

**DEPARTMENT OF DEFENSE****Office of the Secretary****Civilian Health and Medical Program of the Uniform Services (CHAMPUS); Defense and Veterans Head Injury Program (DVHIP) Demonstration Project**

**AGENCY:** Office of the Secretary, Department of Defense (DoD).

**ACTION:** Notice.

**SUMMARY:** This notice is to advise parties of a demonstration project where the DoD will participate in the Defense and Veterans Head Injury Program (DVHIP) Protocol II *Traumatic Brain Injury (TBI) Rehabilitation: A Controlled, Randomized Multicenter Study of Two Interdisciplinary Programs with Adjuvant Pharmacotherapy*. Under the demonstration, DoD will participate in a controlled trial of cognitive therapy for TBI at four participating Department of Veterans Affairs medical facilities. Participation in these clinical trials will provide access to cognitive rehabilitation for TRICARE/CHAMPUS beneficiaries when their conditions meet the study protocol edibility criteria. DoD financing of these procedures will assist in meeting clinical trial goals and arrival at conclusions regarding the safety and efficacy of cognitive rehabilitation in the treatment of TBI. This demonstration project is under the authority of Title 10, United States Code (U.S.C.), Chapter 55, Section 1092.

**EFFECTIVE DATE:** August 1, 1997.

**FOR FURTHER INFORMATION CONTACT:** Mr. Tariq Shahid, Health Care Program Development Branch, Office of Civilian Health and Medical Program of the Uniform Services (OCHAMPUS), Aurora, CO, 80045-6900, telephone (303) 361-1401 or Ms. Ann Fazzini, Health Care Policy Analyst, Program Development Branch, OCHAMPUS, Aurora, CO 80045-6900, telephone (303) 361-1403.

**SUPPLEMENTARY INFORMATION:****A. Background**

TBI is the principal cause of death and disability for young Americans, at an estimated cost of over \$39 billion per year. Important advances have been made in prevention and acute care, yet the costs of TBI rehabilitation have been growing exponentially. This is in spite of the fact that few, if any, TBI rehabilitation modalities have been subjected to the degree of scientific scrutiny for efficacy and cost efficiency that is usually applied to other medical treatments. The escalating economic

burden that TBI places on individual families, as well as on society, is unlikely to be controlled until this issue is resolved.

The Conference Report on the Defense Appropriations Act for Fiscal Year 1992 (House Report 102-328) supported the Department of Defense (DoD) to start an initiative for DoD victims of head injuries. The DVHIP was established in February 1992, and funded in part direct appropriations to DoD (Health Affairs) from Congress. The DVHIP represents a unique collaboration among the DoD, Department of Veterans Affairs (DVA), and the Brain Injury Association. DVHIP objectives ensure that all DVA eligible TBI patients receive TBI-specific evaluation and follow-up, while at the same time collecting standardized patient outcome data that will allow the DVHIP to compare the relative efficacy and cost of various TBI treatment and rehabilitations strategies, and to help define optimal care for victims of TBI.

There are four DVA facilities participating in the DVHIP study. These are located in Palo Alto, California; Minneapolis, Minnesota; Richmond, Virginia; and, Tampa, Florida. The DVHIP can currently provide services at its DVA facilities only for those patients who are eligible for care within the DVA system. At present this excludes a significant number of TRICARE/CHAMPUS patients from participation in the DVHIP.

Cognitive rehabilitation is a generic term lacking a standard definition. The term is used to describe varied systems of multidisciplinary services intended to remedy related cognitive, daily living and psychosocial ability impairments which are secondary to organic brain damage.

The current state of the medical literature does not allow for a TRICARE/CHAMPUS benefit for cognitive rehabilitation in the treatment of TBI patients. The DVHIP is conducting a randomized, prospective trial that would hasten the answers to the current questions of the contribution(s), if any, of cognitive rehabilitation. The study will address the efficacy of cognitive rehabilitation versus traditional rehabilitation of beneficiaries with TBI (moderate to severe closed head injury) in prospective randomized clinical trials of 364 patients. In addition, patients randomized into either the cognitive or the traditional rehabilitation program will be further randomized to receive pharmacotherapy or placebo. The pharmacotherapy will consist of methylphenidate if the patient is determined to be non-depressed and apathetic, and sertraline for all others.

Because CHAMPUS relies upon outcome-based medical literature in the formulation of its coverage policy regarding cognitive rehabilitation, the DoD should assist with research protocols that will directly contribute to the body of science regarding cognitive rehabilitation. DoD financing of these procedures will assist in meeting clinical trial goals and arrival at conclusions regarding the safety and efficacy of cognitive rehabilitation in the treatment of TBI.

**B. TRICARE/CHAMPUS Experience**

TRICARE/CHAMPUS cost shares TBI rehabilitative services such as speech therapy, physical therapy and occupational therapy. However, cognitive rehabilitation therapy, which is frequently provided as a component of TBI care, is considered investigational under TRICARE/CHAMPUS.

TRICARE/CHAMPUS, by regulation, does not approve payment for experimental or investigational procedures. Any change in the experimental status of cognitive rehabilitation in the treatment of TBI logically awaits the findings from well controlled studies of clinically meaningful endpoints such as the DVHIP Demonstration Project.

Among TRICARE/CHAMPUS beneficiaries of all ages (5.4 million) approximately 5,000 have head injuries each year with 1,300-1,400 requiring hospitalization.

Overall CHAMPUS billed charges for 1,360 TBI admissions in Fiscal Year (FY) 1992 were approximately \$31.1 million (or \$1,908 per day), and the total allowed amount (i.e., the government payments and beneficiary cost shares) was almost \$21.4 million (or \$1,309 per day). This included acute and rehabilitation hospitalizations and skilled nursing home costs.

CHAMPUS billed charges for 78 admissions in FY 1992 for services in rehabilitation hospitals were approximately \$5.8 million (or \$1,343 per day), and the total allowed amount was \$5.46 million (or \$1,247 per day). This represented about 4,378 rehabilitation hospital bed days.

CHAMPUS billed charges for 31 admissions in FY 1992 for services in skilled nursing homes were approximately \$2.2 million (or \$930 per day), and the total allowed amount was approximately \$2.15 million (or \$902 per day). This represented about 2387 skilled nursing home bed days.

Together, the total CHAMPUS cost for services in rehabilitation hospitals and in skilled nursing homes for beneficiaries with TBI in FY 1992 was

approximately \$7.6 million for 109 admission requiring 6,765 bed days. The average length of stay was 62 days with an average per diem of \$1,125 in FY 1992. Based on increases in the Consumer Price Index (Urban) for medical care, the average per diem for 1996 under CHAMPUS is estimated to be \$1,320. This contrasts with a current estimated average cost of about \$600 per day in participating VAMCs.

### C. Caseload, Costs

The design of the rehabilitation protocol is limited to patients between the ages of 17–55 years. CHAMPUS population projections for fiscal year (FY) 1996 included approximately 2.1 million beneficiaries between 17 and 55 years of age.

This Demonstration Project is conservatively projected to provide inpatient rehabilitation services for approximately 100 TRICARE/CHAMPUS patients with TBI each year.

The Demonstration Project involves the costs for the inpatient bed days required for the initial evaluation, rehabilitation and subsequent re-evaluations at the participating DVA facilities. The beneficiary cost-shares applicable under TRICARE/CHAMPUS shall apply under the Demonstration Project.

On average, each TRICARE/CHAMPUS beneficiary participating in the clinical trials would require about three bed days for evaluation for the protocol, sixty bed days for the rehabilitation services, and five bed days each for the post-discharge evaluation and three follow-on re-evaluations. Over the entire Demonstration Project each participant would require about eighty-three bed days.

The current annual CHAMPUS costs for 100 admissions in rehabilitation hospitals and skilled nursing facilities for the beneficiaries with TBI are estimated to be \$8.18 million. This contrasts with the estimated cost of \$4.38 million for 100 admissions during the first year of the demonstration. This represents a projected cost avoidance of approximately \$3.8 million to DoD during the first year of the demonstration while providing access to rehabilitation services for the beneficiaries.

### D. Operation of the Demonstration

The Demonstration is projected to last for three years. The Assistant Secretary of Defense (Health Affairs) will designate a Project Officer in the Office of the Deputy Assistant Secretary of Defense (DASD) for Clinical Services.

The DASD (Clinical Services) provides oversight for the DVHIP operations.

Office of CHAMPUS will provide for demonstration claim processing via specific contractual arrangement with a claims processor. The contractor would not be involved in clinical issues but will direct patients to the nearest participating DVA facility for evaluation.

Dated: July 21, 1997.

**L.M. Bynum,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

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## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### Privacy and Security on Publicly Accessible DoD Internet Services

**AGENCY:** Department of Defense, Office of the Secretary of Defense (Public Affairs).

**ACTION:** Notice.

**SUMMARY:** This is a voluntary notice by the Department of Defense to inform those who use publicly accessible defense information on the Internet what measures are being taken to gather information about visits and to protect the integrity of Department of Defense Internet systems. Effective immediately, the DoD changing its notice to users to notify them of what we are doing and why.

**FOR FURTHER INFORMATION CONTACT:** Mr. Richard Silva, OASD(PA), Room 2E791, 1400 Defense Pentagon, Washington, DC 20301-1400 or on-line via the DefenseLINK message form at <http://www.dtic.mil/defenselink/faq/comment.html>.

**SUPPLEMENTARY INFORMATION:** In its ongoing efforts to provide open, honest and accurate information to the public, the Department is hereby notifying those who use publicly accessible defense information on the Internet what measures are being taken to gather information about visits and to protect the integrity of Department of Defense Internet systems and why it is necessary to do so.

First, most World Wide Web services record information about web site visits for site management purposes. DoD uses industry-standard software to gather basic data about web site visits. This data is used for site management purposes, such as assessing what information is of most and least interest to users, determining technical design

specifications, and identifying system performance or problem areas.

Second, computer vandalism has become an ever increasing problem over the past few years. These attacks can lead to the alteration of information that is used and trusted by millions of people. It is becoming more and more important for the Department to take a more proactive role in protecting its computer systems from these attacks. Therefore, to insure that the DoD public web services remain available to all users and to protect them from fraudulent, unlawful or abusive use, the Department is employing industry-standard methods to monitor network traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage.

No other attempts are made to identify individual users or their usage habits. Raw data logs are used for no other purposes and are scheduled for regular destruction in accordance with National Archives and Records Administration General Schedule 20.

Third, the Department is publishing the attached "privacy and security notice" on its publicly accessible Internet systems to inform users what we are doing and why.

DefenseLINK (<http://www.dtic.mil/defenselink/>) is the official World-Wide Web Information Service from the Department of Defense and is the starting point for locating U.S. defense information around the world. The purpose of DefenseLINK is to provide the public with a single, unified starting point for information about the Department of Defense, its organization and its functions. DefenseLINK provides direct access to the Information Services established by each military service. These Defense World Wide Web services contain many Defense publications, answers to frequently asked questions about the department, news releases and photographs. Information within these public access services may be distributed or copied. Use of appropriate byline/photo/image credits is requested.

Below is the new privacy and security notice being implemented on all DoD publicly accessible Internet systems.

Link from Index.html pages—"Please read this privacy and security notice."

( )—indicates sections to be tailored at the installation level.

[ ]—indicates hyperlinks.

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### Privacy and Security Notice

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