

# *“Improving the Massachusetts Systems of Care for Elders Sustaining a TBI”*

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Brain Injury & Statewide Specialized Community Services

# Incidences of TBI in MASSACHUSETTS 2008-2010

7,721 HOSPITAL STAYS

59,326 ER VISITS

378 FATALITIES (In-Hospital)

**67,047 AVERAGE ANNUAL COUNT**

# TBI in MASSACHUSETTS 2008-2010

- ▶ The highest rate of hospital stays for TBI were among residents 70 years of age and older, with a rate 4X that of the population as a whole. (Epi report)
- ▶ The vast majority (88%) of the TBI related hospital stays in this group were associated with unintentional falls. (Epi report)
- ▶ Residents of MetroWest and Northeast regions had the highest average annual numbers of hospital stays for TBIs. (Epi report)
- ▶ The number of older adults who sustain a TBI has been documented to be increasing and trend to continue as “Baby Boomer” generation ages and experiences a longer life expectancy.
- ▶ Analysis of all applications to the Statewide Head Injury Program (SHIP) revealed that 4.3% of eligible consumers were individuals who sustained the TBI after age 59. This statistic pales in comparison to the number of elders identified by analyzing MA hospital discharge.
- ▶ The needs of those with TBI who are aging may not be the same as those who are older and sustain an injury later in life.

# Grant Goal:

To maximize existing resources in both the TBI and Elder Care Service delivery systems.

Enhance the **“No Wrong Door”** - model that provides simplified, streamlined and consumer-directed access and coordination of services.

# Health Resource Services Administration

- ▶ HRSA Elder Grant received July 2014
- ▶ Partnership between MRC- State Head Injury Program and ....
  - ▶ Brain Injury Association of MA (BIA-MA)
  - ▶ Executive Office of Elder Affairs (EOEA)
  - ▶ ADRC of MetroWest
  - ▶ ADRC of the Greater North Shore
  - ▶ Merrimack Valley ADRC



## Data Collection & Challenges Identified Early

- Schedule
- 4 Different Databases
- Data Elements
  - Head Trauma vs. TBI- Cognitive
- Referrals exchanges
- Questionnaires
  - Knowledge Retention and Application
  - Consumer Satisfaction
  - Tracking Un-Met needs

# Systems Change

- ▶ Cross Training Professionals
- ▶ HELPS Screening Tool
  
- ▶ Outreach
- ▶ Educational Materials
  
- ▶ Traumatic Brain Injury (TBI) Specialists
- ▶ BIA-MA Elder Info and Referral Specialist
  
- ▶ Develop TBI Support groups for elders and Caregivers
  
- ▶ Project Advisory Board
- ▶ Webinar

# Brain Injury Screening Tool





# H.E.L.P.S TBI Screening Tool

- ▶ **H** - Hit your Head
- ▶ **E** - Emergency room
- ▶ **L** - Lose consciousness
- ▶ **P** - Problems
- ▶ **S** - Sicknesses

The original HELPS TBI screening tool was developed by M. Picard, D. Scarisbrick, R. Paluck, 9/91, International Center for the Disabled, TBI-NET, U.S. Department of Education, Rehabilitation Services Administration, Grant #H128A00022. The Helps Tool was updated by project personnel to reflect recent recommendations by the CDC on the diagnosis of TBI. See [http://www.cdc.gov/ncipc/pub-res/tbi\\_toolkit/physicians/mtbi/diagnosis.htm](http://www.cdc.gov/ncipc/pub-res/tbi_toolkit/physicians/mtbi/diagnosis.htm).

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**H** Have you ever **H**it your **H**ead or been **H**it on the **H**ead?  Yes  No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

**E** Were you ever seen in the **E**mergency room, hospital, or by a doctor because of an injury to your head?  Yes  No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

**L** Did you ever **L**ose consciousness or experience a period of being dazed and confused because of an injury to your head?  Yes  No

Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

**P** Do you experience any of these **P**roblems in your daily life since you hit your head?  Yes  No

Note: Ask your client if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

headaches

dizziness

anxiety

depression

difficulty concentrating

difficulty remembering

difficulty reading, writing, calculating

poor problem solving

difficulty performing your job/school work

change in relationships with others

poor judgment (being fired from job, arrests, fights)

**S** Any significant **S**icknesses?  Yes  No

Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation.



# Interpreting the Results

## Scoring the HELPS Screening Tool

A HELPS screening is considered positive for a *possible* TBI when the following 3 items are identified:

- 1.) An event that could have caused a brain injury (yes to H, E **or** S), **and**
- 2.) A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or E), **and**
- 3.) The presence of two or more chronic problems listed under P that were not present before the injury.

### Note:

- A positive screening is **not sufficient to diagnose TBI** as the reason for current symptoms and difficulties - other possible causes may need to be ruled out
- **Some individuals could present exceptions** to the screening results, such as people who do have TBI-related problems but answered "no" to some questions
- Consider positive responses within the context of the person's self-report and documentation of altered behavioral and/or cognitive functioning

# FOLLOW UP

- ▶ Starting January 1, 2016.
- ▶ Confer with the consumer.
- ▶ Advise the consumer to seek further medical evaluation.
- ▶ Report positive TBI screening tool score results to Team supervisor or RN.
- ▶ Document reasons for suspecting a TBI in the consumer file.
- ▶ Adjust service plan/goals when appropriate.
- ▶ Refer consumer for other services for which they may be eligible.

# Baseline

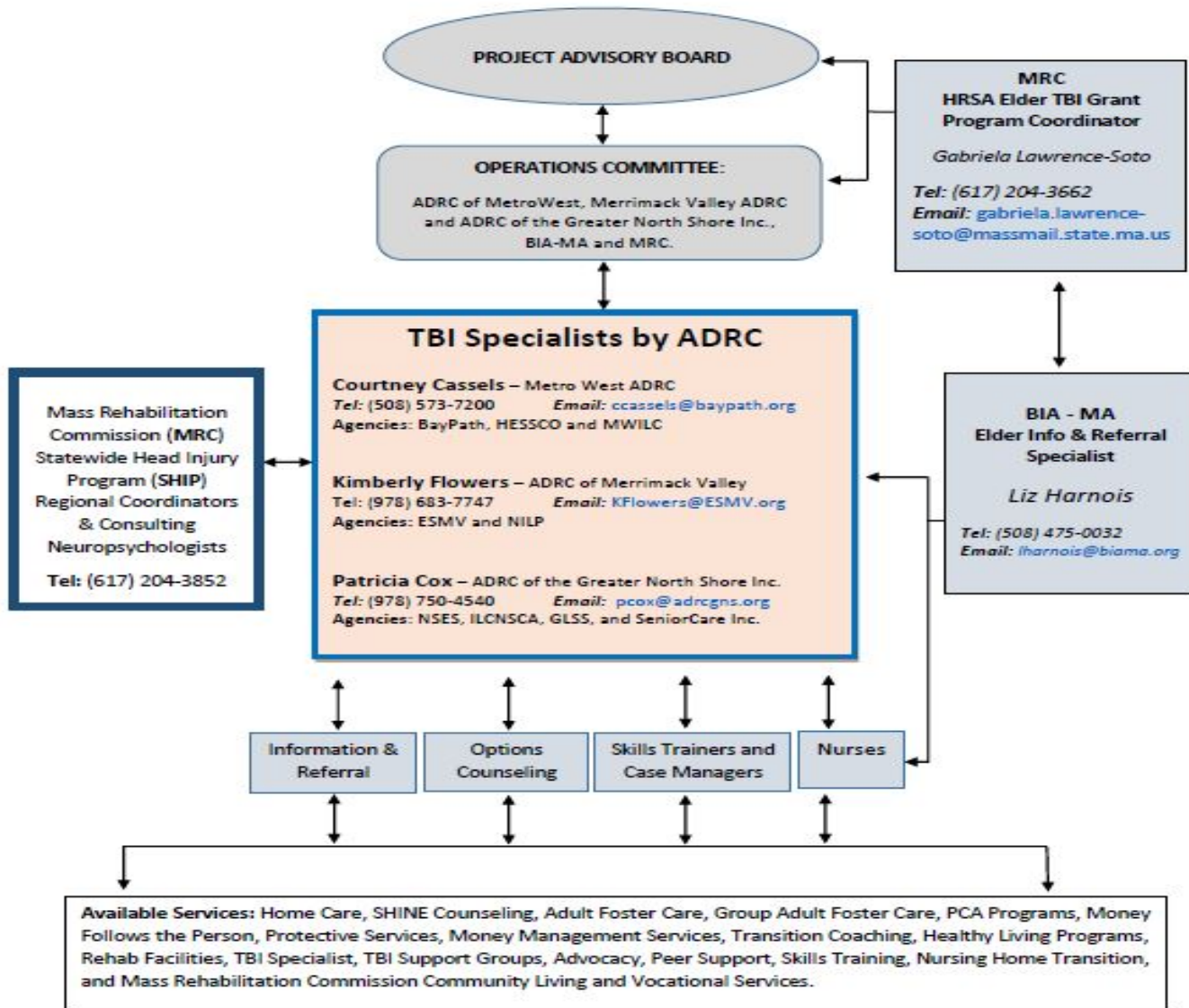
- ▶ 45,000 Elders receiving Home Care Services in MA.
- ▶ Statewide Home Care Services - identified 1,642 with Head Trauma as June 2015
- ▶ 400 of the those are in the grant catchment area.

## EXCLUDING:

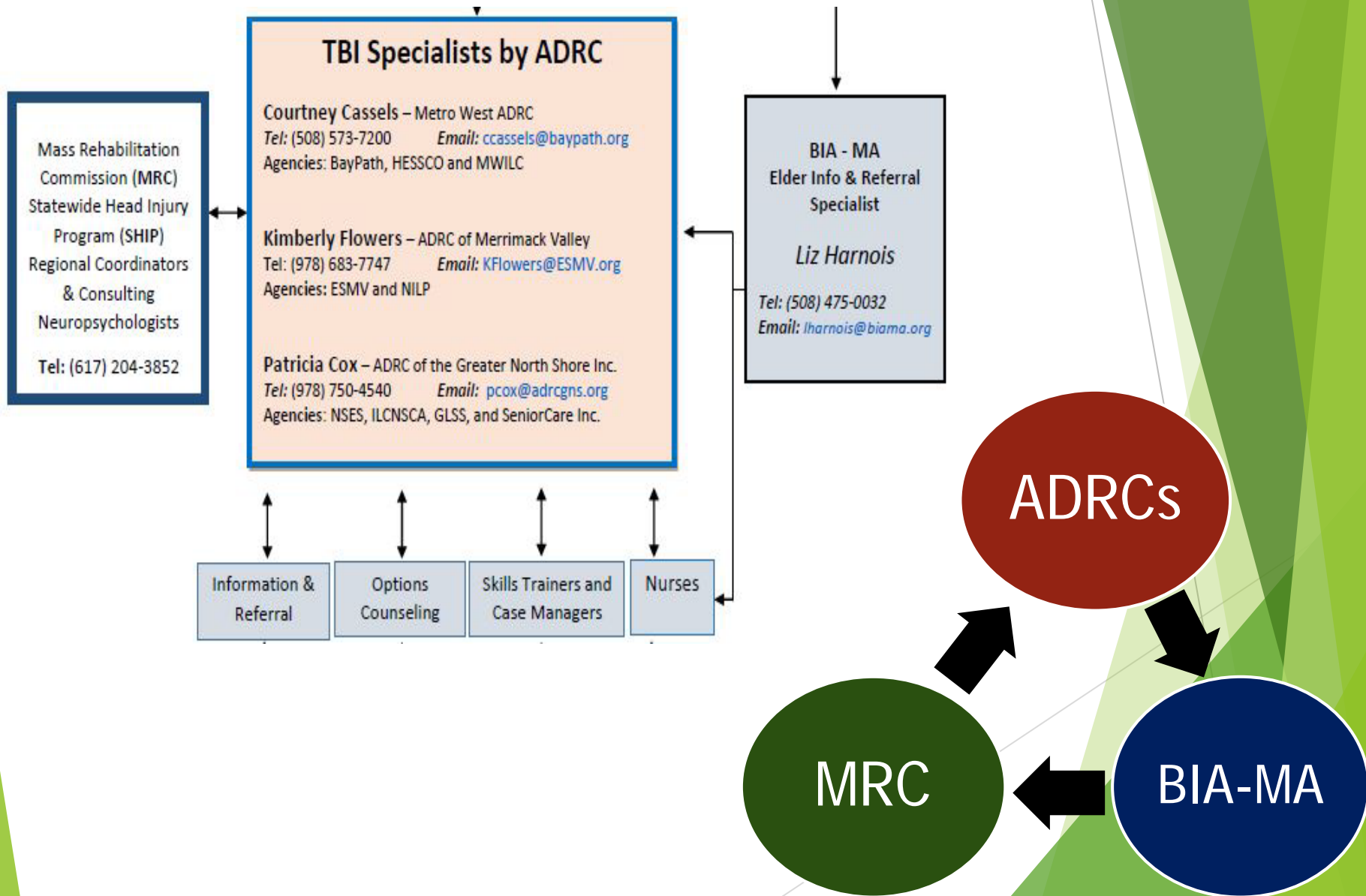
- ▶ Independent Living Centers - Statewide
- ▶ Medicaid - MassHealth Manage Care Programs - estimated 20K+ enrollees
  - ▶ PACE - 55+
  - ▶ One Care - 18-64
  - ▶ SCO - 65+

# Support Structure

## Massachusetts Rehabilitation Commission HRSA Elder Grant - Communication Flow



# Operationalizing exchange





# THANK YOU!

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