NIDILRR TBI Updates, Opportunities, and Collaborations

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National Institute on Disability, Independent Living, and Rehabilitation Research
Administration for Community Living
Overview

• NIDILRR History and Mission
• NIDILRR-Sponsored Activities and Funding
• NIDILRR’s Portfolio of Grantees
• NIDILRR-Funded TBI Research: Making a Difference
• Moving Ahead: Optimizing Research Opportunities
• Summary
NIDILRR History

• **1954**: The Rehabilitation Research program was created through an Amendment to the Vocational Rehabilitation Act.

• **1978**: NIDILRR was originally called the National Institute of Handicapped Research (NIHR) when it was formally created by amendments to the Rehabilitation Act. At that time, we were situated in the Department of Health, Education, and Welfare (HWE).

• **1980**: NIHR moved from HEW to U.S. Dept. of Education under the Office of Special Education and Rehabilitative Services (OSERS).

• **1986**: Our name was changed to the National Institute on Disability and Rehabilitation Research (NIDRR) by Amendments to the Rehabilitation Act.

• **2014**: The Rehabilitation Act was reauthorized as part of the Workforce Innovation and Opportunity Act (WIOA). This reauthorization changed our name to the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). It also changed our administrative home from the Department of Education, to the Department of Health and Human Services.
NIDILRR Mission

To generate new knowledge and promote its effective use to improve the abilities of individuals with disabilities to perform activities of their choice in the community; and to expand society’s capacity to provide full opportunities and accommodations for its citizens with disabilities.
NIDILRR-Sponsored Activities

• Research and Development
  – Across the age-span;
  – Across broad disability categories
    • Sensory;
    • Psychiatric;
    • Physical
    • Intellectual/developmental
  – Address 3 targeted outcome domains:
    • Health and Function
    • Employment
    • Community Living and Participation

• Knowledge Translation
• Capacity Building
NIDILRR’s Funding

• Annual funding: $104,000,000; is still the largest allocation in the Federal Government for research on rehabilitation and disability.

• In FY15, NIDILRR funded approximately $11 million in TBI research. Of this total, approximately $9 million were dedicated to the TBI Model System (TBIMS) Centers Program
  • 16 TBIMS Centers
  • 1 National Data and Statistical Center
  • 1 Model Systems Knowledge Translation Center
  • 1 TBIMS Collaboratives Grant

• In FY15, an additional (approximate) $2 million went to Rehabilitation Engineering Research and Training Centers with foci on cognitive and communication technologies to benefit multiple target groups, including those with TBI.
NIDILRR’s Portfolio of Grantees

• Rehabilitation Research and Training Centers
• Rehabilitation Engineering Research Centers
• Mary Switzer Research Fellowships
• Advanced Rehabilitation Research Training
• Field-Initiated Projects (Research and Development)
• Disability and Rehabilitation Research Projects
• Model Systems (SCI, TBI, Burn)
• ADA National Network
• Knowledge Translation Centers
• Small Business Innovation Research (SBIR) Grants
NIDILRR’s Model System Centers Programs

- **Spinal Cord Injury Model System Centers Program**
  - 1970: Established with 14 centers

- **Traumatic Brain Injury Model System Centers Program**
  - 1987: Established with 5 centers
  - 1998: Increased to 17 centers
  - Currently: 16 Centers and 3 Follow-up Centers

- **Burn Injury Model System Centers Program**
  - 1994: Established with four centers
Requirements of TBIMS Centers

• Knowledge Generation
  – Conduct one or two center-specific studies
  – Participate in at least one multicenter (module) study
  – Collect and submit longitudinal data for inclusion in the TBIMS National Database
  – Optional: Participate with other TBIMS Centers in separately funded NIDILRR collaborative research grants

• Knowledge Translation
  – Collaborate with the Model Systems Knowledge Translation Center (MSKTC) to provide scientific results and information to stakeholders
## TBIMS Centers: 2012-17

<table>
<thead>
<tr>
<th>TBIMS Center</th>
<th>Principal Investigator</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Alabama at Birmingham</td>
<td>Thomas Novack</td>
<td>AL</td>
</tr>
<tr>
<td>Craig Hospital</td>
<td>Cindy Harrison-Felix</td>
<td>CO</td>
</tr>
<tr>
<td>University of Miami</td>
<td>Doug Johnson-Greene</td>
<td>FL</td>
</tr>
<tr>
<td>Indiana University-Rehab Hospital of IN</td>
<td>Flora Hammond</td>
<td>IN</td>
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<tr>
<td>Spaulding Rehabilitation-Harvard</td>
<td>Joseph Giacino</td>
<td>MA</td>
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<tr>
<td>Mayo Clinic</td>
<td>Allen Brown</td>
<td>MN</td>
</tr>
<tr>
<td>Kessler Foundation Research Center</td>
<td>Nancy Chiaravalloti</td>
<td>NJ</td>
</tr>
<tr>
<td>Mount Sinai School of Medicine</td>
<td>Wayne Gordon</td>
<td>NY</td>
</tr>
<tr>
<td>NYU Medical Center-Rusk Institute</td>
<td>Tamara Bushnik</td>
<td>NY</td>
</tr>
<tr>
<td>Ohio State University</td>
<td>John Corrigan</td>
<td>OH</td>
</tr>
<tr>
<td>University of Pittsburgh</td>
<td>Amy Wagner</td>
<td>PA</td>
</tr>
<tr>
<td>Albert Einstein Healthcare-Moss Rehab</td>
<td>Tessa Hart</td>
<td>PA</td>
</tr>
<tr>
<td>Institute for Rehab and Research-Baylor</td>
<td>Mark Sherer</td>
<td>TX</td>
</tr>
<tr>
<td>Baylor Research Institute</td>
<td>Shahid Shafi/Kyle Womack</td>
<td>TX</td>
</tr>
<tr>
<td>Virginia Commonwealth University</td>
<td>Jeffrey Kreutzer</td>
<td>VA</td>
</tr>
<tr>
<td>University of Washington</td>
<td>Jeanne Hoffman</td>
<td>WA</td>
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TBIMS Follow-up Centers: 2012-17

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<thead>
<tr>
<th>TBIMS Center</th>
<th>Principal Investigator</th>
<th>State</th>
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</thead>
<tbody>
<tr>
<td>The Rehabilitation Research Center/Santa Clara Valley Health and Hospital Systems</td>
<td>Linda Isaac</td>
<td>CA</td>
</tr>
<tr>
<td>Rehabilitation Institute of Michigan</td>
<td>Robin Hanks</td>
<td>MI</td>
</tr>
<tr>
<td>Carolinas Rehabilitation/Carolinas HealthCare System</td>
<td>Tami Guerrier</td>
<td>NC</td>
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</tbody>
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TBIMS Center-Specific Studies 2012-17

<table>
<thead>
<tr>
<th>Study Type</th>
<th>n</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Intervention</td>
<td>2</td>
<td>▪ Sumatriptan for post-traumatic headache</td>
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<tr>
<td></td>
<td></td>
<td>▪ Buspirone for post-traumatic irritability/aggression</td>
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<tr>
<td>Other Intervention</td>
<td>12</td>
<td>▪ Brief intervention for substance misuse</td>
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<tr>
<td></td>
<td></td>
<td>▪ Acceptance &amp; Commitment Therapy to decrease distress and improve participation</td>
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<td></td>
<td></td>
<td>▪ Connecting patients, families, and providers to each other and to TBI resources (remotely)</td>
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<td>▪ Processing speed training to improve cognition</td>
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<td>▪ Promoting survivor resilience and adjustment</td>
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<td></td>
<td>▪ Couples skill-building, supportive &amp; ed. training</td>
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<td></td>
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<td>▪ Home-based virtual reality treatment for balance problems</td>
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<td>▪ Volunteer activity to improve psychological well being</td>
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<td>▪ Rewarding activity to promote emotional health</td>
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<td></td>
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<td>▪ Light therapy for post-TBI fatigue</td>
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<tr>
<td></td>
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<td>▪ Online emotional regulation group treatment</td>
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<td></td>
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<td>▪ Treatment of sleep disordered breathing</td>
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<td></td>
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<td>▪ Evaluation of a tele-health weight management treatment program</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Study Type</th>
<th>n</th>
<th>Topics</th>
</tr>
</thead>
</table>
| Instrument Development          | 4 | - Aggression and Irritability Impact Measure  
<pre><code>                              |    | - Observational pain scale                                                                 |
</code></pre>
<p>|                                 |   | - Assessing responsiveness &amp; sensitivity of TBI Quality of Life (TBI-QOL)                  |
|                                 |   | - Computerized adaptive testing                                                            |
|                                 |   | - Measuring self reported pain                                                             |
| Assessment and Prediction of Outcomes | 6 | - Neuroimaging to reduce diagnostic error &amp; facilitate communication in persons with DOC  |
|                                 |   | - Impact of co-morbidities on deterioration 5 years post TBI                               |
|                                 |   | - Dopamine dysfunction                                                                     |
|                                 |   | - Comparative effectiveness research in TBI rehab                                           |
|                                 |   | - Imaging dopamine function and impact on outcome                                          |
|                                 |   | - Cultural disparities in TBI rehab healthcare                                             |</p>
<table>
<thead>
<tr>
<th>Study Type</th>
<th>Study Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>▪ Effect of light exposure during acute rehabilitation on sleep after traumatic brain injury.</td>
</tr>
</tbody>
</table>
| Assessment and Prediction of Outcomes | ▪ Cognitive testing in the TBI Model Systems  
▪ Development of an extended measure of global function to support clinical trials originating in acute care  
▪ Internet use and online social participation among individuals with TBI  
▪ Long-term medical co-morbidities and functional decline following TBI  
▪ Evaluating the validity and responsiveness of the TBI-QOL Instrument  
▪ Resilience after TBI  
▪ Test-retest reliability of TBIMS Form II measures with persons with TBI  
▪ Statins and outcomes after TBI: an observational study  
▪ Weight and traumatic brain injury |

* Module Studies and Collaboratives
Grant
NIDILRR’s Portfolio of Grantees

• **Rehabilitation Research and Training Centers (24)**
  – E.g., RRTC on Interventions for Children and Youth with TBI (Cincinnati Children’s Hospital Medical Center)

• **Disability and Rehabilitation Research Projects**
  – E.g., Project CAREER: Development of an Interprofessional Demonstration to Support the Transition of Students with Traumatic Brain Injuries from Postsecondary Education to Employment (Kent State University)
NIDILRR’s Portfolio of Grantees

• Rehabilitation Engineering Research Centers (17)
  – Advancing Cognitive Technologies (University of Colorado at Denver)
  – LiveWell - The Information and Communication Technology Rehabilitation Engineering Research Center for Community Living, Health, and Function (Duke University)
NIDILRR’s Portfolio of Grantees

• Field Initiated Projects Program
  – SPAN-A Tool for Social Participation and Navigation (Cincinnati Children’s Hospital)
  
  – In the Classroom: Supporting Students with TBI (University of Oregon)
  
  – TBITutor: An Intelligent Tutoring System to Improve Educational Outcomes in Youth with TBI (University of Oregon)
  
  – Visual Gaze and Validity of Cognitive Evaluations (Wayne State University)
  
  – Examining Determinants of Negative Attribution Bias in People with Traumatic Brain Injury (Indiana University)
NIDILRR’s Portfolio of Grantees

• **Field Initiated Projects Program**
  - Translating Evidence About Traumatic Brain Injury to Practice Within Washington State Department of Corrections (U of Washington)
  - The Menopause Transition in Women with TBI (University of Michigan)
  - Prevention of Long-Term Consequences of Mild Traumatic Brain Injury (Wayne State University)
  - Safe @ Home A Self-Management Program for Individuals with Traumatic Brain Injury and Their Families (Shepherd Center)
  - The Development of a Virtual Reality Program to Improve Executive Functioning in Individuals with TBI (Kessler Foundation)
NIDILRR’s Portfolio of Grantees

• **Small Business Innovation Research (SBIR)** grants conduct research and development activities toward the creation and marketing of technologies and products to improve the lives of people with disabilities.

  – **Phase I**: 6-month effort to establish the feasibility and proof-of-concept for technology or product (10 awards per year).
    • E.g., Tailored Executive Support for Studying (Soar Technology, Inc.)

  – **Phase II**: 24-month effort to conduct research and develop the technology or product (4 awards per year).
NIDILRR’s Portfolio of Grantees

• Capacity Building
  – Advanced Rehabilitation Research Training (ARRT) grantees (18) provide postdoctoral training to future disability and rehabilitation researchers.
  – Switzer Research Fellowships are awarded to qualified individual researchers to conduct a 1-year independent research project on a topic related to NIDILRR’s mission. E.g.:
    • Workplace Communication Training Program for Persons with Traumatic Brain Injury (Peter Muelenbroek)
    • Motivational Influences on Cognitive Fatigue in Individuals with Traumatic Brain Injury (Ekaterina Dobryakova)
NIDILRR’s Portfolio of Grantees

- Knowledge Translation (KT)
  - What is KT?
    - Process to ensure that new knowledge and products gained through research and development will ultimately be used to improve the lives of individuals with disabilities and further their participation in society.
NIDILRR’s Portfolio of Grantees

• What makes for effective KT?
  – The knowledge/products are of high quality and relevant to the needs of stakeholders.
  – The knowledge/products are distributed to the right people at the right time in the right form.
  – The knowledge/products are used effectively to inform decision making and change how we do things in personal life, clinical practice, service delivery, policymaking, and other activities of importance to people with disabilities.
  – There is a better outcome for people with disabilities.
NIDILRR’s Portfolio of Grantees

• Model Systems Knowledge Translation Center (MSKTC.org)
  • TBI Factsheets
    • Understanding TBI (4 Part Series)
    • Fatigue
    • Balance Problems
    • Cognitive Problems
    • Depression
    • Driving
    • Emotional Problems
  • TBI Slideshows
  • TBI Hot Topic Module
  • TBI Quick Turnaround Reviews
  • TBI Systematic Reviews
  • TBI Infocomics
  • TBI Database

• Headaches
• Returning to School
• Seizures
• Alcohol Use
• Sexuality
• Sleep
• Vision Problems
NIDILRR-Funded TBI Research: Making a Difference

• Advances in Research Resources/Tools:
  
  – Expansion of large longitudinal outcome studies

  • TBIMS National Database: Enrolled 15,000th participant in July, 2016
  • Collaboration with VA Polytrauma Rehabilitation Centers (PRC) Database: Expanded enrollment (n=854) and 9 publications
TBI Model System Centers
National Database

Principal Investigator: C. Harrison-Felix, PhD, TBIMS NDSC, Craig Hospital + 20 TBIMS Centers
Period of Performance: Ongoing 1987 forward

Gap: Prospective, longitudinal, lifetime study of outcomes following moderate/severe TBI.

Goal: Evaluate the short- and long-term clinical course and trajectory of outcomes after TBI. Repeated surveys at regular intervals:

- T1: Inpatient rehabilitation discharge: 14,633 (as of 3/31/2016)
- T2: 1 year post injury: 13,988 (86% retention rate)
- T3: 2 years post injury: 12,464 (85%)
- T4: 5 years post injury: 9,642 (83%)
- T5: 10 years post injury: 5,371 (81%)
- T6: 15 years post injury: 2,043 (85%)
- T7: 20 years post injury: 551 (86%)
- T8: 25 years post injury: 127 (91%)
- T9, etc.: Every 5 years until death

Impact: 167 publications to date are based on data from the TBI Model Systems National Database. These studies are contributing to the growing evidence base for the long-term impacts of moderate/severe TBI on health, function, and community living and participation.
VA TBI (PRC) Model Systems Database

Principal Investigator:  C. Harrison-Felix, PhD, TBIMS NDSC, Craig Hospital + 5 VA PRCs
Period of Performance:  10/1/2008 – 9/30/2015 (additional years expected pending funding)

Gap: Prospective, longitudinal, lifetime study of outcomes in Veterans & Active Duty Service Members with TBI.

Goal: Evaluate the short- and long-term clinical course and outcomes of Service Members & Veterans with TBI (including mTBI) and establish a basis for comparison with the TBIMS NDB. Repeated surveys at regular intervals:

- T1: Inpatient rehabilitation discharge: 640* (as of 3/31/2015)**
- T2: 1 year post injury: 588 (86% retention rate)
- T3: 2 years post injury: 468 (84%)
- T4: 5 years post injury: 114 (93%)
- T5, etc.: Every 5 years until death

* PRC allows for enrollment years after the index injury.
** While data collection has continued and is current (n=854 to date), the entry of data into the database has halted pending resolution of funding mechanism issues.

Impact: 10 publications to date (an additional 12 in preparation) are based on data from the TBI Model Systems National Database. These studies are contributing to the growing evidence base for the long-term impacts of moderate/severe TBI on health, function, and community living and participation.
NIDILRR-Funded TBI Research: Making a Difference

• **Advances in Research Resources/Tools**

  – Novel application of weighting and probabilistic matching methodologies to compare and combine data from large TBI datasets

    • TBIMS National Database and Uniform Data System for Medical Rehabilitation and American Medical Rehabilitation Providers Association Database (eRehabData)
    • TBIMS National Database and National Trauma Data Bank
Creation of a TBI-Trauma Merged Dataset

**Principal Investigator:** Amy K. Wagner, University of Pittsburgh

**Period of Performance:** 10/1/2012-9/30/2017

**Gap:** TBI Model Systems Database follows persons with TBI from acute rehabilitation through long-term follow-up, but includes only limited information re: acute trauma care.

**Goal:** Create a trauma to long-term outcome dataset for TBI.

1. Developed a probabilistic matching algorithm for merging 2 de-identified datasets (Positive Predictive Value=99%).
3. Next Steps: Validate the matching algorithm: Partnering with another Model System Center to validate algorithm; and Develop a Protocol Manual for continuing expansion and application of algorithm to other NIDILRR-funded Model Systems (e.g., SCI, Burn) (2016-2018)

**Impact:** There are a multitude of research questions that could be answered using this dataset, e.g.:

- Comparative effectiveness studies of procedures (using procedure codes from the NTDB) or clinical care across trauma populations (comparing TBI to Spinal Cord Injury to Burn);
- Examination of how acute care influences long-term outcomes in TBI survivors, and how concurrent conditions at time of injury (e.g. drug/alcohol use) complicate acute and long-term outcomes.
Global outcome trajectories after TBI among survivors & non-survivors

**Principal Investigator:** Kristen Dams-O’Connor, PhD, Mount Sinai
**Period of Performance:** March 2013-July 2014

**Gap:** Incomplete understanding of the relationship between individual-level trajectories of functioning and mortality after moderate-severe TBI.

**Goal:** To evaluate whether trajectories of functional ability as measured by two of the most commonly used TBI outcome measures [the Glasgow Outcome Scale – Extended (GOS-E) and the Disability Rating Scale (DRS)] differ among individuals with TBI who die more than 5 years after TBI and those who survive.

**Impact:**
- This project used a novel approach to explore the relationship between mortality and individual trajectories of overall functioning: survival status was incorporated as a covariate in individual growth curve (IGC) models.
- Results: Individuals in the TBI Model Systems who expire several years after injury demonstrate worse functional status at baseline and a steeper rate of decline over time as measured by both the GOS-E and the DRS. In other words, individuals who die several years after injury are already readily distinguishable from their surviving counterparts during the acute stages of recovery after injury.
- These results suggest that functional trajectories may be useful for risk stratification to identify individuals who require more vigilant health management or disease prevention efforts.
NIDILRR-Funded TBI Research: Making a Difference

• **Advances in Knowledge**
  – **Long-term Outcomes**: 167 peer reviewed publications were based on data obtained from the TBIMS NDB in the areas of:
    • Epidemiology of moderate to severe TBI
    • Natural history of TBI outcomes and comorbidities
    • Predictors of TBI outcomes and comorbidities
    • Validation of severity and outcome measurement
    • Longitudinal change over time
NIDILRR-Funded TBI Research: Making a Difference

• Advances in Knowledge (cont.)

  – **Long-term Outcomes:** Growing body of evidence that, for persons with moderate/severe, TBI can be a chronic health condition.
    • Life Expectancy after Inpatient Rehabilitation for Traumatic Brain Injury in the US (Cynthia Harrison-Felix et al., 2015). **Conclusion:** Individuals with TBI in the US who require acute inpatient rehabilitation, taken as a whole, have shortened life expectancy, with consistently identified risk factors and uniquely common causes of death.

  • Global Outcome Trajectories After TBI Among Survivors and Nonsurvivors: A NIDRR TBIMS Study (Dams O’Connor, 2015). **Conclusion:** Individuals with TBI who die several years after injury demonstrate functional trajectories that differ markedly from those of survivors. Opportunities should be sought for health management interventions to improve health and longevity.
NIDILRR-Funded TBI Research: Making a Difference

• **Advances in Knowledge (cont.)**
  – An additional 400 peer reviewed publications from TBIMS research include a wide range of topics
    • Patient and injury characteristics
    • Prognostic factors
    • Comorbidities
    • Outcomes research
    • Treatment effectiveness
    • Health service research
Advances in Practice
  - Treatment for Learning Impairment from moderate/severe TBI
    - Class I evidence for the modified Story Memory Technique
    - Outcome measures: Objective tests of new learning and memory; reports of everyday memory; and changes in cerebral activation on fMRI
    - Publications: Chiaravalloti et al. (2016); Chiou et al. (2015); Chiaravalloti et al. (2015); Sandry et al. (2016)
Treating Memory Impairment in TBI

Principal Investigator: Nancy D. Chiaravalloti, PhD; Kessler Foundation/TBIMS Center

Gap: Class I evidence re: the effectiveness of the modified Story Memory Technique (mSMT) behavioral intervention for improving memory in persons with TBI.

Goal: Utilizing a randomized, controlled treatment trial (n=69):
1. Evaluated the effectiveness of a memory retraining protocol (mSMT) to improve performance on objective tests of new learning and memory in individuals with moderate to severe TBI.
2. Increased the generalizability of the study’s findings by including both objective and subjective outcome measures of everyday functioning.
3. Evaluated the long-term efficacy by including a 6-month follow-up assessment.

Impact:
• Results demonstrated that mSMT results in improved performance on objective tests of new learning and memory abilities, as well as measures of everyday memory in a person’s daily life.
• Treatment effect was maintained over a 6-month period.
• The treatment protocol is now available to clinicians at a low cost and is currently being utilized by 15 centers in- and outside of the U.S.
Improving New Learning and Memory in TBI: Applying fMRI to Measure Outcome

Principal Investigator: Nancy D. Chiaravalloti, PhD; Kessler Foundation/TBIMS

Period of Performance: 10/2009 - 9/2012

Gap: Class I evidence re: the effectiveness of the modified Story Memory Technique (mSMT) behavioral intervention for improving memory in persons with TBI.

Goal: Through an expansion of a NIDILRR-funded randomized controlled trial (previous slide), this study examined the changes in cerebral activation on functional magnetic resonance imaging following a modified Story Memory Technique (mSMT) treatment in persons with TBI (n=18).

Impact:
1. mSMT results in significant changes in two neurofunctional networks underlying intact cognitive functioning (Executive Control Network and the Default Mode Network).
2. Neural changes correlated with changes in behavioral performance and were maintained over a 6-month period.
3. Activation differences between the groups likely reflect increased use of strategies taught during treatment. Findings are consistent with previous work in multiple sclerosis. Behavioral interventions can show significant changes in the brain, validating clinical utility.
**NIDILRR-Funded TBI Research: Making a Difference**

**Advances in Practice (cont.)**

- **TBI Classification System for Predicting Participation Outcomes**
  - **Method:** TIRR/Memorial Hermann: n=504; x=6.3 years post injury from 3 centers; prospective, observational study; administered a comprehensive battery of measures
  - **Findings:** 12 dimension scores with strong predictive power were identified: cognitive function; neurobehavioral complaints; personal strengths; physical symptoms and function; environmental supports and performance validity
  - **Findings:** Cluster analysis identified 5 groups of persons with TBI who differed in clinically meaningful way on the 12 dimension scores
  - **Clinical utility:** Assist clinicians in case conceptualization and treatment planning
  - **Publications:** “Key dimension of impairment, self-report and environmental supports in persons with TBI” (Scherer et al., 2015a) and “Groupings of persons with TBI: A new approach to classifying TBI in the post-acute period” (Scherer et al., 2015b)
Moving Ahead: Optimizing Research Opportunities

- Federal Interagency Collaboration
  - Continue to move away from the “siloh” approach to strategic planning and funding across federal agencies and across the continuum of care.
  - Leverage funds and existing research infrastructure of federal partners through collaborative research initiatives (e.g., CDC/NIDILRR interagency agreement; VA and NIDILRR’s TBI Model Systems Programs)
National Research Action Plan for PTSD, TBI and Suicide Prevention:

A White House mandated collaboration between DoD, VA, HHS and ED
Moving Ahead: Optimizing Research Opportunities

- Pursue opportunities to partner or liaison with state-level TBI initiatives, including long-term services and supports.

  - Review of measures used to determine eligibility for Home and Community Based Services
  - Knowledge Translation initiatives between TBIMS and ACL’s State TBI Grant Program
Moving Ahead: Optimizing Research Opportunities

• Pursue opportunities to partner or liaison with privately funded TBI research initiatives (as allowed)
  
  • BIAA-funded grant to Mt. Sinai, “Guidelines for the Rehabilitation and Chronic Disease Management of Adults with TBI”
    • Identify and describe the continuum of care available following TBI, including U.S., international, and military model descriptions and analyses.
    • Develop evidence-based guidelines re: the diagnostic, treatment, preventative, and other services to be provided to adults with moderate to severe TBI, in what setting(s), and/or phases after injury onset.
Moving Ahead: Optimizing Research Opportunities

- Build on the success of recent interagency collaborations to address understudied areas

E.g., CDC/NIDILRR TBIMS Policy Factsheet re: Moderate and Severe TBI as a Chronic health condition
For further information:

• NIDILRR’s Program Directory: www.naric.com

• NIDILRR’s website: http://www.acl.gov/programs/NIDILRR/

• Visit us in the 2500 wing of the Switzer Building!

• Email at cate.miller@acl.hhs.gov