

SCREENING AND EVALUATION OF POST-9/11 VETERANS FOR DEPLOYMENT-RELATED TRAUMATIC BRAIN INJURY

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive updates policies and procedures for screening and evaluating post-9/11 Veterans for possible deployment-related traumatic brain injury (TBI).

2. SUMMARY OF MAJOR CHANGES: This directive:

a. Reflects the change to “post-9/11” Veterans from “Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND)” Veterans as it relates to the TBI screening and evaluation process.

b. Adds neurosurgeon to the list of TBI specialists (see paragraph 2.c.).

c. Adds definitions for Alternate Plan, Traumatic Brain Injury and Electronic Health Record (see paragraph 3).

d. Adds responsibilities to the Deputy Under Secretary for Health, Assistant Under Secretary for Health for Patient Care Services, Assistant Under Secretary for Health for Operations, Executive Director for the Office of Primary Care and the Executive Director for Rehabilitation and Prosthetic Services (see paragraph 5).

e. Revises responsibilities assigned to the National Director, Physical Medicine and Rehabilitation Service (PM&RS), Veterans Integrated Services Network (VISN) Director, VISN Chief Medical Officer, VISN Chief Nursing Officer, VISN Chief Information Officer and Department of Veterans Affairs (VA) medical facility Director (see paragraph 5).

f. Removes responsibilities for the Chief Consultant for Primary Care.

3. RELATED ISSUES: VHA Directive 1172.01, Polytrauma System of Care, dated January 24, 2019, and VHA Directive 1176(2), Spinal Cord Injuries and Disorders System of Care, dated September 30, 2019.

4. RESPONSIBLE OFFICE: The Executive Director for Rehabilitation and Prosthetic Services (12RPS) is responsible for the content of this directive. Questions may be addressed to the National Director, PM&RS at VHAPMRSProgramOfficeHelp@va.gov.

5. RESCISSIONS: VHA Directive 1184, Screening and Evaluation of Traumatic Brain Injury (TBI) in Operation Enduring Freedom (OEF) Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) Veterans, dated April 6, 2017, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of January 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ Beth Taylor, DHA, RN, FAAN, NEA-BC
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for Patient Care Services/CNO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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SCREENING AND EVALUATION OF POST-9/11 VETERANS FOR DEPLOYMENT-RELATED TRAUMATIC BRAIN INJURY

1. PURPOSE

This Veterans Health Administration (VHA) directive states policy and procedures for screening and evaluation of deployment-related traumatic brain injury (TBI) in Veterans. **AUTHORITY:** 38 U.S.C. §§ 1710, 1710C, 1710D, 1710E, 8111 and 8153.

2. BACKGROUND

a. TBI has long been a health concern for Veterans and Service members and has become even more so since the beginning of the combat operations in Iraq and Afghanistan. Exposure to improvised explosive devices, motor vehicle crashes, and other events leading to head trauma have contributed to an estimated 20% incidence of TBI in Service members who were deployed in Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn (OEF/OIF/OND). However, over 82% of TBI incurred by active duty Service members are mild (mTBI).

b. The gold standard for diagnosis of mTBI is a structured clinical interview. Emerging technology, including biomarkers and imaging, is focused on diagnosing TBI in the acute phase but is not applicable to diagnose a remote injury. At the same time, the specialty literature supports early coordinated intervention in TBI to prevent development of chronic problems.

c. VHA has developed a screening and evaluation process to ensure that Veterans with TBI are identified and that they receive appropriate treatments and services. This includes mandatory screening of VHA's electronic health records (EHR) since April 2007 for deployment-related TBI of all OEF/OIF/OND Veterans upon their initial entry into Department of Veterans Affairs (VA) health care. Veterans with positive screens are referred for a Comprehensive TBI Evaluation (CTBIE) by TBI specialists for diagnostic and treatment recommendations. A TBI specialist is a licensed independent medical provider with the appropriate background, didactic training, experience and skills required to establish a TBI diagnosis and to develop a treatment plan. Generally, a physiatrist, neurologist, neurosurgeon or neuropsychiatrist would be the TBI specialist in VHA clinics.

d. Based on extensive research, the TBI screen has high sensitivity and moderate specificity, hence allowing VA to identify symptomatic Veterans. From 2007 to 2020, over 1.4 million Veterans have been screened for possible deployment-related TBI. Of those, approximately 20% had positive screens and were referred for further evaluation.

e. Veterans with TBI may require long-term rehabilitation services to sustain functional capabilities and to maximize independence and quality of life. Long term rehabilitation care for Veterans with TBI and polytrauma is coordinated by the primary care team through referral to and collaboration with teams of rehabilitation specialists with TBI training and experience facilitated by case management (see Appendix A).

f. VHA's Polytrauma System of Care (PSC) advances the specialized expertise on diagnosis, evaluation and treatment of TBI. PSC delivers world-class medical and rehabilitation services across VA medical facilities for Veterans and Service members with TBI. Evaluation and treatment of TBI and polytraumatic injuries in PSC may be provided through face-to-face encounters or through use of virtual care modalities to provide care in the most convenient setting for the Veteran. **NOTE:** For additional information regarding VHA's PSC, see VHA Directive 1172.01, *Polytrauma System of Care*, dated January 24, 2019.

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

3. DEFINITIONS

a. **Alternate Plan.** An alternate plan is a plan for completing the CTBIE for Veterans at a VA medical facility without a TBI specialist (e.g., physiatrist, neurologist, neurosurgeon or neuropsychiatrist). Alternate plans incorporate use of virtual care to collaborate with other polytrauma teams to complete CTBIEs or use mini-residency training provided by their Polytrauma Network Site (PNS) for additional providers to receive focused and specialized training in completing CTBIEs, directing the interdisciplinary team and developing individualized care plans.

b. **Electronic Health Record.** EHR is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. **NOTE:** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

c. **Traumatic Brain Injury.**

(1) TBI is a traumatically induced structural injury or physiological disruption of brain function as a result of an external force and is indicated by new onset or worsening of at least one of the following clinical signs immediately following the event:

(a) Any period of loss of or a decreased level of consciousness;

(b) Any loss of memory for events immediately before or after the injury (post-traumatic amnesia);

(c) Any alteration of mental state at the time of the injury (for example, confusion, disorientation, slowed thinking, alteration of consciousness or mental state);

(d) Neurological deficits (e.g., weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia) that may or may not be transient; and

(e) Intracranial lesion.

(2) The above criteria define the event of TBI. Not all individuals exposed to an external force to the head will sustain TBI, but any person who has a history of such an event with immediate manifestations of any of the above signs and symptoms can be said to have had TBI.

(3) TBI severity is divided into mild, moderate and severe, based on the length of loss of consciousness or alteration of consciousness, duration of Post-Traumatic Amnesia, and Glasgow Coma Scale results. The majority of TBIs are mTBI, also known as concussion. All penetrating brain injuries are considered severe.

4. POLICY

It is VHA policy that all Veterans separating from active duty after September 11, 2001, and receiving VA medical care must be screened for possible deployment-related TBI, and that Veterans with positive screens must be offered CTBIE and treatment by clinicians with expertise in TBI.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting the Office of Rehabilitation and Prosthetic Services with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Network (VISNs) Directors.

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Office of Primary Care.** The Executive Director, Office of Primary Care is responsible for keeping the TBI screen in VHA's EHR up to date and modified, as needed, in the face of advancing clinical knowledge.

e. **Executive Director for Rehabilitation and Prosthetic Services.** The Executive Director for Rehabilitation and Prosthetic Services is responsible for

(1) Ensuring compliance with this directive through appropriate monitoring activities.

(2) Ensuring policy support and periodic review of the implementation of the TBI screening and evaluation process consistent with this directive. **NOTE:** See Appendix A for more information on the components of the TBI screening and evaluation process.

f. **National Director, Physical Medicine and Rehabilitation Service.** The National Director, Physical Medicine and Rehabilitation Service (PM&RS) is responsible for:

(1) Maintaining a defined protocol for the administration and completion of CTBIE by TBI specialists. This protocol must include recommendations for initial treatment interventions and be posted on the PM&RS TBI website at:

<http://vaww.rehab.va.gov/ProgramDocuments/TBI/index.asp>. **NOTE:** This is an internal VA website that is not available to the public.

(2) Providing training materials on the PM&RS TBI website (see above) for the administration of CTBIE protocol.

(3) Working with VISN Chief Medical Officers (CMOs) to develop referral protocols and to identify appropriately trained providers for the completion of CTBIE.

(4) Reviewing and approving alternate plans for CTBIE completion.

(5) Establishing performance metrics and ensuring they are available through the CTBIE reports page at: <http://vssc.med.va.gov/tbireports/comprehensivetbi.aspx>.

NOTE: This is an internal VA website that is not available to the public. See Appendix A for more information on the components of the TBI screening and evaluation process.

(6) Reviewing the TBI screening and evaluation process to identify performance improvement opportunities.

g. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring TBI screening and evaluation processes of post-9/11 Veterans are fully implemented and that adequate resources are allocated for implementation of the TBI screening and evaluation as directed in this policy.

(3) Ensuring performance of the TBI screening and evaluation process is monitored using the HealtheRegistries reporting for VA medical facilities using Cerner or CTBIE reports page for VA medical facilities using CPRS at:

<http://vssc.med.va.gov/tbireports/comprehensivetbi.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

h. **Veterans Integrated Services Network Chief Medical Officer.** The VISN CMO is responsible for:

(1) Collaborating with the National Director, PM&RS and the VISN Chief Nursing Officer to develop referral protocols; identify appropriately educated and trained providers for the completion of CTBIE; and develop, review and approve alternate plans. **NOTE:** For further information regarding VHA's PSC, see VHA Directive 1172.01.

(2) Ensuring training is provided to all identified providers involved in completion of the CTBIE.

i. **Veterans Integrated Services Network Chief Nursing Officer.** The VISN Chief Nursing Officer is responsible for:

(1) Collaborating with the VISN CMO to develop referral protocols, identify appropriately trained providers, and develop alternate plans for completing the CTBIE when applicable.

(2) Ensuring training is provided to all RN and LPN staff involved in completion of the TBI screen.

j. **Veterans Integrated Services Network Quality Management Officer.** The VISN Quality Management Officer (QMO) is responsible for:

(1) Monitoring performance of the TBI Screening and Evaluation process through quarterly reports as part of the VISN's Quality Management (QM) and Performance Improvement (PI) program.

(2) Representing the interests of the VISN in all VHA Central Office interactions on QM issues regarding the implementation of the TBI Screening and Evaluation process.

k. **Veterans Integrated Services Network Chief Information Officer.** The VISN Chief Information Officer is responsible for:

(1) Ensuring that all VA medical facilities have access to the most current TBI screen in the EHR. **NOTE:** This standardized TBI screen in VistA and CPRS must not be modified locally.

(2) Ensuring that all VA medical facilities install the most current version of CTBIE in the EHR.

l. **VA Medical Facility Director.** The VA medical facility Director is responsible for ensuring:

(1) The National VHA TBI screen is assigned at the “system” level or “division” level at all divisions in the EHR. It is to be available to all users and must be “locked” so that it is not removable by individual users.

(2) The TBI screen is completed for all Veterans with a last service separation date after September 11, 2001, who present at the VA medical facility for medical care regardless of the reason for their visit (see Appendix A for details regarding the process).

(3) A patient with possible TBI is offered CTBIE by a PNS or a Polytrauma Support Clinic Team (PSCT). For sites that do not have a PNS or PSCT and wish to complete the evaluation protocols locally, an alternate plan is developed that meets the intent of this directive, including identifying TBI specialists to complete the evaluation protocols. The plan must be reviewed and approved by the VISN CMO and the National Director, PM&RS. **NOTE:** *For further information regarding VHA’s PSC, see VHA Directive 1172.01.*

(4) When specialists are not available, inter-facility telehealth arrangements per requirements from the Office of Connected Care are established to support CTBIE completion through Clinical Video Telehealth, including VA Video Connect directly to the Veteran’s home.

(5) 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.*

(6) 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 screen dialog).

(7) A VA medical facility service is clearly identified for initial management of the consults generated by positive screens. **NOTE:** *Generally, this service is located at the VA medical facility. However, it is acceptable for the service to be located at another VA medical facility, such as one where the covering PNS or PSCT is located. CTBIEs may be completed through Clinical Video Telehealth including VA Video Connect directly to the Veteran’s home. Community care providers may complete CTBIE and send it back to the VA medical facility to be scanned into the EHR.*

(8) The consulted service initiates contact and schedules the Veteran for CTBIE according to current VHA scheduling policy (see VHA Directive 1230(5), Outpatient Scheduling Processes and Procedures, dated July 15, 2016, and VHA Directive 1232(3), Consult Processes and Procedures, dated August 23, 2016). All efforts to contact, schedule or re-schedule an appointment must be documented in the comment section of the consult in the EHR.

(9) TBI specialists complete the training as specified in paragraph 6.

6. TRAINING

The following training is **required** for TBI specialists and all staff involved in completing CTBIE:

a. Veterans Health Initiative: Traumatic Brain Injury (Talent Management System Course Number 5377).

b. Understanding of the Clinical Practice Guideline for the evaluation and treatment of concussion or mild TBI at http://www.healthquality.va.gov/management_of_concussion_mtbi.asp. This Clinical Practice Guideline provides the foundation for completing CTBIEs.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

8. REFERENCES

a. 38 U.S.C. § 1710, 1710C, 1710D, 1710E, 8111 and 8153.

b. VHA Directive 1172.01, Polytrauma System of Care, dated January 24, 2019.

c. VHA Directive 1230(5), Outpatient Scheduling Processes and Procedures, dated July 15, 2016.

d. VHA Directive 1232(3), Consult Processes and Procedures, dated August 23, 2016.

e. Rehabilitation and Prosthetic Services, Traumatic Brain Injury Program Documents. <http://vaww.rehab.va.gov/ProgramDocuments/TBI/index.asp>. **NOTE:** This is an internal VA website that is not available to the public.

f. Traumatic Brain Injury Reporting. <http://vssc.med.va.gov/tbireports/comprehensivetbi.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

g. VA Software Document Library. <http://www.va.gov/vdl/application.asp?appid=198>.

h. VA/DoD Clinical Practice Guideline. Management of Concussion/mild Traumatic Brain Injury. 2021. http://www.healthquality.va.gov/management_of_concussion_mtbi.asp.

COMPONENTS OF THE TRAUMATIC BRAIN INJURY SCREENING AND EVALUATION PROCESS

1. The Department of Veterans Affairs (VA) Traumatic Brain Injury (TBI) screening and evaluation process has the following elements:

a. The first step of the TBI screen is to identify Veterans based on a separation date from military duty or active duty status after September 11, 2001. Individuals reporting previous post-9/11 deployment are screened once. A screening is repeated if the date of separation changes due to a repeat deployment.

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

(1) For those who confirm 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. **NOTE:** Please see <http://vaww.rehab.va.gov/ProgramDocuments/TBI/index.asp> for the current TBI screening questions. *This is an internal VA website that is not available to the public.*

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

c. 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 Comprehensive TBI Evaluation (CTBIE) is initiated.

(1) 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.

(2) Patients are referred for CTBIE to substantiate or rule out the TBI diagnosis and develop the appropriate treatment plan.

(3) 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 the electronic health record (EHR). The CTBIE application is accessible using the EHR Tools menu. The CTBIE template is available through TBI Instruments which is accessible through the tools menu in the Computerized Patient Record System (CPRS); it is also embedded in Cerner through a Power Form. **NOTE:** Reference documentation, including instructions for installing the CTBIE template, is available on the VA Software Document Library at <http://www.va.gov/vdl/application.asp?appid=198>.

2. Reference materials related to the TBI screening and evaluation process and the TBI treatment algorithm are available at <http://vaww.rehab.va.gov/ProgramDocuments/TBI/index.asp>. **NOTE:** This is an internal VA website that is not available to the public. This website provides guidance on physical examination, diagnostic testing and recommendations for initial treatment interventions and referral pathways for persistent symptoms.

3. Due to the expertise required to establish a TBI diagnosis and to develop a treatment plan, CTBIE must be completed by a TBI specialist with an appropriate background and skills, such as a physiatrist, neurologist, neurosurgeon, or neuropsychiatrist, or mid-level provider privileged to practice in one of these specialty services, who has also had training in the CTBIE protocol (see paragraph 6 in this directive) and in developing an individualized rehabilitation plan of care. These specialties are generally Polytrauma Network Site (PNS) and Polytrauma Support Clinic Team (PSCT) clinical providers within the Veterans Health Administration's (VHA's) Polytrauma System of Care (see VHA Directive 1172.01, Polytrauma System of Care, dated January 24, 2019). VA medical facilities without PNS or PSCT programs have the option to develop an alternate plan for the completion of CTBIE that meets the intent of this directive.

4. The Polytrauma Case Manager typically coordinates the care of Veterans who receive rehabilitation services in a PNS or PSCT program.