

March 4, 2011
Appropriations Committee Public Hearing Testimony
Julie Peters
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Good evening Chairpersons Walker, Harp, and members of the Appropriations Committee. My name is Julie Peters, and I am the Executive Director of the Brain Injury Association of Connecticut. I am here this evening, as I have been many times before, to ask for your support in maintaining funding in the DSS budget for the Brain Injury Association of Connecticut. The Governor's budget recommendation is to eliminate the entire operating grant (currently \$126,342) provided to BIAC each year, labeling the grant "advocacy" funding. The truth is that we have been contracted by this state for over 27 years to provide services which the state does not have the capacity to provide.

The Department of Public Health estimates that more than 8,000 CT residents will sustain a brain injury each year. Traumatic brain injuries now disable more people each year than spinal cord injuries, multiple sclerosis, HIV/AIDS, and breast cancer combined — *six times more!* Many of those individuals and their families will need assistance with the long and complex process of rebuilding their lives. Who provides that assistance? The Brain Injury Association of Connecticut.

While Connecticut's Department of Social Services provides case management for the less than 400 brain injury survivors on the Medicaid ABI Waiver, it is BIAC who provides information, resources, and support for everyone else with brain injuries — as well as their families, caregivers, and the professionals who serve them. It is BIAC that has done so for the past 29 years. Here is what that means.

Having no mechanism for receiving, handling, and tracking inquiries from brain injury survivors and family members, DSS officially contracts with BIAC to operate a toll-free Helpline — a Helpline that has seen a 600% increase in calls in the last five years. This past year, BIAC responded to more than 4000 contacts. But that is not all we do.

We also sponsor 30 support groups statewide, including three just for combat veterans. We educate state agencies on brain injury, including the Departments of Social Services, Correction, Developmental Disabilities, Children & Families, Education, and Veteran Affairs, to assure that all those who are working with an individual with a brain injury understand the issues they face. In the process, we have helped to foster greater collaboration between these agencies, so that individuals are better identified and served.

In fact, the services we offer are so comprehensive that when DSS initiated a public awareness campaign on brain injury, the phone number DSS listed on their billboards and signs was not theirs. ***It was ours.***

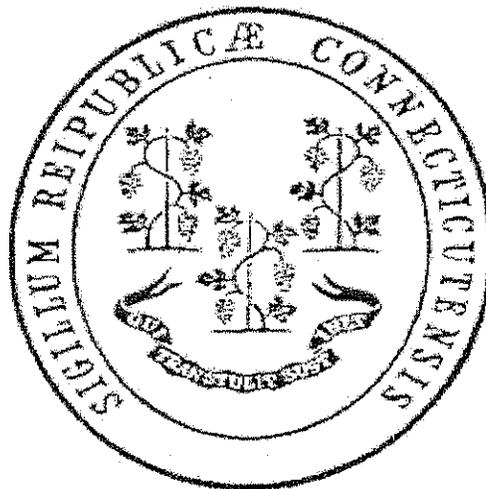
Years ago, most serious brain injuries were fatal. Thanks to modern medicine, that has changed. However, medicine is not able to restore "life as they knew it" to those who survive or to their loved ones. Even BIAC cannot do that — but we can and do provide brain injury survivors and their families with the ongoing support and resources needed to optimize recovery, and that makes the Brain Injury Association of Connecticut a genuinely critical lifeline on what is always a very long and difficult journey back.

Tonight you will hear from many of those we have served in a variety of capacities. Please listen to their stories, as they can describe far better than I could just how important the work we do is. And we do all this with very limited funding from the State.

Ladies and gentlemen, the bottom line is this: With BIAC the State's *de facto* resource for brain injury services, eliminating BIAC's operating grant will devastate the delivery of services and supports to thousands of Connecticut residents whose lives have been shattered by the experience of brain injury — and that really *is* something the State will not be able to afford. I ask that you immediately remove the BIAC operating grant from the list of proposed budget cuts and protect both the grant and those we serve - in the months and years to come. I thank you.

Evidence-Based Medicine and Traumatic Brain Injury

The State of Connecticut:



Cost Reduction ~ Improved Patient Outcomes

EBM Care, Inc.

March, 2011

Health Care and Medicaid Reform through Evidence-Based Medicine

Overview. A prevailing view in the health care debate today - that there is a trade-off between cost and quality - misses an important point: That the best care, given at the appropriate time, can result in improved outcomes and, therefore, lower costs. And the *best care* today is found in and delivered by *evidence-based medicine, (EBM)*. Evidence-based medicine is the practice of medicine guided by the strength of the best available clinical research. It is a rigorous approach to evaluating the literature and developing practice recommendations substantiated and demonstrated to improve patient results.

With all of the pressures on health care cost containment today, we know that another mechanism was, and is, clearly needed to increase the level of adherence to EBM guidelines. Connecticut has the opportunity to lead in the identification and implementation of this next major wave and help bring the best science and success to the health care world to address our challenges of runaway health care costs and declining state resources.

The Problem - Traumatic Brain Injury in Connecticut. Traumatic brain injury is just one such illness where the higher adoption of evidence based medicine would lead to a dramatic cost reduction for like **Connecticut** as well as dramatic improvement in patient outcomes. Traumatic brain injury is the leading cause of death and disability in the United States for those between the ages of 1 and 44. In Connecticut alone, based on estimates from the **Center for Disease Control, (CDC)**, there are approximately 2,220 severe traumatic brain injury cases and approximately 275 of those cases involve Medicaid eligible people costing the state over \$650 million every year. Employing evidence based medicine practices in Connecticut can save millions of dollars.

The Opportunity - Traumatic Brain Injury Outcomes in Connecticut. There is ample evidence now in the medical literature that shows that the implementation of evidence-based guidelines improves patient outcomes-reducing mortality by 50% and improving functional outcome by 50%-while reducing acute care costs by 20%.

Medicaid Savings in Connecticut. The cost of caring for all TBI patients in Connecticut, in the acute and long term phases, is estimated to be slightly more than \$650 million dollars. Conservative savings estimates indicate that if evidence based medicine were applied statewide to the treatment of TBI patients, **cost savings in just** the Medicaid population of patients could exceed \$16 million dollars annually. This is because traumatic brain injured patients who have a poor medical outcome often end up residing in long term care facilities in a comatose condition.

The cost of care for such a patient, who may live for many years, can exceed one million dollars.

As a patient's funding evaporates, often before death, the cost of care for such a person falls on the insurers of last resort, and states like Connecticut through their Medicaid programs.

TRAUMATIC BRAIN INJURY Connecticut

Annual Incidence of Traumatic Brain Injury Connecticut

Population of Connecticut (Est.)
3,503,000

Incidence of Severe Traumatic Brain Injury Cases
2,221
(Based on CDC Number of 634 TBI Cases/Million)

Traumatic Brain Injury in Connecticut

TBI Incidence per Week	42	
TBI Incidence per Day	6	
Annual Total TBI Cost in Connecticut Million		\$652
Medicaid Eligible in Connecticut (Est.) 430,000		
Projected Annual incidence of TBI within Eligible Medicaid Population 273		
Total Annual Estimated Medicaid Cost of Care for TBI Patients in Connecticut		\$80,086,000*

Source: EBM Care's cost analysis is based upon CDC data, state population figures and Medicaid eligibility, and estimated cost for services.

Evidence Based Medicine Background

Non-Compliance with Evidence-Based Medicine. Traditional medical training is done through the apprenticeship method. New practitioners are taught to practice medicine the same way that their "trainers" practice medicine. They are also bombarded with an endless stream of new information as thousands of journal articles are published each year. Historically there has been no practical means for an individual practitioner to synthesize all this information and incorporate it into the view of medicine they were trained to practice. But now, innovations are making it possible for EBM to address this dilemma by creating a structured and rigorous process by which the available information is continually reviewed, resulting in guidelines for the practice of medicine demonstrated to improve results.

In order to be widely accepted guidelines must be developed by acknowledged experts in the field, under the auspices of the governing body for a particular field of medicine. EBM began in the early 1990's and because of the powerful effects it has on patient outcome, it is considered to be "best practice". Even though EBM guidelines are demonstrated to improve patient care, and despite the fact that guidelines are often accepted as policy by many hospitals, rigorous adherence to those guidelines is limited. In 2002, the *Journal of Trauma* published the results of a national study of over 500 trauma hospitals that documented an enormous pattern of non-compliance with the severe head injury guidelines showing that these internationally approved guidelines were followed in only 16 % of all cases. Further and more recent studies confirm this non-compliance to be continuing.

Enlightened Reform and a Pilot Program Investment. Connecticut has the **opportunity** to develop a quality assessment and quality assurance system that will help caregivers deliver evidence-based medicine directly at the point-of-care, where the greatest difference in cost and patient outcomes can be made. It is intended that an interactive quality assessment and quality assurance software system, which helps hospitals and medical staffs reliably and consistently deliver evidence-based care directly at the point-of-care, where the greatest difference in cost and patient outcomes can be made will be identified and employed.

The goals for this effort include:

- Identify an interactive web-based approach, built by surgeons that is user friendly, collaborative and designed to efficiently and quickly assist caregivers.
- Identify Connecticut level one trauma hospitals for a one year pilot program.
- Document current level of Guideline compliance for TBI patients in the ICU, within each identified hospital.

- Implement program in each hospital identified, train ICU staff and document the specific progress made on compliance with the Internationally recognized TBI Guidelines.

The project will be measured by the increase in compliance and adherence to guidelines for TBI patients in the ICU. Additionally, an independent actuarial firm will be employed to provide Connecticut's Legislature and Health Department an analysis of cost savings as a result of Connecticut's investment in this evidence-based medicine pilot program.

Treatment guidelines utilized for traumatic brain injury shall be approved by the *American Association of Neurological Surgeons, (AANS)*, the *American Medical Association, (AMA)*, and the *World Health Organization, (WHO)*.