Detours, road closings and potholes: assessing the barriers after brain injury

Rolf B. Gainer, PhD
Rehabilitation Institutes of America, Novato, CA, Neurologic Rehabilitation Institute at Brookhaven Hospital, Tulsa, OK; Neurologic Rehabilitation Institute of Ontario, Etobicoke, ON; Community NeuroRehab, Des Moines, IA

Nancy Weber, MA, CBIS, Neurologic Rehabilitation Institute at Brookhaven Hospital
Disclosure

• Rolf B. Gainer has business relationships with Rehabilitation Institutes of America, Brookhaven Hospital, the Neurologic Rehabilitation Institute of Ontario and Community NeuroRehab.

• Nancy Weber is a Brain Injury Case Manager/Clinical Evaluator for NRI at Brookhaven Hospital
You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.

R. Buckminster Fuller, American Inventor
1895-1983
Objectives:

Let’s ask the following questions through the examination of three case studies of individuals with brain injury.
How can we identify what needs to change?
What are the barriers for people with brain injuries?
Are new barriers added throughout the lifespan?
Do those barriers change over time?
What about the person with complex needs?

Are the barriers more complex?
The chronic nature of brain injury related disability effects the person throughout their lifetime.

When do barriers emerge following brain injury?

And, how do they change?
What can we learn from the research studies which identify barriers?
Financial, structural, individual, and attitudinal barriers directly impede individuals' abilities to access rehabilitation services even though these services could greatly improve their recovery from TBI

Medicaid recipients reporting “unmet needs”

Source: Leopold, A. (2013)
Defining the barriers

- Poor/fair general health 53%
- No health insurance 56%
- Limitations in ADL 54%
- Unemployed 56%
- Cognitive Problems 55%
- No adequate social support 64%
- Non-White males 49%

Source: Leopold, A. (2013)
What do the research studies tell us about brain injury, health and future mental health problems?
Depression and loss disrupt the person’s sense of social stability.

Source: Frank, et al. (2005)
Disability and loss of role function produces a decline in self-worth as perceived by the person and others.

Source: Condelucci, A. (2008)
Disengagement from naturally occurring social units

30-year study of mental health issues and brain injury

• Temporary disruption of brain function leading to the development of psychiatric symptoms

• Increased, long-standing vulnerability and even permanent psychiatric disorder

Source: Kaponen, S. , et al. (2002)
Functional Outcomes 10 years after injury

• High levels of anxiety and depression = poorer outcome attainment

• Level of ability to participate = poorer outcomes

• Social isolation related to functional deficits

• Psychiatric diagnosis and cognitive deficits are best regarded as components rather than outcomes

Source: Ponsford, J. et al. (2008)
Monash University Study: Likelihood of post-injury psychiatric disorders

• Psychiatric disorders occurring in 60% of the post-injury population in a 5.5 year period

• Greater likelihood of psychiatric disorder found in relationship to pre-injury substance abuse, major depressive and anxiety disorders

The Dawson and Chipman study

- Study involved 454 Canadians, average 13 years post TBI
- 66% required ADL assistance
- 75% not working
- 90% dissatisfied with social interaction
- 47% not talking with others by telephone
- 27% never socialize at home
- 20% never visit others

HMO Study of mental health issues

- Severe TBI related to higher rates of depression (MDD), dysthymia, OCD, phobias, panic disorders, substance abuse/dependence, bipolar disorders as compared to the non-TBI group
- “Poorer physical or emotional health and higher likelihood of receiving welfare for the TBI cohort”
- Negative symptoms of psychiatric disorders enforce social isolation and social network failure

Fann et al: Self perception

- Individuals with both depression and anxiety perceived themselves as more ill and demonstrated reduced function as compared to cohort with anxiety without depression

Do people with unmet needs find themselves in crisis situations?
The gap in services between hospital and home can result in...
emergency placements at hospital’s psychiatric units...
nursing homes...
jails...
homeless shelters
None of these are equipped to recognize and/or treat Brain Injury...
...and, certainly do not offer realistic long term solutions
Functional status and lifespan issues affects the person’s ability to remain independent

Fatigue identified as a key factor in functioning and participation

Source: Sendroy-Terrill, et al, 2010
Cognitive, physical and societal functioning are influenced by the severity of the injury

Source: Sendroy-Terrill, et al, 2010
Stability in housing is vital to community living
Housing

There is “an unrelenting rental housing crisis for extremely low-income people with disabilities in every single one of the nation’s 2,557 housing market areas.”

Source: Cooper, Emily, L. Knott, et al. 2014
Services in the home and community can prevent a loss of independence.
Can rehabilitation outcomes be sustained?

• Life functioning and community integration gains can be sustained after rehabilitation
  
  – Areas studied included:
  
  – Living accommodations
  – Employment
  – Hours of care needed

Source: Geurtsen, G.et al. (2010)
Can the system accommodate the complex needs of the person post-injury?
Let’s look at Sarah’s story…
Sarah’s Story

- 32 Years Old
- Mother of 2 young children
- Anoxic Brain Injury from Cardiac Arrest
- 3 weeks in a coma
- 90 days acute rehab
Status at Discharge from Acute Rehab
Physical

- Limited Mobility of Arms & Legs
- Limited Verbal Communication
- Swallowing Difficulties
Psychological

• Depression

• Suicidal Ideation & Self-Harming Behaviors
Caregiver

• Caregiver = Mother who is a BI Survivor with No Training
• No Social Supports
Negative Impact from Limited Rehab
Loss of Progress after Acute Rehab
Did Sarah need extended rehab to improve?
New Financial Barrier

- Continued Care Denied by MCO for 2 years
- Fixed income limits options
- Living in inaccessible, bedbug-infested apartment
Caregiver and Environmental Stress

- Caregiver burnout
- Borderline abuse by caregiver who also has a TBI
What are the Barriers?

Access to Services due to Limited Medicaid Coverage
For Sarah...

• OT, PT, SLP, Psychological are needed

• No Social Supports
For Sarah’s Caregiver...

• Lack of Caregiver Support

• No Transportation

• Fixed Income
Lack of funding prevents access to rehab for Sarah
Would Sarah’s outcome be different without barriers?
What about the person who doesn’t fit?
Or, is it “one size fits all”?
What about services after rehabilitation?
Is there access to rehabilitation?
Are there adequate resources to meet the real lifetime needs?
Do the resources include:

appropriate healthcare
extended rehab
accessible housing
transportation
community supports
adequate income
To sustain the gains made in rehab
Inappropriate services result in poorer outcomes over time...
including an increase in psychiatric disorders, chemical dependency and increased vulnerability and risk
Let’s look at the story of Mitchell and David...
to see how these two brothers involved in motor vehicle accidents one year apart and had different outcomes...
A Tale of Two Brothers

Mitchell was in a severe MVA 8 years ago & David was in a severe MVA 7 years ago.
Before the injury

Both had friends and lived independently

Both had full-time jobs
Following the Accident...

Mitchell
- 90 days of acute rehab
- Depression

David
- 90 days of acute rehab
- Depression
Both received the same services, with very different outcomes
8 years later...

Mitchell

Intermittent Explosive Disorder

Intact Intellect

Impulsivity
7 years later...

David

Substance abuse
Intellectual deficits
Easily exploited
Mitchell

Isolated due to the fearful reactions of those around him
David

Had more relationships... but was vulnerable.
Do changes in behavior effect relationships?
Do changes in behavior effect how others respond?
Can we expect caregivers to work without supports?
Can attitudes be a barrier to rehabilitation?
Whose attitudes?
The person?
Their family?
The rehabilitation provider?
The community?
Changes in relationships create barriers
The lack of access to services creates barriers
How adequate are the resources in the community?
Can those resources produce good and durable outcomes for people with brain injury?
Factors to consider
The person
Age at Injury
Injury Severity
How much rehab was available?
The impact of barriers...
on support systems...
on the availability and access to services...
on a way to pay for services...
The lack of financial resources for rehabilitation changes potential outcomes.
Systems and policies which provide for or remove needed resources effect outcomes.
Resources = Outcomes
The people living with brain injuries in the shadows...
Their perception of life after brain injury
The amount of support needed throughout their lifetime
Is loneliness a component of social network failure?
What are the effects of isolation?
What is the relationship of cognitive flexibility to post-injury adjustment?
What is the relationship of social relationships to long-term outcome?
Understanding that happiness is a property of groups of people. A person with brain injury and those around them may be unhappy.

The “cascade” effect occurs in illness and disability as a source of unhappiness for the person and others.

Relative’s criticism influences adjustment and outcome after brain injury:
Association between distress, coping and recovery

Weddell R. Arch Phys Med Rehab. Vol 91, June 2010, 897-904
Is social participation an aspect of the person’s post-injury adaptation?
What are the economic aspects of brain injury disability which effect social role return?
Economic resources to support living and participation

People with disabilities experience disproportionately high rates of poverty.

The reality of living on a **fixed income** with **decisions** to make and **problems** making them
Brain Injury leads to **loss of financial independence** and creates **dependence on public funding**
Does disability related poverty increase social exclusion and social network failure?
Let’s take another look at the brothers...
Today...

Mitchell
• Living on the streets

David
• Intensive rehab
• Living independently
Could it have been different?
What do you think would work?
Let’s take another look at Sarah...
Overcoming Sarah’s Barriers:
Sarah became eligible for Medicare after 2 years and was able to switch her MCO Medicaid to a traditional state-run Medicaid. Sarah is currently receiving the treatment she needs.
Brain injury rehabilitation can quickly exhaust a person’s commercial insurance policy.
Due to forced changes in economic circumstances they enroll in Medicaid
The impact of Medicaid and privatization of Medicaid...
Many state and federal funding services have been privatized...
which reduce tax burdens on the states...
but leave insurance companies in charge of determining eligibility of services.
Insurance companies are accustomed to addressing the initial medical costs incurred...
not the long- and short-term cognitive and behavioral components of Brain Injury.
Insurance companies use the term “medical necessity” which may lead to a loss of funding.
39 states now contract with MCOs to serve some of their beneficiaries and over half of all Medicaid beneficiaries get their care through MCOs.

Source: KFF Medicaid Care Market Tracker, September 2014
Services which extend beyond acute medical rehabilitation are needed
Can the resources be flexible to meet these needs?
Can we create solutions to problems?
Can we work with MCO’s to address the problems experienced by people living with brain injury?
Can we together develop solutions which produce durable outcomes and are cost-effective?
Remember what Buckminster Fuller said about change?
Can the **system change** or is a **new system needed**?
What needs to be addressed?
Supports for social return
Returning to work
Resources for mental health and substance abuse
Support for caregivers
Preventing caregiver burnout
Housing
Transportation
Preventing Disability-related poverty
Meaningful life activities
What about access to services?
Is our current model working?
How did it get broken?
Is it repairable?
Or, do we need a new approach?
What would be in the new model?
Considering a New Approach to the Cost

Who Pays for Treatment After a Severe Brain Injury?
How long would treatment and supports be available?
Can we consider a model which integrates care, housing and supports to address the long-term needs of people with brain injury?
How would it work?
What do you think is needed?
Let’s Brainstorm!
This presentation can be found at

traumaticbraininjury.net

Look under “Resources” and then

“Community Presentations”
Resources


Christakis C, Fowler J., 2008


Emerson, E. Poverty and people with intellectual disabilities, Mental Retardation and Development Disabilities Research Review, 2007, 13 (2): 107-113


Resources


Resources


Sanders, A. Family Response to TBI, Baylor College of Medicine Press, Dallas, TX, 2003 (monograph)


