenclature, and technical and clinical approaches to improve identification, evaluation, and treatment of those who suffer from TBI from any cause, especially blast exposure

# Deliverables:



- Develop and implement clinical and non-clinical programs to assess, reinforce and renew resilience in commanders, service members, and veterans, and their families
  - Identify, fund and undertake near term clinical and advanced research to inform improvements in TBI clinical care and rehabilitation of injured or affected service members/veterans
  - Establish formal joint planning process to review/adjust DVA/DoD TBI programs to ensure that DoD and DVA clinical, non-clinical and research programs are complementary, non-duplicative
- 2008 and out: Spiral development
    - Use established outcome measures, research and expert opinion to evaluate, improve/expand programs that work, modify or discard programs that do not, develop/revise out-year funding program

# IRG Recommendations for LOA 2



- Develop and implement cognitive measurements upon entry
- Include functional and cognitive screening on PDHA/PDHRA
- Develop and issue policy recording exposure to blast in medical record
- Urgent: Develop comprehensive CPG for blast injuries/TBI with PTSD overlay
- Implement training to recognize potential TBI
- Develop coding guidelines for TBI
- Cognitive remediation
- TSGLI review for full TBI/PH coverage
- COE for TBI and Psychological Health (research, evaluation and training)
- Expand Millennium Cohort Study to include TBI/PH

# TF GWOT Recommendations for LOA 2



- Process & Outreach – 25 recommendations
- P-1 Develop a Joint Process for Disability Determinations
  - Working with Services, DVA to improve functional assessment of TBI for rating purposes
- P-2 Develop a System of Co-Management and Case Management
  - Develop curriculum for education of case managers on issues, requirements, resources for those with TBI
- P-9 Screen All Veterans of the Global War on Terrorism for TBI
  - DVA screens for TBI all OIF/OEF Veterans who access DVA care.
- P-13 Participate in Post-Deployment Health Reassessments
  - TBI questions to PDHA, PDHRA and PHA

# TF GWOT Recommendations for LOA 2



- O-2 Provide Department of Education Educational Assistance Information
  - Refer Service members with TBI and their families to DoEd education, retraining opportunities
- O-9 Provide Outreach and Education to Community Health Centers
  - Liaise with and develop educational products for civilian community partners so that they understand the unique needs of military members .

# What is DoD Doing?



- MACE (Military Acute Concussion Evaluation) in theater
- Clinical Practice Guideline for evaluation of TBI in theater
- Comprehensive Review
  - Mental Health Summit
  - TBI Summits
  - TBI/PH “Red Cell” (working group for LOA 2)
- TBI Training Conference for 800 DoD healthcare providers
- Defense and Veteran’s Brain Injury Center (since 1992, Army lead, involved in many efforts)
- Center of Excellence for TBI/PH (30 NOV 2007)
- Revising PDHA/PDHRA/PHA to include in-depth TBI screening questions

# What is DoD Doing?



- Service Efforts
  - ALARACT (All Army Activities message) on TBI
  - TBI Task Force (Army): results incorporated into Red Cell efforts
  - 101<sup>st</sup> Airborne Pilot project: pre-deployment cognitive baseline screening
  - In-theater screening/documentation for all exposed to blast/ other potential tbi-producing events
  - Pilot universal post-deployment screening (Camp Pendleton, Ft Carson, Ft Bragg)

# Working: “Red Cell”



- Conops for Center of Excellence
- Options for Fisher Building(s)
- Spend Plan
  - 600 Million O&M
  - 300 Million Research
- Recommendation Matrix (rack and stack)
  - Identify current programs
  - Coordinate with other LOAs (DES, Case Management, Data Sharing, Facilities)
  - Accept, reject, modify
- Comprehensive Plan (career lifecycle, lean six  $\sigma$ )
  - “clean slate” (unrelated to LOA 6)
  - Integrate current programs
  - Integrate accepted or modified recommendations
  - ID, fill gaps

# Quick Wins



- Definition and Reporting
  - Quick Win:
    - Memo drafted for ASD(HA)'s signature
      - standardizes definitions and lists current ICD-9 codes
      - V-codes for TBI OCT '07
      - DoD/DVA proposal to ICD-9 governing body to create new codes by 31 Aug 07, implement OCT 08
      - Clinical Guidelines
  - Quick Win
    - Convene DOD/DVA expert panel to develop evidence-based Clinical Practice Guidelines (CPGs): interim
    - Consolidate existing Clinical Management Guidelines (CMGs) and publish for immediate use

# Quick Wins



- Neurocognitive (NC) Baseline Testing
  - Quick Win
    - Publish OSD-HA policy (in staffing)
      - Establish ANAM for now as NC assessment tool
      - Establish pre-deployment baseline requirement
      - Establish yearly assessment requirement (PHA)
- Education and Training
  - Quick Win:
    - Tri-service/Interagency training session for 800 providers and allied care professionals scheduled for 19-20 Sep 07
    - ASD(HA) will publish directive for Services to conduct TBI awareness training throughout the ranks (i.e. chain teaching, stand down, etc.)  
Army has already done this

# General Areas



- Access to Care
- Resilience Promotion
- Transition and Coordination of Care
- Surveillance and Screening
- Quality of Care
- Joint Support and Cross-cutting Functional Areas
- Research

# Access to Care



- Staffing
  - Develop, publish staffing standards for TBI inpatient and outpatient care at MTFs: fund hires
    - Proponency staff
    - Regional
    - local
- Psychosocial Support
  - Publish OSD(HA) TBI policy to include family support issues: coordinate funding with other OSD agencies
- Telehealth
  - Establish as a tool for SMs in remote communities: focus on Reserve Components, small MTFs

# Resilience Promotion



- Education and Training
  - Actions:
    - Tri-service/Interagency training session for 800 providers and allied care professionals Sept '07
    - ASD(HA) will publish directive for Services to conduct TBI awareness training throughout the ranks (i.e. chain teaching, stand down, etc.)
    - Develop a standardized/comprehensive/integrated education package
      - Use COE, DVBIC and contractor support
      - Audience: coders, legislators, providers, press, public, FMs, SMs, chaplains, etc.
- Research
  - Actions
    - Call for proposals

# Transition & Care Coordination



- TBI Registry
  - Actions:
    - Identify and screen those who have left Service without proper TBI screening
    - Program and locate TBI resources where patients live
- Benefits
  - Action:
    - Recommendations for enhanced benefits for SMs with severe TBI
- Case Management
  - Action:
    - Provide TBI specific case management considerations to LOA3 (case management)

# Transition & Care Coordination



- Physical Disability Evaluation System
  - Actions:
    - Work with LOA1 (disability evaluation system) to determine transition timing
    - Work with LOA1 on criteria for TBI disability determinations
- Transition to VA and Community Care
  - Actions:
    - Bidirectional information exchange
    - Direct transition coordination (with LOA 3)
    - Community Resource ID and Training

# Surveillance and Screening



- Baseline Pre-deployment testing
  - Action:
    - ANAM tool (automated neuropsychological assessment metrics)
- Mild TBI Identification and documentation
  - In-theater standards (post injury)
    - Actions:
      - Establish MACE as tool to assess all injuries
      - Documentation in EMR (TMIP)
  - Immediately upon Post-Deployment
    - Actions:
      - Leverage PDHA/PDHRA process to screen for TBI
      - Assess staffing, training and resource requirements for proper implementation
  - Universal (regardless of place injury occurs)
    - Actions:
      - Uniform assessment and treatment standards
      - Documentation in AHLTA

# Quality of Care



- Center of Excellence
  - Action:
    - CONOPS
    - DVBIC as core of TBI COE operations
  
- Clinical Standards
  - Actions:
    - DOD/DVA expert panel to develop Clinical Practice Guidelines (CPGs)
    - Consolidate existing Clinical Management Guidelines (CMGs), publish for immediate use

# Quality of Care



- Training
  - TBI standards of dx and tx
  - Monitoring of implementation and execution
- Equipment
  - CT scanners
  - Transcranial dopplers
  - TBI and combat stress assessment tools

# Joint Support, Cross-Cutting Functional Areas



- Center of Excellence
  - Director Appointed: COL(P) Loree Sutton
  - Stands Up 30 November 2007
  - Temporary leased space near Bethesda
  - Physical structure on WR NMMC campus (Bethesda)
  - Administrative structure in progress
    - Psychological Health and TBI
    - DVBIC
    - Center for Deployment Psychology
    - TelePsychological Health
    - Advisory Boards (DHB subs)
  - Built by Fisher?
  - Adjoining Fisher House for TBI/PH service members/families

# TBI Research



- 150 million from 07 supplemental (300 total, 150 for PH/PTSD)
- MRMC CDMRP overseeing
- 15% reserved for COE (~45 million total TBI + PH)
- Intramural research funding
- Central office to coordinate unit research contacts (Army)
- COE will eventually provide strategic/programmatic oversight
- Central IRB

# TBI Research Roll-Out



- Phase one: Fast-track Intramural: Open Solicitation
  - Broad Area Announcement Release: July 2007
  - Proposal Receipt: September 2007
  - Proposal Review: Completed by November 2007
  - Award negotiations: Initiated in November 2007
- Phase two: Open Solicitation (Intramural and Extramural)
  - Broad Area Announcement out
  - Proposals Receipt: August - November 2007
- Phase three: All funds obligated by end FY08
  - Proposal Review: September 2007– March 2008
  - Award Negotiations: to be initiated in March 2008



- Questions?