

**SCREENING AND EVALUATION OF TRAUMATIC BRAIN INJURY (TBI) IN  
OPERATION ENDURING FREEDOM (OEF), OPERATION IRAQI FREEDOM (OIF),  
AND OPERATION NEW DAWN (OND) VETERANS**

- 1. REASON FOR ISSUE:** This VHA directive updates policies and procedures for screening and evaluating OEF/OIF/OND Veterans for possible TBI.
- 2. SUMMARY OF CONTENTS:** This directive outlines the TBI screening process, requisite training for providers completing the comprehensive TBI evaluation, and responsibilities of VHA staff implementing this directive.
- 3. RELATED ISSUES:** VHA Handbook 1172.01
- 4. RESPONSIBLE OFFICE:** The Deputy Chief Patient Care Services Officer for Rehabilitation and Prosthetic Services (10P4) is responsible for the contents of this VHA directive. Please refer questions to the Director, Physical Medicine Rehabilitation Service, at 202-461-7444.
- 5. RESCISSIONS:** VHA Directive 2010-012, dated March 31, 2015 is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of April 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Acting Under Secretary for Health

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**SCREENING AND EVALUATION OF TRAUMATIC BRAIN INJURY (TBI) IN  
OPERATION ENDURING FREEDOM (OEF), OPERATION IRAQIFREEDOM (OIF),  
AND OPERATION NEW DAWN (OND) VETERANS**

## **1. PURPOSE**

This Veterans Health Administration (VHA) directive defines policies and procedures for screening and evaluation of traumatic brain injury (TBI) in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans. **AUTHORITY:** 38 U.S.C. 1710, 1710C, 1710D, 1710E, 8111, and 8153.

## **2. BACKGROUND**

a. TBI has long been a health concern for US Veterans and Servicemembers. Since the beginning of the combat operations in Afghanistan and Iraq, attention to TBI has become more focused. Exposure to Improvised Explosive Devices (IED), motor vehicle crashes, and other events leading to head trauma have contributed to a 20 percent estimated incidence of TBI in Service Members who were deployed in OEF/OIF/OND. Over 83 percent of the TBIs incurred by active duty service members are mild.

b. The gold standard for diagnosis of mild TBI is a structured clinical interview. Currently, there is no accepted biomarker for mild TBI. At the same time, the specialty literature supports early coordinated intervention in TBI to prevent development of chronic problems.

c. VHA developed a screening and evaluation process to ensure that OEF/OIF/OND Veterans with TBI are identified, and that they receive appropriate treatments and services. This includes mandatory screening for deployment-related TBI of all OEF/OIF/OND Veterans upon their initial entry into VHA for services. Veterans with positive screens are referred for a comprehensive evaluation by TBI specialists for diagnostic and treatment recommendations.

d. Based on extensive research, the VA-TBI Screening Tool has revealed high sensitivity and moderate specificity allowing VA to identify symptomatic Veterans and develop an appropriate plan of care. From 2007 to 2015, over 900,000 Veterans have been screened for possible OEF/OIF/OND deployment related TBI. Of those, approximately 20 percent had positive screens and were referred for further evaluation.

e. The Spinal Cord Injury and Disorders (SCI/D) System of Care has the specialized clinical expertise and interdisciplinary approach to rehabilitation needed to provide the required evaluation and care. TBI screening, evaluation, and treatment are handled by the SCI/D team for patients followed in the SCI/D system of care.

f. In August 2014, VHA convened an interdisciplinary group of subject matter experts to review results of the TBI screening and evaluation program. This group of experts recommended that VHA continue this process to identify Veterans with possible OEF/OIF/OND deployment related TBI and current symptoms.

### 3. POLICY

It is VHA policy that all OEF/ OIF/ OND Veterans receiving medical care within VHA must be screened for possible TBI. Veterans with positive screens must be offered the Comprehensive TBI Evaluation (CTBIE) and treatment by clinicians with expertise in the area of TBI.

### 4. RESPONSIBILITIES

#### a. Chief Consultant for Primary Care.

(1) The Chief Consultant for Primary Care is responsible for ensuring that:

(2) The TBI Clinical Reminder is kept up to date and modified, as needed, in the face of advancing clinical knowledge. **NOTE:** *Any updates in the reminder must be implemented using a national Information Technology (IT) patch.*

b. National Director for Physical Medicine and Rehabilitation. The National Director for Physical Medicine and Rehabilitation (PM&R) is responsible for:

(1) Maintaining a defined protocol for the administration and completion of the CTBIE. This protocol must:

(a) Include recommendations for initial treatment interventions, and

(b) Be posted on the PM&R TBI Web site at: [http://vaww.rehab.va.gov/PMR/TBI\\_Clinical\\_Reminder.asp](http://vaww.rehab.va.gov/PMR/TBI_Clinical_Reminder.asp). **NOTE:** *This is a VA intranet site and is not available to the public.*

(2) Providing training materials for the administration of the protocol; and

(3) Working with VISN CMOs to develop referral protocols, identify appropriate providers for the completion of the CTBIE, and develop alternate plans and recommendations at facilities without providers with required background and skill and without specialized Polytrauma Network Site (PNS) and Polytrauma Support Clinic Teams (PSCT) programs. **NOTE:** *Providers with required background and skills are defined in (give paragraph number here)*

c. Veteran Integrated Service Network Director. The Veteran Integrated Service Network (VISN) Director is responsible for ensuring that:

(1) The direction and standards of TBI screening along with the evaluation of OEF, OIF, and OND Veterans are fully implemented and adequate resources are allocated for implementation of the TBI screening and evaluation as directed in this policy.

(2) Performance of the TBI screening and evaluation programs is monitored using the CTBIE reports page at: <http://vssc.med.va.gov/tbireports/comprehensivetbi.aspx>.

d. **Veterans Integrated Service Network Chief Medical Officer.** The VISN Chief Medical Officer (CMO) is responsible for:

(1) Working with the National Director for PM&R to review and approve alternate plans and recommendations for the completion of the CTBIE and provision of rehabilitation services at facilities without PNS and PSCT programs.

(2) Ensuring that all clinical activities for utilizing the TBI Screening and Evaluation Tool meet or exceed the standards set by the VISN Director.

e. **Veteran Integrated Service Network Quality Management Officer.** The VISN Quality Management Officer (QMO) is responsible for:

(1) Monitoring the effectiveness of the TBI Screening and Evaluation Tool as part of the VISN's Quality Management (QM) and Performance Improvement (PI) program.

(2) Ensuring that "lessons learned" and "strong practices" are identified and communicated.

(3) Representing the interests of the VISN in all VHA Central Office interactions on Quality Management issues regarding the implementation of the TBI Screening and Evaluation Tool.

f. **Veterans Integrated Service Network Chief Information Officer.** The VISN Chief Information Officer (CIO) is responsible for:

(1) Ensuring that all medical facilities have installed patch PXRm\*2\*11, the VA TBI Screening clinical reminder and reminder dialog.

(2) Ensuring that all medical facilities install the current version of the CTBIE. This application is accessible using the CPRS Tools menu. **NOTE:** Reference documentation, including instructions for installing the template, is available <http://www.va.gov/vdl/application.asp?appid=198>.

g. **VA Medical Facility Director.** The VA Medical Facility Director is responsible for ensuring that:

(1) The National VHA TBI Screening Clinical Reminder is assigned at the "system" level, or "division" level at all divisions in CPRS. It is to be available to all users and must be "locked" so that it is not removable by individual users.

(2) The Reminder is completed for all OEF, OIF, and OND Veterans who present at the facility for medical care regardless of the reason for their visit (see Section 5 below for details regarding the process).

(3) A patient with possible TBI is offered a CTBIE by a PNS or a PSCT polytrauma team. For sites that do not have a PNS or PSCT team and wish to complete the evaluation protocols locally, an alternate plan is developed that meets the intent of this

directive, including identifying specialists, such as: psychiatrists, neurologists, or neuropsychiatrists to complete the evaluation protocols. The plan must be reviewed and approved by the VISN CMO and the National Director of PM&R.

(4) The provider reviews all the items on the TBI screen with the Veteran regardless of the method of completion to ensure response accuracy. **NOTE:** *The screen may be completed face-to-face or through virtual care.*

(5) Clinical staff discusses the results of the TBI screen with the Veteran and recommends further evaluation when the screen is positive. Consultations for further evaluation must be submitted with patient consent. The clinical staff member must document the discussion of the screening results with the patient and any refusal of further evaluation by the patient within the progress note (using the TBI Clinical Reminder dialog).

(6) A medical facility service is clearly identified for initial management of the consults generated by positive screens. Generally, this service is located at the facility. However, it is acceptable for the service to be located at another facility, such as one where the covering PNS or PSCT is located.

(7) The consulted service initiates contact and schedules the Veteran for evaluation according to current VHA scheduling policy. Appointments that were cancelled by the patient or “no shows” are reviewed by the clinical team, and they are addressed based on current VHA policy on scheduling processes and procedures. All efforts to contact, schedule, or re-schedule an appointment must be documented in the comment section of the consult in CPRS.

(8) The patient with possible TBI is seen for the CTBIE within a time frame consistent with VHA policy for new specialty care appointments.

(9) All staff at the facility involved in completing the CTBIE have completed the recommended training on the evaluation protocol. At a minimum, this advanced training should consist of:

(a) Completed the VHA Veterans Health Initiative on Traumatic Brain Injury ([http://www.publichealth.va.gov/vethealthinitiative/traumatic\\_brain\\_injury.asp](http://www.publichealth.va.gov/vethealthinitiative/traumatic_brain_injury.asp)); and

(b) Understanding of the Clinical Practice Guideline for the evaluation and treatment of concussion/mild TBI ([http://www.healthquality.va.gov/management\\_of\\_concussion\\_mtbi.asp](http://www.healthquality.va.gov/management_of_concussion_mtbi.asp)). This Clinical Practice Guideline provides the foundation for completing the Comprehensive TBI Evaluations.

## 5. COMPONENTS OF TBI SCREENING AND EVALUATION PROCESS

VA-TBI Screening, the national clinical reminder, has the following elements:

(1) The first step of the reminder is to identify possible OEF, OIF, and OND participants based on a separation date from military duty or active duty status after September 11, 2001. Individuals reporting previous deployment to OEF, OIF, and OND theaters are screened once. A screening is repeated if the date of separation changes due to a repeat deployment.

(2) The reminder contains questions to determine whether the Veteran has already been diagnosed as having TBI during OEF/OIF/OND deployment. Positive answers may be based on self reporting from patients or caregivers along with health records from VA or non-VA sources. If the patient answers in the affirmative on the reminder but does not currently have a follow-up appointment and wants assistance, then a referral for a follow-up appointment is an option.

(a) For those who confirm OEF/OIF/OND deployment and do not have a prior diagnosis of TBI, the instrument uses four sequential questions related to events that may increase the risk of TBI, immediate symptoms following the event, new or worsening symptoms following the event, and current symptoms (See Attachment A).

(b) If a person answers in the negative to any of the sets of questions, the screen is negative and the reminder is complete. When the Veteran answers in the affirmative to a set of questions, the next section opens in the reminder to continue the screening process.

(3) If a person answers in the affirmative to each of the four questions, the screen is positive. The results of the screen are discussed with the patient, and a referral for the CTBIE is initiated.

(a) Not all patients with positive screens have TBI. It is possible to respond in the affirmative to all four sections due to the presence of other conditions. Therefore, it is critical that patients not be labeled with the diagnosis of TBI on the basis of a positive screening test.

(b) Patients are referred for the CTBIE to substantiate or rule out the TBI diagnosis.

(c) The CTBIE includes establishing the origin or etiology of the patient's injury, assessing their neurobehavioral symptoms (using the 22-question Neurobehavioral Symptom Inventory), a targeted physical examination, and development of a treatment plan, when appropriate. All TBI evaluations must be completed using the CTBIE template, which saves the completed evaluation for further analysis while also sending a text note to CPRS. The CTBIE application is accessible using the Computerized Patient Record System (CPRS) Tools menu.

1. Reference material related to the TBI screening and evaluation process and the TBI treatment algorithm are available through at [http://vaww.rehab.va.gov/PMR/Polytrauma\\_TBI\\_Intranet.asp](http://vaww.rehab.va.gov/PMR/Polytrauma_TBI_Intranet.asp). This provides guidance on physical examination, diagnostic testing, and recommendations for initial treatment interventions and referral pathways for persistent symptoms. **NOTE:** *This is an internal Web site and is not available to the public.*

2. Due to the expertise required to establish a TBI diagnosis and to develop a treatment plan, the CTBIE should be completed by a specialist with an appropriate background and skills, such as a physiatrist, neurologist, or neuropsychiatrist, who has also had training in the CTBIE protocol and in developing an individualized rehabilitation plan of care. These specialties are generally PNS and PSCT clinical providers within the VHA Polytrauma System of Care (see Attachment A). Medical Facilities without PNS or PCST programs have the option to develop an alternate plan for the completion of the CTBIE that meets the intent of this directive.

3. The Polytrauma Case Manager typically functions as the Lead Coordinator in the care of Veterans who receive rehabilitation services in a PNS or PSCT program. The Lead Coordinator assignment is made by the Transition Care Management Team. The Lead Coordinator manages services and benefits in more complex cases.

## 6. REFERENCES

a. Veterans Health Initiative (VHI) teaching module, "Traumatic Brain Injury," found at: [http://www.publichealth.va.gov/vethealthinitiative/traumatic\\_brain\\_injury.asp](http://www.publichealth.va.gov/vethealthinitiative/traumatic_brain_injury.asp).

b. National Council on Disability – "Invisible Wounds: Serving Service Members and Veterans with PTSD and TBI" found at: <http://www.ncd.gov/publications/2009/March042009/>.

c. Defense and Veterans Brain Injury Center: "DoD Worldwide Numbers for TBI" found at: <http://dvbic.dcoe.mil/dod-worldwide-numbers-tbi>.

d. VA/DoD Clinical Practice Guideline. Management of Concussion/mTBI, 2009. [http://www.healthquality.va.gov/management\\_of\\_concussion\\_mtbi.asp](http://www.healthquality.va.gov/management_of_concussion_mtbi.asp) (accessed April 21, 2015).

e. VA Directive 0007 (Interagency Coordination of Complex Care, Benefits, and Services) [http://www1.va.gov/vapubs/viewPublication.asp?Pub\\_ID=782&FTtype=2](http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=782&FTtype=2)



**VHA TBI CLINICAL REMINDER AND SCREENING TOOL**

1. During any of your OIF/OEF deployment(s) did you experience any of the following events? *(Check all that apply)*
  - a. Blast or Explosion
  - b. Vehicular accident/crash (any vehicle, including aircraft)
  - c. Fragment wound or bullet wound above the shoulders
  - d. Fall
  
2. Did you have any of these IMMEDIATELY afterwards? *(Check all that apply)*
  - a. Losing consciousness/"knocked out"
  - b. Being dazed, confused or "seeing stars"
  - c. Not remembering the event
  - d. Concussion
  - e. Head injury
  
3. Did any of the following problems begin or get worse afterwards? *(Check all that apply)*
  - a. Memory problems or lapses
  - b. Balance problems or Dizziness
  - c. Sensitivity to bright light
  - d. Irritability
  - e. Headache
  - f. Sleep problems
  
4. In the past week, have you had any of the symptoms from Section 3? *(Check all that apply)*
  - a. Memory problems or lapses
  - b. Balance problems or dizziness
  - c. Sensitivity to bright light
  - d. Irritability
  - e. Headaches
  - f. Sleep problems

**VETERANS HEALTH ADMINISTRATION (VHA) NATIONAL POLYTRAUMA SYSTEM  
OF CARE (PSC)**

1. VHA's PSC is an integrated nationwide system of specialized rehabilitation programs for Veterans and Servicemembers with polytrauma and TBI. PSC either directly provides or formally links with key components of care that address the lifelong needs of individuals with disabilities due to polytrauma and TBI. Such services include, but are not limited to:

- a. Specialized inpatient and outpatient rehabilitation;
- b. Emerging consciousness program;
- c. Transitional rehabilitation;
- d. Assistive technology labs;
- e. Polytrauma telerehabilitation;
- f. Vocational services; and
- g. Community re-entry programs.

2. PSC balances access and expertise to provide specialized polytrauma and TBI care at the location closest to the Veteran's home with the expertise necessary to manage his/her rehabilitation, medical, and psychosocial needs. Services are organized in four levels of care spanning from regional referral centers, network sites, local VA medical facilities, and community based outpatient clinics (CBOC). PSC levels of care include:

a. Polytrauma Rehabilitation Center (PRC). A PRC is located at each of the VA medical centers in Minneapolis, MN; Palo Alto, CA; Richmond, VA; San Antonio, TX; and Tampa, FL. The PRCs serve as regional referral centers for the comprehensive acute rehabilitation for Veterans and Servicemembers with complex and severe polytrauma. They maintain a full staff of dedicated rehabilitation professionals and consultants from other medical specialties to address the complex medical and psychosocial needs of patients with polytrauma. The PRCs serve as a resource for educational programs and best practice models for other facilities across the PSC. They are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) using Brain Injury Program standards.

b. Polytrauma Network Site (PNS). A PNS is located in at least 1 VA medical center in each Veterans Integrated Service Networks (VISN); VISNs 8 and 17 each have 2 facilities with a PNS program. The PNS provides inpatient and outpatient rehabilitation care and coordinates polytrauma and TBI services throughout the VISN. The inpatient rehabilitation bed units at each PNS maintain CARF accreditation for Comprehensive Integrated Inpatient Rehabilitation.

c. Polytrauma Support Clinic Team (PSCT). PSCTs provide and coordinate interdisciplinary rehabilitation services for Veterans and Servicemembers within the catchment area of their medical facility. PSCTs also conduct comprehensive evaluations of patients with positive TBI screens, and develop and implement rehabilitation and community reintegration plans.

d. Polytrauma Point of Contact (PPOC). At VAMCs without a PSC program, the OEF/OIF/OND Program Manager ensures that Veterans and Servicemembers needing specialized rehabilitation services are referred to a facility or program capable of providing the appropriate level of care.

**FREQUENTLY ASKED QUESTIONS REGARDING TRAUMATIC BRAIN INJURY IN OPERATION ENDURING FREEDOM (OEF), AND OPERATION IRAQI FREEDOM (OIF) VETERANS AND OPERATION NEW DAWN (OND) VETERANS**

1. Is the TBI screening required if a patient is only seeking a compensation and pension (C&P) examination and NOT receiving any medical care within the Veterans Health Administration (VHA)?

**No.** Patients who present solely for compensation and pension exams do not need to complete the screen. The intent of the screen is to identify symptomatic Veterans and provide appropriate care.

2. Do active duty military personnel who served in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) need to complete the screen?

**No.** The screen is not recommended until the patient separates from the military.

3. Are screenings performed only in Primary Care?"

**No.** Screening is required for all patients receiving medical care within VHA and not just primary care or the Nexus clinics. Patients seen in Dental, Emergency Room, Urgent Care, any other specialty clinic, or receiving inpatient care are to have the screen performed and the reminder completed.

4. Can patients with positive screens be referred to local non-VA practitioners or clinics for further evaluation?

**Yes.** Designated specialists, who have completed training in the evaluation protocol, must perform all evaluations for positive screens. Most commonly, these are PNS, PSCT or Spinal Cord Injury (SCI) teams. They have the multidisciplinary skills to complete the thorough evaluation required and have been trained in the evaluation protocol. For medical centers that are not designated as a Polytrauma Network Sites or Polytrauma Support Clinic Team, it is possible to determine an alternate plan and team that meets the intent of this directive. This may include non-VA practitioners or other VA staff specialists (e.g., neurologists) who have received or will receive training in the use of the evaluation protocol. A non-VA practitioner must document evaluations using the Word version of CTBIE, which are returned and scanned into CPRS. Then, the local VA team can access the CTBIE template in TBI Instruments and: (1) check the first box indicating the evaluation was completed by a 'fee' provider, (2) specify if the diagnosis was confirmed or ruled out, and (3) outline the treatment plan in the template. If the MD does not enter the CTBIE note into TBI Instruments, the team member completing the entry (transposing the results of the three available sections from the CTBIE into the online template) should identify the MD of the team, as a cosigner on the note, and ensure the individualized treatment plan is developed and carried out. Polytrauma Point of Contact facilities wishing to complete the Traumatic Brain Injury (TBI) Second Level Evaluation locally must ensure that their alternate plan and team

composition meets the intent of this directive. Direct requests for alternate plans and teams to the National Director for Physical Medicine and Rehabilitation through the Veterans Integrated Service Network (VISN) Chief Medical Officer (CMO). Data is collected systematically on the results of the evaluations as well as the screens. **NOTE:** *This allows VHA to understand the breadth of TBI related issues in OEF, OIF, and OND Veterans, and allows VHA to continuously improve its services.*

5. Are only physicians and other practitioners with independent privileges allowed to complete the screens and submit referrals?

**No.** Other clinical staff members are allowed to perform the screens and complete the reminder. However, this staff needs to have completed the Veterans Health Initiative (VHI) TBI module. They need to understand the basics of TBI and what the evaluation protocol involves, so that they can respond to questions from Veterans knowledgeably and accurately. **NOTE:** *Medical Centers can allow such clinical staff members to submit referral consults through approved standing orders approved by the medical staff.*

6. If I see a non-OEF or OIF Veteran in my clinic that may have had a TBI, can this Veteran also receive a comprehensive evaluation?

**No.** Evaluations should be completed to thoroughly assess any TBI related symptoms and as indicated an individualized rehabilitation care plan (IRCR) should be developed. A provider treating a non-OEF/OIF/OND Veteran, that may have sustained a TBI, should send a consult requesting evaluation and treatment to the same rehabilitation team that completes the comprehensive evaluation for OEF, OIF, and OND Veterans. However, the CTBIE template should only be utilized for OEF/OIF/OND deployment related injuries and related symptoms.

7. How does the Lead Coordinator fit into the TBI screening and evaluation process and the Polytrauma System of Care?

a. The Interagency Care Coordination Committee (IC3) identified case management Communities of Practice (CoP) within Department of Defense and Veterans Affairs responsible for the smooth transition of Service member/Veteran (SM/V) and requiring the assistance of a Lead Coordinator (LC). SM/V receiving medical or rehabilitative care requiring case management services have a LC assigned to serve as the central communication and facilitation point for the patient, family, and the Care Management Team.

b. As members of the CoP, Polytrauma Case Managers (PCM) are frequently the appointed LC for SM/V with polytrauma and traumatic brain injury. This assignment is based on the patient's location, duration of treatment, and predominant needs. As the LC, PCM are responsible for the development and deployment of Individualized Rehabilitation Community Reintegration (IRCR) Care Plans, have oversight of the LC Checklist and the Interagency Comprehensive Plan and assure smooth transitions

**April 6, 2017**

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APPENDIX C**

through warm-handoffs within the Polytrauma System of Care and across the CoP continuum.