Joint Task Force
National Capital Region Medical
DIRECTIVE

NUMBER 5103.06
MAR 15 2013

J-3B

SUBJECT: Joint Traumatic Brain Injury Council (JTBIC) Charter

References: See Enclosure

1. PURPOSE. This Directive, based on the authority of References (a) through (d), implements the JTBIC to address the policies and requirements of References (e) through (j).

2. APPLICABILITY. This Directive applies to the Joint Task Force National Capital Region Medical (JTF CapMed) Headquarters, Fort Belvoir Community Hospital (FBCH), and Walter Reed National Military Medical Center (WRNMMC). Hereafter, WRNMMC and FBCH are referred to as Joint Medical Treatment Facilities (MTFs).

3. MISSION. The JTF CapMed's vehicle to achieve the goal of delivering the finest patient-centered care for all patients, and specifically those suffering from Traumatic Brain Injury (TBI), at WRNMMC and FBCH is the JTBIC. The council's mission is to serve as a policy promulgation and advisory organization. It will be the primary panel of subject matter experts (SMEs) responsible for making recommendations to the National Capital Region (NCR) Medical Clinical Care and Quality Management Board (CCQMB) on healthcare provided for TBI under consideration by the JTF CapMed leadership.

4. ORGANIZATION AND MANAGEMENT. Reference (e) requires the CCQMB to review input from the JTBIC related to the oversight, management, and direction of all TBI services delivered by military medical units within the NCR. The JTBIC will be led by representatives from JTF CapMed HQ, Joint MTFs, and organizations within the NCR that are involved in research, policy making, or delivery of clinical care to patients diagnosed with TBI. The following roles outline the council's leadership:

a. Chairperson. As nominated by the voting membership and appointed by the Commander, JTF CapMed (CJTF).

b. Vice-Chair. The vice-chair will be elected by a majority of the voting members. They will perform their duties as directed by the chairperson and function as the chairperson in their absence.

c. Recorder. As nominated and appointed by the chairperson.

d. Voting Membership. Voting members will delegate an alternate or proxy from their clinical service to represent them in their absence with prior approval by the chairperson. The alternate or proxy may vote when representing the absent voting member. Voting members of the JTBIC must include, but are not limited to:

(1) FBCH, Chief, TBI Service

(2) FBCH, Chief, Department of Addictions Treatment

(3) FBCH, Chief, Department of Neurology

(4) WRNMMC, Chief, TBI Service

(5) WRNMMC, Director, National Intrepid Center of Excellence (NICoE)

(6) WRNMMC, Neuropsychiatrist, Inpatient Neuro-Behavioral Ward

(7) JTF CapMed Clinical and Business Operations (J-3B), Behavioral Health Officer

(8) Uniformed Services University of the Health Sciences, Director, Center for Rehabilitation Sciences Research

e. Non-Voting Membership. Ad Hoc advisory members and SMEs may include JTF CapMed Directors, Special Staff, and NCR MTF Service Chiefs or their representatives who will attend upon request to provide subject matter expertise when required. The advisors to the JTBIC should include, but are not limited to representatives from the following organizations:

(1) Veterans Affairs Medical Center, Washington DC

(2) Defense Center of Excellence (DCoE)

(3) Wounded Warrior Regiment, WRNMMC

(4) Warrior Transition Brigade, WRNMMC

(5) The 79th Medical Wing

(6) Warrior Transition Brigade; Fort Belvoir

(7) JTF CapMed J-3B, Wounded Warrior Division

(8) Patient Regulating Rep, JTF CapMed

(9) Inpatient Psychiatry, WRNMMC

(10) Residential Substance Abuse Program, FBCH

(11) Navy Medicine, National Capital Area

(12) Northern Regional Medical Command

(13) Senior Nurse Corps Officer Representative (WRNMMC and FBCH)

(14) Neurosurgery Representative, WRNMMC

f. The board will establish its own operating procedures, meeting schedule, and interim work products necessary for the completion of its mission. All members are expected to attend meetings established by the chairperson and be prepared for discussions and contribute accordingly. Members are expected to keep their respective Joint MTF and Service leaders apprised of their progress, workings, and recommendations and will be responsible for any Service-specific issues.

5. RESPONSIBILITIES. See Enclosure 2

6. RELATIONSHIPS. The JTBIC shall be accountable to the CCQMB and provide update briefs for presentation on TBI and council issues within its area of cognizance.

7. AUTHORITIES

a. Tasking Authority. As specified in Section 4 above, stakeholders identified as members shall ensure participation and shall provide one alternate member.

b. Budgeting Authority. None.

8. ADMINISTRATION.

a. Meeting Frequency. Meetings shall be conducted at each Joint MTF on a rotating basis or at other appropriate facilities. The council shall establish rules regarding:

(1) The type and frequency of meetings (minimum of quarterly) and work flow.

(2) Establishment and disestablishment of subgroups and committees for specific tasks.

b. Decision-Making Methodology

(1) The chair will provide guidance if consensus cannot be achieved.

(2) Requests for decisions will normally be presented to the chair and voting members following the formal development of Courses of Action (COA), associated mission analysis, and recommendations.

(3) Meeting minutes are required to track the COAs and recommendations approved by quorum - to include any opposition and why.

c. Status Reporting. When requested, written status reports shall be routed to the Integrated Delivery System (IDS) Leadership Meeting, JTF CapMed via the CCQMB.

d. Problem/Issue Escalation and Resolution Processes. Conflicts between competing priorities will be adjudicated by the CCQMB.

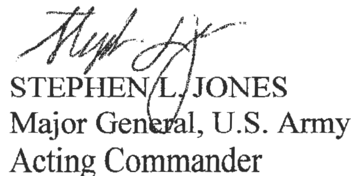
e. Quorum. A quorum consists of 51% of the voting membership present. Alternates will be considered the same as the voting member. A quorum of voting members must be present in order to vote.

9. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the JTF CapMed Website at: www.capmed.mil.

10. EFFECTIVE DATE. This Directive:

a. Is effective upon publishing to the JTF CapMed Website; and

b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with JTF CapMed Instruction 5025.01 (Reference (k)). If not, it will expire effective 10 years from the publication date and be removed from the JTF CapMed Website.



STEPHEN L. JONES
Major General, U.S. Army
Acting Commander

Enclosure
1. References
2. Responsibilities
Glossary

ENCLOSURE 1

REFERENCES

(a) Deputy Secretary of Defense Memorandum, "Authorities for Joint Task Force National Capital Region Medical (JTF CapMed)," February 7, 2012
(b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
(c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
(d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
(e) Joint Publications 3-33, "Joint Task Force Headquarters," February 16, 2007
(f) Behavioral Health Concept of Operations published by the JTF CapMed, August 2, 2011[1]
(g) Veterans Health Programs Improvement Act of 2004, Public Law 108–422, November 30, 2004
(h) Traumatic Brain Injury Act of 2008. April 28, 2008
(i) FY 2008 National Defense Authorization Act: enacted January 28, 2008 Section 1613, Section 1614, Section 1618, and Subtitle B
(j) VA/DoD Clinical Practice Guideline Management of Concussion/Mild Traumatic Brain Injury, April, 2009
(k) JTF CapMed Instruction 5025.01, "Formats and Procedures for the Development and Publication of Issuances," March 5, 2012

[1] This reference is available from J-3B by calling 301-295-6102.

ENCLOSURE 2

RESPONSIBILITIES

1. GENERAL. The JTBIC will collaborate between Joint MTFs and other agencies within the NCR to:

a. Develop standardized processes in accordance with (IAW) Reference (f) that employs the services and resources available at WRNMMC and FBCH. The processes under consideration should include, but are not limited to:

(1) Integrated Standard Operating Procedures (SOPs);

(2) Integrating clinical services between the FBCH and WRNMMC;

(3) Intake and transfer procedures or criteria (including referral management);

(4) Transfer criteria;

(5) Community re-integration of Wounded Warriors who have suffered a TBI; and

b. Improve and disseminate communication regarding best practices, standards of care and emerging therapies utilized to treat patients suffering from TBI, and its associated co-morbidities.

c. Facilitate communication and establish partnerships to deliver therapeutic services to DoD and Veteran's Affairs beneficiaries with a TBI who require ongoing care to manage the disease and its co-morbidities.

d. Develop an information transfer process that defines:

(1) The information that should be transferred routinely between stakeholders;

(2) The format of the transferred information; and

(3) Frequency of information transfer.

e. The chair or vice-chair of the JTBIC will be filled by one of the following:

(1) Chief TBI, WRNMMC;

(2) Chief TBI, FBCH; or

(3) Director, NICoE.

f. Ensure that if a chair or vice-chair is incapable of completing a term of office, that the following procedures are enacted:

(1) Another voting member (non-proxy) will be elected to serve the remainder of the term by the voting members of the JTBIC and approved by the CJTF.

(2) The proxy will assume the office of the member who is incapable of completing the office (except the Chair or Vice-Chair).

2. CHAIRPERSON. The Chairperson shall:

a. Be selected by a majority vote of the voting members and appointed by the CJTF.

b. Ensure that the start and end of the terms of office for the chair or vice-chair will be separated by a period of six months.

c. Appoint voting members and vest them with the responsibility for determining the function, composition, size, and period of existence of subordinate committees.

d. Schedule and facilitate meetings, ensure agenda items are approved, ensure the goals and objectives of the group are achieved by the targeted dates, and ensure all members are heard and recorded in the form of meeting minutes.

e. Maintain a repository of minutes, recommended COA, and associated analysis, other recommendations, formal briefs prepared for the CCQMB, and requests for decisions. Tasks include, but are not limited to:

(1) Distributing minutes and other information to the members of the JTBIC.

(2) Forwarding an agenda no later than 3 working days prior to each scheduled meeting. The agenda should be forwarded to:

(a) The Deputy Commanders for Medicine, Deputy Commanders for Surgery, and Deputy Commanders for Behavioral Health at WRNMMC and FBCH.

(b) The voting members of the JTBIC as well as any identified alternates/proxies or other advisors.

(c) Forward a clearly written summary of the proceedings of the previous meeting to each voting member no later than 3 working days prior to each scheduled meeting. The written summaries should be forwarded to:

1. The Deputy Commanders for Medicine, Deputy Commanders for Surgery and Deputy Commanders for Behavioral Health at WRNMMC and FBCH.

2. The voting members of of the JTBIC.

3. The advisors to the JTBIC.

(e) The written summary should:

1. Provide information/decision briefs deemed ready for consideration by the CCQMB.

2. Specify the way ahead for information/decision briefs deemed not ready for consideration by the CCQMB.

3. VICE-CHAIR. The vice-chair will perform all the functions of the chair in the chair's absence and any duties delegated to the vice-chair by the chair. The first vice-chair may serve for a period of up to eighteen months; subsequent vice-chairs may serve for a period of up to two years.

4. COUNCIL MEMBERSHIP. The council membership shall provide management oversight for the delivery of services to beneficiaries who have suffered a TBI and are receiving care in the NCR. All voting members (or proxies) shall:

a. Keep their respective Service or MTF leadership engaged and aware of the decision-making mechanisms in place and the issues being addressed by reporting groups. Apprise their respective leadership of the Council's progress, workings, and recommendations.

b. Act as SMEs and liaisons officers to their respective directorate or Joint MTF.

c. Function under the direction of the chair and vice-chair with responsibility for JTBIC decision-making.

d. Advise the CCQMB when it changes its leadership or composition, establishes new committees, or disestablishes a functioning committee.

GLOSSARY

PART I. ACRONYMS AND ABBREVIATIONS

CCQMB	National Capital Region (NCR) Medical Clinical Care and Quality Management Board
CJTF	Commander, Joint Task Force National Capital Region Medical
COA	Courses of Action
DCoE	Defense Center of Excellence
FBCH	Fort Belvoir Community Hospital
IAW	in accordance with
IDS	Integrated Delivery System
JPC	Joint Pathology Center
JTBIC	Joint Traumatic Brain Injury Council
JTF CapMed	Joint Task Force National Capital Region Medical
MTF(s)	Medical Treatment Facility/Facilities
NICoE	National Intrepid Center of Excellence
NCR	National Capital Region
SMEs	subject matter experts
SOPs	Standard Operating Procedures
TBI	traumatic brain injury
WRNMMC	Walter Reed National Military Medical Center

PART II. DEFINITIONS

National Capital Region Medical Clinical Care and Quality Management Board. The CCQMB serves as the primary advisory body to CJTF in the oversight, management, and direction of all healthcare delivery and healthcare quality by Joint MTFs within the NCR.

Veterans Health Programs Improvement Act of 2004. This program directed Department of Veterans Affairs (D-VA) to designate centers for care of TBI and poly-trauma associated with combat injuries.

Traumatic Brain Injury Act of 2008. This act requires that the Center for Disease Control and Prevention and the National Institutes of Health report to the relevant congressional committees on activities and procedures that can be implemented by CDC, DoD, and the D-VA to improve the collection and dissemination of compatible epidemiological studies on the incidence and prevalence of TBI in the military and veterans populations.

FY 2008 National Defense Authorization Act:

Section 1613: Requires DoD to establish standards for determinations by the military departments on the return of recovering Service members to active duty.

Section 1614: Requires DoD and the D-VA jointly to develop and implement detailed procedures and standards for Service members in their transition from health care and treatment provided by DoD to health care, treatment, and rehabilitation provided by the VA.

Section 1618: Requires the Secretaries of DoD and D-VA to conduct joint planning for the prevention, diagnosis, mitigation, treatment, and rehabilitation of, and research on TBI, post-traumatic stress disorder, and other mental health conditions in members of the Armed Forces, including planning for the seamless transition of such members to veteran status.

Subtitle B: This subtitle requires the Secretary of Defense to establish three centers of excellence, addressing TBI, PTSD, and military eye injuries, respectively. In establishing each center, the Secretary collaborates with the VA, institutions of higher education, and other appropriate public and private entities, including international entities. The TBI and PTSD Centers are required, among other things, to implement the comprehensive TBI/PTSD plan developed pursuant to Section 1618 of this act.