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- *How does the Affordable Care Act benefit people with disabilities?*
- *Driving after TBI*

# Brain Waves



## Headline News

**Today** — The [University of Alabama at Birmingham Traumatic Brain Injury Model System \(UAB-TBIMS\)](#) recently launched a new [YouTube Channel](#). The first 5 videos feature UAB-TBIMS professionals explaining their roles in the rehabilitation of patients with traumatic brain injury.

- Neuropsychology
- Nursing
- Speech Therapy
- Occupational Therapy
- Physical Therapy

The [UAB-TBIMS](#) professionals also answered more than 15 questions submitted by people with TBI and their families. You can read all of the questions and answers on our [TBI Exchange Forum](#).

Oct. 25, 2013 — Adults with head injuries are known to be at high risk for depression, and yet little research had been done on the topic related to children. In the abstract, “Depression in Children Diagnosed with Brain Injury or Concussion,” presented Oct. 25 at the American Academy of Pediatrics (AAP) National Conference and Exhibition in Orlando, researchers sought to identify the prevalence of depression in children with brain injuries, including concussions, in the U.S. What were the findings? [Read how children with brain injuries are nearly twice as likely to suffer from depression.](#)

Nov. 5, 2013 — A new study suggests that people who skateboard using a type of board called a “longboard” may be at greater risk for severe injuries than those who use regular skateboards. Longboarders were at much greater risk of head fracture, traumatic brain injury and bleeding inside the skull (intracranial hemorrhage) than skateboarders. [Read more at NBC Health.](#)

Nov. 2, 2013 — With the October 30th release of the Institute of Medicine and National Research Council’s report, “[Sports-Related Concussions in Youth](#)” calling for increased awareness and attention to recognizing concussions in younger persons, as well as urging more evidence-based studies and a recommendation to develop a national surveillance network under the CDC, the pendulum has finally swung to mobilize all available resources to address this growing public health concern. [Read how a Seattle-based company is poised to change the approach to evaluating traumatic brain injuries and concussions.](#)

Jun. 24, 2013 — Blood tests revealing hidden brain injuries. Drugs that stem the damage. Differences in men and women who suffer head blows. Even a new app to help people determine whether they’ve suffered a concussion. These are among advances from scientists responding to a wave of traumatic brain injury among troops who fought in Iraq and Afghanistan. [Read how the military sharpens new tools to deal with brain injuries.](#)



## News from the TBI Model Systems

### Recruiting Caregivers of Individuals with TBI for a Health Information Needs Study

The [Model Systems Knowledge Translation Center](#) is recruiting individuals over 18 years old who are the primary caregivers of someone who sustained a traumatic brain injury in the past five years. Participants will participate in an interview about caregivers’ health information needs. Participants will be compensated \$20. If you are interested, please call Mahlet Megra, 202-403-5531 or email [mstkc@air.org](mailto:mstkc@air.org) for more information.

# HEALTH MATTERS

## ***Affordable Care Act for Americans with Disabilities***

The [Affordable Care Act](#) (aka Obamacare) is the law. Now it is time to consider what the new the [Health Insurance Marketplace](#) has to offer, and people with disabilities may find 4 areas of the new law particularly beneficial.

### ***Greater Choices and Enhanced Protections***

- Prohibits insurance companies from denying coverage or charging more to any person based on their medical history.
- Prohibit health plans from putting a lifetime dollar limit on most benefits you receive and eliminates annual dollar limits a health plan can place on most of your benefits.
- Makes wellness and prevention services affordable and accessible to you by requiring many health plans to cover certain preventive services without charging you a copayment, coinsurance, or deductible.
- Allows young adults, including those with disabilities or chronic conditions, to stay on their parents' health Plan until age 26.
- Expands the [Medicaid](#) program to more Americans, including people with disabilities.
- Establishes [Health Insurance Exchanges](#) to provide families with the same private insurance choices that Members of Congress will have, foster competition, and increase consumer choice.
- [Exchanges](#) will supply easy to understand, standard, accessible information on available health insurance plans, so people can compare and easily identify the quality, affordable option that is right for them.
- [Exchanges](#) and all non-grandfathered plans will have a cap on what insurance companies can require beneficiaries to pay in out-of-pocket expenses, such as co-pays and deductibles.

### ***Assuring Accessible, Quality, Affordable Health Care***

- Invests in prevention and public health to encourage innovations in health care that prevent illness and disease before they require more costly treatment.

- Improves access to medical diagnostic equipment so people with disabilities can receive routine preventive care and cancer screenings by establishing exam equipment accessibility standards.
- Improves data collection on health disparities for persons with disabilities, as well as training and cultural competency of health providers.
- Invests in innovations such as care coordination demonstrations in [Medicare](#) and [Medicaid](#) to prevent disabilities from occurring and progressing and to help the one in 10 Americans who experiences a major limitation in activity due to chronic conditions.
- Creates an optional [Medicaid](#) Health Home option for states to establish Health Homes to coordinate care for people with [Medicaid](#) who have chronic condition

### ***Improves Medicaid Home-and-Community-Based Services (HCBS) Option***

- Creates [Community First Choice Program \(CFC\)](#) to let States provide home and community-based attendant services to [Medicaid](#) enrollees with disabilities under their State Plan.
- Creates [Administration for Community Living \(ACL\)](#) as incentives for home- and community-based long-term care alternative to nursing homes.

### ***New Options for Long-Term Supports and Services***

- Extends and Enhances the [Money Follows the Person \(MFP\)](#) Program through 2016 with an additional \$2.25 billion in funding.

### ***There are 4 ways to apply for health coverage.***

1. Visit [HealthCare.gov](#)
2. Call 1-800-318-2596 (TTY: 1-855-889-4325)
3. Visit a trained counselor in your community to get information and apply in person.
4. Complete a paper application and mail it in. You can download the paper application form and instructions from [HealthCare.gov](#)

# RESEARCH spotlight

## *Return to driving within 5 years of moderate–severe traumatic brain injury*

Return to driving is an important measure of recovery following traumatic brain injury (TBI). The ability to drive represents greater independence that often results in improved outcomes related to employment, community participation, and overall life satisfaction.

In contrast, people with TBI who do not drive are less likely to be employed and participate in community activities. They are also more likely to report low self-esteem and depression. These outcomes seem to occur even if other sources of transportation are available.

A group of TBI Model System researchers collaborated on a study of variables related to a return to driving. The researchers believed that:

1. the number of people with TBI who report driving as their primary mode of transportation will increase with time post-injury;
2. people with less severe injuries will more likely be driving as their primary mode of transportation; and
3. people who are driving will report higher satisfaction with life than those who rely on other forms of transportation at each follow-up year time point.

The subjects of this study were people with moderate to severe TBI enrolled in the [Traumatic Brain Injury Model Systems National Database](#). This is a central resource for researchers and data collectors within the program. Data used were collected at 1, 2 and 5 years after injury.

### ***What were the changes in driving status over time?***

In the first year following injury, 42% of people with TBI reported driving. By year 5, 53% of people with TBI were driving. This is a significant increase. So, 5 years after injury half of those interviewed were driving.

### ***What was the effect of injury severity?***

The [Glasgow Coma Scale \(GCS\)](#) was used to measure the severity of a TBI. People who had a

GCS of 8 and below were considered to have severe injuries. People with a GCS of 9 and above were considered more moderate injuries. People who did not have a GCS score because they were chemically paralyzed or in a chemically-induced coma for treatment were placed into a separate category.

- People with a moderate TBI were more likely to be driving in year 2 than in year 1 following injury, but they were not more likely to be driving in year 5 than in year 2 following injury.
- People with either no GCS or a severe TBI were more likely to be driving in year 2 than in year 1 following injury, and they were more likely to be driving in year 5 than in year 2 following injury.

This implies that people with moderate TBI are more likely than people with severe TBI to return to driving between discharge and 1-year after discharge. This also implies people with severe TBI might take longer to return to driving.

## half of people with moderate-severe TBI were driving within 5 years

### ***What is the association between satisfaction with life and driving?***

The [Satisfaction with Life Scale \(SWLS\)](#) was used to measure well-being by life satisfaction. Scores have a range of 5–35, with higher scores indicating higher satisfaction with life.

- At each follow-up year, people who were driving scored an average of 5 points higher on the SWLS.

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Novack, T.A., Labbe, D.R, Grote, M., Carlson, N., Sherer, M., Arango-Lasprilla, J.C., Bushnik, T., Cifu, D., Powell, J.M., Ripley, D., Seel, R. T. (2010). [Return to driving within five years of moderate-severe traumatic brain injury](#). *Brain Injury*, 24, 464-471).

# TBI ONLINE CONNECTIONS

## [Administration for Community Living \(ACL\)](#)

ACL brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability to serve as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

## [National Resource Directory \(NRD\)](#)

NRD connects Wounded Warriors, active service members, families, and caregivers to federal, state, local, and online resources. Search or browse for housing, employment, healthcare, and other benefits and resources.

## [Medicaid.gov](#)

Every state's Medicaid and Children's Health Insurance Program (CHIP) is changing and improving – many are expanding coverage for low-income adults; all states are modernizing their Medicaid/CHIP enrollment and renewal processes and improving their applications. Finally, states are coordinating the application and enrollment process with the messaging and policies for the Health Insurance Marketplace operating in their state to ensure that there is no wrong door to coverage. Below are links to some key documents and information about the Affordable Care Act's Medicaid/CHIP changes to states' programs.

## [Healthcare.gov](#)

The healthcare exchange website serves as the hub for the health insurance marketplaces for individuals to purchase health insurance.

## [Disability.gov](#)

This is the federal government website for comprehensive information on disability programs and services in communities nationwide. The site links to more than 14,000 resources from federal, state and local government agencies; academic institutions; and nonprofit organizations. You can find answers to questions about Social Security benefits, civil rights, community life, education, emergency preparedness, employment, health, accessible housing, technology and transportation.

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The [University of Alabama at Birmingham Traumatic Brain Injury Model System \(UAB-TBIMS\)](#) provides **Brain Waves** twice annually as an informational resource for people with traumatic brain injury (TBI). **Brain Waves** is available to subscribers via email and to everyone via the UAB-TBIMS website at [www.uab.edu/tbi](http://www.uab.edu/tbi). UAB-TBIMS Program Director: Thomas Novack, PhD. Editor: Phil Klebine, MA

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