DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 6310.13A
BUMED-N3
4 Apr 2023

BUMED INSTRUCTION 6310.13A

From: Chief, Bureau of Medicine and Surgery

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

Ref: (a) National Defense Authorization Act 2008, HR 4986, Sections 1618 and 1673
(b) DoD Instruction 6490.13 of 11 September 2015
(c) ASD(HA) memo Navy Neurocognitive Assessment Policy Waiver of 19 Sep 2012
(d) DoD Instruction 6490.03 of 19 June 2019

Encl: (1) Referral Algorithm Based Upon Automated Neuropsychological Assessment Metrics Performance Report of Neurocognitive Testing Scores

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. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6310.13.

3. Scope and Applicability. 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 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 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 the speed and accuracy of attention, memory, and visuospatial processing 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 or concussion through comparison of post-injury ANAM to baseline test results. Data from subsequent neurocognitive assessment may aid in return-to-duty determination. Changes (e.g., 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. When used in conjunction with a clinical interview, ANAM results may be used to help providers in identifying cognitive deficits and appropriate areas for follow-up evaluation and 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 the use of the ANAM as the DoD neurocognitive assessment tool for recording baseline (i.e., pre-deployment) neurocognitive performance.

d. In most instances, the ANAM baseline testing generates results that do not require medical evaluation. 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 assessment.

5. Policy. 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), individuals anticipated to deploy in support of "shipboard operations that are not anticipated to involve operations ashore," such as 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 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. A comprehensive list of ANAM test sites can be found on the Navy Medicine TBI Programs SharePoint site at https://esportal.med.navy.mil/bumed/rh/m3/M33/Pages/TBI.aspx. Sites requiring additional equipment or surge proctors on a temporary basis can e-mail the request to usarmy.jbsa.medcom.mbx.otsg-anam-operations@health.mil for consideration.

7. Data Management. All information technology activities established in support of baseline pre-deployment neurocognitive functional assessments will follow DoD and Defense Health Agency data management policies.

a. Data Access. Users who are required to obtain 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-baselines@health.mil or by calling the ANAM

Neurocognitive Assessment Branch help desk at (210) 916-9242, or toll free at 1 (855) 630-7849. Provider information must accompany this request and include: Name, title, unit location, e-mail, telephone number, and Service branch.

b. Technical Support. Technical support is available through the Army Neurocognitive Assessment Branch 24/7. ANAM support can be obtained by calling the ANAM Neurocognitive Assessment Branch help desk toll free at 1 (855) 630-7849, (data office and technical support) or via e-mail to usarmy.jbsa.medcom.mbx.otsg--anam-baselines@health.mil.

8. Roles and Responsibilities

a. Bureau of Medicine and Surgery (BUMED) Director, TBI Programs (BUMED-N333) must:

(1) Provide program guidance and support the Navy Neurocognitive Assessment Program across Navy Medicine via a BUMED Navy neurocognitive assessment point of contact (POC), collaboration with Naval Medical Forces Atlantic (NAVMEDFORLANT), Naval Medical Forces Pacific (NAVMEDFORPAC), 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 or Navy Reserve Center by coordinating with Commander, Naval Personnel Command and Commander, Navy Reserve Forces Command.

(4) Assist NAVMEDFORLANT and NAVMEDFORPAC and commands to resolve issues concerning training, testing, and the testing process.

(5) Coordinate ANAM proctor training, and communicate information concerning training opportunities to NAVMEDFORLANT, NAVMEDFORPAC, and the BUMED Office of Education and Training (BUMED-N7).

(6) Coordinate ANAM provider interpretation training and communicate information concerning the training opportunities to Navy Medicine and BUMED-N7.

(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 and the number of Service members tested.

(9) Review data and information received in quarterly reports from the ANAM Program Office, which include for each site, but are not limited to: the number of Service members tested, number of assessments uploaded in under 30 days, average lag time in uploading, maximum lag time in uploading, and to which Service branch the individuals belonged.

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. Commanders, NAVMEDFORLANT and NAVMEDFORPAC must:

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

(2) Appoint an ANAM POC to support NAVMEDFORLANT and NAVMEDFORPAC ANAM operations.

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

(4) Ensure ANAM proctors and providers complete ANAM training. Completion of this training should be tracked by the NAVMEDFORLANT and NAVMEDFORPAC ANAM POC and documented in a quarterly compliance report provided to BUMED-N3 and the Navy psychology specialty leader no later than 15 days following the end of each quarter.

d. Navy Medicine ANAM Testing Sites must:

(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, type of equipment at each site, and lifecycle management responsibilities of applicable ANAM equipment. This record should be available for provision to NAVMEDFORLANT, NAVMED-FORPAC, and Operations Director (BUMED-N3).

(4) Identify ANAM proctors for each site. ANAM proctors must be assigned to readiness commands or employed by the Army Neurocognitive Assessment Branch and will be required to complete baseline ANAM proctor training. Periodic re-training may be required as the program evolves. ANAM testing sites will maintain at least two trained proctors at all times.

(5) Identify ANAM providers at each site. ANAM providers must be assigned to readiness commands or employed by the Army Neurocognitive Assessment Branch and will be

required to complete baseline ANAM provider training. Navy sites without ANAM providers must establish memoranda of agreements with Navy commands that have ANAM providers to perform ANAM Performance Report (APR) interpretations, as requested by unit medical personnel, telephonically or via telemedicine.

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

(7) When it is anticipated that an ANAM proctor or provider will leave the position or change duty station, this information should be submitted to NAVMEDFORLANT or NAVMEDFORPAC, who will then inform BUMED-N3. BUMED-N3 will work with NAVMEDFORLANT and NAVMEDFORPAC to ensure replacements have scheduled necessary training.

e. ANAM Proctors must:

(1) Deliver APRs with any alerts to the designated unit medical personnel and the Service member's unit medical representative within 24 hours.

(2) Upload ANAM data to usarmy.jbsa.medcom.mbx.otsg-anam-surveys@health.mil if it is a *jar.wzd file or via U.S. Army Aviation and Missile Research Development and Engineering Center Safe Access File Exchange at https://safe.amrdec.army.mil/SAFE/ within 24 hours after a testing session (whether individual or group). For specific instructions, refer to the "Uploading ANAM Data to the Data Repository" document on the Navy Medicine TBI Programs SharePoint page at https://esportal.med.navy.mil/bumed/rh/m3/M33/Pages/TBI.aspx. Proctors will be required to submit a current copy of their Health Insurance Portability and Accountability Act and Privacy Act Training and DoD Cyber Awareness Challenge certificates.

f. ANAM Providers must:

(1) Complete baseline ANAM provider interpretation training prior to assuming their role as an ANAM provider. Periodic retraining may be required as the program evolves.

(2) Interpret ANAMs designated by unit medical personnel as needing further interpretation within 48 hours of receipt. ANAM providers will report back to a healthcare 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 computer or telephone line and private room, ensuring confidentiality and privacy. Enclosure (1) provides guidelines for appropriate referrals, based upon the APR scores. If 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 electronic medical record and follow-up appointments should conform to TRICARE access standards. Notes should be written for the APR interpretation, visits, and consultations.

9. ANAM Information. Additional information regarding the ANAM can be obtained by contacting the Help Desk at usarmy.jbsa.medcom.mbx.otsg--anam-baselines@health.mil.

10. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

11. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N3 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

12. Form and Information Management Control

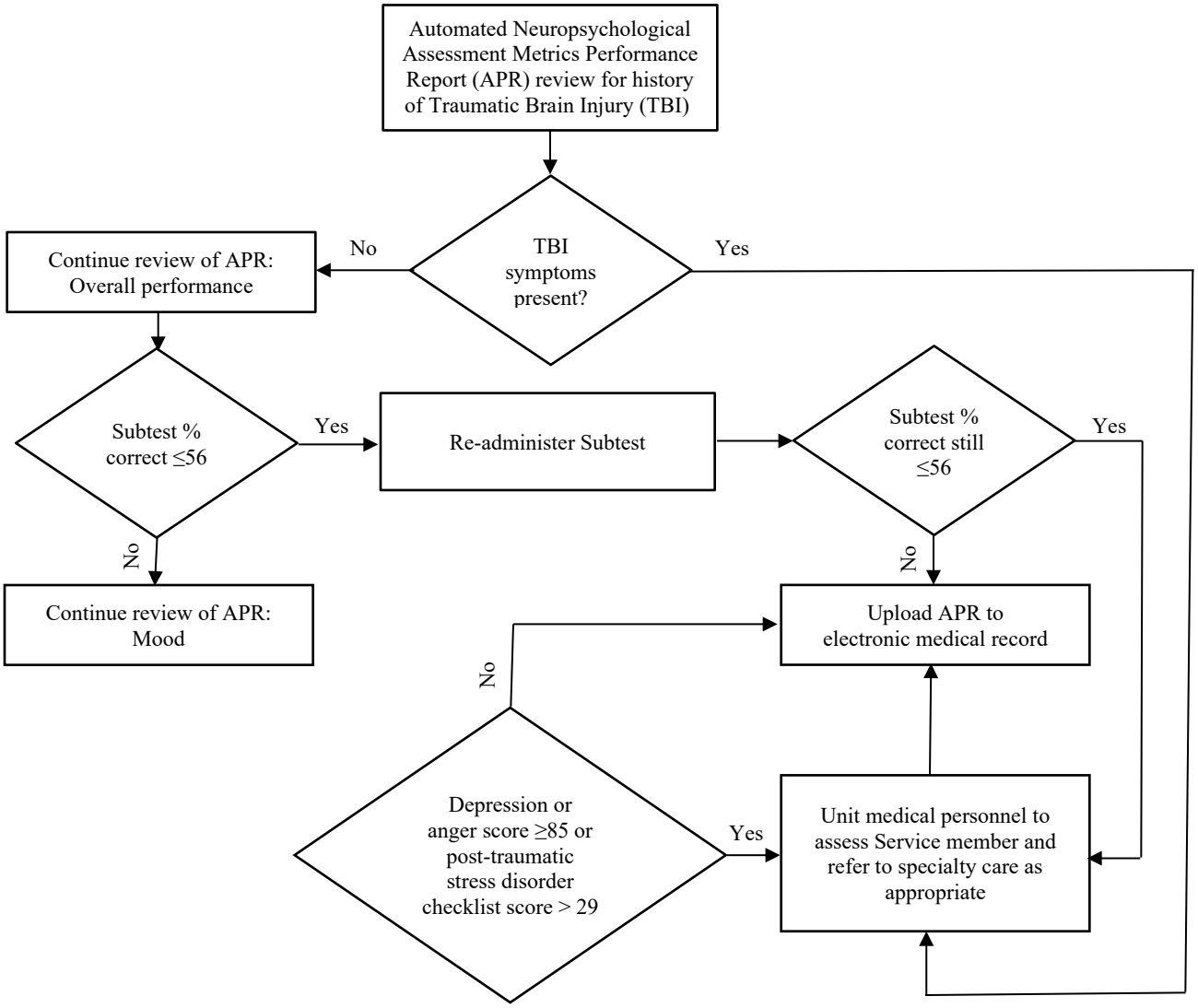
a. Form. NAVMED 6310/6 Automated Neuropsychological Assessment Metrics (ANAM) Quarterly Reporting is available at http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx.

b. Information Management Control. The reports required in subparagraphs 8c(4) and 8d(5) of this instruction, are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.

D. K. VIA
Acting

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at, https://www.med.navy.mil/Directives

REFERRAL ALGORITHM BASED UPON AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS PERFORMANCE REPORT OF NEUROCOGNITIVE TESTING SCORES



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 ≥ 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 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 or referral made as needed.

4. For post-traumatic stress disorder checklist score > 29, Service member should be evaluated by medical personnel as to whether symptoms of post-traumatic stress are present, and Service member should then be treated or referred as needed.