Screening For Traumatic Brain Injury: Idaho’s Approach


Russell C. Spearman, M.Ed.
Idaho TBI Program Director
Institute of Rural Health
Idaho State University
Background

• 2014- Idaho one of twenty states to receive a Federal grant from HRSA/MCH (transferred to Administration on Community Living)

• Four core components for states (Framework)
  – Professional Training – shortage of health professionals
  – **Screening** for TBI – absence of correct TBI diagnosis
  – Resource Facilitation – navigating services across agencies
  – Information and Referral – lack of information of services and supports with little assistance accessing them.
Federal TBI State Implementation Grant Program

- Created via Children’s Health Act in 1997
- Funding to assist states to develop, improve, and expand service delivery for pwbi/families
- Currently 19 states funded through May 2018
- Grants help develop infrastructure and to expand services to underserved and unserved populations
Idaho History

• Beginning in FY 2000 Idaho has received 5 consecutive competitive grant awards and 1 administrative supplement
Creation of Community Health Screening (CHS) Event

- Began in January 2010 with TBI screening added in 2014
- Idaho State University-Meridian Health Science Center (ISU-Meridian HSC) and Ada County
- Reduce health care costs to taxpayers due to a growing indigent population (>18, homeless, uninsured/underinsured)
- Innovative interprofessional learning experience
Interdisciplinary Training

• 400 level Interdisciplinary elective offered fall and spring semester that includes TBI screening
• Since Fall 2015 72 students/faculty across 10 health care disciplines have been trained to administer the TBI screening tool
• Screenings have taken place in southeast, southwest Idaho and on a native american reservation
Student Involvement

- 2016-2017 – 28 students enrolled in a 2 credit interprofessional elective
- 139 students assisted with at least one screening
- 61 of those students attended multiple times
- 39 students from ISU-Meridian HSC were directly involved with screening participants
- Approximately 950 hours of donated student time
Community Health Screenings

- Basic Physical Exam/Assessment
  (Blood Pressure check, medication review, & disease education)
- Oral/Dental Health Evaluation & Education
- Depression & Alcohol Screening Questionnaires
- Flu Shots*
- Hearing & Eye Screenings
- On-site testing for Blood Sugar, Cholesterol, Hep C & HIV
- Mammogram Referrals
- Nutrition Assessment & Education
- Traumatic Brain Injury Screening

* Flu Shots and other screening tests provided as supplies last.

FREE Health Screenings!

Provided for adults 18+ with no insurance or limited access to preventative care.

Screenings take place from 4-7pm as follows:

February 9, 2017
Whitney United Methodist Church
3315 W. Overland Rd., Boise ID 83702

March 9, 2017
ISU–Meridian Health Science Center
1311 E. Central Dr., Meridian ID 83642

April 13, 2017
Whittier Elementary School
301 N 29th St., Boise ID 83702

The Idaho Foodbank will be providing boxes of food, free for participants who want one!

COMES SPEAK WITH IDAHO STATE UNIVERSITY HEALTH PROGRAM PROFESSIONALS IN THE AREAS OF:

- Nursing
- Physician Assistant Studies Counseling
- Medical Laboratory Science
- Audiology
- Institute of Rural Health
- Public Health
- Dietetics
- Pharmacy
- Dentistry

Valley Ride bus stops near most screening locations. Visit www.valleymide.org or call 345-7433 for more info

QUESTIONS? Call Idaho State University-Meridian Health Science Center at 208-373-1700 or email healthyU@isu.edu

(Also Available in Spanish)
Disciplines Represented

- Public Health
- Pharmacy
- Counseling
- Nursing
- Physician Assistant
- Communication Sciences/Audiology
- Nutrition Sciences/Dietetics
- Medical Laboratory Science
- Dentistry
# Community Health Screening Events

## Table 1: Screening Process

<table>
<thead>
<tr>
<th>Station</th>
<th>Duties/Tasks</th>
<th>Disciplines Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Check-In</strong></td>
<td>- Initiate paperwork including a liability release and demographics form</td>
<td>- Public Health</td>
</tr>
<tr>
<td></td>
<td>- Complete forms reviewed later in the process including: hepatitis C risk,</td>
<td>- CPs</td>
</tr>
<tr>
<td></td>
<td>nutrition screening, depression screening, drug and alcohol screening</td>
<td>- Pharmacy</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td>- Evaluate teeth and gum health</td>
<td>- Dental</td>
</tr>
<tr>
<td></td>
<td>- Check for signs of oral cancer</td>
<td>- Pharmacy</td>
</tr>
<tr>
<td></td>
<td>- Conduct HIV screen</td>
<td>- Physician Assistant</td>
</tr>
<tr>
<td></td>
<td>- Review hepatitis C risk factor assessment</td>
<td></td>
</tr>
<tr>
<td><strong>Labs</strong></td>
<td>- Collect and process:</td>
<td>- Medical Lab Sciences</td>
</tr>
<tr>
<td></td>
<td>- Glucose and total cholesterol screen</td>
<td>- Accelerated Nursing</td>
</tr>
<tr>
<td></td>
<td>- Hepatitis C screen</td>
<td>- Pharmacy</td>
</tr>
<tr>
<td></td>
<td>- Provide glucose and cholesterol results</td>
<td>- Physician Assistant</td>
</tr>
<tr>
<td></td>
<td>- Read HIV and hepatitis C results</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Exam</strong></td>
<td>- Check blood pressure, height, weight, BMI</td>
<td>- Accelerated Nursing</td>
</tr>
<tr>
<td></td>
<td>- Conduct:</td>
<td>- Dietetic Intern</td>
</tr>
<tr>
<td></td>
<td>- PHQ-2 and AUDIT-C to screen for depression and/or alcohol dependency</td>
<td>- Pharmacy</td>
</tr>
<tr>
<td></td>
<td>- Medication review of drug allergies, prescription medications taken, and</td>
<td>- Physician Assistant</td>
</tr>
<tr>
<td></td>
<td>over the counter products used on a regular basis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Nutrition assessment using the Patient-Generated Subjective Global</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assessment (PG-SGA) for malnutrition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Vision screening</td>
<td></td>
</tr>
<tr>
<td><strong>Traumatic Brain Injury</strong></td>
<td>- Utilize Ohio State University-TBI Identification Screening Method</td>
<td>- Counseling</td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td>- Examine ear health and wax build-up</td>
<td>- Audiology/CSD/SLP</td>
</tr>
<tr>
<td></td>
<td>- Conduct audiology/hearing screening</td>
<td></td>
</tr>
<tr>
<td><strong>Viral Results</strong></td>
<td>- Give HIV and hepatitis C test results</td>
<td>- Frontier AETC</td>
</tr>
<tr>
<td></td>
<td>- Provide risk reduction education</td>
<td>- Counseling</td>
</tr>
<tr>
<td><strong>Referrals</strong></td>
<td>- Review screening document with participant</td>
<td>- Pharmacy</td>
</tr>
<tr>
<td></td>
<td>- Give referrals when necessary and/or actual appointment times when available</td>
<td>- Physician Assistant</td>
</tr>
<tr>
<td><strong>Motivational Interviewing</strong></td>
<td>- Discuss overall health priorities, barriers to care, and potential solutions</td>
<td>- Counseling</td>
</tr>
<tr>
<td></td>
<td>- Review plans to seek medical care</td>
<td></td>
</tr>
<tr>
<td><strong>Check Out</strong></td>
<td>- Collect information</td>
<td>- Idaho Center for Health Research</td>
</tr>
</tbody>
</table>
### Step 1
Ask questions 1-5 below. Record the cause of each reported injury and any details provided spontaneously in the chart at the bottom of this page. You do not need to ask further about loss of consciousness or other injury details during this step.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
   - [ ] No  [ ] Yes—Record cause in chart

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle, ATV?
   - [ ] No  [ ] Yes—Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?
   - [ ] No  [ ] Yes—Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?
   - [ ] No  [ ] Yes—Record cause in chart

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.
   - [ ] No  [ ] Yes—Record cause in chart

If more injuries with LOC: How many?

Longest knocked out?

How many ≥ 30 mins?

Youngest age?

### Step 2
Interviewer instruction: If the answer is "yes" to any of the questions in Step 1, ask the following additional questions about each reported injury and add details to the chart below.

Were you knocked out or did you lose consciousness (LOC)?

- [ ] Yes, how long?
- [ ] No, were you dazed or did you have a gap in your memory from the injury?

How old were you?

### Step 3
Interviewer instruction: Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)?

- [ ] Yes, what was the typical or usual effect—were you knocked out (Loss of Consciousness - LOC)?
- [ ] No, were you dazed or did you have a gap in your memory from the injury?

What was the most severe effect from one of the times you had an impact to the head?

When did these repeated injuries begin?

### Table
<table>
<thead>
<tr>
<th>Cause</th>
<th>Loss of consciousness (LOC)/knocked out</th>
<th>Dazed/Mem Gap</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>No LOC</td>
<td>&lt; 30 min</td>
<td>30 min-24 hrs</td>
<td>&gt; 24 hrs</td>
</tr>
<tr>
<td>Dazed/ memory gap, no LOC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If more injuries with LOC: How many?

Longest knocked out?

How many ≥ 30 mins?

Youngest age?

### Table
<table>
<thead>
<tr>
<th>Cause of repeated injury</th>
<th>Typical Effect</th>
<th>Most Severe Effect</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dazed/ memory gap, no LOC</td>
<td>LOC</td>
<td>LOC</td>
<td>Age</td>
</tr>
<tr>
<td>LOC &lt; 30 min</td>
<td>LOC 30 min - 24 hrs.</td>
<td>LOC &gt; 24 hrs.</td>
<td>Began</td>
</tr>
</tbody>
</table>

### Step 1

<table>
<thead>
<tr>
<th>Cause</th>
<th>Loss of consciousness (LOC)/knocked out</th>
<th>Dazed/Head Gap</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No LOC</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; 30 min</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30 min - 24 hrs</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; 24 hrs</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

If more injuries with LOC: How many? ______ Longest knocked out? ______ How many > 30 mins? ______ Youngest age? ______

### Step 3

<table>
<thead>
<tr>
<th>Cause of repeated injury</th>
<th>Typical Effect</th>
<th>Most Severe Effect</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dazed/memory gap, no LOC</td>
<td>LOC &lt; 30 min</td>
<td>LOC 30 min - 24 hrs</td>
</tr>
<tr>
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<td>LOC</td>
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</table>

### Interpreting Findings

A person may be more likely to have ongoing problems if they have any of the following:

- **WORST**
  - One moderate or severe TBI

- **FIRST**
  - TBI with loss of consciousness before age 15

- **MULTIPLE**
  - 2 or more TBIs close together, including a period of time when they experienced multiple blows to the head

- **RECENT**
  - A mild TBI in the last weeks or a more severe TBI in the last months

- **OTHER SOURCES**
  - Any TBI combined with another way that their brain function has been impaired

### For more information about TBI or the OSU TBI Identification Method visit:

- Ohio Valley Center at OSU
  - www.ohiovalley.org/informationeducation

- BrainLine.org
  - www.brainline.org

*Updated July 2019*
1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about. (N=400)
2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle or ATV? (N=400)

- Yes: 39%
- No: 61%
3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (i.e., falling from horse, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground? (N=400)
4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head? (N=400)
5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents. (N=400)
CAUSES & RECOVERY FROM A TBI
Brain Injury Awareness Month

THERE ARE MANY CAUSES OF TBI:

NUMBER ONE CAUSE:  
FALLS 40.5%  
MOTOR VEHICLE 14.3%  
UNKNOWN 19%

STRUCK BY/AGAINST 15.5%  
ASSAULT 10.7%

At least 5.3 million Americans live with TBI-related disabilities

RESEARCH TREATMENT & SUPPORT speeds recovery for the 2.5M Americans who survive a TBI each year

To learn more, please visit biausa.org or braininjurytrial.com

TBI Causes in Idaho 2014-2017 (N=400)

- Other Accident (falls, bumping into things)
- Motorized Vehicle Accident (car, truck, motorcycle, ATV)
- Violence (fighting, assault, gunshot, suicide attempt)
- Sports
- Bicycle Accident
- Medical Condition (stroke, brain tumor, infection)
- Near-Drowning

* Individual may have more than one cause
TBI Causes in Idaho 2014-2017
Individual vs. Repeated
(N=400)

* Individual may have more than one cause
TBI Causes in Idaho 2014-2017
Individual vs. Repeated: Three Main Causes
(N=400)

Total Incidents

<table>
<thead>
<tr>
<th>Category</th>
<th>Individual</th>
<th>Repeated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other: Falls</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Violence</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>Sports</td>
<td>27</td>
<td>54</td>
</tr>
</tbody>
</table>

* Individual may have more than one cause
Current Age of Participants vs. Age at Time of Incident (N=400)

- Min: 0
- Max: 88
- Mean: 47.8
- Current Age of Participants: 76
WHO GETS REFERRED?
Referral Criteria

- Refer people based on one or more of the following:
  - **Worst** (Severity): One or more moderate or severe TBI’s.
  - **First** (Age at First): TBI with loss of consciousness before age 15.
  - **Multiple** (Proximity of Incidents): Two or more TBI’s within weeks of each other or; a period of time when they experienced multiple blows to the head.
  - **Recent**: A mild TBI in recent weeks or a more severe TBI in recent months.
  - **Other Sources**: Any TBI combined with another way that the client’s brain function has been impaired.
Number of Individuals with finding in each Category

* Individual may have more than one finding
Was a referral provided to the client who screened likely?  
(N=143)

Yes: 95
No: 48
WHAT HAPPENS NEXT?
Quality of Life Follow-up

• Implemented in 2015-16.
• Each individual who screened likely and provided contact information is called.
• Over the phone interview is conducted using:
  – QOLIBRI – Quality of Life After Brain Injury©

www.qolibrinet.com
Questionnaire is specifically designed to assess health-related quality of life issues after a traumatic brain injury.
QOLIBRI - QUALITY OF LIFE AFTER BRAIN INJURY

In the first part of this questionnaire we would like to know **how satisfied** you are with different aspects of your life since your brain injury. For each question please choose the answer which is closest to how you feel now (including the past week) and mark the box with an ‘X’. If you have problems filling out the questionnaire, please ask for help.

**PART 1**

A. These questions are about your thinking abilities now (including the past week):

1. How satisfied are you with your ability to concentrate, for example when reading or keeping track of a conversation?
2. How satisfied are you with your ability to express yourself and understand others in a conversation?
3. How satisfied are you with your ability to remember everyday things, for example where you have put things?
4. How satisfied are you with your ability to plan and work out solutions to everyday practical problems, for example what to do when you lose your keys?
5. How satisfied are you with your ability to make decisions?
6. How satisfied are you with your ability to find your way around?
7. How satisfied are you with your speed of thinking?

**PART 2**

B. These questions are about your emotions and view of yourself now (including the past week):

1. How satisfied are you with your level of energy?
2. How satisfied are you with your level of motivation to do things?
3. How satisfied are you with your self-esteem, how valuable you feel?
4. How satisfied are you with the way you look?
5. How satisfied are you with what you have achieved since your brain injury?
6. How satisfied are you with the way you perceive yourself?
7. How satisfied are you with the way you see your future?

C. These questions are about your independence and how you function in daily life now (including the past week):

1. How satisfied are you with the extent of your independence from others?
2. How satisfied are you with your ability to get out and about?
3. How satisfied are you with your ability to carry out domestic activities, for example cooking or repairing things?
4. How satisfied are you with your ability to run your personal finances?
5. How satisfied are you with your participation in work or education?
6. How satisfied are you with your participation in social and leisure activities, for example sports, hobbies, parties?
7. How satisfied are you with the extent to which you are in charge of your own life?

D. These questions are about your social relationships now (including the past week):

1. How satisfied are you with your ability to feel affection towards others, for example your partner, family, friends?
2. How satisfied are you with your relationships with members of your family?
3. How satisfied are you with your relationships with your friends?
4. How satisfied are you with your relationship with a partner or with not having a partner?
5. How satisfied are you with your sex life?
6. How satisfied are you with the attitudes of other people towards you?

PART 2

In the second part we would like to know **how bothered** you feel by different problems. For each question please choose the answer which is closest to how you feel now (including the past week) and mark the box with an ‘X’. If you have problems filling out the questionnaire, please ask for help.

E. These questions are about how bothered you are by your feelings now (including the past week):

1. How bothered are you by feeling lonely, even when you are with other people?
2. How bothered are you by feeling bored?
3. How bothered are you by feeling anxious?
4. How bothered are you by feeling sad or depressed?
5. How bothered are you by feeling angry or aggressive?

F. These questions are about how bothered you are by physical problems now (including the past week):

1. How bothered are you by slowness and/or clumsiness of movement?
2. How bothered are you by effects of any other injuries you sustained at the same time as your brain injury?
3. How bothered are you by pain, including headaches?
4. How bothered are you by problems with seeing or hearing?
5. Overall, how bothered are you by the effects of your brain injury?

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www.qolibripst.com
For details contact rvsteinbuechel@med.uni-goettingen.de.
Data Capture and Analysis

• Data is captured in Redcap
  – Housed at the University of Washington – online secure web application for building and managing on-line databases.

• In conjunction with counseling and speech and language faculty, trigger points for referral were determined.
Subject Area: Thinking Abilities
Results 2015-17

Less Than Satisfied with Thinking Abilities

- Ability to Plan and Work Out Solutions to Everyday Problems
- Ability to Remember Everyday Things
- Ability to Make Decisions
- Your Speed of Thinking
- Ability to Express Yourself & Understand Others in Conversation
- Ability to Concentrate
- Ability to Find Your Way Around

0% 25% 50% 75% 100%
Subject Area: Emotions
Results 2015-17

Less Than Satisfied With Emotions & View Of Themselves

- Your Level of Motivation to do Things
- Your Self-Esteem
- Your Level of Energy
- The Way You Look
- What You Have Achieved Since Your Brain Injury
- The Way You Perceive Yourself
- The Way You See Your Future

0% 25% 50% 75% 100%
Subject Area: Independence
Results 2015-17

Less Than Satisfied With Independence & Function in Daily Life

- Participation in Work or Education
- Participation in Social and Leisure Activities
- Extent to Which You are in Charge of Your Own Life
- Ability to Run Your Personal Finances
- Extent of Your Independence From Others
- Ability to Carry Out Domestic Activities
- Ability to Get Out and About

0%  25%  50%  75%  100%
Subject Area: Social Relationships
Results 2015-17

Less Than Satisfied with Social Relationships

- Your Sex Life
- Attitudes of Other People Towards You
- Relationships with Members of Your Family
- Relationships with Your Friends
- Relationships with a Partner or Not Having a Partner
- Ability to Feel Affection Towards Others

[Bar chart showing percentages]
Subject Area: Feelings
Results 2015-17

Bothered By Feelings

- Feeling Anxious
- Feeling Lonely
- Feeling Sad or Depressed
- Feeling Bored
- Feeling Angry or Aggressive
Subject Area: Physical Problems
Results 2015-17

Bothered By Physical Problems

- Effects of Your Brain Injury
- Pain, Including Headaches
- Problems Seeing or Hearing
- Slowness and/or Clumsiness of Movement
- Effects of Any Other Injuries Sustained at Time of Brain Injury

[Bar graph showing percentages for each category]
How Can This Information Help?
Additional Referrals

• Criteria:
  1. Complete the QOL Survey
  2. Score within certain parameters for Speech-Language (SLP)
  3. Score within certain parameters for Counseling
  4. Desire Referrals

• Referral packet sent including:
  – Letter to Primary Care Provider (PCP)
  – Results (or Form for PCP to submit for results) of initial screening and QOL
  – SLP or Counseling referral forms as appropriate
Sample Letter of Referral to PCP

• Screenings do NOT diagnose a TBI
• Screenings identify those who are likely to have a TBI
• PCP’s can diagnose and determine the most appropriate treatment

Date

Re: Referral for TBI Evaluation and Treatment

Patient Name:

Thank you for participating in our Community Health Screening on ____________. You screened likely for a Traumatic Brain Injury (TBI) and participated in our follow-up survey on your Quality of Life after Brain Injury. The results from the screening and survey indicated you might benefit from additional services.

Please find listed below a Family Practice Provider that has agreed to take referrals from our health screenings for those who screened likely for a TBI. They will assess your medical history and, if appropriate, make recommendations for follow-up and/or referrals to additional service providers.

Enclosed are a letter to the care provider and the responses to the TBI screening and Quality of Life survey as recorded by our volunteers. There are also letters for the family practice care provider to use for additional referrals based upon your responses to the Quality of Life survey.

We take the confidentiality of your information very seriously. Please review and determine what information you wish to share with your care provider. We will not directly share any information with anyone other than you in order to protect your confidential health information.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Russell C. Spearman, M.Ed.
Principal Investigator, Traumatic Brain Injury Program
Institute of Rural Health
ISU Meridian Health Science Center
208.373.1773
spearman@isu.edu

To receive follow-up and referrals for additional services, please contact:

Unity Health Center
745 S. Progress Avenue
Meridian, ID 83642
Make an Appointment: (208) 895-6729

Office Hours:
Monday – Saturday 9 AM – 6 PM
Closed Sunday

Ph.: (208) 282-4436 • Fax: (208) 282-4074 • www.isu.edu/irh
Ph.: (208) 373-1763 • Fax: (208) 373-1777
What Triggers a SLP Referral?

• Numeric values 1 to 5 are assigned to the responses to questions in the section about thinking abilities
  – Values: (1) Not at all, (2) Slightly, (3) Moderately, (4) Quite, (5) Very

• Seven questions are asked.

• Of a possible score of 35, responses totaling <28 trigger a recommendation for a Speech and Language evaluation.
What Triggers a Counseling Referral?

- Numeric values 1 to 5 are assigned to the responses to questions in the two sections about social relationships and feelings.

- Six questions are asked about social relationships.
  - Values: (1) Not at all, (2) Slightly, (3) Moderately, (4) Quite, (5) Very
  - Of a possible score of 30, responses totaling <18 trigger a recommendation for a Counseling evaluation.

- Five questions are asked about feelings.
  - Values: (1) Very, (2) Quite, (3) Moderately, (4) Slightly, (5) Not at all
  - Of a possible score of 25, responses totaling <15 trigger a recommendation for a Counseling evaluation.

- Meeting the trigger point in either section is all that is required for a counseling referral
Sample Letter for PCP to refer to Speech-Language Evaluation

- Providers listed at bottom of referral form have agreed to take patients even if they do not have insurance.

Date ______________

Re: Request for referral for Speech-Language Evaluation and Treatment

Patient Name: ______________________________

Referring Physician:
The patient listed above attended a Community Health Screening conducted by the Idaho State University Division of Health Sciences on the above date. At this screening, the patient was screened for traumatic brain injury using the Ohio State University TBI Identification Method and was identified as possibly having had a TBI in the past. The patient was also administered the Quality of Life After Brain Injury (QOLIBRI) questionnaire to determine if their possible TBI could be impacting functional performance with tasks related to cognitive abilities, such as memory, attention, and executive functioning. The score received on this questionnaire indicates that the patient could benefit from cognitive assessment and treatment by a speech-language pathologist to address their identified areas of difficulty.

This is a request for referral to a speech-language pathologist for assessment and treatment (if indicated following evaluation) for post-concussion syndrome. In order for this patient to receive these services, a physician’s order is required requesting speech-language evaluation and treatment.

The order should be faxed to the following clinician and facility, and they will contact the patient to schedule an evaluation.

If you have any questions, please do not hesitate to contact me. Thank you very much for your assistance with this referral.

Sincerely,

Russell C. Spearman, M.Ed.
Principal Investigator, Traumatic Brain Injury Program
Institute of Rural Health
ISU Meridian Health Science Center
208.373.1773
spearman@isu.edu

Order requesting speech-language evaluation and treatment for post-concussion syndrome should be sent to the following clinician and facility:

☐ Wendy Morgan, MS, CCC-SLP
ISU Speech and Language Clinic
650 Memorial Drive, Building #68
Fax: (208) 282-4571
Sample Letter for PCP to refer to Counseling

- Providers listed at bottom of referral form have agreed to take patients even if they do not have insurance.
Challenges

- Participation in Quality of Life Survey
- Access to care
- Where to refer
- Follow-through
- Case Management
Participation

• Get good contact information at time of screening \((more \ than \ one \ method \ if \ possible)\)
• Make initial contact \textbf{as soon as possible} after screening \((within \ 1 \ week)\)
• Make several attempts \((3 \ at \ minimum)\)
• Offer a gift card as a token of appreciation
Access to Care/Referrals

- Many screened do not have insurance.
- Provide information on the health insurance exchange.
- Develop relationships with PCP and specialists willing or chartered to see patients without insurance.
- Seek a private funding partner if a trust fund is not available in your state.
Thanks to our Community Partners

- **Unity Health Center**: *Private practice with no specific charter to take uninsured*
- **HealthWest**: *Part of HRSA’s Health Center Program*
- **Idaho State University Clinics**: *referral for SLP and Counseling*
- **Heather Robinson, MA, CCC-SLP**: *referral for SLP at St. Alphonsus Regional Medical Center*
Thanks to our Private Funding Partner

- Generously donated $500
- Used to offset initial visits to PCP at Unity Health.
- Unity agreed to $50 initial visit fee
Ongoing Challenges

• Getting individuals to follow through on referrals.
• Getting other specialty providers willing to accept referrals.
• A mechanism for case management to help navigate the various services recommended.
• Establishing a trust fund and/or getting more private funding partners.
For More Information

Russell C. Spearman M.Ed.
Director, Idaho Traumatic Brain Injury Program
Institute of Rural Health – Idaho State University Meridian Health Science Center

www.idahotbi.org
208-373-1769