TBI
DHB update

September 20, 2007
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SOC Structure

As of June 29, 2007
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
  - 101st 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 σ)
  - “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
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
• 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
  - Award Negotiations: to be initiated in March 2008
• Questions?