Recommendations to the Healthy People 2020 Plan

Submitted December 31, 2009 (electronically)

The National Association of State Head Injury Administrators appreciates the opportunity to comment on the US Department of Health and Human Services’ draft plan for Healthy People 2020. Our organization is comprised of State employees administering an array of rehabilitation, services and supports for individuals with traumatic brain injury (TBI) and their families, as well as other professionals, consumers and providers interested in improving service delivery from prevention to community integration services.

While States have developed service delivery systems for civilians with TBI, a number of States are also involved in screening, outreach, information & referral and coordination of services for returning servicemembers with TBI and their families. As TBI is often cited as the signature injury of the Iraq/Afghanistan wars, NASHIA recommends that objectives be included in the draft Healthy People 2020 Plan acknowledging the health care needs of our military whether they are being served by civilian or Department of Defense/Veterans Affairs systems. This Plan presents an excellent opportunity for the public and private health; State/Federal health, mental health and disability agencies; and military/veterans health care systems to collaborate on research, service delivery, technology, data and best practices. We recommend that overall, the health care needs of the military, particularly with regard to the National Guard/Reserves that may be served by civilian systems, be included in this Plan.

In addition, we are commenting specifically on these draft goals and objectives:

**HP Goal I. Access to Health Care**

NASHIA concurs with the existing objectives to improve access, and recommends additional objectives to improve outcomes for individuals with TBI accessing health care systems.

**New Objective Recommendation 1:**

*Increase the number of States and the District of Columbia that have implemented guidelines for pre-hospital management of individuals with severe brain injuries.*

**Reason:** The Department of Transportation National Highway Traffic Safety Administration (NHTSA) awarded The Brain Trauma Foundation a grant to develop Guidelines for emergency medical service providers and their medical directors on the pre-hospital assessment and treatment of traumatic brain injury in order to significantly improve care. These Guidelines were approved by the Congress of Neurosurgeons. The purpose is to not only reduce incidence of fatalities, but to minimize outcomes of injury. (Note: Under the *Injury and Violence Prevention Goal*, is an objective to Improve Access to Trauma Care in the United States (IVPHP2020-36), under which this recommended objective could fit.)

**Data Source:**

**New Objective Recommendation 2:**

*Increase the number of States and the District of Columbia that have implemented guidelines and physician education on mild TBI.*
Reason: The Centers for Disease Control and Prevention (CDC) estimates 75%-90% of the 1.4 million traumatic brain injury-related deaths, hospitalizations, and emergency department visits that occur each year are concussions or mild traumatic brain injuries (MTBI). The American College of Emergency Physicians in collaboration with the CDC have revised the clinical guidelines related to mild traumatic brain injuries in adult patients, which is expected to lead to better patient outcomes for patients who visit the emergency department every year for mild traumatic brain injury (TBI), or concussion. In addition, CDC has developed a Physician’s Toolkit (Heads Up: Brain Injury in Your Practice) to help identify mild TBI, including returning servicemembers who may have gone undiagnosed or misdiagnosed with TBI. Physicians can play a key role in helping to prevent MTBI or concussion and improve a patient's health outcomes through early diagnosis, management, and appropriate referral.

Data Source: CDC

New Objective Recommendation 3:

*Increase the number of States and the District of Columbia that have implemented guidelines for managing acute care and treatment of individuals with severe brain injuries.*

Reason: The Centers for Disease Control and Prevention (CDC) evaluated guidelines, which have been endorsed by the American Association of Neurological Surgeons and the World Health Organization’s Committee on Neurotrauma, joined by the Congress of Neurological Surgeons and AANS/CNS Joint Section on Neurotrauma and Critical Care, and their findings indicate that adoption of these guidelines could result in a 50% decrease in deaths, and a savings of approximately $288 million in medical and rehabilitation costs. In addition, the study concludes that adopting these guidelines could result in $3.8 billion—the estimated lifelong savings in annual societal costs for severely injured TBI patients.

Data Source: CDC


New Objective Recommendation 4:

*Increase access to cognitive and comprehensive rehabilitation for individuals with brain injury.*

Reason: Studies/research have linked early rehabilitation intervention with greater functional recovery after TBI, (Aronow 1987; Cope and Hall 1982; Mackay et al.1992) including links between intervention directly after medical stabilization and shorter lengths of stay (Finset et al.1995), higher functional levels at discharge (Bureau of Maternal and Child Health 2001; NIH Consensus Statement 1998), lower disability levels at discharge (Rappaport et al. 1989), and higher likelihood of discharge to the home (NIH Consensus Statement 1998).

References:

Data Source: CDC, NIDRR TBI Model Systems

New Objective Recommendation 5:

*Increase capacity for telerehabilitation to deliver cognitive rehabilitation, behavioral health and other rehab services in rural areas.*

**Reason:** More than 60 million Americans live in rural communities. Teleconferencing to deliver post-acute rehab/behavioral health services is an effective means for providing services; providing opportunity for training and developing local expertise; eliminating the need for the individual to travel a distance to a rehab facility; and enhancing rural health infrastructure.

Data Source:


HP Goal II: Disability and Secondary Conditions

DSC HP2020-10: Reduce the number of people with disabilities in congregate care facilities with 16 beds or more.

- a. Reduce the number of adults with disabilities (22 years and older) living in congregate care facilities with 16 beds or more.
- b. Reduce the number of children and youth with disabilities (21 and under) living in congregate care facilities with 16 or more.

Data sources: University of Minnesota Minimum Data Set: Periodic Survey of State DD Directors, University of Minnesota

**NASHIA Recommendation:** Change the objective to read: “Increase age appropriate home and community opportunities for community integration for individuals with disabilities in order to eliminate unnecessary institutionalization, placement into nursing facilities and out of State placement.”

**Reason:** The HP Plan objective focuses on the number of beds as being the indicator of community living, however, there are community settings with fewer than 16 individuals living in them that can be just as “institutional” in administration. About half of the States have implemented a Medicaid Home and Community-Based Waiver for individuals with brain injury. States did so to offer community alternatives in lieu of nursing facilities and to eliminate out of state placement, which some States did due to unavailability of community services/supports. In addition, the Plan data reference pertains to developmental disabilities. Individuals with TBI and other disabilities may be living in inappropriate institutional/nursing home settings that may not be noted by these data sources.


Data Source: Centers for Medicare and Medicaid (CMS); National Association of State Head Injury Administrators (A Guide to State Government Brain Injury Policies, Funding and Services, 2005)
DSC HP2020-15: Increase the proportion of parents or other caregivers of youth with disabilities aged 12 to 17 years who report engaging in transition planning from pediatric to adult health care.

Data Source: National Survey of Children with Special Health Care Needs (NS-CSHN), CDC

NASHIA Comment: In some States services under the Special Health Care Needs (MCH Title V) end at age 21.

NASHIA Recommendations: Change the age to 21.

HP Goal III. Injury and Violence Prevention

NASHIA Recommend Adding New Objective: 

*Increase the number of States that have passed laws prohibiting handheld cell phone usage and text messaging while driving.*

Reason: Driver inattention is frequently the cause of traffic crashes. A study by the University of Utah found that texting while operating a motor vehicle can be up to six times more dangerous than talking on a cell phone while driving. In a study published this summer, researchers at Virginia Tech University found that drivers are 23 times more likely to get into an accident when texting. The Virginia Tech study indicated hands-free systems may be beneficial, while studies from the Insurance Institute for Highway Safety, the University of Utah and Carnegie Mellon have indicated all cell phone use is distracting.

Currently, 6 States (California, Connecticut, New Jersey, New York, Oregon and Washington), D.C. and Virgin Islands prohibit all drivers from talking on handheld cell phones while driving. All are primary violations, except for Washington. 19 States, D.C., Guam prohibit text messaging while driving.

Data Source: National Highway Traffic Safety Administration; Institute for Highway Safety

HP Goal IV. Educational and Community-Based Programs

NASHIA Recommends New Objective: 

*Increase usage of concussion management guidelines within school-related sporting activities.*

Reason: Recognizing symptoms of concussion and proper management of concussions when they first occur can help reduce the risk of injury—even death. CDC has developed materials to assist coaches, students and parents to recognize concussion symptoms and appropriate care. There are other concussion guidelines that have been developed to assist coaches, such as ImPACT Concussion Management Program, all of which are voluntary. The NFL has recently imposed a new rule that players who have suffered concussions and show signs of injury must be pulled from the game or practice and not return for at least a day. It was reported earlier this year that former players were found with dementia due to concussions that were sometimes left untreated during their playing days.

Data Source: CDC

HP Goal V: Mental Health and Mental Disorders

NASHIA Recommends New Objective: 

*Increase screening for traumatic brain injury among individuals with mental health disorders and/or behavioral health problems.*
**Reason:** Individuals with TBI frequently have mental health problems/symptoms. These problems may be exhibited as personality disorders, emotional lability/mood swings, aggressive/impulsive behavior and depression. Pharmacologic treatment and management for individuals with behavioral health problems need to take in consideration of a possible TBI in order for the treatment to be appropriate and effective. Screening for TBI will help to identify factors that may interfere with such treatment and provide a basis for tailoring treatment, care and support to accommodate the TBI-related disability.

**Data Source:**

**HP Goal V: Substance Abuse**

**NASHIA Recommends New Objective:**

*Increase screening for traumatic brain injury among individuals with co-occurring substance abuse problems.*

**Reason:** Substance abuse is frequently a contributing factor to a brain injury (i.e., drinking while driving). Individuals with TBI may have had problems prior to injury and/or after the injury. Regardless, these individuals face many challenges when seeking treatment from substance abuse providers. The TBI-related problems of memory, fatigue, concentration, judgment, self-denial or awareness may interfere with traditional treatment provided to those with substance abuse problems without a brain injury. Screening to determine a TBI should help those treating the individual to develop strategies/treatment to accommodate the TBI-related disability.

**References** (Ohio Valley TBI Model Systems web page):


