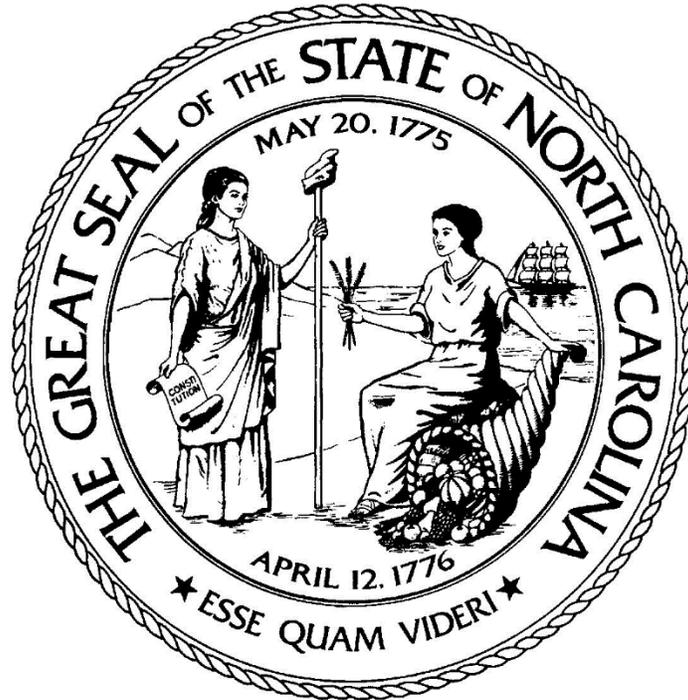


Adult and Pediatric Traumatic Brain Injury Pilot Program

Session Law 2017-57, Section 11F.9.(d)



Report to the

**Joint Legislative Oversight Committee
on Health and Human Services**

and

Fiscal Research Division

By

North Carolina Department of Health and Human Services

February 7, 2019

Adult and Pediatric Traumatic Brain Injury Pilot Program Session Law 2017-57, Section 11F.9.

North Carolina Session Law 2017-57, Section 11F.9 (e), on the Adult and Pediatric Traumatic Brain Injury Pilot Program set forth the reporting requirements below:

By January 7, 2019, the Department of Health and Human Services shall submit a final report on the development and implementation of the pilot program authorized by this section to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. At a minimum, the final report shall include all of the following:

- 1) The number and outcome of patients served at each program site, broken down by patient age and county of origin.*
- 2) A breakdown of expenditures at each program site by type of service.*
- 3) An estimate of the cost to expand the program incrementally and statewide.*
- 4) An estimate of any potential savings of State funds associated with expansion of the program.*
- 5) If expansion of the program is recommended, a time line for expanding the program.*

Progress Report

Session Law 2017- 57, Section 11F.9., as amended by Session Law 2017-212, Section 3.3., directed the Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) to contract with a private entity to assist participating trauma hospitals in implementing between three to five pilot programs to include an interactive quality assessment and quality assurance clinical decision support tool to provide real time, evidence based medical care guidance for intensive care unit patients with severe adult or pediatric traumatic brain injury. The legislated purpose of the tool used by these pilot programs is to increase compliance with internationally approved evidence-based treatment guidelines for severe adult and pediatric traumatic brain injury (TBI) in order to reduce patient mortality, improve patient level of recovery and reduce long term care costs.

DHHS developed implementation strategies for the Adult and Pediatric Traumatic Brain Injury (TBI) Pilot Program after several meetings within DHHS and between DHHS and legislative staff to clarify the goals of the pilot. The initial pilot was for two fiscal years, 2017-18 and 2018-19. A Request for Application (RFA) was posted on February 21, 2018. The purpose of the RFA was to identify a contractor who would establish three to five program sites to implement the adult and pediatric traumatic brain injury pilot program in trauma hospitals as mandated by legislation. The contractor will utilize treatment guidelines and practice recommendations that have been peer reviewed and approved by the American Association of Neurological Surgeons and are recognized as the current standard of care for individuals with severe traumatic brain injury.

A contractor was selected on April 5, 2018. The selected contractor was Qmetis and the contract was executed on August 22, 2018. The contract was delayed due to information technology (IT) driven components, as well as data collection, which required the Information Technology

Division (ITD) to review to ensure the Health Insurance Portability and Accountability Act (HIPAA) and other privacy laws are followed, and data are protected.

There have been ten hospitals contacted to potentially participate in the pilot including: Atrium Health, Novant Health Presbyterian Medical Center, Mission Hospital, Vidant Medical Center, New Hanover Regional Medical Center, Wake Med, Wake Forest Baptist Medical Center, Moses H. Cone Memorial Hospital, Duke Medical Center and Cape Fear Valley Hospital. Three hospitals have verbally agreed to participate: Wake Forest Baptist Medical Center, Wake Med, New Hanover Regional Medical Center, and each is at a different stage of planning the implementation of the pilot. The goal is to have five hospitals using the software and program by the end of the First Quarter of 2019. Data will be available as soon as hospitals begin to use the software. The Qmetis contract is scheduled to end on June 30, 2019; however, DHHS does not anticipate the project will be completed by that date. DHHS is currently in discussion with the contractor regarding a no cost extension.

DMH/DD/SAS will continue to provide status updates regarding the progress on the continued work with this innovative and important pilot.