



Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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The ICE questionnaire allows you to tell us more about your awareness and satisfaction with the newsletter. Thank you for your participation.

Quarterly Highlight

VA Hosts Model Event for Regional TBI Care Coordination

By Mary Ellen Knuti, Outreach Specialist, TBI Recovery Support Program, DVBIC

Hunter Holmes McGuire VA Medical Center (VAMC), Richmond, Virginia, hosted a Department of Veterans Affairs (VA) and Department of Defense (DoD) symposium on improving access to appropriate services for traumatic brain injury (TBI) care of service members, National Guard and reserve components, and veterans. The June 22 symposium focused on promoting and enhancing interagency communication, networking and collaboration within the mid-Atlantic region. The program format and agenda serve as a potential model to be replicated in other regions of the VA TBI/Polytrauma System of Care.

The overwhelming majority of care coordinators, case managers and other stakeholders who provide TBI care and resources to service members and veterans expressed interest in connecting on a regular basis, said Linda Picon, VA senior consultant and TBI liaison for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

Views expressed are not necessarily those of the Department of Defense. The appearance of external hyperlinks does not constitute endorsement by the Department of Defense of the linked websites, or the information, products or services contained therein.

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About the Newsletter

The Military TBI Case Management Quarterly Newsletter is published by the Defense and Veterans Brain Injury Center, the traumatic brain injury (TBI) operational component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. It is intended for case managers and other providers who support warriors with TBI and their families. The newsletter is a forum to share best practices, ideas and resources among the TBI care community. Comments and content suggestions for future editions of the newsletter and subscription updates may be sent to [Mary Ellen Knuti](#), editor.

If you need TBI resource assistance or transition support for your patients, contact the DVBIC [TBI Recovery Support Program](#). You can also request an onsite or video teleconferencing presentation about the program.



DCoE



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DVBIC



DVBIC

DCoE Outreach Center: Available 24/7 | 866-966-1020 | resources@dcoeoutreach.org | <http://dcoe.mil/Families/Help.aspx>



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Call for TBI Case Manager Nominations

Defense and Veterans Brain Injury Center (DVBIC) will be celebrating those who have contributed to excellence in care for our wounded warriors with traumatic brain injury. Send in your nominations today to recognize outstanding case managers or care coordinators for their work with our nation’s service members, Guard, reservists and veterans with TBI across the Military Health System (MHS) and Department of Veterans Affairs. Case managers who meet the nominating criteria will be recognized in a special newsletter edition. Nominations are open until Tuesday, Dec. 29, 2015. Please consider nominating a candidate who has not been recognized by DVBIC in prior years.

Criteria for Nomination: Nominee should demonstrate innovation and high performance that contributes to the advancement of case management practice(s) supporting wounded warriors with TBI. Examples include:

- Developing and implementing TBI or other program improvements with **demonstrated positive outcomes measures**
- Identifying and securing **hard-to-find services and resources**, going “above and beyond” for wounded warriors
- Providing case management services in new or **innovative ways** to reach those in remote areas and facilitate their care needs
- **Improving the TBI case management program** either at a site or overall through the MHS or VA

Please provide the following information to [Mary Ellen Knuti](#).

TBI Case Manager Name	Duty Station
Rank (if applicable)	Email Address
Program Name	Phone Number

A short paragraph (150 words maximum) synopsis of how this team member has contributed to excellence in case management services or programs for our military should accompany all submissions. Photos are encouraged but not required. Submissions will be reviewed by DVBIC’s Clinical Affairs Division leadership.

Please feel free to share this opportunity to recognize and nominate outstanding case managers with your colleagues. For more information, email [Mary Ellen Knuti](#), or call 301.295.7433.

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ICD-10 TBI Coding in Effect Now!

As of Oct. 1, all Health Insurance Portability and Accountability Act (HIPAA)-covered entities are federally mandated to implement ICD-10 code use for TBI diagnoses. DVBIC developed [training slides](#) based on the latest coding guidance and the Military Health Systems Professional Services and Specialty Medical Coding Guidelines 5.0, to facilitate consistent and accurate coding for TBI diagnoses and related symptoms and conditions. The slides provide guidance on:

- How to code for the initial TBI visit in the proper sequence for medical and rehabilitation providers
- How to code for subsequent TBI visits in the proper sequence for medical and rehabilitation providers
- Codes associated with specific TBI diagnoses, including but not limited to, the TBI screening codes

The DCoE Nov. 12 webinar [ICD-10 Coding Guidance for TBI within the Military Health System](#) is also available with continuing education credit.

Sleep Issues and Soldiers' Health

By David Vergun, Army News Service

Lack of sleep is a serious issue for many service members, as shown by the findings of a [Rand study](#) on military sleep sponsored by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). In particular, sleep issues are the “No. 1 military disorder” among soldiers who return from deployment after sustaining traumatic brain injuries, according to LTC Kate Van Arman, medical director of the Traumatic Brain Injury Clinic at Fort Drum, New York. This [article](#) (edited here for length) recounts Van Arman’s presentation at the DCoE [2015 Summit](#) on psychological health and traumatic brain injury.

“I didn’t realize that all this time I’ve been in a formation of drunks,” the noncommissioned officer, or NCO, told Lt. Col. Kate Van Arman. The NCO was referring to a quote Van Arman repeated to him from her top boss, The Surgeon General of the Army Lt. Gen. Patricia Horoho:

“If you have less than six hours of sleep for six days in a row ... you are cognitively impaired as if you had a .08-percent alcohol level. ... We never will allow a soldier in our formation with a .08-percent alcohol level, but we allow it (sleep deprivation) every day (in soldiers who have) to make those complex decisions.”

Adding to what Horoho said, Van Arman pointed out that after being awake 17 hours, response time has been shown to be the equivalent to that of a person with a blood alcohol content of .05 percent and 24-hours awake translates to a blood alcohol concentration, or BAC, of .10 percent.

Van Arman, medical director of the Traumatic Brain Injury Clinic on Fort Drum, New York, spoke at the 2015 Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, held Sept. 9 at the Defense Health Headquarters in Falls Church, Virginia.

Although her topic was “Sleep Disorders Among Military Mild TBI Patients,” much of what she said applies to all soldiers, whether or not they have TBI.

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Sleepless in the Army It's not just the soldiers who are partying all night who lack sleep, Van Arman said. Demands of Army life are responsible for a lot of it. Overall, one-third of military members sleep less than five hours per night and two-thirds less than six, she said. Deployed soldiers get an astonishing average of just three hours of sleep per night, particularly those serving in the combat arms branches.

'Culture of caffeine' All this sleeplessness has resulted, not surprisingly, in a "culture of caffeine," Van Arman said. A meta-analysis of caffeine on cognitive performance showed that 100 to 300 milligrams of caffeine results in mood improvement, she said. That's about one or two cups of coffee. Anything greater than 400 mg, though, results in mood deterioration. While the extra caffeine may result in a person staying awake, it may not improve decision-making.

Another thing to be careful about with caffeine, she said, is not to take it within six hours of bedtime, as it will result in fitful sleep. Also, alcohol in excess will result in disruptive sleep.

'Quick reaction force brain' Soldiers in the field are expected to be able to pack up and move out on a moment's notice, even if it's in the middle of the night, Van Arman said. Often, soldiers won't know what time that will be so the training will be more realistic. She referred to this situation as the "quick reaction force brain" that's needed for this mindset.

Anecdotally, Van Arman said soldiers on Fort Drum told her that when they go to the rifle range and they're sleep deprived, it takes them three times longer to qualify. This provides a dilemma to commanders, she said. Is it better to train soldiers as they fight or save on time and ammunition by allowing soldiers adequate sleep time before live-fire training?

Studies have shown that people who are sleep deprived have memory challenges. This could affect sleep-deprived soldiers studying for a promotion exam or learning new tactics, techniques or procedures. Another study shows that sleep deprivation intensifies pain. She said a lot of soldiers at Fort Drum are infantry and have sore backs from carrying heavy loads. Sleep deprivation intensifies that pain.

Sleep problems "It's the absolute No. 1 military disorder when people come back from deployments. Among TBI soldiers, it is the No. 2 problem, after headaches," Van Arman said. Sleep disorders include insomnia, sleep apnea, nightmares, fragmented sleep, restless leg syndrome and bruxism (grinding of teeth).

Some 300,000 military members have some form of TBI, so that's a pretty significant number, she said, providing a number of other facts and statistics of service members with TBI:

- 97 percent complain about some sort of sleep problem, primarily insomnia
- 34 percent have sleep apnea
- 90 percent report napping during the day
- 50 percent have fragmented sleep

Regarding fragmented sleep, the average person awakens three to five times per night, Van Arman said. An Army specialist who was treated for mild TBI was put in a sleep lab and monitoring results indicated that he awoke 529 times in a single night.

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Van Arman said medical researchers are working on a host of problems relating to sleep disorders and there will most likely be effective treatments ahead. For example, researchers are close to being able to provide imaging that shows changes to the brain resulting from TBI. Currently, TBI is largely based on self-reporting and incident reports. For sleep apnea, a new device may soon be in the offing that will sense when sleep apnea is about to occur and prevent blockage of breathing. Other areas in which advances are being made, she said, include therapies and pharmacological interventions.

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VA Hosts Model Event for Regional TBI Care Coordination



Candy Dunavan and Lisa Perla

“We are interested in expanding this model of regional collaborative care coordination throughout the Polytrauma System of Care,” said Picon. “There needs to be active discussion among VA and DoD field-based providers, care managers and Tricare partners to increase referral pathways and improve bi-directional access to services for service members and veterans with TBI.”

The symposium concept developed out of the needs that many providers in the region expressed. They called for more collaboration in establishing more effective referral pathways that would minimize suboptimal patient placements and reduce the number of patients lost to follow-up. Lisa Perla, National Polytrauma Coordinator, presented information on the joint VA/DoD Care Coordination Initiative that has created a common operational model for complex care coordination. TBI Recovery Support Specialist Carolyn Donahue, VA Nurse Case Manager Candy Dunavan, and Selina Doncevic, VA/DoD Polytrauma Rehabilitation Nurse Liaison each presented a case that exhibited the complex care coordination challenges encountered with patients with TBI and multiple co-morbidities. Discussions included how to better facilitate communication, information sharing and problem solving among all DoD and VA care coordinators.

Dr. Gary Goldberg, medical director of the VA Polytrauma Transitional Rehabilitation Program, led the discussion about challenges facing the medical community, families and caregivers of those with acquired brain injury. Other topics included the impact of patient-centered, goal-directed collaborative care coordination on rehabilitation, VA and DoD referral options, and TRICARE-covered services for the management of patients with TBI and complex comorbidities.

Representatives from McGuire VAMC, the services wounded warrior programs, Defense and Veterans Brain Injury Center, Rehabilitation and Prosthetic Services in VA Central Office, VA Polytrauma System of Care, Fort Bragg, Fort Lee, Fayetteville VAMC, Portsmouth Naval Medical Center, U.S. Coast Guard, TRICARE, Defense Health Agency Military Medical Support Office and others attended. The symposium also was offered in a virtual format for those unable to attend in person.

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2015 DCoE Summit Talks for CE Credits Now Online!

DID YOU MISS IT?

Don't Worry! Continuing Education Credits Available for the

2015 Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury Summit

Continuum of Care and Care Transitions in the Military Health System

Available on demand 24/7

Register Now


DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

#DCoEsummit

Format: Web-based, pre-recorded home study courses. Available on demand 24x7 through April 2016.

Target Audience: Professionals involved in all aspects of TBI and psychological health care, education and research for the military and veterans populations.

Sessions from the September 2015 DCoE Summit: Continuum of Care and Care Transitions in the Military Health System promoted a collaborative approach to meeting the psychological health and traumatic brain injury needs of today's service members, veterans and their beneficiaries in all treatment contexts and phases of recovery. The summit's tracks addressed factors that challenge and facilitate the provision of quality, sustained health services across care transitions and the continuum of care.

TBI Recovery Support Program Now at Landstuhl RMC



Melissa Andrews

Landstuhl Regional Medical Center is the latest DVBIC site to host the TBI Recovery Support Program. The program's TBI Recovery Support Specialist, Melissa Andrews, LCSW, will be connecting service members and veterans who have sustained a traumatic brain injury, their family members and caregivers to TBI and psychological health support services as well as other medical and non-medical resources. "We welcome Ms. Andrews to the team," said Capt. Cynthia Spells, program chief. Ms. Andrews may be contacted at melissa.s.andrews4.ctr@mail.mil.

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7 TBI Resources to Take Back to School

By Nina Corin, DCoE Public Affairs



U.S. Navy photo by Mass Communication Specialist
3rd Class Anna Van Nuys

Service members or veterans who have sustained a traumatic brain injury (TBI) and are going back to school may face challenges related solely to their experiences with TBI. Here's a list of resources that can help them manage the challenges and make the most out of their return to the classroom.

- [Back to School Guide to Academic Success After Traumatic Brain Injury](#): This comprehensive 50-page guide, from the Defense and Veterans Brain Injury Center (DVBIC), provides help for service members and veterans who have ongoing symptoms from a TBI and are going to college, university or vocational school. Among many useful topics is information on accommodations that schools can be asked to make for TBI-injured students, such as approval to use tape recorders or other assistive technology and priority seating
- [Returning to School After a Concussion: A Fact Sheet for School Professionals](#): This 12-page document from the Centers for Disease Control and Prevention, can be given to teachers or administrators. It provides a helpful overview of a concussion's potential effects on a student, the appropriate role of the teacher in supporting someone with TBI, how a concussion can affect learning, potential limitations, the importance of rest and other useful information
- [Changes in Behavior, Personality or Mood](#): This fact sheet offers tips for managing your mood. It also recommends two apps, [Breathe2Relax](#) and [T2 Mood Tracker](#)
- [Headache and Neck Pain](#): This two-page reference suggests possible contributions to head and neck pain and ways to relieve discomfort
- [Healthy Sleep](#): Includes tips for a good sleep environment, an exercise, and a link to an app to help those with chronic insomnia
- [Ways to Improve Your Memory](#): This fact sheet offers organizational tips to help you keep track of things you need to remember, steps to improve health and boost recall powers, and includes a helpful tracker to get you started
- [Concussion Coach](#): A mobile app for veterans, service members and others with typical symptoms of a concussion to moderate traumatic brain injury who are receiving face-to-face treatment from a health care provider. The app, designed by National Center for Telehealth and Technology, provides portable, convenient tools for patients to assess symptoms and cope with TBI-related problems

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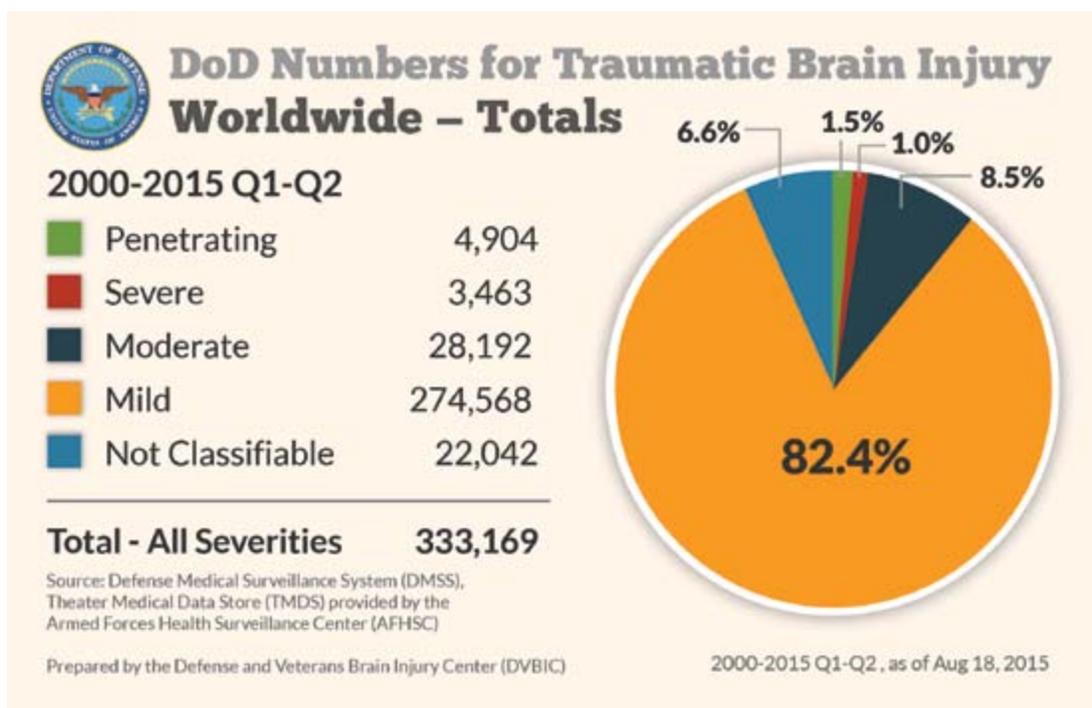
Because the symptoms of TBI can worsen and additional complications can develop, it's important to prevent a second TBI before the first has healed. A few resources may help you and loved ones stay protected: [A Head for the Future](#), a DVBIC public health initiative to raise awareness and lower the risk of concussion among service members and veterans, and "[Bicycle Safety](#)," a four-minute video by the National Highway Traffic Safety Administration that covers the importance of wearing a helmet and demonstrates the proper way to fit a bicycle helmet.

DCoE/DVBIC TBI Webinar Series

- Dec. 10 – Results from the "Head to Head" Study: A Comparison of Four Computerized Neurocognitive Tests
- Jan. 14 – Treatment Options from the SCORE Study
- Feb. 11 – Concussions in Winter Sports

For more information about registration or continuing education credit, visit dcoe.mil/webinars or dvbic.dcoe.mil/training/webinars.

Latest TBI Numbers



Worldwide numbers represent medical diagnoses of TBI that occurred anywhere U.S. forces are located including the continental United States since 2000. For additional data, visit the DVBIC [website](#).