



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 1 - 2008

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

This letter provides the report to Congress on the requirement in Section 1634 (b) of the National Defense Authorization Act for Fiscal Year 2008, which requires that the Secretary of Defense submit a report setting forth the amounts expended by the Department of Defense (DoD) during the preceding calendar year on activities relating to the diagnosis, treatment, and rehabilitation of members of the Armed Forces with post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).

The DoD reports monthly to the House and Senate Appropriations Committees with data on expenditures resulting from the FY2007 Supplemental Appropriation related to TBI and PTSD. The attached report is responsive to the Section 1634 (b) language, and provides you the information we have available at this time. Next year's report will be more robust and comprehensive because we will have had sufficient time to evaluate the expanding DoD and Department of Veterans Affairs expenditures for these services as our Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury comes to a fully operational capability.

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Ward Casscells".

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 1 - 2008

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515-6035

Dear Mr. Chairman:

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As stated

cc:
The Honorable Duncan Hunter
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

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HEALTH AFFAIRS

MAY 1 - 2008

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

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cc:
The Honorable Lindsey O. Graham
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 1 - 2008

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515-6035

Dear Madam Chairwoman:

This letter provides the report to Congress on the requirement in Section 1634 (b) of the National Defense Authorization Act for Fiscal Year 2008, which requires that the Secretary of Defense submit a report setting forth the amounts expended by the Department of Defense (DoD) during the preceding calendar year on activities relating to the diagnosis, treatment, and rehabilitation of members of the Armed Forces with post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).

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As stated

cc:
The Honorable John McHugh
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 1 - 2008

The Honorable Robert C. Byrd
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510-6025

Dear Mr. Chairman:

This letter provides the report to Congress on the requirement in Section 1634 (b) of the National Defense Authorization Act for Fiscal Year 2008, which requires that the Secretary of Defense submit a report setting forth the amounts expended by the Department of Defense (DoD) during the preceding calendar year on activities relating to the diagnosis, treatment, and rehabilitation of members of the Armed Forces with post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).

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S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member



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HEALTH AFFAIRS

MAY 1 - 2008

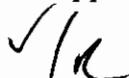
The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510-6028

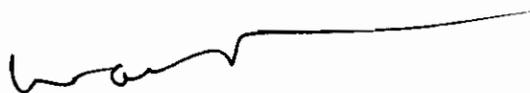
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S. Ward Casscells, MD

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As stated

cc:
The Honorable Ted Stevens
Ranking Member



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HEALTH AFFAIRS

MAY 1 - 2008

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515-6015

Dear Mr. Chairman:

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S. Ward Casscells, MD

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As stated

cc:
The Honorable Jerry Lewis
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAY 1 - 2008

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515-6018

Dear Mr. Chairman:

This letter provides the report to Congress on the requirement in Section 1634 (b) of the National Defense Authorization Act for Fiscal Year 2008, which requires that the Secretary of Defense submit a report setting forth the amounts expended by the Department of Defense (DoD) during the preceding calendar year on activities relating to the diagnosis, treatment, and rehabilitation of members of the Armed Forces with post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).

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Thank you for your continued support of the Military Health System.

As Always
Sincerely,
ward

S. Ward Casscells, MD

Enclosure:
As stated

cc:
The Honorable C. W. Bill Young
Ranking Member

**Report to Congress
In Accordance with Section 1634 (b) of the
National Defense Authorization Act
For Fiscal Year 2008**

INTRODUCTION:

Traumatic brain injury (TBI) resulting from sports injuries and vehicular accidents is not unusual in both military and civilian communities. However, the nature of the current conflicts in Iraq and Afghanistan has resulted in a significant increase in the incidence in the military population. This increase can be attributed to the enemy's use of improvised explosive devices. Although Service members can survive such attacks due to improved body armor, there is increased incidence of TBI. As a result, the Department of Defense (DoD) in coordination with the Department of Veterans Affairs and with the support of Congress has significantly increased programs and initiatives designed to improve the diagnosis, treatment, and rehabilitation of members of the Armed Forces with TBI.

Similarly, reports of Service members with psychological health concerns, including post-traumatic stress disorder (PTSD) have increased. The DoD Mental Health Task Force developed 95 recommendations for improving the care and treatment of Service members with psychological health (PH) concerns and the DoD responded with a detailed plan of action to satisfy the recommendations. Some of these actions are complete; most are underway.

This report responds to specific requirements as defined in the National Defense Authorization Act for Fiscal Year 2008, Section 1634 (b), to report on expenditures related to TBI and psychological health, including PTSD. Allocations and expenditures fall into the following three categories:

1. Defense and Veterans Brain Injury Center (DVBIC)
2. Programs and initiatives supported by the FY07 Supplemental Appropriation
3. Caring for patients within the Military Health System as captured in the baseline budget

1. DEFENSE AND VETERANS BRAIN INJURY CENTER (DVBIC) UNDER THE AUSPICES OF THE DOD CENTER OF EXCELLENCE FOR PSYCHOLOGICAL HEALTH AND TRAUMATIC BRAIN INJURY

Funding: The President's budget provided \$7 million for DVBIC in FY07 and Congress added \$14.8 million for a total of \$21.8 million.

2. PROGRAMS AND INITIATIVES SUPPORTED BY THE FY07 SUPPLEMENTAL APPROPRIATIONS

FUNDING: In the FY07 Supplemental Appropriations, DoD received \$900M for TBI and PTSD, of which \$300M was for research and \$600M was for treatment. The intent was to split that amount evenly between the two programs of PBD and TBI. To leverage this infusion of resources to truly transform diagnosis, treatment, and recovery efforts, we established the following guiding principles:

- Furnish strong, visible leadership and the necessary resources;
- Create, disseminate, and maintain excellent standards of care;
- If best practices are unavailable, conduct pilot or demonstration projects to better inform quality standards;
- Monitor and revise access, quality, and program implementation to ensure standards and consistent quality are executed; and
- Construct a system where each individual can expect and receive the same level of service and quality of service regardless of Service, Component, status, or geographic location.

These guiding principles were provided to the Services as they developed supporting initiative proposals. The Service proposals were reviewed for adherence to strategic intent and the funding went out in three phases. The first phase went out in August 2007 and was intended to support immediate gaps in Service capability. The second phase went out in September 2007 and was intended to fund demonstration projects. The third phase was distributed in January 2008 to fund expansion of successful programs and emerging programs.

Progress on the implementation of programs to satisfy these proposals is reported monthly to the House and Senate Appropriations Committees. These monthly reports will continue in addition to completion of this annual report. The following tables provide the data of the February report to the House and Senate Appropriations Committees.

DHP TBI/PH Program
As of 29 February 2008

Dollars in Thousands

Type	Initiative	Annual Funded Program (AFP)	Plan Thru Feb 2008	Actual Y-T-D	Percent of Plan	Percent of AFP	Comments
Operation & Maintenance							
PH	Access to Care	167,602	84,050	54,159	64%	32%	
PH	Resilience Promotion	52,005	10,970	349	3%	1%	
PH	Transition	12,299	864	839	97%	7%	
PH	Surveillance	37,451	15,292	1,820	12%	5%	
PH	Quality of Care	24,039	6,622	2,856	43%	12%	
PH	Central Management	23,360	11,003	1,398	13%	6%	
PH	Total Psych Health	316,756	128,801	61,420	48%	19%	
Operation & Maintenance							
TBI	Access to Care	131,557	20,151	5,860	29%	4%	
TBI	Resilience Promotion	-	-	-	-	0%	
TBI	Transition	1,210	1,111	906	82%	75%	
TBI	Surveillance	59,042	6,825	4,953	73%	8%	
TBI	Quality of Care	28,481	5,024	655	13%	2%	
TBI	Central Management	23,360	10,703	774	7%	3%	
TBI	Total Traumatic Brain Injury	243,649	43,814	13,148	30%	5%	
PH/TBI	Total of All Initiatives	560,405	172,614	74,568	43%	13%	
	Undistributed	39,595					
	Total Funding	600,000					

Dollars in Thousands

Type	Initiative	Annual Funded Program (AFP)*	Plan Thru Feb 2008	Actual Y-T-D	Percent of Plan	Percent of AFP	Comments
	Peer Reviewed PH Research	146,250	17,000	5,594	32.9%	3.8%	
	Peer Reviewed TBI Research	146,250	40,000	7,088	17.7%	4.8%	
		292,500	57,000	12,682	22.2%	4.3%	

* Total funding \$300M; \$7.5M (2.5%) withheld for Small Business Innovation Research initiatives

Defense Health Program Traumatic Brain Injury/Psychological Health Spend Plan (O&M*)
As of 29 February 2008

	Cumulative												
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Civ Pay	-	178	398	621	923	1,388	2,809	5,097	7,770	10,358	12,470	14,623	16,632
Plan	-	-	-	-	-	-	-	-	-	-	-	-	-
Commitments***	-	-	-	-	-	-	-	-	-	-	-	-	-
Obligations	13	13	27	82	476	1,546	-	-	-	-	-	-	-
Disbursements***	-	-	-	-	-	-	-	-	-	-	-	-	-
Travel	326	927	1,014	1,613	2,711	3,932	2,456	4,657	6,259	8,108	8,947	11,709	12,285
Plan	-	-	-	-	-	-	-	-	-	-	-	-	-
Commitments***	-	-	-	-	-	-	-	-	-	-	-	-	-
Obligations	325	341	433	509	613	750	-	-	-	-	-	-	-
Disbursements***	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	38	122	6,357	8,081	9,808	16,529	25,459	29,657	33,177	37,218	40,980	45,192
Plan	-	-	-	-	-	-	-	-	-	-	-	-	-
Commitments***	-	-	-	-	-	-	-	-	-	-	-	-	-
Obligations	-	32	32	34	46	250	-	-	-	-	-	-	-
Disbursements***	-	-	-	-	-	-	-	-	-	-	-	-	-
Contracts	41,963	56,251	88,989	94,010	108,679	147,515	142,979	172,958	331,600	375,083	397,939	439,316	453,200
Plan	-	-	-	-	-	-	-	-	-	-	-	-	-
Commitments***	-	-	-	-	-	-	-	-	-	-	-	-	-
Obligations	41,950	52,137	53,475	56,366	62,759	71,189	-	-	-	-	-	-	-
Disbursements***	-	-	-	-	-	-	-	-	-	-	-	-	-
Supplies	-	20	46	135	224	466	586	1,021	1,402	1,872	2,249	2,676	2,997
Plan	-	-	-	-	-	-	-	-	-	-	-	-	-
Commitments***	-	-	-	-	-	-	-	-	-	-	-	-	-
Obligations	-	-	-	117	121	267	-	-	-	-	-	-	-
Disbursements***	-	-	-	-	-	-	-	-	-	-	-	-	-
Equipment	1	59	269	1,490	4,946	9,505	12,677	15,075	16,754	23,540	25,642	28,102	30,099
Plan	-	-	-	-	-	-	-	-	-	-	-	-	-
Commitments***	-	-	-	-	-	-	-	-	-	-	-	-	-
Obligations	1	1	1	8	135	566	-	-	-	-	-	-	-
Disbursements***	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	42,290	57,473	90,838	104,225	125,564	172,614	178,036	224,866	393,441	452,138	484,464	537,406	560,405
Plan	-	-	-	-	-	-	-	-	-	-	-	-	-
Commitments***	-	-	-	-	-	-	-	-	-	-	-	-	-
Obligations	42,289	52,524	53,969	57,116	64,150	74,568	-	-	-	-	-	-	-
Disbursements***	-	-	-	-	-	-	-	-	-	-	-	-	-

Defense Health Program Traumatic Brain Injury/Psychological Health Spend Plan (RDT&E)**

	Cumulative												
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Peer-Reviewed Post Traumatic Stress Disorder (PTSD)/Psychological Health (PH) Research	3,613	3,613	3,650	13,650	17,000	17,000	17,000	17,000	30,000	50,000	80,000	100,000	146,250
Plan	-	-	-	-	-	-	-	-	-	-	-	-	-
Commitments***	-	-	-	-	-	-	-	-	-	-	-	-	-
Obligations	3,509	3,766	4,595	4,697	4,951	5,594	-	-	-	-	-	-	-
Disbursements***	-	-	-	-	-	-	-	-	-	-	-	-	-
Peer-Reviewed Traumatic Brain Injury (TBI) Research	3,850	3,850	3,900	25,000	40,000	40,000	40,000	40,000	50,000	75,000	100,000	146,250	146,250
Plan	-	-	-	-	-	-	-	-	-	-	-	-	-
Commitments***	-	-	-	-	-	-	-	-	-	-	-	-	-
Obligations	4,229	4,413	5,472	5,488	5,228	7,088	-	-	-	-	-	-	-
Disbursements***	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	7,463	7,463	7,550	38,650	57,000	57,000	57,000	57,000	80,000	125,000	180,000	246,250	292,500
Plan	-	-	-	-	-	-	-	-	-	-	-	-	-
Commitments***	-	-	-	-	-	-	-	-	-	-	-	-	-
Obligations	7,738	8,179	10,067	10,185	10,179	12,682	-	-	-	-	-	-	-
Disbursements***	-	-	-	-	-	-	-	-	-	-	-	-	-

* Total O&M Appropriation \$60MM; undisbursed balance as of December 31, 2007 was \$145.1M. \$111M in Phase III funding was distributed January 18, 2008. undisbursed balance as of February 29, 2008 is \$39.6M.

** Total RDT&E appropriation \$30MM; \$7.5M (2.5%) withheld for Small Business Innovation Research (Small Business Act. 15 U.S.C. 638). *** Commitment and Disbursements information unavailable at this time.

3. CARING FOR PATIENTS WITHIN THE MILITARY HEALTH SYSTEM AS ROUTINELY CAPTURED IN THE BASE MILITARY HEALTH SYSTEM

FUNDING:

TRAUMATIC BRAIN INJURY: The lack of preciseness in International Classification of Diseases and Injuries (ICD9) codes for TBI presents challenges to accurately glean cost data from medical systems. However, we pulled data on Service members who incurred TBI while deployed in support of Operations Enduring Freedom and Iraqi Freedom using common ICD9 proxy codes for both in-patient and out-patient encounters. This allowed us to ascertain how much the Military Health System has expended on TBI diagnosis, treatment, and recovery of this population; these numbers do not include VA costs that include much of the rehabilitation given individuals with TBI. The analysis of existing data revealed that the Military Health System had expended \$91.3M on direct and purchased care and an additional \$8.7M on prescription costs for all prescriptions filled after a diagnosis of TBI.

PSYCHOLOGICAL HEALTH: The scope of Psychological Health is very broad and includes programs ranging from preclinical to transitional health programs and services as well as family, leadership and community education and training. The full costs of Psychological Health actually reside in multiple appropriations. Therefore, for the purposes of this report, we extracted only those PTSD costs from the Defense Health Program for Service members who had deployed to Operations Enduring Freedom or Iraqi Freedom.

The table that follows shows both the TBI and PTSD costs reported in the Military Health System. The cohort year identifies the year in which the patients were first diagnosed with the condition. Number of patients reflects the total number of individuals in the cohort for the year. The costs reflect the costs corresponding to only those individuals who meet the criteria of the sub-table (e.g., Any diagnosis is TBI).

ESTIMATED COSTS FOR TBI

Cohort (CY)	PRIMARY DIAGNOSIS IS TBI	
	No. Patients	CY07
CY03	3,908 \$	87,821
CY04	6,551 \$	215,598
CY05	8,176 \$	1,044,670
CY06	10,443 \$	6,897,225
CY07	14,701 \$	39,549,691
Total	43,779 \$	47,795,005

Cohort (CY)	ANY DIAGNOSIS IS TBI	
	No. Patients	CY07
CY03	3,908 \$	195,682
CY04	6,551 \$	418,391
CY05	8,176 \$	1,869,301
CY06	10,443 \$	18,215,429
CY07	14,701 \$	79,397,120
Total	43,779 \$	100,095,923

Cohort (CY)	ANY CARE AFTER INITIAL TBI DIAGNOSIS	
	No. Patients	CY07
CY03	3,908 \$	5,599,297
CY04	6,551 \$	11,389,107
CY05	8,176 \$	22,163,181
CY06	10,443 \$	78,874,030
CY07	14,701 \$	192,726,846
Total	43,779 \$	310,752,461

Cohort (CY)	ALL PRESCRIPTIONS FILLED AFTER INITIAL TBI DIAGNOSIS	
	No. Patients	CY07
CY03	3,908 \$	415,975
CY04	6,551 \$	870,047
CY05	8,176 \$	1,612,639
CY06	10,443 \$	3,226,493
CY07	14,701 \$	4,024,495
Total	43,779 \$	10,149,649

ESTIMATED COSTS FOR PTSD

Cohort (CY)	PRIMARY DIAGNOSIS IS PTSD	
	No. Patients	CY07
CY03	1,570 \$	120,199
CY04	5,176 \$	745,734
CY05	9,301 \$	2,784,722
CY06	9,751 \$	8,875,827
CY07	13,567 \$	22,909,961
Total	39,365 \$	35,436,443

Cohort (CY)	ANY DIAGNOSIS IS PTSD	
	No. Patients	CY07
CY03	1,570 \$	210,027
CY04	5,176 \$	1,239,997
CY05	9,301 \$	4,973,205
CY06	9,751 \$	15,208,412
CY07	13,567 \$	42,170,865
Total	39,365 \$	63,802,506

Cohort (CY)	ANY CARE AFTER INITIAL PTSD DIAGNOSIS	
	No. Patients	CY07
CY03	1,570 \$	2,000,893
CY04	5,176 \$	8,364,668
CY05	9,301 \$	23,421,735
CY06	9,751 \$	58,653,539
CY07	13,567 \$	114,335,936
Total	39,365 \$	206,776,771

Cohort (CY)	ALL PRESCRIPTIONS FILLED AFTER INITIAL PTSD DIAGNOSIS	
	No. Patients	CY07
CY03	1,570 \$	167,722
CY04	5,176 \$	790,841
CY05	9,301 \$	2,215,338
CY06	9,751 \$	4,701,972
CY07	13,567 \$	5,272,058
Total	39,365 \$	13,147,931

- * Data for Service members who had deployed in Operations Enduring Freedom or Iraqi Freedom
- * TBI based on diagnosis codes 310, 959.01, 800-804, 850-854, or 950.
- * PTSD based on diagnosis code 309.81.
- * Costs are the sum of patient level cost allocation for direct care and amount paid for purchased care.
- * All costs are estimated to completion.
- * Sources (extracted on March 25, 2008):
 - MDR -- Military Health System Data Repository
 - SIDR -- Standard Inpatient Data Record
 - SADR -- Standard Ambulatory Data Record
 - TED -- TRICARE Encounter Data
 - PDTS -- Pharmacy Data Transaction Service.

TAB B

SEC. 1634. REPORTS.

(b) ANNUAL REPORTS ON EXPENDITURES FOR ACTIVITIES ON TBI AND PTSD.—

(1) REPORTS REQUIRED.—Not later than March 1, 2008, and each year thereafter through 2013, the Secretary of Defense shall submit to the congressional defense committees a report setting forth the amounts expended by the Department of Defense during the preceding calendar year on activities described in paragraph (2), including the amount allocated during such calendar year to the Defense and Veterans Brain Injury Center of the Department.

(2) COVERED ACTIVITIES.—The activities described in this paragraph are activities as follows:

(A) Activities relating to the improved diagnosis, treatment, and rehabilitation of members of the Armed Forces with traumatic brain injury (TBI).

(B) Activities relating to the improved diagnosis, treatment, and rehabilitation of members of the Armed Forces with post-traumatic stress disorder (PTSD).

(3) ELEMENTS.—Each report under paragraph (1) shall include—

(A) a description of the amounts expended as described in that paragraph, including a description of the activities for which expended;

(B) a description and assessment of the outcome of such activities;

(C) a statement of priorities of the Department in activities relating to the prevention, diagnosis, research, treatment, and rehabilitation of traumatic brain injury in members of the Armed Forces during the year in which such report is submitted and in future calendar years;

(D) a statement of priorities of the Department in activities relating to the prevention, diagnosis, research, treatment, and rehabilitation of post-traumatic stress disorder and other mental health conditions in members of the Armed Forces during the year in which such report is submitted and in future calendar years; and

(E) an assessment of the progress made toward achieving the priorities stated in subparagraphs (C) and (D) in the report under paragraph (1) in the previous year, and a description of any actions planned during the year in which such report is submitted to achieve any unfulfilled priorities during such year.