

Traumatic Brain Injury External Advisory Subcommittee

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Overview of Presentation

- 1. TBI Subcommittee membership
 - Current membership and changes
- 2. Summary of March meeting
- 3. Review status of questions tasked to the TBI Subcommittee
 - Neurocognitive Assessment Testing (NCAT)
 - Postdeployment Screening
- 4. Future meetings and activities



Subcommittee Membership

- Dr. Ross Bullock
- Dr. David Hovda
- Dr. Grant Iverson
- Dr. Jean Langlois
- Dr. James Lockey
- Dr. Michael McCrea

- Dr. Joseph Parisi
- Dr. William Perry
- Dr. Allan Ropper
- Dr. William Snider
- Dr. Gale Whiteneck



Subcommittee Changes

- Jan 09 Dr. James Kelly no longer official Chair
 - Neurology/sports concussion expert
 - Now Director of the NICoE for Psychological Health and TBI

- April 09 Dr. Ross Bullock named new Chair
 - Professor, Dept. of Neurosurgery
 - Director, Clinical Neurotrauma Program University of Miami



Subcommittee Changes

- Subcommittee member departures
 - Dr. Robert Cantu
 - Neurosurgery/sports concussion
 - Dr. Guy Clifton
 - Neurosurgery/trauma care



TBI Subcommittee Meeting March 24, 2009

- Joint session with Psychological Health **Subcommittee**
 - Established working relationship between TBI and PH **Subcommittees**
 - Details of session will be reviewed in PH Subcommittee brief (Dr. Fogelman)
- Discussed limitations of the Automated **Cognitive Assessment Matrices (ANAM)**
 - Presentation by COL Bruce Crow Clinical Psychology Consultant to the US Army Surgeon General



Review of Questions Tasked to the TBI Subcommittee

- Requests by Ms. Embrey (Fall 2008)
 - Review the Automated Neurocognitive Assessment Matrices (ANAM)
 - Determine whether it is an effective pre-deployment tool and provide recommendations for its use
 - PH Subcommittee also tasked with this request
 - Review the post-deployment screening tools
 - Post-Deployment Health Assessment (PDHA) and Post-Deployment Health Reassessment (PDHRA)
 - Determine whether they are responsive to the post-deployment needs of service members



Neurocognitive Assessment Testing Background

- Measures cognitive performance areas affected by concussion including attention, judgment, memory and thinking ability.
 - Several different measures are in use for pre- and post-concussion assessment
- ANAM (Automated Neuropsychological Assessment Metrics)
 - 15 to 20 minute computerized test selected for predeployment assessment of Service members' cognitive performance.



Neurocognitive Assessment Testing Background

- Pre-deployment NCAT testing was broadly recommended
 - Examples
 - Army TBI Task Force Report (May 07)
 - NDAA 2008 HR 4986 (Jan 08)
 - Institute of Medicine (Dec 08)



THE ASSISTANT SECRETARY OF DEFENSE

MAY 2 8 2008

1200 DEFENSE PENTAGON WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Baseline Pre-deployment Neurocognitive Functional Assessment - Interim Guidance

Commanders and leaders at all levels look to the medical community for additional data to assess a Service member's ability to return to duty after a brain injury inducing event. Data from a neurocognitive assessment may be used to aid in this determination. To provide the best possible support to our Service members, the Department of Defense is implementing a program to collect baseline neurocognitive data on Active and Reserve Forces before their deployments.

Until ongoing studies to obtain evidence-based outcomes of various neurocognitive assessment tools are completed, the Services will use the Automated Neuropsychological Assessment Metrics (ANAM) to fulfill this requirement. A comprehensive review of available tools has revealed that the ANAM has the best empirical data to support its use in this interim program. Assessments will eventually be implemented when individuals enter the Service, periodically during the Service career, and after any traumatic brain injury.

Effective immediately, begin implementing baseline pre-deployment neurocognitive assessments for your Service members. Within 60 days of the date of this memorandum, your program should ensure that each deploying Service member has received a neurocognitive assessment within 12 months before deployment.

This guidance will be reviewed on a quarterly basis. My point of contact for the Pre-deployment Neurocognitive Assessment program is Ms. Kathy Helmick, Deputy Director for Clinical and Educational Affairs, Defense and Veterans Brain Injury Center, Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, who can be reached at (202) 782-3252 or Katherine, helmick@na.amedd.mil.

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Baseline Neurocognitive Functional Assessment Interim Guidance

Who and What

 Collect baseline neurocognitive data on Active and Reserve forces prior to their deployments

When

 By 28 Jul 08, each deploying service member to have a (baseline) within 12 months of deployment

How

- ANAM will be used to fulfill this requirement
- 4. Guidance will be reviewed on a quarterly basis
- Implemented by Dr. Casscells, ASD(HA) with DVBIC as his designated point of contact



Status of TBI Subcommittee Response Neurocognitive Assessment

- Received several briefings
 - Includes detailed review of Army experience
- Assembled most of the published ANAM literature and have begun reviewing it
- Awaiting documents to be provided by DVBIC as requested at March meeting
- Formed joint work group of TBI and PH Subcommittee members to draft written response.



Status of TBI Subcommittee Response Post-Deployment Screening

- Received several briefings
- Small working group met at Ft. Carson (Dec 08)
- Dr. James Kelly (former Chair) presented interim recommendations to the DHB (Dec 08)
- Dr. Kelly is preparing draft written response for submission to DHB
 - Will be reviewed by TBI and PH Subcommittees



Future Meetings and Activities

 Current agenda consists of responding to requests from Ms. Embrey

 Await leadership of Dr. Bullock as new Chair



THANK YOU FOR YOUR ATTENTION