

# **Department of Veterans Affairs**

## **Traumatic Brain Injury (TBI) Registry Enhancements**

### **Requirements Specification Document**




**December 2014**

**Version 2.2**

## Revision History

Note: The revision history cycle begins once changes or enhancements are requested after the Requirements Specification Document has been baselined.

Date	Version	Description	Author
11/24/2014	2.2	Updated for TBI Enhancements Base Period. Section 2, added new business rules to section 2.2, updated section 2.3 with the correct development tools, and updated section 2.6 with the new requirements.	
6/24/2014	2.1	Updated for Milestone 1, Increment 1	
05/14/2014	2.0	Updated for Increment 2	
12/03/2013	1.5	Removed Patch 5 content	
11/19/2013	1.4	First draft of version 4.3	
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3/7/2013	1.2	Final edit	
3/1/2013	1.1	Added Appendix A	
1/10/2013	1.0	Incorporate VA Stakeholder review comments	
1/7/2013	0.2	Incorporate Peer Review comments	
1/5/2013	0.1	Draft	

## Artifact Rationale

The Requirements Specification Document (RSD) records the results of the specification gathering processes carried out during the Requirements phase. The RSD is generally written by the functional analyst(s) and should provide the bulk of the information used to create the test plan and test scripts. It should be updated for each increment.

The level of detail contained in this RSD should be consistent with the size and scope of the project. It is not necessary to fill out any sections of this document that do not apply to the project. The resources necessary to create and maintain this document during the life cycle of a large project should be acknowledged and clearly reflected in project schedules. Do not duplicate data that is already defined in another document or a section in this document; note in the section where the information can be found.

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# 1. Introduction

## History:

On March 20, 2007, Barbara Sigford, M.D., National Program Director, Physical Medicine and Rehabilitation, submitted a request to create a Traumatic Brain Injury (TBI) national registry ( [REDACTED] ). On April 19, 2007, the Returning Global War on Terror (GWOT) Heroes Task Force Report was published and recommended screening of all GWOT veterans seen in VA health care facilities for mild to moderate TBI and creation of a TBI database to track patients who have experienced TBI ( [REDACTED] ).

In 1992, the VA in collaboration with the Defense and Veterans Brain Injury Center (DVBIC) established four comprehensive TBI centers to provide care for these veterans. In March and April 2003, the VA began to receive increasing numbers of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) TBI injured service members. As the number of OIF/OEF TBI patients has grown, so has the need to track and monitor care to meet the lifelong needs of these veterans. In March 2007, a Computerized Patient Record System (CPRS) OIF/OEF TBI Screening Clinical Reminder was released. This is a first-line screening tool to identify potential TBI patients. Additional information about veterans who have been identified as possible TBI patients by the initial Screening Reminder needs to be collected through a follow-up evaluation. Aggregate data about the number of veterans that have been screened will be sent to a national database at the Austin Information Technology Center (AITC), but the Clinical Reminder results of individual veterans are not directly accessible from AITC. Individual patient results from initial screening and follow-up evaluations are needed in the TBI Registry in order to provide relevant responses to key stakeholders, such as members of Congress, to monitor the quality of care and to implement system improvements.

Thus, the TBI Registry enhances the tracking of patients who may have experienced a traumatic brain injury. Review of the information collected also allows the VA to monitor quality of care and implement any identified improvements to the system of care. It would improve the VA's ability to analyze trends in health care needs and facilitate planning to meet TBI patient needs.

## Background:

TBI is a common form of injury found in service men and women serving in OEF and OIF. Details on the screening and management of TBI may be found in the Employee Education System Veterans Health Initiative (VHI) module (see par. 5). As experience with this condition in OEF and OIF veterans increased, it became clear that screening for possible TBI in OEF and OIF veterans could contribute to ensuring that cases are identified and treatment implemented.

In response to this need, the VHA established a task force including members with expertise in Physical Medicine and Rehabilitation, Neurology, Psychiatry, Psychology, Primary Care, Prevention, and Medical Informatics to develop a screening tool and evaluation protocol. Although TBI is a significant public health problem, there had been no validated screening instruments accepted for use in clinical practice. Therefore, the task force reviewed existing literature on screening for TBI, examined the efforts of individual military medical treatment facilities (MMTF) and Department of Veterans Affairs (VA) Medical Centers that had implemented TBI screening locally, consulted with the Defense and Veterans Brain Injury Center (DVBIC), and considered data on the natural history of TBI. Based on these efforts, the task force developed a screening instrument to assist in identifying OEF and OIF veterans who may

be suffering from TBI, and a protocol for further evaluation and treatment of those whose screening tests are positive.

A national clinical reminder, VA-TBI Screening, was built and incorporated this screening instrument. The reminder has several functions, as follows:

1) The first step of the reminder is to identify possible OEF and OIF participants based on whether date of separation from military duty or Active Duty status occurred after September 11, 2001.

(a) Similar to the "OEF/OIF Post-Deployment Screening Reminder," the initial questions address location of deployment.

(b) The definition of OEF/OIF participant is the same as used for the "OEF/OIF Post-Deployment Screen," which includes service in: Afghanistan, Georgia, Kyrgyzstan, Pakistan, Tajikistan, Uzbekistan, or the Philippines, and includes an "other" category. OIF, includes service in Iraq, Kuwait, Saudi Arabia, Turkey, and an "other" category.

(c) The screening is done once, for all individuals who report deployment to OEF and OIF Theaters, and is to be repeated if the date of separation has changed due to repeat deployment. The reminder recognizes if screening was completed prior to the most recent date of separation.

(2) The reminder then asks whether the patient has already been diagnosed as having TBI during OEF or OIF deployment. Positive answers can be based on patient or caregiver self-report or health records from VA or non-VA sources. Positive answers lead to an option to order a referral for follow-up if the patient does not have current follow-up and wants assistance.

(3) For those who confirm OEF or OIF deployment and do not have a prior diagnosis of TBI, the instrument precedes using four sequential sets of questions.

(a) The four sections are:

1. Events that may increase the risk of TBI.
2. Immediate symptoms following the event.
3. New or worsening symptoms following the event.
4. Current symptoms.

(b) If a person responds negatively to any of the sets of questions, the screen is negative and the reminder is completed. If the patient responds positively to one or more possible answers in a section the next section opens in the reminder to continue the screening process.

(4) If a person responds positively to one or more questions in each of the four sections, the screen is positive, the clinician discusses the results of the screen with the patient, and arrangements for further evaluation are offered. The reminder prompts the user to place a consult for further evaluation, or documents refusal.

Not all patients who screen positive have TBI. It is possible to respond positively to all four sections due to the presence of other conditions, such as Post-traumatic Stress Disorder (PTSD), cervico-cranial injury with headaches, or inner ear injury. Therefore, it is critical that patients not be labeled with the diagnosis of TBI on the basis of a positive screening test. Patients need to be referred for a comprehensive evaluation to substantiate the diagnosis.

The VHA task force also developed a defined protocol for completing the additional evaluation by a specialized team. The Comprehensive TBI Evaluation (CTBIE) is a comprehensive evaluation which includes the origin or etiology of the patient's injury, assessment for neurobehavioral symptoms (using the twenty-two question Neurobehavioral Symptom Inventory), a targeted physical examination, and a follow up treatment plan. A template for documentation of this evaluation has been developed and deployed. The diagnostic conclusion regarding the occurrence of a TBI must be documented using this template. All TBI evaluations must be completed using the Comprehensive TBI Evaluation template. This application is currently hosted and supported by the VHA Support Service Center (VSSC) and is accessible using the Computerized Patient Record System (CPRS) Tools menu. This application was well received and functional in the field for over 18 months.

The TBI Registry has been incorporated into a common database back-end structure and seamless front-end application structure within the Converged Registries Solution (CRS) framework, as part of the Registries program. CRS is hosted on infrastructure residing within AITC and patient data is stored in the Corporate Data Warehouse (CDW).

## 1.1. Purpose

The purpose of this Requirements Specification Document (RSD) is to present decomposed requirements from the Traumatic Brain Injury (TBI) Registry Business Requirements Document (BRD) and requirements gathering sessions for TBI Registry Enhancements development. The decomposed requirements consist of the functional, non-functional, and technical specifications described in Section 2 Overall Discription.

This RSD enlists all necessary requirements that are required for registry development of TBI Enhanced Registry. To derive the requirements, we need to have a clear and thorough understanding of the products to be developed, which is determined after detailed communications with the primary stakeholder.

This document is directed at a broad audience of stakeholders, external and internal to the project team. These stakeholders include, but are not limited to, the Traumatic Brain Injury (TBI) Registry Primary Stakeholder, Business Owners, Project Managers, and the Project Team (see Table 1 below).

**Table 1. Internal and External Stakeholders for TBI Registry Enhancements**

Stakeholder	Purpose
Rehabilitation Planning Specialist – Data Management (Primary Stakeholder and Subject Matter Expert)	Key stakeholder who provides guidance relative to the development of the TBI Registry Enhancements.
Business Owners	Provide oversight for and business knowledge to the project team.
Project Managers	Oversee the management and direction of the TBI Registry Enhancements quality, schedule, and cost.
Project Team	Provide analysis, design, development, testing, configuration management, system integration, and deployment of the registry enhancements.

## 1.2. Scope

The Traumatic Brain Injury (TBI) Registry is required by the Presidential Task Force on Returning Global War on Terror Heroes, as stated in the Global War on Terror report (recommendation P-3) as well as Public Law 110-181 National Defense Authorization Act 2008 TBI Section 1704. The registry promotes the delivery of quality care by ensuring Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans are screened for TBI; receive timely follow up evaluations and ongoing treatment. The registry provides screening of TBIs in OEF, OIF and Operation New Dawn (OND) Veterans, providing comprehensive follow up evaluations to positive screens, tracking care of TBI Veterans, and includes TBI assessment tools, instruments and tracking modules. Currently there are 615,000 Veterans in the TBI Registry.

## 1.3. References

- 1.3.1. Task Order No. TAC-13-09129, *Multiple Sclerosis Surveillance Registry and Registries Enhancements Performance Work Statement (PWS)*, August 28, 2013, Contract No. VA118-11-D-1003, Order No. VA118-1003-0052, which may be found in its entirety at: [REDACTED]
- 1.3.2. VA Directive 6500, *Information Security Program*, located at: [REDACTED]
- 1.3.3. VA Handbook 6500.3, *Certification and Accreditation of VA Information Systems*, located at: [REDACTED]
- 1.3.4. VA Handbook 6500.6, *VA Information And Information System Security/Privacy Language*, Appendix C, March 12, 2010, Attachment 002, which can be found in its entirety at: [REDACTED]
- 1.3.5. *Section 508 of the Rehabilitation Act of 1973*, as amended (29 U.S.C. 794d). Section 508 Compliance requirements are listed on the VA Section 508 Office website at [REDACTED]
- 1.3.6. Office of Management and Budget (OMB) Circular A-130, *Appendix III, Security of Federal Automated Information Resources*, located at: [REDACTED]

## 2. Overall Description

The TBI Registry Enhancements base period includes the following enhancement activities:

- Eliminate the need for manual merging / aggregation of data tables prior to analysis.
- Provide the ability to identify all TBI patients should new health risks be identified which require new treatment interventions.
- Provide reporting mechanisms to monitor utilization and outcomes.

### 2.1. Accessibility Specifications

The TBI Registry Enhancements shall be developed in compliance with the VA requirements for Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d). Section 508 requirements are listed on the VA Section 508 Office website at [REDACTED]

## **2.2. Business Rules Specification**

The following are new Business Rules identified for this RSD:

- Date filters will provide data from the completed date of the Instrument/Test.
- Age filters will provide data of the patient's age at the completed date of the Instrument/Test.
- Report data is considered static 14 days after the end of the period. A period is defined as a "Month" or "Fiscal Quarter" or "Fiscal Year".
- If report data changes 14 days after the end of a period, Business Sponsor, Doug Bidelspach should be notified of the exception.

## **2.3. Design Constraints Specification**

The design constraints for this development effort are as follows:

- Enterprise IT architecture, infrastructure, and resources
- 508 compliance restrictions
- SQL Server 2012 for back end development
- Visual Studio 2008 for RTC compatibility and 2010 for code development
- .Net programming language v.3.5 and framework for front end development
- Any other design constraints directly or indirectly imposed by the following:
  - Existing or enhanced Converged Registries Solution (CRS) architectural framework
  - Future bug fixes or defects resolved by the Registries Support team
  - Austin Information Technology Center (AITC), due to capacity or access limitations
- VistA Integration Adapter (VIA) will be used as the Software Interface to VistA

## **2.4. Disaster Recovery Specification**

The TBI Registry Enhancements shall follow the disaster recovery specifications, as defined in the Converged Registries Solution (CRS) architectural framework.

## **2.5. Documentation Specifications**

Per the VA PMAS/ProPath methodology, the documentation specifications for the TBI Registry Enhancements Base Period include, but are not limited to, the following::

- Requirements Specification Document
- User Manual
- Technical Manual



- Installation Guide
- Release Notes

## 2.6. Functional Specifications

To expand the current TBI registry capability, the functional specifications for the TBI Registry Enhancements in the Base Period are as follows:

- 2.6.1. Provide the ability to view summaries of recent patient clinical activity upon confirmation of Patient, Instrument, Note Title and Clinic Appointment in the TBI Instruments Package.
  - 2.6.1.1. Provide the ability to automatically present a view of summary information from the last three activities.
  - 2.6.1.2. Provide the ability to view Date, Location, Instrument and Summary Score on each summary line.
  - 2.6.1.3. Provide the ability to view the full activity (Instrument) associated to a summary line by selecting that instrument
  - 2.6.1.4. Provide the ability to view a complete summary list of all prior activity.
  - 2.6.1.5. Provide the ability to view the full activity (Instrument) associated to a summary line on the complete listing, by selecting that instrument.

**Note:** The following figure is an overall depiction of the reporting drill down summaries requested in sections 2.6.1.1 through 2.6.1.5.

<b>Mayo Portland Participation Index - M2PI</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type
	<u>Count with t score above 60 by note type</u>
<b>Mayo Portland Adaptability Inventory - MPAl-4</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type
	<u>Count with t score above 60 by section</u>
<b>Rehab and Reintegration Plan</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type
<b>L-Test</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type
<b>LCI-5</b>	

	Date
	Location (National/VISN/Facility)
	Count Completed by note type
<u>Average score by note type for Basic Score, Advanced Score, and Total Score</u>	
<b>2 Minute Walk Test</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type
<b>PGIC</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type
<u>Average score by note type (1-7 scale)</u>	
<b>Neurobehavioral Symptom Inventory (NSI)</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type
<u>Grouped scoring by note type - groupings below</u>	
	<u>Vestibular - Questions 1 - 3</u>
	<u>Somatic/Sensory - Questions 4-7 and 9-11</u>
	<u>Cognitive - Questions 13 -16</u>
	<u>Emotional - Questions 17-22</u>
<b>Disability Rating Scale</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type
<b>QUEST</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type
<b>Satisfaction with Life Scale</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type
<b>Functional Mobility Assessment</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type
<u>Average score</u>	
<b>Berg Balance Scale</b>	
	Date
	Location (National/VISN/Facility)
	Count Completed by note type

**VA Low Vision Visual Functioning Survey**

Date  
Location (National/VISN/Facility)  
Count Completed by note type

**PART**

Date  
Location (National/VISN/Facility)  
Count Completed by note type

**GAD-7**

Date  
Location (National/VISN/Facility)  
Count Completed by note type

**Insomnia Severity Index**

Date  
Location (National/VISN/Facility)  
Count Completed by note type

**Coma Recovery Scale**

Date  
Location (National/VISN/Facility)  
Count Completed by note type

**Oswestry**

Date  
Location (National/VISN/Facility)  
Count Completed by note type

**Pain Outcomes Questionnaire**

Date  
Location (National/VISN/Facility)  
Count Completed by note type

**PHQ-9**

Date  
Location (National/VISN/Facility)  
Count Completed by note type

**PCL-C**

Date  
Location (National/VISN/Facility)  
Count Completed by note type

**Supervision Rating Scale**

Date  
Location (National/VISN/Facility)  
Count Completed by note type

**Timed Up and Go**

Date  
Location (National/VISN/Facility)

Figure 1 – TBI Report Summaries depictions

- 2.6.1.6. Provide the ability to view a Plot Line of the Summary Scores.
  - 2.6.1.6.1. All Plot Lines shall be in SSRS Line Chart format.
  - 2.6.1.6.2. Provide the ability to view a Plot Line only if there is a minimum of 2 or more summary scores.
- 2.6.2. Provide a consolidated, consistent source of TBI Instrument information that can be viewed for all reporting activities
  - 2.6.2.1. Provide the ability to view consolidated TBI Instrument information without manually merging tables.
- 2.6.3. The Reporting Cube functionality will provide the ability to view summary data elements and outcomes, for all standardized forms in the TBI Instruments package.
  - 2.6.3.1. Provide the ability to view facility level summary data based on user's preference for keyed variables. (I.E. date, location, gender, age etc.).
    - 2.6.3.1.1. Allow users to save reports as a template for reuse.
  - 2.6.3.2. Provide the ability to view each question within each instrument as a value for reporting.
  - 2.6.3.3. Provide the ability to view information consolidated from multiple instruments into a single report.
    - 2.6.3.3.1. Allow the selection of multiple instruments to report into a single report.
  - 2.6.3.4. Provide the ability as new instrument packages are developed, to view their information as part of the Reporting Cube functionality.
  - 2.6.3.5. Provide the ability as new instrument packages are developed, to view their information as part of the consolidated source of Instrument information.

## 2.7. Graphical User Interface (GUI) Specifications

The TBI Registry Enhancements shall adhere to any and all applicable graphical user interface (GUI) specifications as defined by the Converged Registries Solutions (CRS) architectural framework.

## 2.8. Multi-divisional Specifications

The multi-divisional specifications for the TBI Registry Enhancements in the Base Period shall comply with the Converged Registries Solution (CRS) Requirements Specification Document (RSD).

## **2.9. Performance Specifications**

The TBI Registry Enhancements does not include specific performance specifications, outside of those specified in the Converged Registries Solution (CRS) Requirements Specification Document (RSD).

## **2.10. Quality Attributes Specification**

The quality attributes for the TBI Registry Enhancements in the Base Period shall comply with the TBI Master Test Plan (MTP).

## **2.11. Reliability Specifications**

The reliability specifications for the TBI Registry Enhancements in the Base Period shall comply with the Registries Enhancements Performance Work Statement (PWS).

## **2.12. Scope Integration**

The scope integration for the TBI Registry Enhancements in the Base Period shall comply with the TBI Software Design Document (SDD).

## **2.13. Security Specifications**

The TBI Registry Enhancements shall conform to applicable Enterprise Security requirements and Certification and Accreditation (C&A) requirements, including but not limited to, user authentication through MS Active Directory services, Health Insurance Portability Accountability Act (HIPAA), Privacy Act of 1974, VA Information Security standards, and Protected Health Information (PHI). In conformance with the Converged Registries Solution (CRS) framework, the security specifications for the TBI Registry Enhancements in the Base Period shall provide three layers of access as follows:

- **Enterprise Access:** To be granted to users requiring reports and information on an enterprise level. Enterprise access will also include access to VISN level and Local level functionalities.
- **VISN Access:** To be granted to users requiring reports and information on a VISN specific level. The access will be restricted to reports and information from that user's assigned VISN. VISN level access will also include Local level functionality for sites within the VISN.
- **Local Level:** To be granted to users requiring reports and information on a Local level. Users with Local Access will be restricted to reports and information for their assigned location. Local users will not have access to VISN or Enterprise reports or information. Local level will be the most restrictive level of access.

## **2.14. System Features**

The system features for the TBI Registry Enhancements in the Base Period shall include the new features as specified in section 2.6 Functional Specifications.

## **2.15. Usability Specifications**

The TBI Registry Enhancements does not include specific usability specifications, outside of those specified in the Converged Registries Solution (CRS) Requirements Specification Document (RSD).

## **3. Applicable Standards**

The applicable standards for the TBI Registry Enhancements in the Base Period are as follows:

- Task Order No. TAC-13-09129, *Multiple Sclerosis Surveillance Registry and Registries Enhancements Performance Work Statement (PWS)*, August 28, 2013, Contract No. VA118-11-D-1003, Order No. VA118-1003-0052, which may be found in its entirety at: [REDACTED]
- VA Directive 6500, *Information Security Program*, located at: [REDACTED]
- VA Handbook 6500.3, *Certification and Accreditation of VA Information Systems*, located at: [REDACTED]
- VA Handbook 6500.6, *VA Information And Information System Security/Privacy Language*, Appendix C, March 12, 2010, Attachment 002, which can be found in its entirety at: [REDACTED]
- *Section 508 of the Rehabilitation Act of 1973*, as amended (29 U.S.C. 794d). Section 508 Compliance requirements are listed on the VA Section 508 Office website at [REDACTED]
- Office of Management and Budget (OMB) Circular A-130, *Appendix III, Security of Federal Automated Information Resources*, located at: [REDACTED]

## **4. Interfaces**

### **4.1. Communications Interfaces**

The TBI Registry Enhancements has no communications interfaces identified for this RSD.

### **4.2. Hardware Interfaces**

The TBI Registry Enhancements has no hardware interfaces identified for this RSD.

### **4.3. Software Interfaces**

**Note:** Currently the TBI Registries is transitioning the VistA Software Interface from Medical Domain Web services (MDWS) to VistA Integration Adapter (VIA). Development efforts shall allow for functionality across both software interfaces.

The software interfaces for the TBI Registry Enhancements in the Base Period shall include the following:

- Interface with relevant existing VHA clinical & administrative databases, for clinical and demographic information.
- **Converged Registries Solution (CRS):** provides a common registries platform/architecture and back end relational database framework, along with common tools for retrieving, analyzing, and reporting registry data.
- **CPRS/VistA:** identification of patient with MS diagnosis from the CPRS Problem List, VistA (such as Patient Treatment File –PTF and Patient Care Encounter File – PCE).
- **Medical Domain Web Services (MDWS):** writes “notes” to VistA
- **VistA Integration Adapter (VIA):** Will be used as the VistA middleware interface.

## 4.4. User Interfaces

The user interfaces for the TBI Registry Enhancements in the Base Period shall consist of the remaining and new TBI instruments and new standard, ad hoc, and dynamic data cube reporting functionalities (including custom save reporting) for all the new TBI Instruments.

## 5. Legal, Copyright, and Other Notices

The legal, copyright, and other notices for the TBI Registry Enhancements in the Base Period shall comply with the Registries Enhancements Performance Work Statement (PWS).

## 6. Purchased Components

The TBI Registry Enhancements in the Base Period requires no purchased components.

### 6.1. Defect Source (TOP 5)

The defect source (top 5) for the TBI Registry Enhancements in the Base Period shall be described in the TBI Registry Enhancements Defect/Fix Status Report.

## 7. User Class Characteristics

The intended users of the TBI Registry Enhancements in the Base Period are described in Table 2 below.

**Table 2. Intended User General Characteristics**

Intended User	System Proficiency	Background / Experience	Technical Support / Maint Expertise	Access Privileges
Rehabilitation Planning Specialist –	High	High	Low	Full

<b>Intended User</b>	<b>System Proficiency</b>	<b>Background / Experience</b>	<b>Technical Support / Maint Expertise</b>	<b>Access Privileges</b>
Data Management (Primary Stakeholder and Subject Matter Expert)				
Clinicians from the following program areas: 1. Amputation System of Care (AMP) 2. Assistive Technology Labs (AT) 3. Blind Rehabilitation Services (BRS) 4. Emerging Consciousness (EC) 5. PAIN 6. Polytrauma Rehabilitation Center (PRC) 7. Polytrauma System of Care (PSC) 8. Polytrauma Transitional Rehabilitation Program (PTRP) 9. Therapies (Physical Therapy PT, Operational Therapy OT, Kinesiotherapy KT)	Varies	Varies	Low	Varies
TBI Registry Administrators	Varies	Varies	High	Full

## 8. Estimation

The estimation for the TBI Registry Enhancements in the Base Period is described in the Integrated Master Schedule (IMS) for Registries Enhancements.



## 9. Approval Signatures

REVIEW DATE: 06/2014

SCRIBE: PMO Support Services

Signed: 06//2014

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██████████, Business Sponsor	Date
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██████████, IT Program Manager/IPT Chair (VA)	Date
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██████████, Project Manager (VA)	Date
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██████████, Contracting Officer Representative	Date
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