



*Help for Today,
Hope for Tomorrow.*

Barriers to Rehabilitation Care in Rural Communities

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LEARNING OBJECTIVES

At the conclusion of this activity, the participant will be able to:

1. Describe the barriers to accessing rehabilitation services following TBI
2. Identify specific groups that experience barriers
3. Discuss specific solutions for increasing access to rehabilitation services

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OBTAINING CME/CE CREDIT

Credit is only given to attendees who:

- Successfully complete the entire course / session.
- Evaluate the course – by completing an online survey.
- After you have completed the session evaluations and post-tests, and evaluate the overall program, you will be able to download your certificate from you task page.

The evaluation will close 30 days after the end of the enduring activity.

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TBI Impact in Rural

- Rural individuals are more likely to:
 - Sustain a TBI
 - Die from a TBI
 - Have higher severity/lower GCS
 - Have lower service utilization
 - Sustain higher care cost
 - Sustain worse long-term outcomes
- Compounded issues related to underreporting, incomplete data sets, and decreased access to services make these trends even more alarming

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Acute Care Disconnect

- Rural acute care often lacks the volume of patients for developing expertise and keeping up with changing practice guidelines/training
 - Guidelines for the management of TBI developed in urban settings have limited application/adherence in rural settings
- Most often transferred to larger trauma center for acute care...
 - Prolonged transfer time, multiple transfers
 - Away from family and/or family having to be away from home
 - Lack of smooth discharge process

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Inpatient Rehabilitation

- Those living in rural areas are up to 25% less likely to be discharge to inpatient rehabilitation
- Concerns over travel distance, distance from family, cost
 - “I just want to go home”
 - “Everything will be better back in our normal environment”
- I always counsel families that going to specialized inpatient rehabilitation is the equivalent of going to ivy league
- Higher rate of discharge to skilled nursing facility & lower rate of successful discharge to community from SNF

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Where is the Multi-Disciplinary Team?

- Limited providers across the board and VERY limited providers with any brain injury specialty.
 - *“Primary care physicians are more likely to be the single source of care for persons with TBI-related disability in rural areas, and they are unlikely to have received advanced training in the management of a TBI.” (CDC, 2018)*
- Lack of knowledge about full scope of TBI related disability and current treatment trends
- Individuals/ family members often have to become the driver of treatment and bring education back to providers
- Long travel distance to see specialists and lack of true team approach

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Options to Improve Rural Access

- Research
 - Small number of studies that have looked at rural/urban divide in regards to treatment, readmissions, outcomes, etc.
 - Need for rural specific guidelines and implementation tools.
 - Guidelines need to take into consideration the resources available for rural acute care, specifics on rural to urban transfer, and access to specialists for outgoing symptomology
- Education of providers
 - Translation of research to ensure best practice adherence
 - Options:
 - Development of rural specific materials for providers-recent CDC/NORC efforts
 - State brain injury advocacy organizations/ACL TBI State partnership Grants
 - ECHO-virtual community of practices for education
 - Mayo Clinic Traumatic Brain Injury Model System Center: CONNECT Trial

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Options to Improve Rural Access

- Virtual therapies/treatment—over the past 18 months we have seen that it can be done. Need to continue the research showing effectiveness and work to make sure gains are maintained
- Caregiver/Individual education and support
 - Support for ACL TBI State Partnership Grant Program
 - State Advocacy Organizations
 - Resource Facilitation
 - Local/regional/virtual support groups
 - Peer Support

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