

HONE-In

(Health Outcomes and Neuropsychology Efficacy Initiative)

Neuropsychologists are increasingly being asked to provide evidence of effectiveness to support reimbursement for neuropsychological services, yet this information is not always easily accessible to neuropsychology practitioners. In response to this challenge, the National Academy of Neuropsychology (NAN) authorized its Legislative Action and Advocacy Committee (LAAC) to launch an initiative that would help NAN membership respond to these practice challenges. The result was the Health Outcomes and Neuropsychology Efficacy Initiative (HONE-In).

The primary goal of HONE-In is to assist NAN membership in any effort to demonstrate the value of neuropsychological services through cost effectiveness and/or cost savings. The HONE-In project was planned in three distinct phases described below. We are proud to present the results of Phase I and we look forward to working with NAN membership as we begin Phase II.

Phase I

On March 15, 2012 an action alert and call to action was sent to NAN membership. The call to action requested that NAN members send articles and/or citations to articles that referenced outcome utility of neuropsychological services. The LAAC HONE-In team reviewed each article for conformance with the HONE-In objectives and, wherever possible, created a short summary of the articles and its outcome utility. These summaries have been grouped by patient population and are now available on the NAN LAAC web-page. These summaries and citations can be used by NAN members to provide evidence of the utility of NP services AND/OR as talking points in meetings or presentations about neuropsychological services. Phase I is now complete.

Phase II

Phase II of the project is now underway! In Phase II the NAN membership is asked to contribute questions regarding the utility of neuropsychological assessment rather than articles or citations. The questions will be conceptualized as an issue-focused literature review project. In response, the LAAC HONE-In team will provide a short narrative response, including a list of relevant citations. Accumulation of citations for the references lists will be ongoing. In addition, each citation will be reviewed and added to the article summaries created in Phase I.

HONE-In Phase I Full Table of Contents

BRAIN INJURY, CONCUSSION, REHABILITATION	3
Brief cognitive behavioral interventions in mild traumatic brain injury	3
Treatment of post-concussion syndrome following mild head injury	3
A randomized controlled trial of holistic neuropsychologic rehabilitation after traumatic brain injury	4
The predictive validity of a brief inpatient neuropsychologic battery for persons with traumatic brain injury	4
Prediction of return to productivity after severe traumatic brain injury: Investigations of optimal neuropsychological tests and timing of assessment	5
Effects of a multifaceted treatment program for executive dysfunction after acquired brain injury on indications of executive functioning in daily life	5
Brain injury coping skills group: A preventative intervention for patients with brain injury and their caregivers	6
The relationship of cognitive retraining to neurological patients' driving status: The role of process variables and compensation training.....	7
The relationship of cognitive retraining to neurological patients' work and school status.	7
Ecologically-oriented neurorehabilitation of memory: Robustness of outcome across diagnosis and severity	8
Cognitive rehabilitation: The evidence, funding and case for advocacy in brain injury (Cognitive Rehab Position Paper 2006)	8
EMPLOYMENT	9
Cognitive ability predicts objectively measured counterproductive work behaviors	9
GENERAL/MISCELLANEOUS.....	10
The utility of psychological and neuropsychological assessment in modern healthcare	10
Utility of the neuropsychological evaluation in an acute medical hospital.	10
Worsening of quality of life after epilepsy surgery	11
Neuropsychology Model LCD (Report to Wisconsin Physician Service Insurance Corporation).....	12
Assessing the Costs, Benefits, Cost-Effectiveness, and Cost-Benefit of Psychological Assessment: We Should, We Can, and Here's How	12
Evidence-based research and practice in clinical neuropsychology.....	12

A national survey of physicians' use of and satisfaction with neuropsychological services	13
Patient and family perceptions of the neuropsychological evaluation: how are we doing?	13
Referring Physicians' Perceptions of the Neuropsychological Evaluation: How are we doing?	14
The utility of using the apnea-hypopnea index and computer administered neuropsychological testing to predict CPAP treatment adherence: A Retrospective analysis.	15
Neuropsychological assessment: a valuable tool in the diagnosis and management of neurological, neurodevelopmental, medical, and psychiatric disorders.....	15
Clinical neuropsychology and cost outcome research.....	16
MULTIPLE SCLEROSIS.....	17
Efficacy of a neuropsychological training programme for patients with multiple sclerosis – a randomised controlled trial (Review of Tesar et all MS Studies)	17
Utility of Routine Neuropsychological Assessment for Early Identification of Cognitive Impairment in MS. (Review of Hoogs et al MS Studies).....	17
PARKINSON'S DISEASE.....	18
Neuropsychological and clinical heterogeneity of cognitive impairment and dementia in patients with Parkinson's disease	18
PEDIATRICS.....	19
The role of neuropsychological assessment in the functional outcomes of children with ADHD	19
Prediction of Educational Outcome After Pediatric Traumatic Brain Injury.....	19
PRIMARY CARE.....	20
Neuropsychological evaluation in primary care.	20
SEIZURE DISORDERS	21
Predicting Memory Decline Following Epilepsy Surgery: A Multivariate Approach	21
Accuracy of clinical neuropsychological versus statistical prediction in the classification of seizure types	22
Evaluating contributions of the State of the Art techniques to predicting memory outcomes after unilateral ATL	22
Predicting verbal memory decline following anterior temporal lobectomy (ATL)	23

HONE-In Phase I Sample Article Summaries

BRAIN INJURY, CONCUSSION, REHABILITATION

The predictive validity of a brief inpatient neuropsychologic battery for persons with traumatic brain injury.

Population: Traumatic brain injury, Inpatient rehabilitation

Categories: Outcome prediction

Authors: Hanks RA, Millis SR, Ricker JH, Giacino JT, Nakase-Richardson R, Frol AB, Novack TA, Kalmar K, Sherer M, Gordon WA.

Date: 2008

Title: The predictive validity of a brief inpatient neuropsychologic battery for persons with traumatic brain injury

Type: Journal article

Citation:

Hanks, R. A., Millis, S. R., Ricker, J. H., Giacino, J. T., Nakase-Richardson, R., Frol, A. B., et al. (2008). The predictive validity of a brief inpatient neuropsychologic battery for persons with traumatic brain injury. *Archives Of Physical Medicine And Rehabilitation*, 89(5), 950-957.

Utility: Prospective study of predictive validity of NP assessment during subacute brain injury rehab, including pts in PTA, within ~ 1 month of injury. Brief NP assessment predicted handicap, functional outcome, supervision needs, employability in adults w/ TBI at 1 year. Adding NP increased predictive power over injury severity and early functional status (with exceptions – SWLS and FIM Motor). Including those w/ PTA did not diminish predictive validity. Findings important given trend toward shorter rehab stays, strengthens argument for role of NP testing during acute rehab.

EMPLOYMENT

Cognitive ability predicts objectively measured counterproductive work behaviors

Population: Job applicants, Police Officer applicants

Categories: Cost Effectiveness of NP, Diagnostic Utility, Outcomes, Prediction

Authors: [Dilchert S](#), [Ones DS](#), [Davis RD](#), [Rostow CD](#).

Date: 2007

Title: Cognitive ability predicts objectively measured counterproductive work behaviors.

Type: Journal article

Citation:

Dilchert, S., Ones, D. S., Davis, R. D., & Rostow, C. D. (2007). Cognitive ability predicts objectively measured counterproductive work behaviors. *The Journal Of Applied Psychology*, 92(3), 616-627.

Utility: Cognitive assessment using the Shipley Institute Living Scale (SILS) was able to predict counterproductive work behaviors (CWB) in a sample of police officer applicants. Provides support for the use of cognitive ability tests during personnel section. Expands scope to include prediction of CWB.

Notes: Could potentially lead to cost savings for employers by aiding the selection process which might eventually lead to increased retention of employees overtime and a decrease in CWB. Most previous CWB studies explored personality variables. Notes: N = 3021.

GENERAL/MISCELLANEOUS

Utility of the neuropsychological evaluation in an acute medical hospital

Population: General Primary Care

Categories: Directs treatment planning and discharge

Authors: Bishop CL, Temple, RO, Tremont G, Westervelt HJ, Stern RA.

Date: 2003

Title: Utility of the neuropsychological evaluation in an acute medical hospital.

Type: Journal article

Citation

Bishop, C. L., Temple, R. O., Tremont, G., Westervelt, H. J., & Stern, R. A. (2003).

Utility of the neuropsychological evaluation in an acute medical hospital. *The Clinical Neuropsychologist*, 17(4), 468-473.

The study includes 100 patients being discharged from a medical hospital who had undergone neuropsychological evaluation. A chart review of those patients and examination of discharge summaries indicated that placements of patients post discharge were consistent with neuropsychological recommendations 80% of the time, often citing specifics from the neuropsychological report. C-L psychiatry and occupational therapy consultation recommendations were much less frequently mentioned in discharge summaries. The article underscores the value of neuropsychological services in appropriate discharge planning and the perceived value of those services to the medical team.