TBI State Partnership Program Advisory Board Workgroup Retreat

Camp Aldersgate, Little Rock, Arkansas | 2/5/19

Under Served Populations Sub-Workgroup Minutes

Attendees

Chair: Sara Hodge

Members: Stacy Gravett, Kelsey Ingle, Aleecia Starkey, Joe Page, Charlotte Bishop (absent)

Author: Eddie Williams

Introduction were made and during this time Mr. Page told his story and how he was fortunate enough to have resources because if he hadn't, he may have had a very different outcome. He is 6'4" and was very violent while recovering from his own TBI. If he didn't have resources, and wasn't at BRI, he may have been DC'd to home and violent with others which could have led to police involvement and prison, shot, or tasered. He also told a story about an inmate taking over the library and how he dealt with that.

He wants to ensure that this is a group who wants to affect change and we will see it through and not just 'lip-service' (author's words). He suggests that we can do a lot to reach rural residents through technology. He mentioned that, in addition to tele-health, they have tele-visitation between inmates and their visitors. That they also use geo-fencing applications and these technologies should be explored.

During this initial discussion period, Kelsey said that it's an immediate let down when she looks on the face sheet of a patient and sees Medicaid because she knows that once they leave BRI, they won't get any more treatment.

Other considerations include: Poor cell phone coverage for telemedicine but Tina addressed that by saying the infrastructure is being updated to provide a 'safety net' to solve this; Smart 911 is available and can be used to alert officials that there is a TBI diagnosis attached to a person. Maybe that would be considered during encounters, especially ones that involve behavioral issues; Brain Injury could be placed on driver's license similar to organ donation, concealed weapon permit, eyeglasses, etc.; Lack of cross-pollination between brain injury and mental health education and services. Sara said that this may be because conferences etc., don't recognize the other profession's CMEs/certifications.

Suggestion: invite mental health professionals and a lawyer to participate in this project

Identification of underserved populations:

- **Uninsured, underinsured, Medicaid ineligible, low income**
  - Need a permanent address for Medicaid and some TBIs are homeless
  - Need a PCP for Medicaid and many don't have one
  - Strict income restrictions for Medicaid. Kelsey discussed someone who made just a bit too much so they didn't qualify for Medicaid and therefore had limited treatment and poor outcome.
  - Sara said that some are opting for high deductibles in order to afford health insurance.
  - Group discussion that the current legislative climate indicates that Medicaid services and budgets will cut to make up for a reduction in the income tax rate.
  - Some insurances are inadequate for appropriate TBI care. TBIs are chronic and expensive.
  - Children's hospital and Baptist Health are very good at getting people signed up for Medicaid. It's better to get a partial reimbursement through Medicaid than no

    Discussion: Can a moderate or severe TBI be considered a life-changing event that will allow someone to sign up for insurance outside of the normal enrollment period. This occurs with marriage, birth of children, etc.

- **Dual diagnosis patients:** TBI with _____
  - Mental health
    - Tina: no cross-pollination between BI and mental health. Each are silos with their own conferences, treatments, appointments, etc. Stacy said that someone she knows was looking for a mental health counselor that also specialized in TBIs and had a very difficult time finding one.
  - Substance abuse
- **Transitioning patients**
  - Transitioning from pediatric to adult
    - Pediatric patients have resources but adults do not. No transition program in place for TBI like what's available for Sickle Cell Disease, Diabetics, etc.
  - Transition from incarcerated to release
    - Inmates receive treatment while incarcerated but none when released
    - Society can pay now or pay later. Pay now to continue treatment after release or pay later when they are released and commit additional crimes and incarcerated again
- **Patients who have been released from ED with diagnosis of concussion (mTBI)**
  - Negative CT or no CT
  - Inadequate discharge instructions
  - At risk for Second Impact Syndrome (SIS)
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- **Crossing state lines**
  - There's a problem with Arkansas residents that have Arkansas Medicaid who received initial treatment in a border state being transferred back to Arkansas for rehabilitation.

- Example: Mercy rehabilitation hospital in Springfield, MO cannot receive approval to be an Arkansas Medicaid provider. They have a difficult time finding an Arkansas rehabilitation facility to accept an Arkansas Medicaid patient. They can only take on a limited amount of charity so they prioritize Missouri residents. When addressed, they were told that they receive money from the Arkansas Trauma System to care for these patients. The problem with that is that they cannot transfer those monies over to rehab from the acute side. This results in Arkansas Medicaid patients frequently receive 'some' rehabilitation in the acute phase then transferred to an extended living situation and probably a lower level of functioning than they would have if they received Post-Acute Rehabilitation.
    - Tina said that UAMS has the same problem with residents from our border states. For instance, Texarkana has been told to transfer to Dallas, TX instead of UAMS.
- **Athletes, playground injuries**
    - There has been increased awareness of sports related TBI. CTE has received a lot of attention. But athletes are still hesitant to report a head injury because they don't want to be 'benched.' Although there are protocols in place for athletes, there's nothing in place for playground injuries.
        - Development of school nurse TBI protocols for non-sports related injuries?
- **Medically Naïve**
    - A lot of people don't know how to navigate the healthcare system. They don't know what to do. They don't know where to go for treatment. They don't know what questions to ask. Etc.
        - Increase awareness through outreach, media (TV, Radio etc. per Joe Page)
        - ATRP developing a module that will be distributed that helps direct people to TRIUMPH call center and the ATRP website so that they can get the help that they need
- **Kids with parent's who have sustained a TBI**
    - They don't know how to care for the elderly parent with TBI
    - They expect things to be the way they were
        - Believe that the previous version of the parent will arrive home from the hospital or rehab.
            - Kelsey recommends that they get 'introduced' to the survivor before discharge
- **Children who are lacking proper advocates**
    - Parents/guardians fall into some of the groups listed above
    - Parent/guardians who are not fully engaged in their children.
- **Students that are uninsured:** Grad students

Other discussion points: Lack of respite care for the caregiver; When someone's in the hospital, no one is asking about their memory or executive functioning etc. because they are in 'survival mode' but when they get to rehab. They wonder why they can't do things; According to ASIA, 15-30% of TBIs don't resolve after 3-4 weeks so extended following and care are needed; There is no TBI preventative care like with other illnesses and injuries.