BUMED INSTRUCTION 6310.13

From: Chief, Bureau of Medicine and Surgery

Subj: GUIDANCE FOR CONDUCTING BASELINE PRE-DEPLOYMENT NEUROCOGNITIVE FUNCTIONAL ASSESSMENTS

Ref: (a) National Defense Authorization Act (NDAA) 2008, HR 4986, Sections 1618 and 1673
(b) DoDINST 6490.13 of June 4, 2013
(c) ASD (HA) Navy Neurocognitive Assessment Policy Waiver of 19 Sep 2012
(d) DoDINST 6490.03 of August 11, 2006

Encl: (1) Referral Algorithm Based upon Automated Neuropsychological Assessment Metrics Performance Report of Neurocognitive Testing Scores
(2) List of Automated Neuropsychological Assessment Metrics Testing Sites
(3) Uploading Automated Neuropsychological Assessment Metrics Data Using SAFE File Exchange

1. **Purpose.** To provide guidance regarding baseline pre-deployment neurocognitive functional assessments. NAVMED 6310/6, Automated Neuropsychological Assessment Metrics (ANAM) quarterly reporting is updated to reflect revised reporting requirements.


3. **Scope.** This instruction applies to all Navy Medicine ANAM testing sites.

4. **Background**

   a. References (a) through (c) provide guidance regarding neurocognitive assessment rationale, requirements for the Department of Defense (DoD) and specific information pertaining to the Navy. Traumatic brain injury (TBI), particularly mild TBI (mTBI) also known as a concussion, is an injury that may not always be externally obvious. Most individuals who sustain concussion fully recover with no lasting sequelae. However, immediately after head injury, somatic, psychological, and/or cognitive symptoms may be present. A small percentage of injured individuals may experience persistent post-concussive symptoms.

   b. The ANAM is a computerized neurocognitive assessment battery designed to detect speed and accuracy of attention, memory, and thinking abilities in an individual. It is conducted prior to deployment as a baseline of cognitive functioning and may be used to identify and monitor changes in brain function post-injury/concussion through comparison of post-injury
ANAM to baseline test results. Data from the neurocognitive assessment issued in theater may aid in return-to-duty determination. Changes (declines) in an individual’s performance from baseline to post-injury ANAM results may be reflective of potential cognitive impairments secondary to a deployment-related or other head-injury event. However, additional factors such as fatigue, mood state, and motivation may also contribute to performance changes. The ANAM does not diagnose a medical condition, but results may be used to help providers in identifying any cognitive deficits and appropriate areas for follow-up evaluation and/or treatment referral.

c. Reference (a) requires the Services to have a system in place for detection of cognitive impairment post-deployment and reference (b) requires the Services to conduct baseline pre-deployment neurocognitive assessment of Service members within 12 months preceding deployment. This instruction continues use of the ANAM as the interim DoD neurocognitive assessment tool for recording baseline (pre-deployment) neurocognitive performance.

d. In most instances, the ANAM baseline testing generates results that do not require medical evaluation. However, in some instances, further investigation of the results obtained from baseline testing is warranted. In this case, the Service member is referred to the appropriate medical provider for further assessment.

5. Guidance. A baseline pre-deployment neurocognitive functional assessment is required within 12 months preceding a deployment to a combat zone. A new administration of the ANAM is required if deployment is delayed, and the ANAM was completed more than 12 months prior to deployment. Consistent with other deployment health assessment requirements as noted in reference (d), those individuals anticipated to deploy in support of “shipboard operations that are not expected to involve operations ashore are exempt from completion of pre-deployment neurocognitive functional assessment.” Specifically, individuals anticipated to deploy solely onboard Navy vessels (e.g., ship’s company) are exempt from this requirement. If the individual or unit has the potential to deploy into a combat environment from a Navy vessel, ANAM testing is required.

6. Implementation Plan. ANAM equipment is provided to medical treatment facilities (MTFs) based on expected volume of deploying Service members bound for combat theater environments. Reserve Component members requiring ANAM testing utilize Navy ANAM facilities or testing sites established by the Army and Air Force. Navy Medicine Deployment Health Centers will serve as the primary site for baseline pre-deployment neurocognitive functional assessments. Mental health clinics will serve as the secondary site. Enclosure (2) provides a comprehensive list of test sites.

7. Data Management. All information technology activities established in support of baseline pre-deployment neurocognitive functional assessments will follow DoD and Navy Medicine data management policies.
a. **Data Access.** Users who are required to obtain, transfer, or interpret ANAM data in an official capacity will be authorized access to ANAM data via a request to: usarmy.jbsa.medcom.mbx.otsg-anam-operations@mail.mil. Users will be required to submit a current copy of their Health Insurance Portability and Accountability Act and Information Assurance training certificates in order to receive access.

b. **Technical Support.** Technical support is available through the Army Neurocognitive Assessment Branch from 0700 to 1500 Central Standard Time Monday to Friday. ANAM support can be obtained by calling the ANAM Neurocognitive Assessment Branch Help Desk at (210) 916-9242, or toll free at 1 (855) 630-7849, (Data Office and Technical Support) or via e-mail: usarmy.jbsa.medcom.mbx.otsg--anam-baselines@mail.mil.

8. **Action**

a. **Bureau of Medicine and Surgery (BUMED) TBI Programs (BUMD-M96) will:**

   (1) Provide program guidance and support an effective Navy Neurocognitive Assessment Program across Navy Medicine via a BUMED Navy Neurocognitive Assessment point of contact (POC), collaboration with Navy Medicine regions, and the Army Neurocognitive Assessment Branch.

   (2) Coordinate all Navy neurocognitive assessment activities to ensure strategic operations, communications (technical and otherwise), and appropriate infrastructure are in place to support the requirements for baseline neurocognitive functional assessments.

   (3) Support Active and Reserve Component Service members in meeting the pre-deployment neurocognitive testing requirement prior to arrival at the Navy Mobilization Processing Site by coordinating with Commander, Naval Personnel Command and Commander, Navy Reserve Forces Command.

   (4) Assist Navy Medicine regions and commands to resolve issues concerning training, testing, and the testing process.

   (5) Coordinate ANAM proctor training; and communicate information concerning training opportunities to Navy Medicine regions and BUMED Office of Education and Training Command (BUMED-M7).

   (6) Coordinate ANAM provider interpretation training; and communicate information concerning the training opportunities to Navy Medicine regions and BUMED-M7.

   (7) Implement program improvements by reviewing and updating ANAM policies.

   (8) Plan, program, and implement the ANAM data surveillance system for ANAM data obtained from Navy personnel. Surveillance requirements include, but are not limited to,
the number of Service members that require testing, the number of Service members tested, the
number of ANAM testings that prompted a retest, and the number of ANAM testings that
prompted a referral for evaluation by a primary care provider.

(9) Collate and analyze data/information from quarterly reports submitted from each of the
ANAM testing sites to develop program improvements.

b. BUMED Office of the Command Information Officer (CIO) and Chief Information
Management/Information Technology (BUMED-M6). In conjunction with Navy Medicine
Information Systems Support Activity (NAVMISSA), will plan, program, and implement a
system to ensure ANAM’s compliance with DoD and Navy information technology, information
assurance, and interoperability requirements.

c. Navy Medicine regions will:

(1) Assume the execution function of ANAM neurocognitive assessments at MTFs and
other ANAM test sites in their region, and ensure compliance with applicable guidance.

(2) Appoint a regional ANAM POC to support regional ANAM operations.

(3) Monitor the completion and submission of, and provide quarterly reports to
BUMED-M96 regarding training, and results of neurocognitive functional assessments no later
than 15 days following the end of each quarter.

(4) Assist with dissemination of dates and times of training.

(5) Ensure ANAM proctors and providers complete ANAM training. All active duty and
reserve Navy psychologists and neuropsychologists should complete baseline ANAM provider
interpretation training within 12 months of entering the Navy. Completion of this training
should be tracked by the Regional ANAM POC and documented in a quarterly compliance
report provided to BUMED-M96 and the Navy psychology specialty leader no later than 15 days
following the end of each quarter.

d. Navy Medicine ANAM Testing Sites will:

(1) Collaborate with line leaders to successfully execute ANAM pre-deployment testing.

(2) Identify adequate locations and environments to support ANAM equipment storage.

(3) Maintain a record of all Navy ANAM equipment and supplies to include: number and
type of equipment at each site, warranty information, date of purchase, and purchase orders for
equipment. Maintain lifecycle management responsibilities of applicable ANAM equipment.
This record should be available for provision to the region and BUMED-M96.
(4) Identify ANAM proctors for each site. ANAM proctors will be required to complete baseline ANAM proctor training. Periodic re-training may be required as the program evolves. Sites will maintain at a minimum two trained proctors at all times. ANAM proctors must perform at least 10 administrations per quarter; those who do not meet this minimum will be required to administer enough practice ANAMs to satisfy this requirement.

(5) Identify ANAM providers, defined as a psychologist or neuropsychologist, at each site. Sites without these professionals shall establish Memoranda of Agreements with Commands that have ANAM providers to perform ANAM Performance Report (APR) interpretations, as requested by unit medical personnel, telephonically or via telemedicine. ANAM designated providers will be required to complete baseline ANAM provider interpretation training prior to assuming their role as an ANAM provider. Periodic retraining may be required as the program evolves.

(6) Appoint an ANAM POC who is responsible for compiling and providing quarterly reports using NAVMED 6310/6, Automated Neuropsychological Assessment (ANAM) Quarterly Reporting to the Regional ANAM POC no later than 5 days following the end of each quarter. This task is best completed by one of the ANAM proctors.

(7) Validate that ANAM proctors and providers complete baseline ANAM training.

(8) When it is anticipated that an ANAM proctor or provider will leave the position or change duty station, this information should be submitted to regions and BUMED-M96, and replacements should be identified no later than three months prior to the transition. BUMED-M96 will work with regional commands to ensure replacements have and/or are scheduled for necessary training.

(9) ANAM proctors will:

a. Deliver APRs with any alerts to the designated unit medical personnel and the Service member’s unit medical representative within 24 hours.

b. Upload ANAM data to U. S. Army Aviation and Missile Research Development and Engineering Center Safe Access File Exchange: https://safe.amrdec.army.mil/SAFE/ and send to the email address: usarmy.jbsa.medcom.mbx.otsg-anam-surveys@mail.mil within 24 hours after a testing session (whether individual or group). For specific instructions, refer to enclosure (3).

(10) ANAM providers. Interpret ANAMs designated by unit medical personnel as needing further interpretation within 48 hours of receipt. He/she will report back to a health care provider at the Service member’s command and suggest appropriate next steps. If deemed necessary to speak with the Service member prior to rendering a decision concerning the results, then a teleconference or video teleconference with the Service member will occur using a phone line and private room, ensuring confidentiality and privacy.
(11) Enclosure (1), the Referral Algorithm, provides guidelines for appropriate referrals, based upon the APR scores. In the event that an ANAM alert is generated, a Service member should be assessed by unit medical personnel and referred and treated, as appropriate. ANAM-based referrals must be entered into the Armed Forces Health Longitudinal Technology Application (AHLTA) and follow-up appointments should conform to TRICARE access standards. AHLTA notes should be written for the APR interpretation, visits, and consultations.

9. **ANAM Information.** Additional information regarding the ANAM can be obtained at: http://www.armymedicine.army.mil/prr/anam.html.

10. **Point of Contact.** BUMED TBI Programs (M96); e-mail at: BUMED-TBI@med.navy.mil.

11. **Records Management.** Records created as a result of this instruction, regardless of media and format, shall be managed per reference SECNAV Manual 5210.1 of Jan 2012.

12. **Reports.** The reporting requirements in paragraphs 8; 9; 9(c)(3); 9(c)(5); 9(d)(5); 9(d)(6), and 10 are exempt from reports control per SECNAV M-5314.1 of December 2005, Part IV, Paragraph 7(j) and 7(p).


\[signature\]

M. L. NATHAN

Distribution is electronic only, via the Navy Medicine Web site at: http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx
Referral Algorithm Based upon Automated Neuropsychological Assessment Metrics Performance Report of Neurocognitive Testing Scores

APR review for history of TBI

Continue review of APR: overall performance

TBI symptoms present? Yes

subtest % correct ≤56

Continue review of APR: mood

Depression or anger score ≥85

Readminister subtest

subtest % correct still ≤56

Upload APR to AKO

Unit medical personnel to assess service member and refer to specialty discipline as appropriate

Note:

1. For history of TBI with TBI symptoms present, service member should be evaluated by medical personnel to establish whether the symptoms are due to the TBI event, whether medical or other therapy is required, and whether deployment should be delayed or cancelled. Treatment should be given as needed. Referral to specialist care should be made if needed.
2. For depression or anger score $\geq 85$ service member should be evaluated by medical personnel as to whether depression or anger management issues are present, and service member should then be treated and/or referred as needed.

3. For subtest score $< 56\%$ after re-test, service member should be evaluated by medical personnel for reasons for impaired test performance, including learning disability, and treatment/referral made as needed.
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For certified ANAM Proctors only:
Go to the SAFE Exchange at: https://safe.amrdec.army.mil/SAFE/
At the SAFE Banner, click Accept
Then select CAC Users
UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

Unless your browser is still open from a previous upload, a pop up window will appear asking you to select a certificate.

Select the DOD EMAIL certificate and click OK.
The main screen will display:
Personal Information, File Information, and Recipient Information and e-mail setting.
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1. Select the D drive.
(or the location where the data file is saved)

2. Select the first file to upload.

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4. Repeat for each file that needs to be uploaded.

To add a file select browse
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All of the data that you transmit is encrypted with the Credant2go program and cannot be accessed without the correct password. Checking this box notifies the recipient that the data they are about to download is protected by the Privacy Act and the recipient is responsible for its protection.

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If you are using the Harvest Program you do not need to place the file properties in the description field. The properties are in the .txt file you will upload.

IMPORTANT: Everyone must place their e-mail address in the Description of File(s) field. If there is a problem with the file, this is the only way we can contact you.
UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

E-mail address: usarmy.jbsa.medcom.mbx.otsg-anam-surveys@mail.mil

Enter the above e-mail address in the Recipient information box. Click Add

Note: This is a long e-mail address and there is a potential for error. It is suggested that you save this e-mail address to your address book or a text file so you can highlight the address, copy and paste it into the Email Address box.
UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

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1. Encrypt email message when possible
2. Notify me when the file(s) are downloaded
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5. Select the Upload button
UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

A popup banner will appear, select the Agree button
UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

A pop up screen will appear confirming that your file has been uploaded.
UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

You will also receive a confirmation email that the file is uploaded.

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**Sent:** Wed 5/8/2013 7:46 AM

**To:** Sleday, David T. CTR USAMY MEDCOM HQ (US)

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***DO NOT FORWARD***

Please note, IAW Para 4.5.a(8) and 4.12.c, AR 25-2, it is a violation of SAFE security policy to share/forward Package passwords.

You must contact the Package originator to have the Package re-sent via SAFE (https://safe.amrdec.army.mil/safe/) to other users.

You have uploaded the following file(s): ALAG-20121219 david.t. sledayctr@mail.mil

1 folder, 45 files, 201,601 bytes

Package ID: 1367691

The file will be available until 5/22/2013

You can check the status of the files uploaded at https://safe.amrdec.army.mil/safe/StatusLogin.aspx?PackageID=1367691 (AMRDEC SAFE)

The Password is: Echk9#*saG49vQ

NOTICE: This e-mail message is intended solely for the use of the addressee. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately.

Thank you.

***This message may be forwarded to webteam@amrdec.army.mil for technical support purposes.***
UPLOADING AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS DATA USING SAFE ACCES FILE EXCHANGE

You will receive a confirmation email that the file has been downloaded.

If you do not receive this confirmation within 72 hours then the ANAM office did not receive the files. The most likely reason for this error is that the ANAM e-mail address was incorrect.

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AMRDEC Safe Access File Exchange Pick Up
WEBTeam@amrdec.army.mil
Sent: Fri 5/10/2013 10:14 AM
To: Steeley, David T CTR USARMC MEDCOM HQ (US)

AMRDEC Safe Access File Exchange Pick-Up Notice

The file(s) you sent through SAFE (Package ID 1376372) were downloaded at 5/10/2013 10:14:00 AM by: usarmy.jbsa.medcom.mbx.otsg-anam-surveys@MAIL.MIL

File description: ALAG-20121219
david.t.steeley.ctr@mail.mil
1 folder, 45 files, 281,601 bytes