



**DEFENSE CENTERS OF EXCELLENCE**  
For Psychological Health & Traumatic Brain Injury

# **Case Management of Mild Traumatic Brain Injury and Case Management Resources**

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**Presented Sept. 22, 2011**



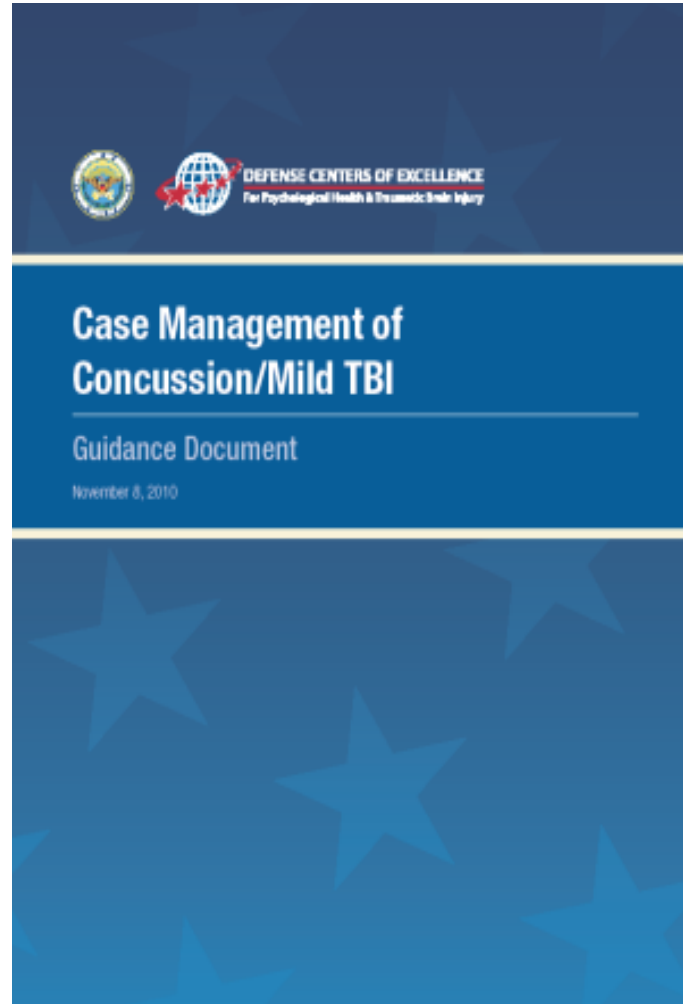
# Agenda

- Objectives
- Case Management for Concussion/mild Traumatic Brain Injury (TBI) Guidance Document
- Military Case Management TBI Resources

# Objectives

- Become familiar with case management processes and philosophy, and how they relate specifically to mild TBI care coordination
- Recognize the critical elements of case management that are essential for successful outcomes of case managing a mild TBI service member and their family—AND—include them in your practice
- Be familiar with TBI specific case management resources

# Case Management for Concussion/mTBI Guidance Document



# Recommended Criteria for Referral to Case Management for Concussion/mTBI

**Q:** Who should be referred for case management?

**A:** Any service member with persistent post-concussive symptoms. Rationale: Service members who continue to have symptoms after initial treatment warrant further investigation which may require referrals to multiple disciplines.

**Q:** Who can refer to case management?

**A:** Physician, nurse, physician's assistant, corpsman, psychologist, social worker, line commander, family or self. Rationale: Anyone with a genuine concern for the service member may refer.

*Caveat: Remember to keep service member's command in the loop*

# Case Management for mTBI Guidance Document “Caveats”

## What it is:

- Guidance based on case management processes defined by nationally recognized organizations
- Applies recognized case management process to mTBI case management
- Pairs with Department of Defense (DoD)/Department of Veterans Affairs (VA) clinical practice guideline for mild TBI

## What it's not:

- Replacement for military training facility (MTF) standard operating procedures or other required guidelines
- Over-rule orders/instructions from supervisory staff, military leadership

# Case Management for mTBI Guidance Document

## 5 Main Areas:

1. Basic TBI information
2. Guidelines
3. Staffing
4. Training
5. Procedures (case management interventions) and resources

# Basic mTBI Information: Causes

CIVILIAN	MILITARY
<ul style="list-style-type: none"> <li>▪ Falls: 28 percent</li> <li>▪ Motor vehicle accident: 20 percent</li> <li>▪ Struck by/against events: 19 percent</li> <li>▪ Assaults: 11 percent</li> </ul>	<p>Blast injury: Active-duty military in deployed environment</p>
<ul style="list-style-type: none"> <li>▪ 50,000 total American deaths each year</li> <li>▪ 1.1 million cases of mTBI treated in ERs each year</li> <li>▪ 75-90 percent are mTBI</li> </ul>	<p>More than 195,000 TBI since beginning of Operation Enduring Freedom/Operation Iraqi Freedom as of third quarter 2010 (not all in warzone) <i>Data courtesy of Defense Veterans Brain Injury Center (DVBIC)</i></p> <p>More than 150,000 are mTBI:</p> <ul style="list-style-type: none"> <li>▪ Army: 110,581                      56 percent</li> <li>▪ Navy: 28,694                        14.9 percent</li> </ul>



# mTBI Basic Information: Common Symptoms Post-Concussion/mTBI

The most common symptom is **headache**. Others include:

Physical	Cognitive	Behavioral/Emotional
Dizziness	Attention	Depression
Loss of balance	Concentration	Anxiety
Poor coordination	Memory	Agitation
Nausea	Processing	Irritability
Change of appetite	Judgment	Impulsivity
Vision problems	Executive control	Aggression
Hearing difficulty		

Resilience ★ Recovery ★ Reintegration

# mTBI Basic Information: Treatments for Symptoms Post-Concussion/mTBI

Physical	Cognitive	Behavioral/Emotional
Non-narcotic pain medications	Selective serotonin re-uptake inhibitors (SSRI)	Mental health
Non-steroidal anti-inflammatory drugs (NSAIDS)	Regular aerobic exercise	Short term anti-anxiety medications
Triptans	Cognitive rehabilitation	SSRIs
Sleep hygiene	Reassurance	
Physical therapy		
Relaxation		

# Basic mTBI Information: Symptom Resolution

- Most concussion/mTBI symptoms resolve within minutes to hours but may persist longer
- Approximately 85-90 percent of those affected resolve within a few minutes to a few weeks
- The VA/DoD Clinical Practice Guideline for Concussion/mTBI recommends a follow up after four to six weeks to confirm symptom resolution
- Service members with persistent symptoms lasting more than four to six weeks may be considered to have persistent, post-concussive symptoms warranting further workup, treatment and referral to **case management**

# TBI Case Management Guidelines, Interventions

CASE MANAGEMENT PROCESS	CASE MANAGEMENT PROCEDURES (INTERVENTIONS)
Assessment	<p>Thorough review of the medical record which includes:</p> <ul style="list-style-type: none"> <li>▪ Identification of the TBI event(s)</li> <li>▪ Initial symptoms including Military Acute Concussion Evaluation (MACE) score if done</li> <li>▪ Identification of initial rest period/return to duty, current medications</li> <li>▪ Current treatments/efficacy</li> </ul>
Planning	Facilitates multidisciplinary collaboration to develop recovery care plan
Implementation/ Coordination	<ul style="list-style-type: none"> <li>• Early education regarding mTBI and what to expect as part of the normal course of recovery-development of a trust relationship with the wounded warrior and family</li> <li>• Referral to DVVIC Regional Care Coordinator program if not already done</li> <li>• Communication with line command of any medical prescriptions/needs</li> <li>• Facilitation of referrals/transportation or other medical/non-medical/social/psychological health/behavioral health needs</li> </ul>
Communication	With line of command, multi-disciplinary team, wounded warrior, family, payor source and other stakeholders
Advocacy	To line of command, multi-disciplinary team, vendors, family, payor source and other stakeholders
Monitoring	<ul style="list-style-type: none"> <li>• Progress toward wellness/ return to duty</li> <li>• Compliance to recovery care plan-regular follow up one month, six month, 12</li> </ul>

Critical Case Management Interventions for mTBI	Rationale
Provide or reinforce early education regarding mTBI, its course and recovery to both the service member, family and military leadership	Early education helps manage patient expectations, may prevent development of symptoms, and/or reduce their number, duration and severity. Keeping military leaders aware of the service member’s condition may assist with appropriate duty assignments to mitigate stressors
Identify a “battle buddy” or support person to accompany service member to appointments	Service member may present with memory issues such as focus and concentration; service member may forget appointments
Write down instructions/follow up appointments for service member, provide follow up reminder calls	Compensates for short-term memory issues, gives service member a tangible reminder
Assess for cognitive, psychological, behavioral and substance abuse symptoms—at initial and ongoing assessment intervals	Symptoms may develop over time or be revealed by the service member once a trust relationship is established with the case manager
Facilitate use of anonymous or non-military evaluations/treatments/resources for mTBI if service member concerned about stigma; reassure service member that seeking help is strength, not weakness	Perception of stigma may preclude SM from wanting help from military, maintains confidentiality and provides needed assistance to service member
Provide education/communication for military line command, promote understanding of mTBI with the service member’s superiors	This may assist command staff to assign service member to duties appropriate to limitations while healing takes place, rather than placing service member in a situation that may be overwhelming and cause negative behaviors that can result in disciplinary action

# Critical Case Management Interventions based on Symptoms- -Paired with VA/DoD CPG

Common <u>Physical</u> Symptoms Following concussion/ mTBI	Pharmacologic Treatment	Non-Pharmacologic Treatment	Referral After Failed Response to Initial Treatment	Case Management Interventions*
<b>Headaches (most common symptom reported)</b>	<ul style="list-style-type: none"> <li>▪ Non narcotic pain medications</li> <li>▪ NSAIDs</li> <li>▪ Triptans (migraine type)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sleep education</li> <li>▪ Physical therapy</li> <li>▪ Relaxation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Neurology</li> <li>▪ Pain clinic</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review with service member his or her activities, is he or she following through with recommended physical therapy, relaxation techniques, required hours of sleep?</li> <li>▪ Ask service member about effectiveness of pain medications, or side effects such as drowsiness, is it interfering with work?</li> <li>▪ Discuss need for functional assessment with the physician or multi-disciplinary team</li> <li>▪ Discuss treatment changes or needs with primary care provider, line commander</li> <li>▪ Consider complimentary alternative medicine (CAM) therapies</li> <li>▪ Provide written instruction for follow-up appointments, engage “battle buddy” to assist with reminders</li> <li>▪ Follow up on any new treatments prescribed to ensure compliance and evaluate effectiveness within one to two weeks.</li> </ul>

Resilience ★ Recovery ★ Reintegration



# Critical Case Management Interventions based on Symptoms-paired with the VA/DoD CPG

Common <u>Physical</u> Symptoms Following concussion/ mTBI	Pharmacologic Treatment	Non-Pharmacologic Treatment	Referral After Failed Response to Initial Treatment	Case Management Interventions*
Feeling dizzy	Antibiotics, decongestants for infections and fluid		Dizzy: Ear, Nose and Throat (ENT)/Neurology after ENT interventions	<ul style="list-style-type: none"> <li>▪ Discuss symptoms with primary care provider, line commander--may need light, desk-duty or off duty until symptoms resolve</li> <li>▪ Arrange referrals, transportation and “battle buddy” to drive and accompany service member to appointments</li> <li>▪ Educate service member on position changes, safety precautions for driving or activities that increase symptoms, avoid drinking alcohol</li> </ul>

Resilience ★ Recovery ★ Reintegration

# Resources: The Life Blood of TBI Case Managers

Available at:  
[www.dcoe.health.mil](http://www.dcoe.health.mil)


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### Military TBI Case Management National Resource Fact Sheet

	Resource	Website	Phone
Army	Army Reserve Warrior and Family Assistance Center	<a href="http://www.arfp.org/skins/ARFP/home.aspx">www.arfp.org/skins/ARFP/home.aspx</a>	(866) 345-8248
	Army Medical Evaluation Boards and Physical Evaluation Boards-Warrior Transition Command Clinical Support Division	<a href="http://wtc.army.mil/soldier/medical_boards.html">wtc.army.mil/soldier/medical_boards.html</a>	(703) 325-0368
	Army-Community Based Warrior Transition Units	<a href="http://www.wtc.army.mil/about_us/wtu.html">www.wtc.army.mil/about_us/wtu.html</a>	(703) 325-0368
	National Guard Bureau Psychological Health Program	<a href="http://www.jointservicesupport.org/PHP/Default.aspx">www.jointservicesupport.org/PHP/Default.aspx</a>	(804) 894-2728 (Virginia) Check website for other locations phone numbers
	Army Warrior Transition Command (Army Wounded Warrior/RW2)	<a href="http://www.wtc.army.mil/">www.wtc.army.mil/</a>	Nationwide (toll-free): (877) 393-9058 Overseas DSN: (312) 221-9113
	Wounded Soldier and Family Hotline	<a href="http://www.wtc.army.mil/resources/resources.html">www.wtc.army.mil/resources/resources.html</a>	Toll-free: (800) 984-8523 Overseas DSN: (312) 421-3700 Stateside DSN: 421-3700
	Army One Source/Military One Source	<a href="http://www.militaryonesource.com/MOS/Army.aspx?MRole=Member&amp;Branch=Army&amp;Component=Active">www.militaryonesource.com/MOS/Army.aspx?MRole=Member&amp;Branch=Army&amp;Component=Active</a>	Toll-Free: (800) 342-9647 En español llame al: (877) 888-0727 TTY: (866) 607-6794
	Army Long Term Family Case Management	<a href="http://www.aerhq.org/">www.aerhq.org/</a>	(703) 428-0000 Toll Free: (866) 878-6378 DSN: 328-0000 DSN: 221-7183
	Army Casualty Assistance	<a href="https://www.hrc.army.mil/site/active/tagd/cmsacc/cmsacc.htm">https://www.hrc.army.mil/site/active/tagd/cmsacc/cmsacc.htm</a>	Main Branch: (502) 613-9025 DSN: 983-9025
	Soldier Family Assistance Center	<a href="http://sfac.wramc.amedd.army.mil/default.aspx">sfac.wramc.amedd.army.mil/default.aspx</a>	(800) 984-8523 - 24/7 Adul Phones: (866) 546-1310, (202) 782-2071
Navy / Marines	Marine Corps Wounded Warrior Regiment	<a href="http://www.woundedwarriorregiment.org/">www.woundedwarriorregiment.org/</a>	(877) 487-6299
	Navy/Coast Guard Safe Harbor	<a href="http://www.public.navy.mil/bupers-npc/support/support/safe_harbor/Pages/default.aspx">www.public.navy.mil/bupers-npc/support/support/safe_harbor/Pages/default.aspx</a>	(877) 746-8563
	Navy Fleet and Family Services	<a href="http://www.cnrc.navy.mil/CNIC_HQ_Site/WhatWeDo/FleetAndFamilyReadiness/FamilyReadiness/FleetAndFamilySupportProgram/index.htm">www.cnrc.navy.mil/CNIC_HQ_Site/WhatWeDo/FleetAndFamilyReadiness/FamilyReadiness/FleetAndFamilySupportProgram/index.htm</a>	(619) 556-1011 (San Diego) Check website for other locations phone numbers
	Marine Corps-Military One Source	<a href="http://www.militaryonesource.com/MOS/MarineCorps.aspx">www.militaryonesource.com/MOS/MarineCorps.aspx</a>	(800) 342-9647 - 24/7
	Navy-Military One Source	<a href="http://www.militaryonesource.com/MOS/Navy.aspx">www.militaryonesource.com/MOS/Navy.aspx</a>	(800) 342-9647 - 24/7
	Semper Fi Fund	<a href="http://www.sempertifund.org/">www.sempertifund.org/</a>	(760) 725-3680 Injured Marine Semper Fi Fund (703) 640-9181
Air Force	U.S. Marines Casualty Assistance	<a href="https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MR_OLD/PERSONNEL/Casualty">https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MR_OLD/PERSONNEL/Casualty</a>	Comm: (703) 784-9512 DSN: 278-9612 Toll Free: (800) 847-1597
	Navy Casualty Assistance	<a href="http://www.public.navy.mil/bupers-npc/support/support/casualty/Pages/default2.aspx">http://www.public.navy.mil/bupers-npc/support/support/casualty/Pages/default2.aspx</a>	Toll Free: (800) 968-3202 Comm: (901) 874-2501 DSN: 882-2501
	Air Force Wounded Warrior Program	<a href="http://www.woundedwarrior.af.mil/">www.woundedwarrior.af.mil/</a>	(800) 581-9437
	Air Force-Military One Source	<a href="http://www.militaryonesource.com/MOS/AirForce.aspx">www.militaryonesource.com/MOS/AirForce.aspx</a>	(800) 342-9647 - 24/7
	Air Force Suicide Prevention: Wingman Project	<a href="http://www.af.mil/suicidprevention.asp">www.af.mil/suicidprevention.asp</a>	(800) 273-TALK (8255)

2345 Crystal Drive ★ Crystal Park 4, Suite 120 ★ Arlington, Virginia 22202 ★ 800-510-7897  
1335 East West Highway ★ 9th Floor, Suite 900 ★ Silver Spring, Maryland 20910 ★ 301-295-3257  
[www.dcoe.health.mil](http://www.dcoe.health.mil) ★ Outreach Center: 866-966-1020 ★ [www.realwarriors.org](http://www.realwarriors.org) ★ [www.afardeployment.org](http://www.afardeployment.org)

Sept 2011



# TBI Case Management National Resource Fact Sheet: Sample

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE)	<a href="http://www.dcoe.health.mil">www.dcoe.health.mil</a>	703-604-5600 301-295-3257 24/7 DCoE Outreach Center: 866-966-1020
Defense and Veterans Brain Injury Center (DVBIC)	<a href="http://www.dvbic.org">www.dvbic.org</a>	202-782-6345 or Toll Free: 800-870-9244
National Intrepid Center of Excellence (NICoE)	<a href="http://www.dcoe.health.mil/ComponentCenters/NicoE.aspx">www.dcoe.health.mil/ComponentCenters/NicoE.aspx</a>	301-319-3785
Department of Veterans Affairs (VA)	<a href="http://www.va.gov">www.va.gov</a>	Benefits: 800-827-1000 HealthCare: 866-606-8216
National Resource Directory	<a href="https://www.nationalresourcedirectory.gov">https://www.nationalresourcedirectory.gov</a>	
Air Force Casualty and Loss	<a href="http://www.afcrossroads.com/casualty/main.cfm">www.afcrossroads.com/casualty/main.cfm</a>	
Marine Corps Wounded Warrior Regiment	<a href="http://warriorregiment.org">warriorregiment.org</a>	877-487-6299
Soldier Family Assistance Center	<a href="http://sfac.wramc.amedd.army.mil/default.aspx">sfac.wramc.amedd.army.mil/default.aspx</a>	800-984-8523

# TBI Case Management Resources -DCoE

- Case Management for Concussion/mild TBI Guidance Document
- Case Management for Concussion/mild TBI Summary Fact Sheet
- DoD Coding Guidance for Case Management Services
- Military TBI Case Management National Resources Fact Sheet

**All of the above can be found at:**

<http://www.dcoe.health.mil/ForHealthPros/TBIInformation.aspx>

**Military TBI Case Management Quarterly Newsletters can be found at:**

<http://www.dcoe.health.mil/Newsletter/TBICaseManagement.aspx>

# Military TBI Case Management Quarterly Newsletter

- Published quarterly by DCoE
- Aimed at providing information on the management of TBI and related issues to the Military Case Management Community of Interest (COI)
- Specifically, the newsletter provides:
  - Support, guidance and resources to the Military TBI Case Management COI
  - Relevant content that will better equip the case managers in caring for service members with TBI and their families
  - A medium to encourage the sharing of ideas, best practices and resources across the military TBI case management COI

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Volume 1 • Number 1 • Fall 2010

## Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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### Quarterly Highlight:

#### The National Intrepid Center of Excellence

The National Intrepid Center of Excellence (NICoE) is one of six DCoE component centers. NICoE, located on the National Naval Medical Center (NNMC) campus in Bethesda, Maryland, held a ribbon cutting ceremony on June 24, 2010. They began seeing patients in October of this year. For more information, and to receive e-newsletter updates from NICoE, please visit the [website](#).

Initially there will be two or three military treatment facilities chosen as designated referral source centers as the NICoE begins services. The number of service members and their families will be less than the targeted 20 during the initial operating phase. Services are outpatient only. There are two Fisher Houses, which were recently built on the NNMC campus, to serve the warriors and their families who will be seen at NICoE.

*Continued on top of page 3*

### About the Quarterly Newsletter

The Military TBI Case Management Quarterly is published by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). The quarterly is intended for case managers and other providers who support warriors with traumatic brain injury (TBI) and their families. Additionally, this quarterly newsletter is not intended to make more work for anyone, but to offer a means to share ideas, best practices and resources among the military TBI case management community."

The content will speak to the very best of TBI case management with the hopes of identifying and sharing best practices across the military.

Content suggestions, thoughts and ideas for future editions of Quarterly can be sent to [Susan.Kennedy.CTR@tma.osd.mil](mailto:Susan.Kennedy.CTR@tma.osd.mil).

DCoE Real Warriors Campaign DCoE Real Warriors Campaign DCoE Blog

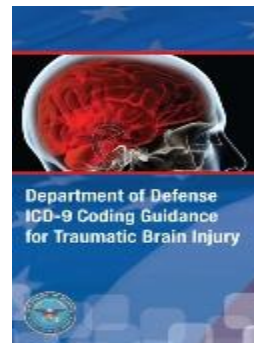
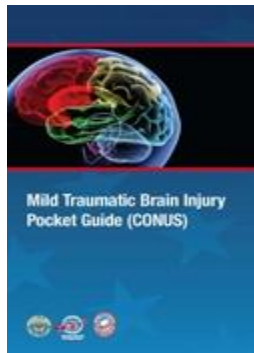
DCoE Outreach Center: Available 24/7 | 866-966-1020 | [resources@dcceooutreach.org](mailto:resources@dcceooutreach.org) | [www.dcoe.health.mil/24-7help.aspx](http://www.dcoe.health.mil/24-7help.aspx)

2345 Crystal Drive | Crystal Park 4, Suite 120 | Arlington, Virginia 22202 | 877-291-3263  
1335 East West Highway | 9th Floor, Suite 640 | Silver Spring, Maryland 20910 | 301-295-3257  
[www.dcoe.health.mil](http://www.dcoe.health.mil)

# Additional TBI Resources From DCoE

- Co-occurring Conditions Toolkit: Mild Traumatic Brain Injury and Psychological Health
- Mild Traumatic Brain Injury Pocket Guide (CONUS)
- DoD ICD-9 Coding Guidance for Traumatic Brain Injury

*All are available online at: [www.dcoe.health.mil](http://www.dcoe.health.mil)*



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# Happy Case Management Week Oct. 9-15, 2011!

# Extra slides

# Defense and Veterans Brain Injury Center (DVBIC)

- **Mission:** to serve active-duty military, their dependents and veterans with traumatic brain injury through state of the art medical care, innovative clinical research initiatives and educational programs
- **Headquarters:** Washington, D.C.
- **Center programs: Regional Care Coordination**
  - TBI surveillance
  - TBI registry
  - Pre-deployment neurocognitive testing
  - Family Caregiver Curriculum (for mod-severe TBI)
  - Fifteen-year longitudinal study of TBI
  - Independent study of automated neurocognitive tests

# DVBIC Regional Care Coordination Program

- Provide 100 percent follow-up to identified service members with traumatic brain injury (mild, moderate and severe) from 13 regional catchment areas across the United States
- Monitor the care continuum for traumatic brain injury to include potential rehabilitation needs, education, advocacy and support to service members with TBI and their families from injury to return to duty and/or re-entry into the community
- Identify and connect service members to available TBI resources within DoD, VA and civilian communities
- Provide education and support-serving as a TBI subject matter expert to all involved in the care and support of the service member and family.
- Identify barriers and/or gaps in service delivery for TBI service members as they transition between systems and settings
- Functional outcomes picture to look at quality of life issues related to home, work and social environments



# National Intrepid Center of Excellence (NICoE)

- **Mission:** to be the leader in advancing world-class psychological health and traumatic brain injury treatment, education and research
- **Location:** Bethesda, MD-NNMC Campus
- Started evaluation of small groups of service members October 2010
- Initial access is through the DCoE 24/7 Outreach Center at 866-966-1020
- Fax referral forms to 301-319-3700
- **Download form at:**  
[www.dcoe.health.mil/Content/Navigation/Documents/NICoE%20Referral%20Form.pdf](http://www.dcoe.health.mil/Content/Navigation/Documents/NICoE%20Referral%20Form.pdf)



# References

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2. Commission for Case Management Certification
3. Case Management Society of America
4. Defense and Veterans Brain Injury Center
5. Directive Type Memorandum (DTM) 08-033: Interim  
Guidance for Clinical Case Management for the  
Wounded, Ill, and Injured Service Member in the Military  
Health System, Aug. 26, 2009