



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6490.04

April 26, 2021

DAD-MA

SUBJECT: Required Clinical Tools and Procedures for the Assessment and Clinical Management of Mild Traumatic Brain Injury (mTBI)/Concussion in Non-Deployed Setting

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (i), establishes the Defense Health Agency's (DHA) required clinical tools and procedures for management of mTBI/concussion, specifically, the use of the Military Acute Concussion Evaluation, Version 2 (MACE 2) and a progressive return to activity (PRA) framework for the assessment, management, and rehabilitation of all patients with mTBI/concussion.
2. **APPLICABILITY.** This DHA-PI applies to the DHA, DHA Components, Military Departments (MILDEPS), and Defense Health Program-funded DoD Military Medical Treatment Facilities (MTF), DoD medical personnel who are involved in the delivery of healthcare services to eligible beneficiaries. This DHA-PI is not applicable to the deployed setting. Policy, responsibilities, and procedures for the management of mTBI/concussion in the deployed setting are governed by Reference (d)).
3. **POLICY IMPLEMENTATION.** It is DHA's instruction pursuant to References (a) through (i), that providers will use mTBI/concussion evaluation and management tools according to the most current clinical practice guidance to decrease morbidity and accelerate recovery after injury. Medical personnel will appropriately document results of screening and diagnosed mTBI/concussions in the patient's Electronic Health Record (EHR) to the maximum extent possible, using the Tri-Service Workflow (TSWF) mTBI Alternate Input Method form, if available.
4. **RESPONSIBILITIES.** See Enclosure 2.

April 26, 2021

5. PROCEDURES. Medical personnel will evaluate individuals as soon as possible following a potentially concussive event using required clinical tools identified by the Traumatic Brain Injury Center of Excellence (TBICoE), available on the TBICoE website, and document mTBI/concussion care in the patient's EHR to ensure the tools are used and for tracking purposes.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Medical Affairs (MA). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to DAD-MA to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/
RONALD J. PLACE
LTG, MC, USA
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

TABLE OF CONTENTS

ENCLOSURE 1: REFERENCES.....4

ENCLOSURE 2: RESPONSIBILITIES.....5

 DIRECTOR, DEFENSE HEALTH AGENCY5

 SECRETARIES OF THE MILITARY DEPARTMENTS.....5

 DEPUTY ASSISTANT DIRECTOR, MEDICAL AFFAIRS.....6

 CHIEF MEDICAL OFFICER (CMO) OF MARKETS, SMALL MARKET AND STAND-
 ALONE MEDICAL TREATMENT FACILITY ORGANIZATION, AND DEFENSE
 HEALTH AGENCY REGIONS.....6

 MARKET REHABILITATION MEDICINE AND PHYSICAL PERFORMANCE
 CLINICAL MANAGEMENT TEAM LEADS.....6

 DIRECTORS, MILITARY MEDICAL TREATMENT FACILITY6

 CHIEF MEDICAL OFFICER/CHIEF OF STAFF, MILITARY MEDICAL TREATMENT
 FACILITY7

ENCLOSURE 3: PROCEDURES.....8

 CONCUSSION SCREENING AND MANAGEMENT8

 DOCUMENTATION.....8

 TRAINING8

GLOSSARY 10

 PART I: ABBREVIATIONS AND ACRONYMS..... 10

 PART II: DEFINITIONS..... 10

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) DoD Instruction 6490.11, “DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting,” September 18, 2012, as amended
- (e) Defense and Veterans Brain Injury Center, “Clinical Tools for Providers on Mild TBI”¹
- (f) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (g) DoD Instruction 8580.02, “Security of Individually Identifiable Health Information in DoD Health Care Programs,” August 12, 2015
- (h) DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019, as amended
- (i) Assistant Secretary of Defense for Health Affairs Memorandum, “Traumatic Brain Injury: Updated Definition and Reporting,” April 06, 2015

¹ This reference can be found at: <https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Research-and-Development/Traumatic-Brain-Injury-Center-of-Excellence>

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs, the Director, DHA will:

a. Facilitate implementation and monitoring of the traumatic brain injury (TBI) clinical tools at all facilities providing care for patients with mTBI/concussion by conducting Pilot Site Visits to ensure a training plan is in place for new personnel and all clinical staff are aware of the 72-hour follow-up recommendation.

b. Monitor implementation of this DHA-PI to achieve the stated purpose.

c. Coordinate with the Surgeons General of the Military Departments (MILDEPs) to implement guidance in this DHA-PI.

d. Ensure availability of systems and tools to collect data and measure compliance with this DHA-PI to achieve stated purpose.

e. Provide training for designated healthcare providers in the use of resources outlined in this DHA-PI.

f. Ensure dissemination of this DHA-PI to all Directors, MTF.

2. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs will:

a. Ensure Service-specific policies and implementation guidance are consistent with this DHA-PI.

b. Appoint representatives to governance workgroups responsible for mTBI/concussion data monitoring to include the DoD Traumatic Brain Injury Advisory Committee (TAC).

c. Track and provide outcomes monitoring status data (e.g., number of staff and providers trained) to Military Health System governance in order to optimize communication and support for the proliferation of outcomes-based operations.

d. Maintain management responsibility for all DHA overseas mTBI/concussion programs. Implement policy, support personnel, resource requirements, and direct strategic planning of DHA overseas mTBI/concussion programs.

e. Implement DHA policies in record keeping, reporting, health information privacy and security (as outlined in References (f) through (h)), research, training, operational oversight, and program evaluation.

3. DAD-MA. Under the authority, direction, and control of the Director, DHA, the DAD-MA, will:

a. Provide oversight and support execution of requirements outlined in this DHA-PI.

b. Monitor and track measures to assess TBI screening and compliance with procedures outlined in this DHA-PI.

4. CHIEF MEDICAL OFFICER (CMO) OF MARKETS, SMALL MARKET AND STAND-ALONE MEDICAL TREATMENT FACILITY ORGANIZATION, AND DEFENSE HEALTH AGENCY REGIONS. The CMO of the Markets, Small Market and Stand-Alone Medical Treatment Facility Organization, and Defense Health Agency Regions, will:

a. Implement mTBI/concussion policy and guidance directed by the Director, DHA.

b. Alert the Market Director regarding issues and problems in direct health care delivery requiring a Headquarters response.

5. MARKET REHABILITATION MEDICINE AND PHYSICAL PERFORMANCE CLINICAL MANAGEMENT TEAM LEADS. Market Rehabilitation Medicine and Physical Performance Clinical Management Team Leads will:

a. Collaborate with the Market Director, DAD-MA, and Secretaries of the MILDEPs to implement and maintain a written plan to appropriately staff, train, and equip MTFs to ensure clinical operations are in line with this instruction.

b. Supervise all MTF clinic/department leaders ensuring implementation of TBI clinical tools outlined in this DHA-PI; to include documentation of patient care, coordination between other clinics, and implementation of corrective actions or provision of additional resources and training, if required.

c. Identify opportunities for process improvement in utilization of TBI clinical tools and documentation of patient screening and results.

6. DIRECTORS, MTF. Directors, MTF, will:

a. Monitor and track measures to assess MTF standardization, processes, and compliance with the delivery of mTBI/concussion services as outlined in this DHA-PI.

b. Provide analysis support to MTF staff on mTBI/concussion metrics, measures, and issues, as needed.

c. Identify and monitor compliance with training requirements for medical personnel related to mTBI/concussion as addressed in this DHA-PI.

d. Review and approve Quadruple Aim Performance Planning Process projects related to process improvement initiatives in conjunction with the DHA.

e. Ensure availability of adequate resources for the effective and efficient implementation of the guidance outlined in this DHA-PI.

7. CMO/CHIEF OF STAFF, MTF. The CMO/CHIEF OF STAFF, MTF, will:

a. Implement policy and guidance directed by the Director, DHA.

b. Ensure required training is provided to all relevant MTF medical personnel on the TBI clinical tools outlined in this DHA-PI.

ENCLOSURE 3

PROCEDURES

1. CONCUSSION SCREENING AND MANAGEMENT. Medical personnel will evaluate individuals as soon as possible following a potentially concussive event, defined as an event or incident that may result in an individual experiencing mTBI or concussion. Potentially concussive events may include, but are not limited to: involvement in a vehicle blast event, collision, or rollover; presence within 50 meters of a blast (inside or outside); a direct blow to the head or witnessed loss of consciousness; exposure to more than one blast event (Reference (d)); falls; or sports-related head impacts. Medical personnel who assess and care for patients immediately after a potentially concussive event will perform the following:

a. Complete the MACE 2 at initial mTBI/concussion evaluation. Medical personnel can download electronic copies of MACE 2 from the TBICoE website: <https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Research-and-Development/Traumatic-Brain-Injury-Center-of-Excellence/Provider-Resources>.

b. Initiate a PRA protocol at follow-up and continue to monitor/assess the patient regularly until an exertional test is successfully completed and the patient is cleared for return to full duty or normal activity, as applicable. PRA guidance for Primary Care Managers and rehabilitation providers is available on the TBICoE website.

c. Track and document required mTBI/concussion patient reported outcome measures using the Neurobehavioral Symptom Inventory (NSI), and other recommended tools as outlined by the TAC to ensure patient outcomes are improving with treatment. The NSI is available on the TBICoE website: <https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Research-and-Development/Traumatic-Brain-Injury-Center-of-Excellence/Provider-Resources>.

2. DOCUMENTATION. Medical personnel will document (as outlined in Reference (f) through (h)) MACE 2 and PRA utilization during initial and follow-up encounters using the TSWF mTBI Alternate Input Method form, accessible in the patient's EHR. If the EHR is unavailable, medical personnel will document MACE 2 and PRA utilization in the patient encounter notes. NSI and related patient reported outcome measures will be collected using enterprise solution platforms, as identified during EHR modernization efforts.

3. TRAINING

a. Medical personnel who assess and care for patients with mTBI/concussion will complete self-guided training on MACE 2 and PRA. This may be found on the Clinical Tools page of the TBICoE website: <http://dvbic.dcoe.mil/clinical-tools-providers-mild-tbi>. Additionally, updated required TBI/concussion clinical management training materials are available on the DHA

Health.mil online training repository, the TBICoE website, and the Army Training Network website: <https://atn.army.mil/tbi>.

b. Medical personnel can access self-guided training for the mTBI TSWF form at: <http://www.tswf-mhs.com/specialty-forms/mtbi/> or schedule classroom or small group/one-on-one training via the TSWF website at: <http://www.tswf-mhs.com/training>.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CMO	Chief Medical Officer
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
EHR	Electronic Health Record
MA	Medical Affairs
MACE 2	Military Acute Concussion Evaluation, Version 2
MILDEP	Military Department
mTBI	Mild Traumatic Brain Injury
MTF	Military Medical Treatment Facility
NSI	Neurobehavioral Symptom Inventory
PRA	Progressive Return to Activity
TAC	Traumatic Brain Injury Advisory Committee
TBI	Traumatic Brain Injury
TBICoE	Traumatic Brain Injury Center of Excellence
TSWF	Tri-Service Workflow

PART II. DEFINITIONS

mTBI/Concussion. A traumatically induced structural injury or physiological disruption of brain functions, as a result of an external force that is indicated by new onset or worsening of at least one of the following clinical signs immediately following the event:

- a. Any alteration in mental status (e.g., confusion, disorientation, slowed thinking).
- b. Any loss of memory for events immediately before or after the injury.
- c. Any period of loss of or a decreased level of consciousness, observed or self-reported (Reference (i)).

TAC. A DHA sub-committee responsible for providing a collaborative and transparent advisory body supporting enterprise-wide coordination of the DoD TBI Pathway of Care during wartime and peacetime.