

## SCI and BI Rehabilitation Fund (Section 26-54)

The Traumatic Spinal Cord Injury (SCI) and Brain Injury (BI) Rehabilitation Fund was established during the 2012 Utah legislative session (Section 26-54). Money is to be used to “assist qualified IRC 501(c)(3) charitable clinics to provide: a) physical, occupational, and speech therapy; and, b) equipment necessary for daily living activities for people with spinal cord and brain injuries.” To qualify for the Fund, Utahns with spinal cord or brain injuries must show that other funding options have been exhausted (i.e., insurance benefits) or are not available to provide the services. The Fund is payor of last resort and the contractors work hard to make sure that the Fund is payor of last resort. In SFY 2021, other resources were found for 15 participants.

There are currently three contractor providers:

- The University of Utah Sugarhouse Rehabilitation Clinic
- Neuroworx
- Intermountain Health Care

Intermountain Health Care (IHC) was added as a contractor in 2019 to increase access to the Fund in rural areas. They have seven clinics across the state that will provide services under the SCI/BI Rehabilitation Fund. The following Clinics are the IHC Clinics: Logan Regional Hospital, McKay Dee Hospital (Ogden), TOSH (Salt Lake City), Orem Community Hospital, Park City Hospital, Cedar City Hospital, and St. George Regional Hospital.

### Spinal Cord Injury (SCI) and Brain Injury (BI) Rehabilitation Fund

## FINAL YEAR REPORT 2021

Annual Totals (July 1, 2020 - June 30, 2021)

| A. Utilized prioritization process to provide post-acute-care services for clients qualifying for the Traumatic SCI and TBI Rehabilitation Fund. Includes number of: | Number<br>or<br>Percent |
|--|-------------------------|
| Individual intakes   | <b>58</b>               |
| Individuals who received alternative funding   | <b>15</b>               |
| Individual clients served (an unduplicated count)  | <b>43</b>               |
| Physical therapy services billed by CPT codes  | <b>2,770</b>            |
| Occupational therapy services billed by CPT codes  | <b>2,296</b>            |
| Speech therapy services billed by CPT codes  | <b>131</b>              |
| Telemedicine   | <b>178</b>              |
| B. Every 90 days each client's progress is monitored and tracked. Number of individual clients who:  |                         |
| Demonstrated improvement in transfer skills  | <b>100%</b>             |
| Demonstrated improvement in wheelchair mobility skills, either manual, power-assist, or power  | <b>100%</b>             |
| Demonstrated improvement in ambulation with or without assistive devices   | <b>100%</b>             |
| Demonstrated improved quality of life  | <b>100%</b>             |
| Improve cognitive skills   | <b>100%</b>             |
| Participated in recreational, leisure, and/or sports activities  | <b>94%</b>              |
| Returned to work and/or school   | <b>89%</b>              |
| Participated in the Extended Sustainable Rehab Services  | <b>68%</b>              |
| C. Number of education trainings provided:   |                         |
| Number of presentations  | <b>26</b>               |
| Number of persons trained  | <b>535</b>              |

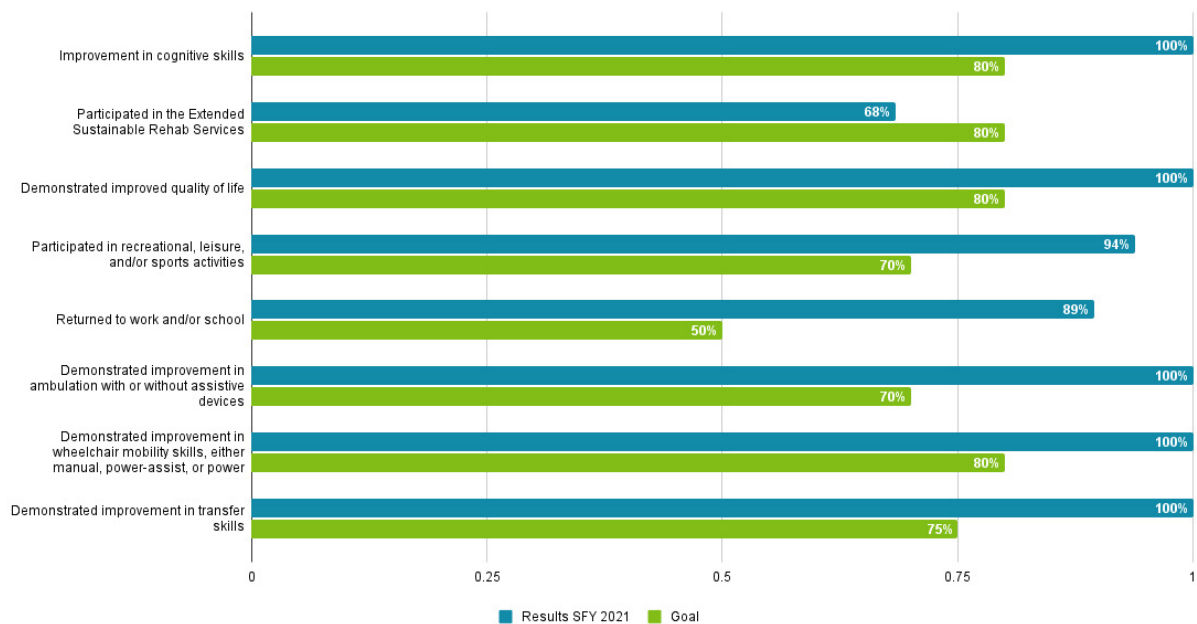
## SCI/BI Rehabilitation Fund Accomplishments

- Contractors were able to provide intakes for 58 individuals during SFY 2021.
- The Fund provided 43 individual clients with speech, occupation, and/or physical therapy services.
- Due to the diligence of contractors ensuring the Fund is payor of last resort, they were able to find alternate funding for 15 individuals.
- Contractor provided a total of 5377 CPT units for the year.
- Contractors were able to provide 178 units of telemedicine. This was approved by the advisory committee last fiscal year to accommodate individuals during the COVID-19 pandemic. This has been very successful and will continue throughout the pandemic and beyond.
- Provided Extended Sustainable Rehabilitation Service (ESR), a wellness program that focuses on important, repetitive tasks for the experienced patient who does not require 1:1 care. It is goal-oriented, metric and therapist driven and patient initiated, to 26 individuals
- Intermountain Health Care (IHC) was able to start seeing patients across the state.
- The contractors were able to provide 26 education and training presentations about the Fund reaching 535 professionals.

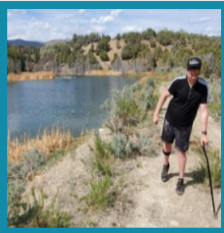
Contractors were able to provide 2,770 units of physical therapy; 2,296 units of occupational therapy, and 131 speech therapy units. Participant outcomes include:

- 100% demonstrated improved quality of life
- 100% 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
- 89% returned back to work and/or school.
- 94% participated in recreational activities
- 87% participated in the ERS Services
- 100% improvement in cognitive skills

**Figure 1: SCI/TBI Rehabilitation Fund Goal versus Results Chart, 2021**



### Derek's Story

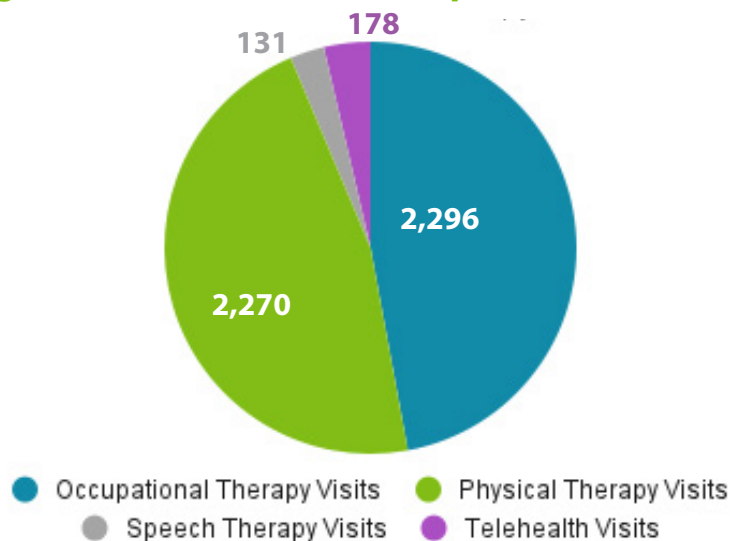


Derek sustained a spinal cord injury when he climbed over a fence and fell more than 30 feet in November of 2020. He began therapy in January of 2021 and after he used all his private insurance, he started using money from the Fund to complete his journey. Derek has this to say about participation in the SCI/BI Rehabilitation Fund.

“My name is Derek and having access to physical and occupational therapy has made it possible for me to heal and fight towards having a normal life. When I started therapy in the spring I couldn’t walk without the assistance of a walker or hand crutches. I struggled doing basic tasks that allowed

me to take care of myself and I lost most remnants of my normal life. My insurance would only cover a set number of visits and both my therapists and I agreed that it wouldn't be enough. As a result of the extra visits, I have been able to walk far distances with a cane and can do many things to take care of myself and even do things for fun that I did prior to my injury. Thanks to the diligent guidance from my therapists, I can now walk, hike, swim, kayak, bike, play live music, and pursue my higher education at the University of Utah. This program is so important and touches the lives of so many, I am proud to be a voice in the program and a success story.”

**Figure 2: Visit Procedure Comparison Chart, 2021**



### COVID-19 Pandemic

Contract providers accomplished many things but the COVID-19 pandemic affected their services. It required a significant shift in the normal operation of some of the clinics. This included recommendations to wear masks, social distance, and use of hand sanitizer. The pandemic also required staff to classify patients based on who needed essential, in-clinic care versus who could be adequately managed via telehealth or place on a home-exercise program with periodic review. Coronavirus exposures and the need to quarantine often results in cancellations and changes to treatment plans. Schedule flexibility was critical. Clinicians had an added responsibility to monitor for symptoms of illness and be aware of potential contagious situations. All of these elements affected the rate of progress of individual patients, with the greatest impact on those unable to access in-clinic therapy. The pandemic also limited the ability for providers to provide education and training due to cancellation of conferences, in person tours, etc.

### Neuroworx

The Neuroworx Clinic Telehealth visits focused on evaluation of a client's home environment for safety and efficiency for both client mobility and participation in home exercise and wellness programs. Clients were able to participate in real life bed mobility, transfers, wheelchair mobility, ambulation, ADLs and daily tasks. Telehealth allowed real time feedback for optimal outcomes within their own home environment. It also provided additional goals and needs for client treatment plans both in the home and in the clinic.

## University of Utah

The Sugarhouse Therapy Services department has performed telehealth therapy services for ten years with our speech language pathologists prior to pandemic. This experience, available equipment, and established workflow allowed us to quickly transition our physical and occupational therapists to a virtual platform. Ninety five percent of services were provided remotely through the first two months of the pandemic, slowly transitioning back into in-person services by July of 2020.

## Intermountain Health Care

Intermountain Health Care (IHC) saw a great decline in the ability to provide services initially, followed by an increase in the ability to provide services via telehealth. This ability decreased as IHC decided to limit telehealth to only patients with a specific COVID concern/issue. Work is underway to remedy this interpretation of the waiver that initially allowed telehealth.

## 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 a "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 Pediatric Neuro Rehabilitation Fund has three providers:

- Shriners Children's Hospital Salt Lake
- Neuroworx
- University of Utah Life Skills Center

## Pediatric Neuro Rehabilitation Fund Accomplishments

- The Pediatric Neuro Rehabilitation Fund was able to provide six children with much needed therapy.
- Providers conducted extensive outreach to inform physicians and clinics and raise awareness of the Fund.
- The providers provided 122 CPT units of physical therapy
- The outcomes of these therapies are:
  - 100% improvement in endurance
  - 100% Improvement in balance
  - 100% improvement in ambulation
  - 100% were able to participate in recreational, leisure, and/or sports activities
  - 85% reported an improved quality of life
  - 80% improved in gross motor function
  - 75% of children returned to school/work

The COVID-19 pandemic had an indirect effect on our Pediatric Fund services as elective surgical procedures were put on hold, which is a criteria for enrollment. Each contractor had its individual challenges. Contracts were amended the first of SFY 2022 to allow more flexibility in who can access the Fund. The six-month post-surgical criteria was removed.

### Jatavia's Story



Jatavia is a 19-year old that sustained a spinal cord injury due to a gunshot wound on July 26, 2020. She started her journey with outpatient therapy September 2020. Her goal of improving independence was so she could return to driving, school, and work. She then wanted to move back into her own place. She was discharged in the summer of 2021 and because of the SCI/TBI Fund she passed her driving evaluation, bought her own car, and started back to work. She now wants to return to school and get her degree in some social work field. She says, "This program really has helped me not worry about where I'm going to get money to start paying for my appointments, or how I'm going to pay for all these things when I wasn't the reason why this happened to me. This program really put an ease to my mind and now I can focus on things that matter to me! Like my new car and my job!"

## Neuroworx

Established strict mask, exposure, and symptom policies to ensure both patient and staff safety. One telehealth visit was performed for transfer training and bed mobility education in the home.

## Shriners Children Hospital

Shriners Hospitals for Children-SLC is an established as an orthopedic hospital. With this classification, nearly all surgeries performed are elective in nature. Due to the COVID-19 pandemic, surgeries were cancelled for a period of time, then slowly ramped back up. Also during the pandemic, only “essential” patients were seen and the vast majority of the patient caseload was being cancelled. Due to the cancellation and overall decrease in the number of surgeries, we were unable to enroll nearly the number of patients that were anticipated.

## University of Utah Life Skills Clinic

COVID-19 greatly impacted service provision. Many families likely did not seek services, particularly surgeries, during this time due to concerns with exposure. Telehealth services were provided in the clinic; however, most of our medically involved or fragile clients opted to wait for services until the pandemic was over or manageable. In addition, many hospitals/physicians either did not perform or greatly reduced the number of elective surgeries that were performed.

## Needs and Concerns Documented by Contractors

- More education and awareness about the SCI/TBI Rehabilitation and Pediatric Neuro Rehabilitation Fund services is still needed among providers outside the Wasatch Front.
- Barriers to services continue to be transportation from rural areas of the State although the telehealth program has greatly increased access.
- Limited money for marketing or outreach of the Fund.
- COVID-19 continues to have some negative effects on the participants 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](http://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