

VA – TBI and Polytrauma System of Rehabilitation Care



**A New Kind of Care
in a New Era of Casualties**

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Continuity of Care: From Battlefield to VA TBI/Polytrauma System of Care





What Do These Patients Need?

- They require a closely integrated network of emergent, urgent, surgical, and rehabilitative care across the battlefield, MTF and VHA facilities.
- They require seamless transition through the system of care to optimize when and where treatment is received.

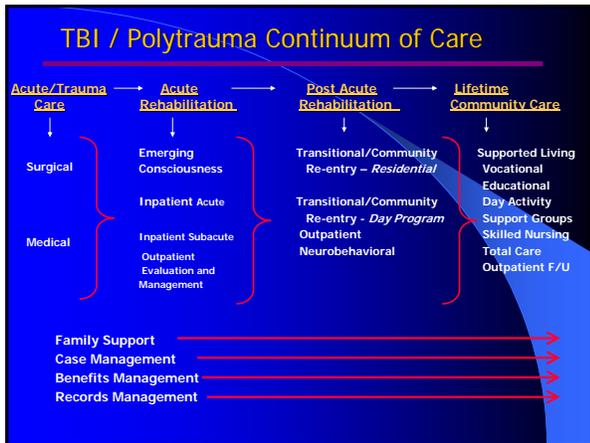


What Do These Patients Need?

- They require highly trained clinicians, significant infrastructure and administrative support, and a unified treatment and communication system.
- They require comprehensive case management of each individual to make sure they are appropriately and expediently transitions through the systems of care.

Rebuilding Wounded Lives







New Paradigm of Care

- Brain injury plus
- Brain injury drives the care
- Simultaneous treatment of multiple injuries
- Higher level of acuity
- Sequence and integrate therapies to meet patient's needs
- Coordinated team effort with an expanded team of consultants



How is the VA Addressing The New Paradigm of Care?

Developing an Integrated System of Care for Veterans with TBI and Polytrauma

VA Polytrauma System of Care

- System of specialized expertise to provide best available medical care and integrative rehabilitation (PL108-447, Prosthetic and Integrative Health Care Initiative)
- Established TBI Lead Centers since 1992
- Longstanding collaboration with Defense Veterans Brain Injury Center (DVBIC)
- VA/DoD Memorandum of Agreement
- VA has lifelong commitment to provide continuum of care

Polytrauma Defined

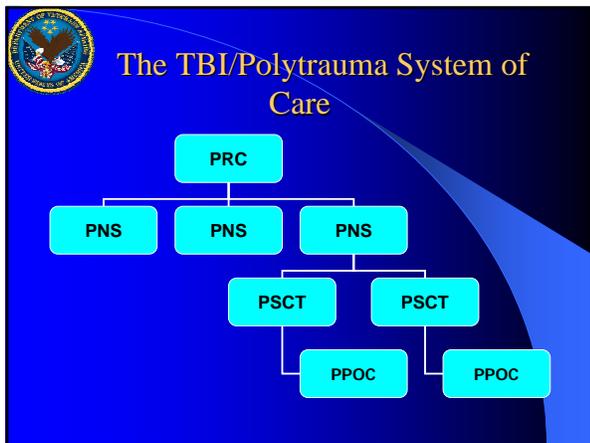
- Two or more injuries to physical regions or organ systems, one of which may be life threatening, resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability.
- TBI frequently occurs in polytrauma in combination with other disabling conditions (e.g., amputation, auditory and visual impairments, SCI, PTSD, other mental health conditions).
- Injury to the brain is the impairment that primarily guides the course of the rehabilitation in patients admitted to the Polytrauma Rehabilitation Centers.

VHA Handbook 1172.1

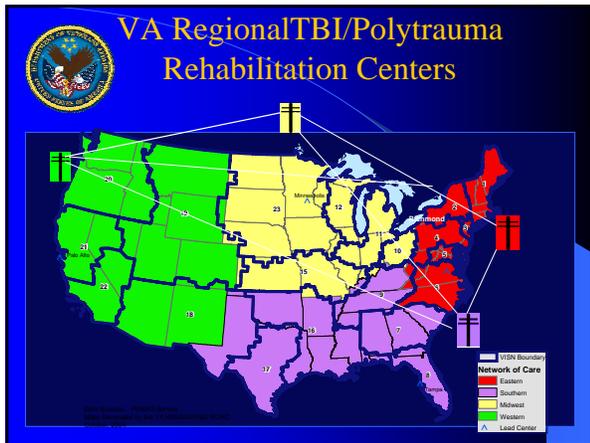
Polytrauma System of Care

- Who We Treat
 - Active Duty with combat injuries
 - Active duty with non-combat injuries, e.g., stateside, training accidents
 - Veterans
- Conditions We Treat
 - Polytrauma, does not have to include a TBI
 - Monotrauma, e.g. TBI, amputation,





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- Regional Specialized Acute Rehabilitation Centers**
- Tertiary care hospitals
 - Intensive services and high level of expertise
 - Access to variety of medical specialists (e.g., medicine, infectious disease, neurology, neurosurgery, orthopedics)
 - Access to specialized rehabilitation for multiple impairments (e.g., brain injury, amputation, vision loss, hearing loss, musculoskeletal injuries, burns, spinal cord injury, PTSD)
 - Comprehensive interdisciplinary inpatient rehabilitation





- ### PRC Scope of Service
- Comprehensive interdisciplinary inpatient evaluations
 - Emerging Consciousness
 - Acute comprehensive interdisciplinary inpatient rehabilitation
 - Transitional community re-entry
 - Outpatient interdisciplinary rehabilitation
 - Reevaluations
 - Ongoing case management and follow-up
 - Consultation

Rehabilitation for Multiple Impairments



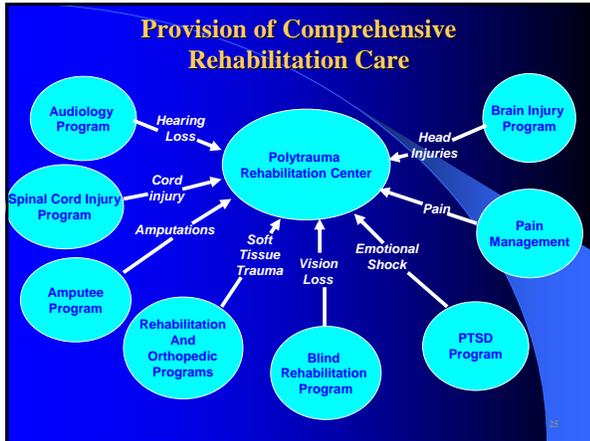
Interdisciplinary Rehabilitation Team

- Psychiatrist
- Rehabilitation Nursing
- Speech Language Pathology
- Occupational Therapy
- Physical Therapy
- Therapeutic Recreation Specialist
- Blind Rehabilitation specialist
- Counseling Psychology
- Neuropsychology
- Family Therapist
- Social Work/Case Manager
- Driver Trainer
- Prosthetist/Orthotist



Team of Specialized Consultants

- Anesthesiology
- Audiology
- Chaplin Services
- Dentistry
- Driver Rehabilitation
- Gastroenterology
- General Surgery
- Infectious Disease
- Medicine
- Neurology
- Neuro-ophthalmology
- Neurosurgery
- Nutritionist
- Optometry
- Oral and Maxillofacial Surgery
- Orthopedics
- Otolaryngology
- Pharmacy
- Plastic Surgery
- Prosthetics
- Pulmonology
- Radiology
- Urology
- VBA Vocational Specialist

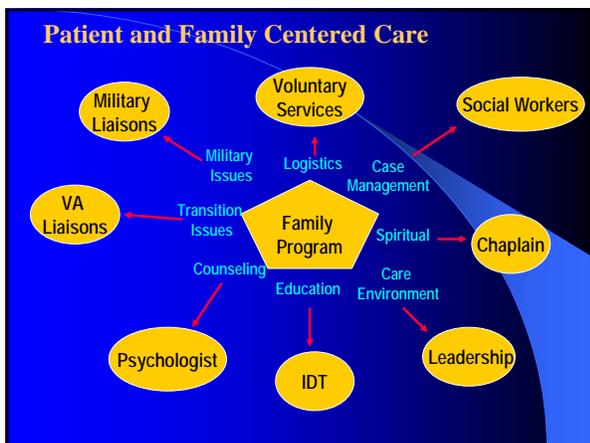




Family Support

- Transition from MTF to VA
- Logistical and Subsistence Needs
- Family Stress
- Military Identity
- Family Friendly Environment
- Prolonged Recovery and Lifelong Impairments
- Meaningful Activities

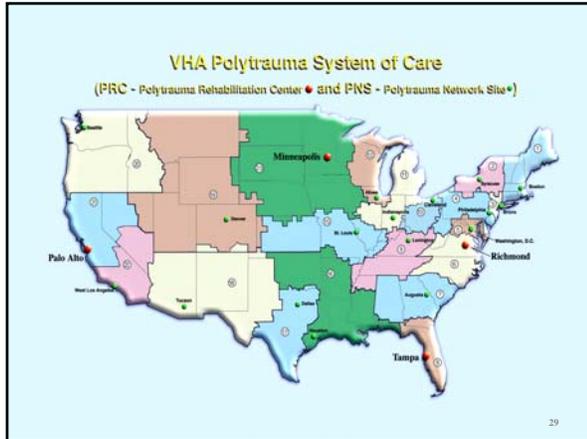




Ongoing Specialized Care Needs

- Sequelae are life long/require special expertise
- Emerging complications
- Changes in developmental stage
- Changes in social situation
- New treatments or technology
- Tune-ups
- Support and connectivity
- Aging with disability





Polytrauma Network Sites

- Boston
- Syracuse
- Bronx
- Philadelphia
- Washington D.C.
- Richmond
- Augusta
- Tampa
- San Juan (new)
- Lexington
- Cleveland
- Indianapolis
- Hines
- St. Louis
- Houston
- Dallas
- Tucson
- Denver
- Seattle
- Palo Alto
- West Los Angeles
- Minneapolis



PNS Scope of Clinical Services

- Provide interdisciplinary post-acute rehabilitation services; inpatient and outpatient
- Management of existing and emerging sequelae
- Manage new patients in consultation with PRC
- Identify VA and non-VA resources for care across the VISN
- Proactive clinical and psychosocial case management
- Continued support for families
- Regular follow-up care, check-ups
- Coordinate services between VHA (local VA, PSCT), VBA, DOD, private sector (fee-basis)



PNS Interdisciplinary Team

- Psychiatry
- Certified Rehabilitation Registered Nurse
- Psychology
- Social Work Case Manager
- Occupational Therapy
- Physical Therapy
- Speech Language Therapy
- Prosthetist/Orthotist
- Blind Rehabilitation Specialist



Polytrauma Telehealth Network

- Links Polytrauma sites within and across regions
- Provide videoconferencing capabilities
- Facilitate discharge planning and coordination of care
- Remote provider-to-provider consultation
- Remote evaluation for specialized services
- Education for providers and families



Polytrauma Support Clinic Teams

- Provide specialized rehabilitation services closer to home
- Sequelae are life long/require special expertise
- Support successful integration back into the home community
- Distributed across the country (75 and counting)



Role of the PSCT in the Continuum of Care

- Manage the care of patients with a stable treatment plan
- Review and update treatment plan
- Promote continued functional improvement and prevent decline through regular, scheduled follow up
- Proactively monitor for new needs due to change in developmental stage, social situation, or aging
- Implement new technology or treatments
- Respond to emergent problems
- Provide support and connectivity for patients and families



PSCT Teams

- Psychiatrist
- Rehab Nurse
- Psychology
- Social Work
- Physical Therapy
- Occupational Therapy
- Speech Language Pathology
- Others Specialists as Needed (Neurology, Orthopedics, Audiology)



Polytrauma Point of Contact

- Located in 54 VA Medical Centers
- VA Contact Close to Home
- Trained in the Polytrauma System of Care
- Refer to Appropriate Component in the Polytrauma System of Care
- Coordinate services provided within community
- Consult with PNS and/or PSCT for Follow-up





VA TBI/Polytrauma Case Management

- Clinical Case Management- Certified Rehabilitation RN
- Psychosocial Case Management- Licensed Clinical Social Worker
- Monitor the implementation of the care plan
- Assess for new emerging issues
- Identify VA and non-VA resources
- Provide ongoing patient and family support
- Educate patient and family
- Assist with military to VA transition

VHA Polytrauma Case Management Services

- Polytrauma patients receive “lifetime” case management by specialty trained VHA social workers and nurse case managers.
- Case management is provided across all episodes and sites of care and includes: coordination of services, evaluation of ongoing rehabilitation and psychosocial needs, family education and support services, and assistance with successful community reintegration.
- Veterans receive a warm “hand-off” to the polytrauma social work and nurse case manager at the next component of care as patients move through the polytrauma system of care.

Intensity of Polytrauma Case Management Model

- **Intensive Case Management** requires daily or weekly contact whenever there is transition of care and/or significant change in the patient's psychosocial, functional, medical, or mental health status
- **Progressive Case Management** requires monthly contact to ensure the support system is in place. The patient is medically stable but still needs ongoing intervention for management of the plan of care and psychosocial issues
- **Supportive Case Management** requires at least quarterly contact for those active duty service members in medical hold with treatment being provided directly by the MTF or when medical and psychosocial issues are stable and the patient is well established in the system of care
- **Lifetime Case Management (annually)** ensures access to and coordination of care at the local VA medical center

VA TBI SCREENING

- VHA began screening for possible TBI in
- April 2007
- An automated clinical reminder prompts providers to administer a four question screening instrument
- A positive screen does not necessarily mean that the veteran has a TBI
- A positive screen requires referral for an in-depth evaluation and treatment

In Depth TBI Evaluation (Second Level Exam)

- Complete, comprehensive
- Interdisciplinary team is involved
- Screen for TBI sequelae
 - Neurobehavioral Symptom Inventory
- Confirms the diagnosis
- Screen for co-morbidities
- Develop comprehensive treatment plan

Case Management

- Coordinate and manage the care plan
- Assess for new/emerging sequelae
- Provide Support
- Recommended for:
 - Those undergoing active treatment with multiple issues
 - Those needing assistance due to cognitive impairment
 - Other potentially vulnerable or fragile veterans
- Continues as long as the patient is active in the clinic



VHA/DoD CLINICAL PRACTICE GUIDELINES

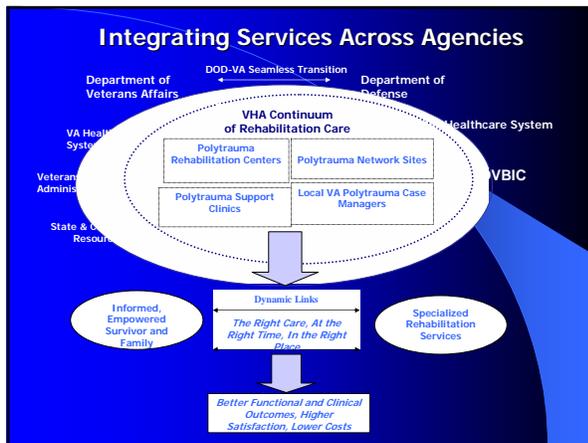
- VHA, in collaborations with the Department of Defense (DoD) and other leading professional organizations, has been developing clinical practice guidelines (CPG) since the early 1990s.
- VHA CPGs are derived through rigorous review of the evidence to outline clinical practice.
- Link to existing VHA CPGs
<http://www.va.gov/med/va/cpg/cpg.htm>
- A CPG for assessment, treatment and of mTBI is under development (completion goal is summer 08)

Broad Goals Of The MTBI CPG

- To promote evidence-based management of patients diagnosed with minor traumatic brain injury (mTBI)
- To promote efficient and effective assessment of patient's complaints
- To identify the critical decision points in management of patients with mTBI
- To improve local management of patients with mTBI and thereby improve patient outcomes
- To promote evidence-based management of individuals with (post-deployment) health concerns related to head injury, blast, or concussion
- To accommodate local policies or procedures, such as those regarding referrals to or consultation with specialists

Specific Goals Of The MTBI CPG

- To diagnose mTBI accurately and in a timely manner
- To appropriately assess and identify those patients who show signs of post-concussion disorders or other consequences of head injury
- To identify those patients who may benefit from further assessment, brief intervention and/or ongoing treatment
- To improve the quality and continuum of care for patients with mTBI
- To identify those patients who may benefit from early intervention and treatment to prevent future complications
- To improve health related outcomes for patients with mTBI



Veterans Benefits Administration

- Health Care
- Compensation and Pension
- Education
- Home Loans
- Burial Benefits
- Dependents' and Survivors Benefits
- Life Insurance
- Vocational Rehabilitation and Employment

Resources

Service Connected Benefits

– www.1.va.gov/opa/vadocs/fedben.pdf

Traumatic Servicemembers' s Group Life Insurance Program (TSGLI)

<http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>

Vocational Rehabilitation & Employment

<http://www.vba.va.gov/bln/vre/index.htm>

Resources

- Military Severely Injured Joint Support Operations Center (1-888-774-1361)
- Fallen Patriot Fund (www.fallenpatriotfund.org)
- Army Disabled Soldier Support System - DS3 (ArmyDS3@hoffman.army.mil) Army One Source (1-800-464-8107)
 - www.armyonesource.com
- Navy One Source (1-800-540-4123)
 - www.navyonesource.com

Resources

- Marine Corps Comm Svcs One Source (1-800-433-6868) www.mccsonesource.com
- Air Force One Source (1-800-707-5784) www.airforceonesource.com
- VA/DoD resources for returnees: www.vba.va.gov/EFIE
- Military severely injured career center: www.military.com/support

Resources

- National Center for PTSD Iraq War Clinician's Guide: www.NCPTSD.org
- Iraq War Veterans Organization www.iraqwarveterans.org/ptsd.htm



Defense and Veterans Brain Injury Program

- Established in 1992
- Collaboration of the Department of Defense (DoD), Department of Veterans Affairs (DVA) health
- Funded by Congress
- A multi-site medical care, clinical research and education center
- <http://www.dvbic.org/>
- 1-800-870-9244

www.polytrauma.va.gov



Questions and Answers

Thank you for attending this event.
Please complete the evaluation directly
following the webcast.

Archives of the event are located at:

<http://www.mhcom.com>
