Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury

Recovering Warrior Task Force (RWTF)

CAPT Richard F. Stoltz, MSC, USN
Director

27 JAN 2014
Agenda

- DCoE Update
  - Introduction
  - Current Focus
  - Impact on System of Care
- Responses to RWTF Questions
- Questions
Current Focus

- Strengthen DCoE’s relationships with the Services by taking a collaborative approach toward evaluation, analysis, and standardization of psychological health and TBI information:
  - Target providers to ensure awareness of clinical guidance and tools to benefit patient care.

- Work with partner organizations to identify gaps, eliminate redundancies, and prioritize needs in psychological health and TBI research.

- Promote evidence-based practices and care standards by creating clinical tools and care pathways that translate research into practice.

- Provide a thorough, robust program evaluation and effectiveness capability to support the Military Health System (MHS) and Service psychological health and TBI programs.

- Ensure stakeholders are aware of DCoE’s products and services and increase utilization.
Impact on System of Care

- **Psychological Health and TBI Metrics**
  - Developing a surveillance tool that displays outcome, system performance, and cost data relevant to the system of care within MHS.

- **Program Evaluation and Improvement**
  - A structured approach to assure program evaluation is a regular part of business operations in Defense Department psychological health and TBI programs to improve quality and performance outcomes that optimize effectiveness.

- **Psychological Health and TBI Knowledge Translation Strategy**
  - Developing a framework to improve coordination of psychological health and TBI research, prevention, diagnosis, treatment and evaluation to accelerate the translation of innovative findings to evidence-based clinical care and policy.

- **Joint Incentive Fund (JIF) Projects to Advance Mental Health Care**
  - Improving Patient Centered Care via Integration of Chaplains with Mental Health Care.
  - Implementation of Problem Solving Training in Primary Care Settings.
  - Establishment of a Practice Based Implementation Network in Mental Health.
Responses to RWTF Questions
You briefed the status of the customized evaluations of 11 PH & TBI programs being conducted as part of the 2011 RAND Study. In January 2013 3 of the 11 evaluations had been completed.

- What is the status of remaining 8 evaluations?
- What are the major findings from the evaluations?
What is the status of remaining 8 evaluations and major findings from the evaluations?

- Status of Remaining 8 Evaluations:
  - One data analysis underway
  - One report being written
  - Five reports completed quality assurance (QA) review
  - One completed security review

- Expected completion date early 2015 that will include individual written reports for each program evaluated and associated recommendations.

- As a result of the study, several program evaluation tools were generated to characterize and compare programs along a number of dimensions, including whether the programs have specified goals, which clinical and non-clinical areas the programs address, and whether an evaluation has been conducted.
You indicated you were developing a dashboard of standardized outcome measures for TBI care that are reliable, ecologically valid, clinically useful and feasible to obtain. The dashboard was projected to be initially rolled out in October 2013.

- What is the current status of the dashboard?
What is the current status of the dashboard?

- Received concurrence (9/20/13) concurrence on the use of Neurobehavioral Symptom Inventory (NSI) and the Patient Global Impression of Change (PGIC) both “Recommendations for Scoring and Serial Administration for Concussion Health Care Outcomes Standardization” as Outcome Measures.

- Approval of the outcome measures by the Policy Advisory Council (PAC) to move forward with the NSI and PGIC as mild TBI outcome measures.

- The Outcomes Initiative, previously called the dashboard, will be a system to capture enterprise-wide mild TBI outcome measures to track treatment efficacy.
You described partnership between DoD and VA in providing counseling and mental health services for Service members, Veterans, and families, such as through Vet Centers.

- How effective is this partnership?
- In what other ways are DoD and VA partnering?
How effective is this partnership?

- DoD and VA established a joint regulation that was published as a final rule on 17 September, 2013 (78 FR 57067).
- The joint regulation implements the provisions of the Caregivers and Veterans Omnibus Health Services Act of 2010 which specifies that members of the Armed Forces who served on active-duty in Operations Enduring Freedom or Iraqi Freedom are eligible for the readjustment counseling services that VA currently provides to Veterans and immediate families members.
  - Readjustment counseling at 300 Vet Centers
  - Some 70 outreach and mobile clinics reaching into rural areas
  - Providing individual and couples therapy, group therapy, bereavement counseling, sexual trauma and harassment counseling, and family counseling.
In what other ways are DoD and VA partnering?

- DoD/VA Integrated Mental Health Strategy: DCoE is lead for 16 of 28 joint strategic actions aligning DoD and VA around mental health related issues common to the two departments.

- These activities are organized into four strategic goals:
  - Expanding access to behavioral health care (e.g., integration of mental health into primary care)
  - Ensuring quality and continuity of care (e.g., coordinated, joint training in evidence-based psychotherapies for PTSD)
  - Education and outreach efforts to increase provider skills and overcome the stigma associated with mental health treatment (e.g., military culture training for clinicians and use of innovative web-based and smartphone technologies)
  - Promoting resilience and expanding nonclinical services to promote mental health (e.g., expanding the role of chaplains in mental health and joint suicide prevention efforts)
In what other ways are DoD and VA partnering?

- The inTransition program is a joint DoD/VA program that enhances continuity of care by providing guidance and a warm handoff for Service members receiving mental health care who are relocating, retiring, leaving service.
- Joint Incentive Fund (JIF) Projects to advance mental health care
  - Improving Patient Centered Care via Integration of Chaplains with Mental Health Care.
  - Implementation of Problem Solving Training in Primary Care Settings.
  - Establishment of a Practice Based Implementation Network in Mental Health.
- Moving Forward website
- Military Parenting website
- Concussion Coach mobile application
- CBT-i Coach mobile application
You noted engaging the SMMAC has improved DCoE’s ability to obtain clarity of stakeholder requirements/expectations and approved scope of efforts.

- In what ways does DCoE continue to engage the SMMAC?
  - Please give some examples.

- In what ways does DCoE continue to experience a lack of authority?
In what ways does DCoE continue to engage the SMMAC? In what ways does DCoE continue to experience a lack of authority?
What are the main psychological health and traumatic brain injury-related practices that recent research indicates should change (e.g., assessment and management of dizziness associated with mild TBI)?
What are the main psychological health related practices that recent research indicates should change?

- Recent research continues to support the use of evidence based (EB) psychotherapies as the most effective treatments for PTSD:
  - Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT).
- An abbreviated course of PE within hours of experiencing a traumatic event may prevent the development of PTSD.
- PE and CPT are effective for patients with PTSD who also have mild or moderate TBI and in reducing co-occurring disorders and Axis II disorders.
- Pharmacotherapies:
  - Selective Serotonin Reuptake Inhibitors (SSRI)
  - Serotonin Norepinephrine Reuptake Inhibitors (SNRI)
What are the main traumatic brain injury-related practices that recent research indicates should change?

- Early patient education on mild TBI and expectations of recovery.
- Treatment of pain (including headache).
- Treatment of co-morbid PTSD and depression symptoms.
- Treatment of substance misuse.
- Emerging literature emphasizes the need for acute assessments to be multi-system and interdisciplinary.
- Pain assessments, history of psychological disorders, vestibular functioning, oculomotor functioning and credibility of symptom reporting should all be part of a multi-systems acute assessment.
- Progressive Return to Activity Following mild TBI Clinical Recommendations.
What are the main psychological health and traumatic brain injury-related practices that recent research indicates should change?

- Provision of a mobile application or website for education or to track personal data may be a realistic alternative to paper based systems increases potential interaction.
Please summarize how DCoE has improved the lives of our nation’s service members, families and veterans by advancing excellence in psychological health and traumatic brain injury prevention and care.
Mission
Improving the lives of our nation’s service members, families, and veterans by advancing excellence in PH and TBI prevention and care

Vision
To be the DoD’s trusted source and advocate for PH/TBI knowledge and standards and profoundly improve the system of care

DCoE Strategy Map

2012 - 2015 Strategic Objectives

**Stakeholder Value and Serving the Customer**
- C1: Improved clinical & health status outcomes for PH & TBI-related conditions
- C2: Provide PH and TBI leadership
- C3: Provide readily accessible PH/TBI trusted knowledge & resources
- C4: Optimized quality and efficiency of PH & TBI programs

**Operations / Enabling Processes**
- O1: Improve capabilities to provide customer-focused & evidenced-based PH/TBI products
- O2: Translate and integrate PH/TBI scientific knowledge into clinical application
- O3: Facilitate access to quality & coordinated care
- O4: Improve our program evaluation services
- O5: Build & enhance stakeholder relationships
- O6: Improve strategic communications
- O7: Continuously improve key management processes

**Organizational Readiness**
- OR1: Retain a high-performing workforce
- OR2: Build a culture of trust, innovation, and productivity
- OR3: Improve organizational agility

**Manage Resources**
- MR1: Improve planning and budget process
- MR2: Ensure financial accountability
- MR3: Attract, selectively recruit, and maximize human capital

Values
- Excellence
- Integrity
- Teamwork
RWTF Question #4

What were DCoE’s most important accomplishments since your January 2013 briefing to RWTF?
C1: Improve Clinical and Health Status Outcomes for PH and TBI Related Conditions

- New PH and TBI clinical guidance and tools
- DoD / VA PH-TBI Registry, as part of Military Health System (MHS) integrated Health Registry Framework (iHRF)
- 75+ active PH and TBI research protocols
- PH and TBI research translation strategy

C2: Provide PH and TBI Leadership

- Lead / participant in key PH and TBI working groups
- DoD lead for 16 VA / DoD Integrated Mental Health Strategy (IMHS) Strategic Actions
- DoD lead for three DoD / VA enterprise Joint Incentive Fund (JIF) projects

C3: Provide Readily Accessible PH and TBI Trusted Knowledge and Resources

- New PH and TBI mobile apps
- Quarterly TBI Surveillance and Blast Exposure and Concussion Incident Reports
- Fifth annual DoD Suicide Event Report
- PH and TBI virtual conferences and monthly webinars

C4: Optimize Quality and Efficiency of PH and TBI Programs

- MHS lead for “Integrate and Optimize PH Programs to Improve Outcomes and Enhance Value” strategic initiative
  - PH and TBI Program Effectiveness
  - PH and TBI Metrics
  - PTSD Care Pathway
RWTF Question #5

What changes are needed outside DCoE (e.g., legislation, policy) to enable DCoE to better fulfill its mission?
What changes are needed outside DCoE (e.g., legislation, policy) to enable DCoE to better fulfill its mission?

- Receive significant support from its Executive Agent (USAMRMC) to include Health Affairs, and Defense Health Agency (DHA) offices to enable achievement of mission objectives.
  - Ongoing interaction and role in DHA governance structures assist DCoE to navigate changes in MHS.
- Growing support and increased interactions between DCoE, DHA and military treatment facilities (MTFs) to increase implementation of evidence-based care.
6. What are new PTSD best practices in:

a) Assessing the effectiveness of the treatment provided.

b) Using clinical records to assess effectiveness of treatment.

c) Processes for rapidly examining treatment outcomes and adjusting treatment protocols accordingly (such as Navy’s PHP and Army’s BHDP).

d) Addressing non-completion.
PTSD Care Pathway: Developing a clinical pathway of care for PTSD and associated patient level outcomes and metrics across the enterprise.

- Will create an MHS-wide roadmap to implement measures addressing process, outcomes, cost, patient/command satisfaction, and structured documentation to monitor system wide implementation.

Psychological Health Metrics: Developing a system to display, monitor and analyze enterprise-wide psychological health measures pertaining to the MHS Quadruple Aim. Recently Health Affairs, DCoE and the Services identified initial outcomes measures / instruments.

Using online and mobile tools allows the system to quickly analyze treatment efficacy data to find what works and what does not.

Mobile tools can be used to enhance treatment effectiveness and access to treatment.
Question & Answer