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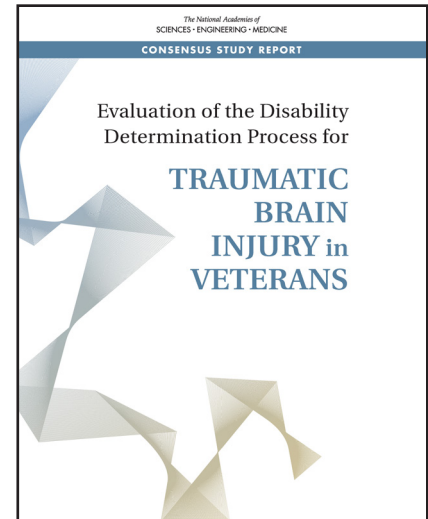
Evaluation of the Disability Determination Process for Traumatic Brain Injury in Veterans

Traumatic brain injury, or TBI, has been an increasing cause of casualty and disability in the military since the conflicts in Iraq and Afghanistan began. The Department of Defense reports that more than 375,000 incidents of TBI were incurred in the military between the years 2000 and 2018.

Veterans with an injury related to their service can seek disability compensation from the Veterans Benefits Administration, or VBA. Disability compensation is “a tax-free monetary benefit paid to veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service.” The amount of compensation is determined in a 6-step process that begins with the veteran (or a proxy) filing a claim. It typically requires an examination by an approved clinician who notes the diagnosis and evaluates the degree of impairment, functional limitation, and disability.

At the mandate of the U.S. Congress, the Department of Veterans Affairs (VA) contracted with the National Academies of Sciences, Engineering, and Medicine to convene a committee to review the process by which the VA assesses impairments relating to TBI for purposes of awarding disability compensation.

In the resulting report, *Evaluation of the Disability Determination Process for Traumatic Brain Injury in Veterans*, the committee outlines its findings and provides recommendations to the VA related to the health care specialists who diagnose TBI; the adequacy of the tools used by VA to provide clinical examinations and disability ratings for TBI; and the adjudication process (the overall process used to evaluate for disability compensation, from submission of claims through appeals).



HEALTH CARE SPECIALISTS

Today's increased awareness of TBI means that more medical specialties now include training in TBI within their curriculum and have continued updates concerning the current state of the science. At least 18 ACGME (Accreditation Council for Graduate Medical Education) accredited brain injury programs train physicians of many specialties to assist in the diagnosis, treatment, and rehabilitation of individuals diagnosed with brain injury.

Yet the VA currently requires one of four specialties to diagnose TBI: a neurologist, neurosurgeon, physiatrist, or psychiatrist.

The VA should allow health care professionals, including non-physicians, with additional training and experience in brain injury to make the TBI diagnoses. The committee believes that it is the training and experience, not necessarily the medical specialty, that renders a health care specialist capable of an accurate diagnosis.

The committee recommends that the VA allow health care professionals who have specific TBI training and experience, in addition to the current required specialists, to make a TBI diagnosis. Furthermore, the committee recommends pertinent and ongoing clinical training that is up-to-date with the state of current knowledge regarding TBI.

TOOLS USED IN THE PROCESS

The claims process usually requires examination by a Veterans Health Administration (VHA) clinician or a VBA-contracted clinician to provide medical information to VBA to help determine the presence and the degree of medical impairment incurred by the veteran. This exam is called a compensation and pension, or C&P, exam. The C&P exam notes the diagnosis and the medical nature of the condition and records all requested measurements and test results using a tool called the Disability Benefits Questionnaire (DBQ). There are more than 70 DBQs for various medical conditions, including one for the *residuals* of TBI: the main areas of dysfunction that might result from sustaining a TBI.

After the DBQ results are submitted, a veterans service representative may determine that there is enough evidence to make a rating, or request more information. If there is enough evidence, a VBA rating specialist determines the disability rating by comparing the DBQ results

and other evidence to criteria in the Veterans Affairs Schedule for Rating Disabilities (VASRD).

In response to the VA's request for the committee to determine the adequacy of the tools used in providing examinations, the committee reviewed the criteria in the DBQ and VASRD.

The DBQ and VASRD provide a list of common residuals of TBI that are used to rate the level of disability associated with TBI. For the most part, the identified residuals accurately reflect problems that are most likely to disrupt quality of life following TBI. However, some of the characteristics of the criteria used to rate severity of disability do not fully capture the potential impact. Furthermore, they fail to take into account some basic medical knowledge concerning how the effects of TBI might manifest and affect disability.

The committee recommends that the VA convene experts from both VHA and VBA, including clinicians who diagnose and assess residuals of TBI, to regularly update the VASRD and DBQ for residuals of TBI to better reflect the current state of medical knowledge.

In the committee's review of the DBQ for residuals of TBI, it found that there are important residuals that were not included. In particular, three important residuals of TBI are not adequately covered by any of the existing DBQs: insomnia; vestibular dysfunction, which affects parts of the inner ear and brain that help control balance and eye movement; and near-vision dysfunction (near point accommodative and convergence insufficiency), which can lead to blurred vision or headache. All three conditions commonly occur after TBI.

The committee recommends that the VA add insomnia, vestibular dysfunction, and near-vision dysfunction to the DBQ for residuals of TBI.

THE ADJUDICATION PROCESS

INCREASING TRANSPARENCY

Transparency in the adjudication process is a key characteristic of quality. Transparency should be considered from the points of view both of the individual veteran and of the system. Transparency from the veteran's perspective would include, for instance, access to the details of his or her individual application.

Transparency at the system level would include easy access to and widespread distribution of data on the system's performance, including performance with respect to both process quality measures (e.g., timeliness of and access to VHA examinations) and outcome quality measures (e.g., the consistency of outcomes across geographic regions).

The committee recommends that the VHA and VBA take specific actions to increase transparency at both individual and system-wide levels, including but not limited to providing full access to veterans of the details of their examinations and ratings and providing public access to detailed system-wide data, with separation by geographic location and examination type, on the outcomes of evaluations and outcome quality.

EVALUATING PROCESSES

The overall goal of the evaluation is to ensure that the approaches taken by the examiner result in an evaluation that accurately capture the effects of TBI on disability in veterans. As such, careful consideration should be given to the methods the VA uses to evaluate the processes of diagnosis and disability assessment. This not only includes the disability rating step but also the diagnosis of TBI, the determination of a connection to service, and the detection and characterization of the residuals of TBI.

The committee recommends that the VA institute processes and programs to measure the reliability and validity of the adjudication process, identify opportunities for improvement in the quality of outcomes, and implement modifications of the adjudication process as needed to optimize the quality of both the adjudication process and the reliability and validity of the outcomes.

FOCUSING ON ACCURACY

The VBA places great emphasis on the consistency of the rating process. VBA has taken great pains to train its raters so that they might accurately and reliably rate a disability; however, the emphasis on consistency of process does not actually ensure the reliability or the validity of the rating. Furthermore, and just as important: A lack of consistency in process does not necessarily mean there is a lack of reliability or validity.

Shifting away from a focus on the consistency of the process and practitioner qualifications and toward a focus on the accuracy of the outcome of the evaluation is meant to identify steps in or parts of the disability evaluation process that warrant improvement.

CONCLUSION

Identifying opportunities for improvement will be a key indicator of the success and positive impact of the committee's recommendations in improving the system. By adopting an explicit learning structure in which the reliability and validity of disability determinations are directly assessed, the VA will be able to devote its resources to those modifications and enhancements of the disability evaluation system that will have the greatest impact in improving the service provided to injured veterans.

To read the report, please visit
[nationalacademies.org/VAexamsforTBI](https://www.nationalacademies.org/VAexamsforTBI).

**Committee on VA Examinations for
Traumatic Brain Injury**

Dan G. Blazer (Chair)
Duke University Medical Center

Jeff Bazarian
University of Rochester

Jennifer Bogner
Ohio State University

John D. Corrigan
Ohio State University

Charles C. Engel
RAND Corporation

Matthew E. Fink
Weill Cornell Medical College

Annette L. Fitzpatrick
University of Washington
Schools of Medicine and
Public Health

Jessica M. Gill
National Institutes of Health

Judith Green-McKenzie
University of Pennsylvania
Perelman School of Medicine

Jeanne M. Hoffman
University of Washington
School of Medicine

Heather Krull
RAND Corporation

Roger J. Lewis
Harbor–UCLA Medical Center

Geoffrey T. Manley
University of California, San
Francisco

George W. Rutherford
University of California, San
Francisco

Jennifer M. Zumsteg
University of Washington
School of Medicine

Study Sponsor

Department of Veterans Affairs

Study Staff

Carolyn Fulco
Scholar

Bernice Chu
Program Officer

Blake Reichmuth
Research Associate

Joseph Goodman
Senior Program Assistant

Rebecca Morgan
Senior Research Librarian

Sharyl Nass
Director,
Board on Health Care Services

To read the full report, please visit
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