

Legislative Report SFY 2020 (7/1/19 to 6/30/20)

Spinal Cord Injury (SCI) and Brain Injury (BI) Rehabilitation Fund FINAL YEAR REPORT

Annual Totals (July 1, 2019 - June 30, 2020)

A. Utilized prioritization process to provide post-acute-care services for clients qualifying for the Traumatic SCI and TBI Rehabilitation Fund. Include number of:	Number or Percent
· Individual Intakes	70
· Individual clients served (an unduplicated count)	49
· Physical therapy services billed by CPT codes	3351
· Occupational therapy services billed by CPT codes	741
· Speech therapy services billed by CPT codes	101
· Telemedicine	237
B. Every 90 days the individual client's progress is monitored and tracked. Report the number of individual clients who:	
· Demonstrated improvement in transfer skills	96%
· Demonstrated improvement in wheelchair mobility skills, either manual, power-assist, or power	100%
· Demonstrated improvement in ambulation with or without assistive devices	100%
· Returned to work and/or school	53%
· Participated in recreational, leisure, and/or sports activities	93%
· Demonstrated improved quality of life	96%
· Participated in the Extended Sustainable Rehab Services	67%
· Improvement in cognitive skills	100%

Edgar's Story



Edgar is a 19-year-old young man who experienced whole body paralysis starting on 12/15/2019 as a result of Guillian-Barre' syndrome. After leaving the hospital in early March 2020, he began therapy at Neuroworx, but was only able to have three in-clinic sessions before the COVID-19 restrictions began. He was immediately transitioned to a telehealth platform and over the following six weeks received a combined 42 physical and occupational therapy sessions supported by the SCI/BI Rehabilitation Fund. He made significant progress during this period in personal activities of daily living, functional mobility, personal independence, and transfers. He resumed in-clinic PT and OT sessions on May 4, 2020 and has continued to make steady progress. As of November 15, 2020, Edgar is independent with transfers, dressing, eating, grooming, and bathing. He is ambulating with a front wheeled walker

with body-weight support and is mobility-independent with a power-assist wheelchair. He has returned to college via on-line classes. His initial return to the clinic was funded through the SCI/BI Rehabilitation Fund and then coverage switched to Molina Medicaid on May 13, 2020. His entire family is very grateful for the financial assistance from the legislative fund and believes it made a tremendous difference in Edgar's progress. They also recognize the impact of having a telehealth system that prevented a gap in treatment during a critical period of recovery.

SCI and BI Rehabilitation Fund (Section 26-54)

The fund was established during the 2012 Utah Legislative Session (Section 26-54) as a restricted special revenue fund that consists of gifts, grants, donations, etc. that may be made to the fund from private sources. The fund shall be administered by the executive director of the Utah Department of Health in consultation with the advisory committee. Funds shall be used to assist “qualified IRC 501(c)(3) charitable clinics” to provide physical, occupational, and speech therapy; and equipment necessary for daily living activities for people with spinal cord and brain injuries. The three contractor providers are the University of Utah Sugarhouse Rehabilitation Clinic, Neuroworx, and IHC.

Pediatric Neuro Rehabilitation Fund (Section 26-54)

This portion of the fund was established during the 2019 Utah Legislative Session. This portion of the fund shall be used to assist “qualified IRC 501 (c)(3) charitable clinic” to provide physical and/or occupational therapy to children in the state with neurological conditions, including cerebral palsy and spina bifida, who require post-acute care. The addition also required the Advisory Committee increase its membership from eight members to 11 members to include two parents of a child with a no progressive neurological condition and a physical or occupational therapist with experience in treating brain and spinal cord injuries.

There was an RFP process during SFY 2020 and three providers were awarded contracts. They are Shriners Hospital for Children of Salt Lake, Neuroworx, and University of Utah Life Skills Clinic. These clinics will provide physical and/or occupational therapy to children ages 3-22, who live in Utah, have either spina bifida or cerebral palsy, and who are post-surgical orthopedic within the last six months.

Due to COVID-19 the providers were unable to provide services in SFY 2020. The contractors were awarded contracts February 2020 and the kids they could provide services to had to be post-surgery. These surgeries were put on hold and therefore there were no eligible children by the end of SFY 2020.

The pandemic had a big impact on the services that were provided due to the nature of the services. The needs were still there, but there was no way that the services could be provided safely through traditional means. The Advisory Committee approved a pilot for the services providers to provide telemedicine services to the participants. This was very well received. The providers were able to continue most services via telemedicine and learned a great deal. During SFY 2020 the three contractors were able to provide 237 telehealth units. Contractors provided 70 people with an intake assessment, of those 70 people they found resources for 21 and enrolled 49 in the Fund. They were able to provide 3351 units of physical therapy, 741 units of occupational therapy, and 101 speech therapy units. Of the 49 participants of the Fund, 39 were spinal cord injury and 10 were brain injury.

The participant outcomes are as follows:

- 96% Demonstrated improved quality of life
- 96% Demonstrated improvement in transfer skills
- 100% Demonstrated improvement in wheelchair mobility skills, either manual, power-assist, or power
- 100% Demonstrated improvement in ambulation with or without assistive devices
- 53% Returned back to work and/or school.
- 93% Participated in recreational activities
- 67% Participated in the Extended Sustainable Rehab Services (ESR)*

*ESR focus on important, repetitive tasks for the experienced patient that does not require 1:1 care. It is goal-oriented, metric and therapist driven and patient initiated.

JJ's Story



J.J. was involved in a serious car accident in July 2017, resulting in a cervical SCI. He's been receiving PT and OT since Nov 2019, in addition to ESR. Thanks to the fund, he's received therapy (both in person and via telehealth). He is mostly independent, about to start driving again, and is now enrolled in college for fall semester! JJ says, "Therapy has helped me become more independent. When I first started therapy, I needed help doing almost all my daily activities. Today, I still need help with some activities, but I can now do more things on my own such as dressing myself, transfer myself to furniture, cars, and many other places without a board and limited assistance. Recently, I've started to practice driving. This has helped me improve my mental health by helping me realize that I can do more daily activities and continue to become more independent."

Figure 1: SCI/TBI Rehabilitation Fund Goal Chart

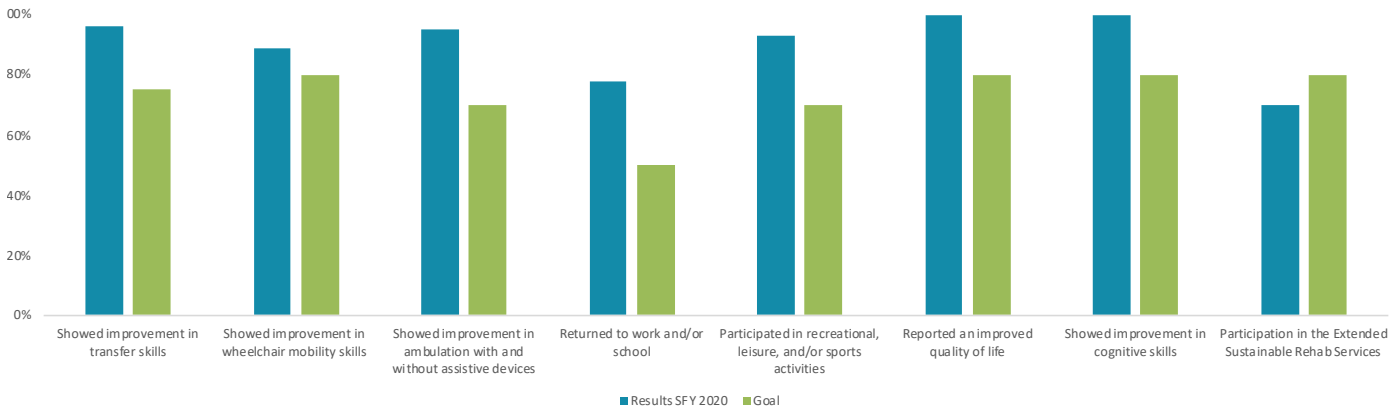


Figure 2: CPT Chart and Comparison Chart

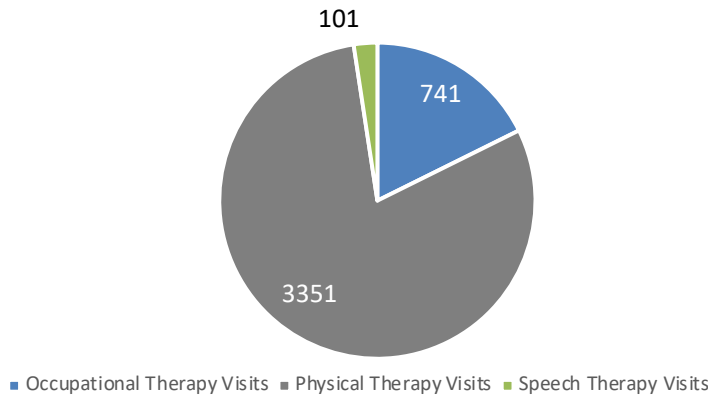


Figure 3: Speech, Physical and Occupational Therapy Visits SFY2016-2020



Audrick's Story



Audrick is an 18-year-old high school student who experienced a C5-C6 spinal cord injury on 3/15/2019 due to a trampoline accident. After a six week hospital stay, he was discharged to home and was evaluated at Neuroworx on May 1, 2019. At that point, Audrick relied on caregiver assistance for all activities. He responded well to therapy and began to make progress. When his insurance benefits were exhausted after providing 20 combined PT and OT sessions, therapy continued through June supported by the SCI/BI Rehabilitation Fund. His insurance benefits became active again on 7/1/2019 but were again exhausted by 7/26/2019. Because of his progress and potential for improvement, his care was again

extended through the SCI/BI Rehabilitation Fund. Audrick was discharged after eight months of physical and occupational therapy. He is fully independent with all activities of daily living including dressing, feeding, and self-care. He is independent with his power-assist wheelchair mobility and all transfers. He completed all the necessary skill training for driving. He was able to graduate with his high school class. Audrick's transition from a completely dependent individual to functional independence, despite his continued paralysis, was only possible through the consistent and persistent rehabilitative care funded by the SCI/BI Rehabilitation Fund.

Accomplishments of Contractors University of Utah

- The University of Utah and Neuroworx worked together to review and implement a new outcome measurement called PROMIS and will be used starting in SFY 2021 to measure outcomes.
- Provided 105 telehealth visits to eight participants during the pandemic
- Due to insurance changes allowing payment of telehealth, they were able to provide more telehealth services.
- Moved to a larger building with more than 12,000 sq. ft. of gym space, private and specialty treatment room
- 21 of 25 of the participants did not have any overnight hospital stays. The two who did were planned procedures to assist in their recovery.
- At least 14 presentations were completed during SFY 2020, reaching more than 631 professionals.
- Professionals reached: Utah Speech and Hearing Association, Social Work College of Health, College of Physical Therapy, Case managers and Utah Valley grand rounds trauma doctors.
- Vendors at many conferences to promote the SCI/BI Rehabilitation Fund including the Brain Injury Alliance of Utah annual conference
- TRAILS and Case Manger conferences were canceled this year due to the pandemic. These efforts normally reached more than 300 people combined.

Neuroworx

- Provided 11 of the 24 participants with telehealth, resulting in 132 telehealth visits.
- Telehealth visits focused on evaluating a client's home environment for safety and efficiency for both client mobility and participation in home exercises and wellness programs.
- Because of telehealth, clients were able to participate in real life bed mobility, transfers, wheelchair mobility, ambulation, ADLs, and daily tasks and allowed real-time feedback for optimal outcomes within their own environment.
- Provided nine presentations reaching approximately 675 people.
- Hospitalizations were tracked and of the 24 participants two were hospitalized; one for cellulitis and one for an appendectomy.

Intermountain Health Care

- Intermountain Health Care did not provide services during the SFY 2020. They have been working internally to be able to provide the services under this fund. They will provide services across the state in their different clinics.

Needs and Concerns Documented by Contractors

- More education and awareness about the SCI/TBI Rehabilitation Fund services is needed among providers outside the Wasatch Front.
- Barriers to services continue to be transportation from rural areas of the state.
- Limited use of the fund to participants along the Wasatch Front. Providers are continuing their efforts with extending services in rural areas outside the Salt Lake City area.
- Limited money for marketing or outreach of the fund.

Advisory Committee

The advisory committee met four times during SFY 2019 and conducted business according to the Open and Public Meetings Act. Minutes are posted at pmn.utah.gov. Reports from the contractors were received and reviewed with the Committee. After reviewing reports the advisory committee voted to open a new request for proposals to target certain areas outside of Salt Lake City. These cities are Logan, Ogden, Provo, Cedar City, and St. George or other areas off the Wasatch front. The RFP was awarded to Intermountain Health Care. Current contract negotiations are underway.

Members of the Advisory Committee are as follows:

- Andy Curry - Spinal cord injury representative
- Kris Sanford - Spinal cord injury representative
- Nita Smith current Chair and TBI representative
- Trisha Keller - TBI representative
- Dr David Ryser-TBI/SCI professional
- Representative Eric Hutchins
- Senator Ann Milner
- Dr Joseph Miner- Executive Director of the Utah Department of Health.
- Dr Ann Hoffman- Physical/occupational therapist.
- John Tillis-Pediatric family representative
- Joy Davis-Pediatric family representative

Cannon's Story



Cannon suffered a TBI from a 60 foot fall in June 2019 which lead to many cognitive, mobility, and physical deficits. Due to Covid-19, Cannon switched to telehealth PT and he has continued to do two sessions of telehealth each week under the fund. In combination with in-person skilled therapy, Cannon has made a lot of progress toward reaching his goals. Utilizing the fund for two weekly Telehealth visits has been a huge benefit to Cannon. It helped him as he was able to work on improving his mobility challenges in his own living environment and had great carryover to function at home. When we started doing telehealth in March, he needed assistance to walk in his home and now walks without assistance. Balance is still a big challenge for him, but is continuing to improve. Stair navigation was also a huge challenge for him, but also with us doing a lot of practice

and training on his stairs at home, he is now able to go up/down stairs with modified independence and it has given him much more independence in general at home. He has made great progress on getting on/off the floor and now can do this with little to no help. The utilization of HB400 to assist with telehealth physical therapy truly enabled Cannon to make great progress in his function and mobility and is continuing to help him reach his goals.