

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

STATE TRAUMATIC BRAIN INJURY ADVISORY BOARD (STBIAB)
MEETING MINUTES
January 17, 2014

Present: Albert Burian, Elzy Kaina (Chair), Rita Manriquez, Lila Ota, Bill Rodrigues, Mary Wilson

Excused: Robert Sloan M.D., Lee Taylor

Others: Dylan Arrieta, Pacific Basin Rehabilitation Research and Training Center (PBRRTC), Hawaii Neurotrauma Registry (HNTR); Evelyn Bautista, Hui Malama Po'o; Lyna Burian, Brain Injury Association-Hawaii; Violet Horvath, PBRRTC, HNTR; Nathan Murata, University of Hawaii Manoa; Ross Oshiro, Department of Education; Valerie Yamada, HNTR, Hui Malama Po'o,;

DOH Staff: Curtis Inouye, Michele Tong

- I. Call to Order** – Chairperson Kaina called the meeting to order at 1:45 p.m. Quorum present.
- II. Approval of Minutes** –Board Member Mr. William Rodrigues motioned to accept the Board minutes of 11/15/2013 as submitted. Board Member Lila Ota second the motion. Board Members voted to accept the Minutes as submitted. Motion accepted by members with no questions.
- III. Review of Agenda** – Chairperson Kaina reviewed the Board's agenda. No changes.
- IV. New Business**
 - A. Brain Injury Association of Hawaii (BIA-HI) Resource Center Report:
Mary Wilson from BIA-HI provided an update on the Brain Injury Resource Center along with a video presentation on the Resource Center. Mary reported that the mission of the Resource Center is to provide resource, education, and support services to individuals with a traumatic brain injury and their families. The vision of the Center is to provide an environment that will lead to a

successful transition back into the community. The Pre-vocational program at the Resource Center is designed to help bridge the gap from rehabilitation after a traumatic brain injury to work and community re-integration. The Day Program will be structured to provide a therapeutic environment and to increase cognitive and physical functions, goal setting, recreation, and activities of daily living. The length of commitment for individuals admitted to the program will be a minimum of three months. The Day Program will operate Monday through Thursday from 9:00 a.m. to 1:30 p.m. Other activities which will be held at the Resource Center in the near future which are now being held at other sites will be the “Coffee Talk” sessions and the BIA-HI Educational Meetings and Support Group meetings. For additional information on the Brain Injury Resource Center or to receive a copy of the Resource Center Pilot Project DVD, please contact DOH staff at 453-6154.

B. Brain Injury Awareness Month: March, 2014:

Chair Kaina informed Board Members and guests that March is Brain Injury Awareness Month. It is less than 2 months away and Chair Kaina is urging Members and guests to inform her or DOH staff of any events related to Brain Injury awareness or education that is occurring in March, 2014. DOH staff will be providing this information to Violet Horvath from PBRRTC-HNTR and this information will be included in their HNTR newsletter. Events currently scheduled for the Month of March, 2014 include:

- 1) There will be a Bike Rodeo event sponsored by the Bicycle League of Hawaii on March 1, 2014 at the Manoa Library from 10:00 a.m. to 1:00 p.m. Queen’s Medical Center will be fitting and giving out children bike helmets at this event.
- 2) BIA-HI Open House for the Brain Injury Resource Center. The Resource Center is located in the Aloha United Way Building located at 200 N. Vineyard Blvd. Board Member Mary Wilson announced a tentative date of March 5, 2014 on the opening of the Resource Center. Mary will provide additional information on the time of the event at a later date. Individuals may call BIA-HI for more details as well.
- 3) Hui Malama Po’o will be participating at an event at Castle High School on March 8, 2014 from 8:00 a.m. to 2:00 p.m. Members of Hui Malama Po’o will be selling their crafts and also providing education and awareness on brain injury.
- 4) Neurotrauma Advisory Board Member and BIA-HI Member Lyna Burian announced that there will be a panel discussion on Brain Injury as part of the BIA-HI’s Educational meeting on March 12 and March 19, 2014 at the BIA-HI Resource Center. The panel

discussion will be held from 4:00 p.m. to 6:00 p.m. on both days. Lyna will notify DOH staff if there are any changes in the site or time of the meetings.

Lyna also mentioned that National Brain Injury Awareness Day will be recognized on March 12, 2014 at the State Capitol in Washington, D.C.

Lyna is also in the process of having one of the State Senators to do a proclamation to recognize the month of March as Brain Injury Awareness Month. She is hoping to have the proclamation done at the BIA-HI Resource Center. She will keep DOH staff and STBIAB Members updated.

- 5) PBRRTC-HNTR newsletter will feature Brain Injury awareness and education articles in their March, 2014 newsletter.
- 6) There will be a safe biking event with education and awareness on brain injury in Waianae on March 29, 2014. ThinkFirst and Queen's Medical Center will be providing helmet fitting and give away at this event. More information on time and place will be provided by DOH staff as it becomes available.
- 7) Board Member Elzy Kaina mentioned that Rehabilitation Hospital of the Pacific will be coordinating an event at the Hospital, possibly a table fair sometime in March, 2014 in recognition of Brain Injury Awareness Month. The date and time of the event will be forthcoming.

V. Old Business

A. Concussion Management Program Update:

Ross Oshiro from the Department of Education (DOE) and Nathan Murata from the University of Hawaii Manoa provided a concussion report covering data up to 12/31/2013. Ross reported that there were a total of 863 concussions reported as of 12/31/2013. There were 6713 baselines conducted as of this date as well. Football continues to be the sport that has the most concussions with 363 followed by girls soccer with 90. Girls basketball was third with 70 reported concussion with girls cheerleading in fourth with 69 reported concussion. By islands, Ross reported that Hawaii Island schools reported a total of 76 concussions, Kauai reported 33 concussions, Maui schools reported a total of 77 concussions. On Oahu, the Interscholastic League of Hawaii schools reported a total of 204 concussions and the Oahu Interscholastic Association Schools reported a total of 473 concussions.

Nathan reported that presentations on concussion awareness and education will resume in 1/2014 with the University of Hawaii Strength Clinic event. This event will be conducted by the University of Hawaii Athletic Dept. and will be

open to coaches in community sports leagues, high school coaches, parents, players, and trainers. In the month of February, 2014, Nathan and Ross will be on the island of Maui for a concussion awareness and education event for youths in all sports, parents, and the public in general. They will hold a similar event on Hawaii Island in March, 2014 as well. Nathan also reported that he has received requests from elementary school teachers to do presentations on head injury awareness and education. DOH to provide to Nathan and Ross the ThinkFirst curriculum on Brain Injury Prevention Curriculum for review. Refer to Ross' and Nathan's report that is attached to the Minutes for additional information.

- B. Pacific Basin Rehabilitation Research and Training Center Registry Update: Violet Horvath, PBRRTC-HNTR Project Director introduced Dylan Arrieta as the newly hired HNTR Project Assistant as of December 23, 2013. She brings diverse skills to the position including experience working in the healthcare-related fields. She also has years of experience using social media and in digital media management and has a certificate in information technology and networking. Board Members welcomed Dylan in working with the STBIAB. Dylan has been working on researching existing Federal and State Neurotrauma registries, both voluntary and mandatory to find commonalities, differences and other information in preparation to explore best practices in developing, implementing, and sustaining registries. She has the Federal registries done and is nearly completed with the State registries.

Violet reported that the HNTR continues in the process to assemble an Advisory Board. HNTR orientations are ongoing for volunteers and for participants in the registry. HNTR staff are networking with individuals through community events but are beginning to expand this effort in meeting with professionals. They have met with the Queen's Trauma Research Group and the Multi-Disciplinary Trauma Group at the Kapiolani Medical Center. HNTR was referred to the Hawaii State Trauma Group and will be presenting their information at a later date. Presentations are also being scheduled for the Department of Vocational Rehabilitation and for parents of Department of Education children. Violet has also written an article on the HNTR for Generations Magazine and will also do the same for HMSA Island Scene and the Hawaii Medical Journal. The January HNTR newsletter has been completed and distributed. Violet mentioned that due to March being Brain Injury Awareness Month, a special newsletter dedicated to Brain Injury Awareness will be done for March in addition to the regular monthly newsletter. For additional information on Violet's report and on future presentations, see Violet's report which is attached to the Minutes.

- C. TBI Binder:

Chair Kaina reminded Board Members to submit any revisions or additions to their assigned section of the TBI binder to DOH staff for review.

D. Neighbor Island TBI Activities

- i. Kauai: Board Member Rita Manriquez from Kauai Island reported that the Kauai Mayor's Advisory Board has a new Chairperson. Board Members have encouraged Rita to continue with the excellent job she has done voicing her concerns and advocating for individuals with traumatic brain injury as a member of the Mayor's Advisory Board and for her work with the Kauai Red Cross.

E. DOH Update

- i. Neurotrauma Special Fund Update:
Defer to next STBIAB meeting in March, 2014.
- ii. Legislative Update:
Following Bills to be introduced during this Legislative Session:

SB1227 SD1 Relating to health coverage for brain injuries.

HB124 relating to helmet use when operating a skateboard in a public skateboard park.

HB1105 relating to safety helmets and license requirements for mopeds, motorcycles, motor scooters.

HB2418 relating to mopeds, insurance, helmets.

SB3009 relating to mopeds, minimum age, safety helmet.

HB1577 relating to Health Care (TBI Treatment Center at John A. Burns School of Medicine-JABSOM). Establish a 5-year pilot program at UH-JABSOM for medical treatment of veterans and traumatic brain injury treatment of residents. Prohibits third-party payors from denying reimbursement for hyperbaric oxygen treatment. Establishes a special fund within the Insurance division to reimburse health care providers and purchase medical equipment. Authorizes the Insurance Division to seek reimbursement from third-party payors. STBIAB Members were informed that the Department of Health has not taken a position on the bill and are just sharing the information with Board members. For more information see HB1577 which is attached to the Minutes.

VI. Announcements

1. BIA-HI

- i. BIA-HI Support Group Meetings – 1st Saturdays (1 p.m. to 3 p.m.) and 2nd Wednesdays (7-9 p.m.) of the month.
- ii. BIA-HI Educational Meeting – 3rd Wednesdays, 7-9 p.m.
Per Lyna Burian, location to be announced at a later date.

VII. Next Meeting

Date: March 20, 2014
Time: 1:30 – 4:00 pm
Location: Kalanimoku VCC and Neighbor Island VCC sites

Recorded by Curtis Inouye



Hawai'i Neurotrauma Registry Project Update

State Traumatic Brain Injury Advisory Board

November 15, 2013—January 17, 2014

Goal I: Develop and administer a voluntary NT Registry.

The Hawai'i Neurotrauma Registry will assist the Department of Health in prioritizing activities to support the needs of neurotrauma survivors. The Hawai'i Neurotrauma Registry Project, hereafter referred to as "the project," complements the Hawai'i Department of Health, Healthy Hawai'i Initiative in areas of research, public and professional education, and evaluation. The Hawai'i Neurotrauma Registry, hereafter referred to as "the registry," shall include individuals who have sustained traumatic brain injury, stroke, or spinal cord injury.

We are pleased to introduce the Neurotrauma Registry Project Assistant, Dylan Arrieta. She joined the project on December 23, 2013. Dylan brings diverse skills to the position, including experience working in healthcare-related fields. She also has years of experience using social media and in digital media management, and has a certificate in information technology and networking.

Objective 1: Develop an Advisory Board of Stakeholders

The Hawai'i Neurotrauma Registry Advisory Board is intended to function as a selected membership that actively engages in forming the design, development, collection, and utilization of the data contained in the Hawai'i Neurotrauma Registry. The membership of this board should be stakeholders interested in what happens to people with neurotrauma injuries after they leave the hospital or rehabilitation. This advisory board will not duplicate the existing State Traumatic Brain Injury and Neurotrauma Advisory Boards.

The project will develop, coordinate, and document the activities of the Hawai'i Neurotrauma Registry Advisory Board.

Curtis Inouye has agreed to be an advisory board member. The second candidate invited is willing to serve on the Registry's advisory board; however, the Department Director's approval is necessary. Staff has requested permission for the candidate to participate, and is awaiting a response. Staff also discussed the possibility of inviting a representative from an organization, such as Department of Human Services, who is working in employment, and other individuals who would have an interest in the project.

Objective 2: Conduct Research on Best Practices and Information contained in Voluntary Databases for Individuals with Neurotrauma Injuries

Staff is researching existing Federal and State neurotrauma registries, voluntary and mandatory, to find commonalities, differences, and other information in preparation to explore best practices in developing, implementing, and sustaining registries. From the qualitative research so far on registries, a spreadsheet was drafted and the results summarized below:

1. Of the 56 states and territories, 91% showed progress and/or success in developing a TBI registry, TBI Advisory Council or Task Force, and TBI Medicaid Waiver program.
2. Some of the common goals met:
 - a. Development and implementation of educational and training programs and centers for service providers and individuals with TBI (children and veterans included)
 - b. Production and distribution of DVDs, CD-ROMs, books and other media for statewide awareness, conferences, and forums
 - c. Implementation of TBI Medicaid Waiver services
3. Strategies for promotion of registries:
 - a. Virtual Outreach
 - b. Distribution of TBI resources booklet, brochures, etc.
 - c. Monthly chat, blog, Facebook meetings and facilitations
 - d. Community meetings and symposiums
 - e. Co-sponsored conferences
 - f. Visits to hospitals, rehabilitation centers, schools, etc.
 - g. Campaigns and press releases

Research on on State registries is underway.

Using the information collected from Federal and State registries, questions will be developed. We will then call the registries to ascertain best practices - what worked well for them, what didn't work, what kinds of information they collected, from whom/what, and more.

Objective 3: Identify Data for the Hawai'i Neurotrauma Registry

Staff has identified that many participants in the Registry have neurotrauma injuries subsequent to the initial injury. As this information is significant, staff revised the survey and recommended including sections for second and third injuries, including incident and services accessed post-injury as in the section on the initial injury, and other changes.

Objective 4: Develop and Implement a Department of Health-Approved Registry Database and Process for the Hawai'i Neurotrauma Registry.

The Hawai'i State Department of Health will utilize the data for injury prevention and control activities, health care planning, evaluating the system of support for individuals with neurotrauma injury, and identify individual survivors of neurotrauma injury to facilitate their referral to and provide information about availability of needed services.

Below is an updated table by month on the number of participants in the Registry. The table indicates the month and year, the methods—hardcopy only, online only, hardcopy and online—

and the total number of participants, single count. Please note: In January, one participant in a phone interview decided to withdraw consent when it came to the questions on medications. The individual became uncomfortable providing more information.

Table 1: Hawaii Neurotrauma Registry – Monthly Update of Participants
Last Update: 12-11-13

<i>Month & Year</i>	<i>Paper Copy only</i>	<i>Online Only</i>	<i>Both Paper Copy and Online</i>	<i>Total Number of Unique Participants</i>
June – September 2013	6	14	5	25
October 2013	6	14 (4 incomplete)	5	25
November 2013	6	17 (4 incomplete)	5	28
December 2013	6	17 (4 incomplete)	5	28
January 2014 (thru 1-16-14)	6	17 (4 incomplete)	5	28

4.1. Develop Project Materials

Staff continues to submit to IRB as needed.

4.2. Develop and Implement an Intake Process

Completed within the first semi-annual period, April 22, 2013—September 21, 2013.

Objective 5: Develop a Comprehensive Implementation Plan for Statewide Recruitment

Staff continue to do the following:

- Schedule orientations to recruit for participants and volunteers
- Introduce the Registry to medical and other service providers
- Reconnect with contacts from Ho’oikaika to invite persons with neurotrauma injuries to participate in the Registry
- Work with Neighbor Island advocates to create a list of organizations that may be able to refer Neighbor Island participants to the Registry

Staff contacted a neurotraining specialist in the Special Education Section of the Department of Education to request aid in informing parents of students with neurotrauma injuries to the Registry. The specialist was willing to distribute our brochures and refer parents to staff.

Staff is working to introduce the Registry to Division of Vocational Rehabilitation section chiefs, counselors, and other appropriate staff. A Section Chief who was contacted will bring up the HNTR during their next meeting.

Please refer to the HNTR Recruitment Grid attached to the end of this update for details on recruitment activities.

5.1. Promote Education and Awareness of Neurotrauma Injuries

Project continues to promote education on and raising awareness of neurotrauma injuries through community outreach efforts. Please see 5.2 below.

5.2. Provide Community Outreach

Completed:

- January 14, 2014: "Introduction to HNTR" presentation for Trauma Interdisciplinary Group meeting at Kapi'olani Medical Center.
There were 26 participants from various medical organizations. Attendees were responsive to requests for referrals to the Registry. Some attendees asked for brochures to take back to their offices and staff. The meeting facilitator, Dr. Devin Puapong, a pediatric surgeon at Kapi'olani, recommended that staff contact the Hawai'i Trauma Advisory Council.
- January 8, 2014: Manuscript for Hawai'i Medical Journal.
Dr. Satoru Izutsu, the project PI, writes a monthly column for the Hawai'i Medical Journal. Proposed for February 2014, staff will describe the project, provide some background information, and include some statistics. A final section will request assistance with referrals to the Registry. Most readers are former JABSOM students who are now working in the field.
- January 7, 2014: Introduction to HNTR during Queen's/JABSOM Trauma Research Group. Four (4) persons attended. Staff dispersed 18 promotional items. Attendees recommended adding a tear-off section or card to the brochure to place into a secure drop box so patients or family members at medical facilities can provide contact information. Staff can collect regularly. We await permission to set up a secure drop box.

Staff was able to visit Dr. Alan Stein, Medical Director for Epilepsy and Neurophysiology at Queen's Medical Center, and leave project materials. The project is looking into further opportunities to introduce the Registry with the cooperation of the new director.

- January 3, 2014: SPIN Conference, April 4, 2014
Staff contacted Special Parents Information Network organizers and received confirmation of an invitation to participate in the April event.
- December 27, 2013: *Generations Magazine*
Staff sent an article introducing the Registry to *Generations Magazine*. It is scheduled to appear in an upcoming issue.
- December 18, 2013: Castle High School Athletic Department and Parent-Teachers Association
Staff contacted the Project Grad Windward Festival organizer regarding HNTR presentations to athletic department and Parent Teachers Association at Castle High. Staff will continue to follow up.
- December 16, 2013: HMSA Island Scene Magazine
A freelance writer obtained approval to write an article on the Registry for the magazine. Date of publication is unknown at this time.

5.3. Develop and Implement a Referral Process

Completed in the first semi-annual period, April 22, 2013—September 23, 2013

Objective 6: Development a Volunteer Program

The project has reported previously on its volunteer program. Lehua volunteers are already performing community outreach to encourage participation in the registry, educating children and their family members about neurotrauma injuries, and sharing available resources.

6.1. Develop Volunteer Training

Staff is completing work on the remaining training, “What Are Neurotrauma Injuries?” and is piloting the “What Are Neurotrauma Injuries?” training with volunteers on January 18, 2014.

6.2 Involve Volunteers in Community Outreach, Recruitment, and Intake

On December 8, 2013, three (3) volunteers raised awareness of neurotrauma injuries and promoted the Registry during Project Grad: Windward Holiday Fair at Castle High School. Attendance was sparse due to multiple competing events and adverse weather conditions; however, staff and volunteers spoke with twelve (12) persons and dispersed three (3) promotional items.

Objective 7: Provide and Document Information and Referral

Staff continues to maintain a database of all contacts to the project. Table 4 below identifies the date of the contact, the individual or organization contacting the project, and the result of the contact.

**Table 2: Information and Referral, Contacts and Results
November 13, 2013—January 17, 2014**

Date	Contact	Result of Contact
01/10/14	Elderly Person w/ TBI	Referred to AILH
01/09/14 Staff initiated	Individual w/ PTSD and TBI	Provided information to peer coaching program; reconnected AILH (former client before funding cut and restoration)
01/08/14	Elderly Person w/ TBI	Referred to AILH
01/08/14	EFMP Family Case Worker - MCB Hawaii	Referred to BIA—HI for mentoring program for persons w/ TBI
01/07/14	Person diagnosed w/ recent Mild TBI	Referred to HDRC, DVR, BIA—HI, AILH
01/03/14	Elderly Person w/ TBI	Referred to Percy Ihara of Generations magazine
01/02/14	Elderly Person w/ TBI	Provided contact info for appropriate legislators; referred to AILH
01/02/14	Project Manager, National Children’s Study, Diet Hawai’i at	Provided w/ CDC site, and 7 factsheets regarding

	UH Manoa	concussion, what to do after TBI, related CDC information.
12/27/13	Elderly Person w/ TBI	Provided w/ NT Helpline number
12/26/13	Elderly Person w/ TBI, Stroke, SCI	Provided information about HNTR
12/19/13	Staff at HDRC	Provided contact info for BIA—HI, Hui Malama Po’o; DVR.
12/13/13	R. Jacob Leonesio, M.S., Ph.D., CPT, University of Washington 119 Guthrie Hall Seattle, WA. 98195 metamemory@gmail.com	Referred by Stanley J. Michaels Injury Prevention Specialist Hawaii State Department of Health Emergency Medical Services Injury Prevention Systems Branch Provided Dr. Leonesia with Intro to HNTR PPT
12/04/13	Individual w/ Mild TBI, pedestrian incident	Referred to HDRC, Dr. Robert Sloan, DVR, BIA—HI
11/26/13	Staff Member from DHS, Adult Protective Services	Met at Falls Consortium presentation on 11/26/13. Referred to AILH. Provided w/ Intro to HNTR PPT, referral forms, fliers, brochures. Dispersed to network
11/21/13	Castle High School Parent	Provided <i>Life Goes On</i> DVDs (STRIDE and Ho’oikaika 1)
11/21/13	Maui Brain Injury Support Group Facilitator	Provided with referral forms and procedure for participating in HNTR
11/20/13	Castle High School Parent	Son has 2 TBIs. Referred to Pacific Neuroscience information, Dr. Robert Sloan and Dr. Thomas Harding, CDC website for TBI info; <i>League of Denial</i> Frontline program

7.1. Conduct Statewide Webinars to Share Community Resources

To be addressed

7.2. Develop and Maintain a Database of Contacts to the Hawai’i Neurotrauma Registry Project

Staff maintains a file on all contacts to the project. Refer to Objective 7 above.

Goal 2: Develop and disseminate an effective PSA and social media campaign

Collaborate with Developmental Disabilities Division, State Traumatic Brain Injury Advisory Board, and State Neurotrauma Advisory Board to assist in the development of the PSAs.

Objective 1: Provide Education and Awareness of Neurotrauma Injuries

Produce and broadcast two (2) thirty (30) second local PSAs to be disseminated via television, radio, and the PBRRTC website. This objective will be addressed in future quarters.

2.1.1. Produce and Broadcast a Television PSA

To be addressed

2.1.2. Produce and Broadcast a Radio PSA

To be addressed

2.1.3. Develop a Project Website

The Interim Director of PBRRTC and Administrative Associate met to discuss the content of the website. The project has design and content ready and is the very early stages of developing a web site.

Objective 2: Encourage Voluntary Participation in the Hawai'i Neurotrauma Registry

2.2.1. Develop and Implement a Social Media Campaign

The Administrative Associate and Neurotrauma Project Assistant will meet to further develop the social media and marketing campaign.

- **Develop a Face Book Site**

To be addressed

- **Link the Face Book Site to Twitter**

To be addressed

- **Use Email Marketing to Promote the Project**

December newsletter distributed December 18, 2013

January newsletter on January 15, 2014

2.2.2. Advertisement Campaign

To be addressed

- **Develop Print Advertisements**

To be addressed

- **Produce Radio Advertisements**

To be addressed

Goal 3: Develop and Implement an Evaluation Process to Assess the Goals and Objectives of the Hawai'i Neurotrauma Registry Project

Staff is revising a semi annual report that assesses project progress towards the goals and objectives in the contract.

Objective 1: Conduct Participatory Formative Evaluation on the Development and Implementation of the Project

Participants of Orientations and project trainings continue to provide participatory evaluation for the project. The project is using feedback to improve the development of presentations and trainings and the implementation of the registry.

Objective 2: Conduct Summative Evaluation of the Effectiveness in Attaining the Goals and Objectives of the Project

The project continues to evaluate the effectiveness of the project. Information gathered from the current research on national registries will be evaluated to report best practices for developing and implementing a voluntary neurotrauma registry in Hawai'i.

Objective 3: Provide Recommendations for Planning Post-Project Continuation and Sustainability of the Neurotrauma Registry

(not applicable at this time)

Goal 4: Reporting

Objective 1: Report and Update Project Progress to the Following Organizations

4.1.1. Neurotrauma Advisory Board

The project updated the Neurotrauma Advisory Board on the following dates:

1. June 21, 2013
2. August 22, 2013
3. October 25, 2013
4. December 12, 2013

4.1.2. State Traumatic Brain Injury Advisory Board

The project updated the State Traumatic Brain Injury Advisory Board on the following dates:

1. May 17, 2013
2. July 19, 2013
3. September 27, 2013
4. November 15, 2013

4.1.3. State Department of Health, Developmental Disabilities Division, Outcomes and Compliance Branch

The project updates the Department of Health on the second Wednesdays of every month. The project has updated the Department of Health on the following dates:

1. June 5, 2013
2. July 10, 2013
3. August 14, 2013
4. September 11, 2013
5. October 9, 2013
6. November 14, 2013
7. December 12, 2013

Objective 2: Health Insurance Portability and Accountability Act of 1966 (HIPAA) Compliance

The Hawai'i Neurotrauma Registry Project staff have completed and received Curriculum Completion Certificates for the following HIPAA trainings:

- Social and Behavioral Research—Basic Refresher Curriculum
- Social and Behavioral Responsible Conduct of Research

Objective 3: Semi Annual Reports to State Department of Health

The semi annual periods for the Hawai'i Neurotrauma Registry Project contract period are as follows:

- First Semi Annual Period: March 22, 2013—September 22, 2013
- Second Semi Annual Period: September 23, 2013—March 21, 2014

4.3.1. Provide Electronic Intake Data

This will be provided upon request and when PBRRTC turns the project over to DOH.

4.3.2. Project Progress Reports

Staff regularly updates the Department of Health, Developmental Disabilities, Outcomes Compliance Branch and the Neurotrauma Advisory and State Traumatic Brain Injury Advisory Boards.

- Neurotrauma Advisory Board
 - June 21, 2013
 - August 22, 2013
 - October 25, 2013
 - December 12, 2013
- State Traumatic Brain Injury Advisory Board
 - May 17, 2013
 - July 19, 2013
 - September 27, 2013
 - November 15, 2013
- State Department of Health, Developmental Disabilities Division, Outcomes and Compliance Branch
 - June 5, 2013
 - July 10, 2013
 - August 7, 2013
 - September 11, 2013

Hawaii Neurotrauma Registry Recruitment Grid

Items in *italics* have already occurred.

Direct				
Target Audience	Date	Primary Audience	Date	Secondary Audience
1. Infants			9-14-13 10-6-13 10-27-13	<i>Kokokahi Community Fair</i> <i>Children & Youth Day</i> <i>Hawaii Pacific Health Kids Fest</i>
2. Children Subgroup: • Grades K-6	7-3-13 9-14-13 10-27-13 4-5-14	<i>ESPN Sports Festival</i> <i>Kokokahi Community Fair</i> <i>Hawaii Pacific Health Kids Fest</i> 28 th Annual SPIN Conference	10-6-13	<i>Children & Youth Day</i>
3. Teens Subgroups: • Grades 7-12 • Transitional Age (13-19)	7-3-13 9-14-13 10-6-13 10-27-13 4-5-14	<i>ESPN Sports Festival</i> <i>Kokokahi Community Fair</i> <i>Children & Youth Day</i> <i>Hawaii Pacific Health Kids Fest</i> 28 th Annual SPIN Conference	5-12-13 12-8-13	<i>Hele On Kaka'ako</i> <i>Project Grad Windward Holiday Fair</i>
4. Adults Subgroups: • Transitional Age (20-25) • Veterans • Employable (16-65)	4-27-13 5-4-13 5-7-13 5-8-13 5-12-13 7-3-13 7-20-13 9-4-13 9-5-13 11-13-13 12-8-13 3-4-14 3-6-14	<i>Hui Malama Po'o Meeting</i> <i>BIA-HI Support Group Meeting</i> <i>Stroke Fair at Rehab Hospital</i> <i>SERVS (Supportive Education for Returning Veterans and Service Members</i> <i>Hele On Kaka'ako</i> <i>ESPN Sports Festival</i> <i>Convoy of Hope</i> <i>UH Manoa Volunteer Fair</i> <i>Spinal Cord Injury Open Forum</i> <i>Kalihi Valley Neighborhood Board Meeting</i> <i>Project Grad Windward Holiday Fair</i> <i>Stroke Club, Rehab Hospital</i> <i>Spinal Cord Injury Club, Rehab Hospital</i>	9-27-13 to 9-29-13 3-4-14	<i>Senior Fair/The Good Life Expo</i> 20 th Annual PrimeTime Wellness Fair
5. Seniors Subgroup: • Veterans	5-4-13 5-7-13 5-8-13	<i>BIA-HI Support Group Meeting</i> <i>Stroke Fair at Rehab Hospital</i> <i>SERVS (Supportive Education for Returning Veterans and Service Members</i>	9-5-13	<i>Spinal Cord Injury Open Forum</i>

	9-27-13 to 9-29-13	<i>Senior Fair/The Good Life Expo</i>		
	11-13-13	<i>Kalihi Valley Neighborhood Board Meeting</i>		
	12-8-13	<i>Project Grad Windward Holiday Fair</i>		
	1-23-14	<i>Kupuna Safe Fair – Ewa/Ewa Beach</i>		
	3-4-14	<i>20th Annual PrimeTime Wellness Fair</i>		
	3-4-14	<i>Stroke Club, Rehab Hospital</i>		
	3-6-16	<i>Spinal Cord Injury Club, Rehab Hospital</i>		

Indirect				
Target Audience		Who/Where		Notes
6. Medical	Ongoing	<i>Rehabilitation Hospital of the Pacific (information for patient discharge binders)</i>		
Includes:				
• Physicians	11-26-13	<i>Fall Prevention Consortium</i>		
• Staff Members	12-24-13	<i>Dr. Robert Sloan (flyers)</i>		
• Hospitals	1-7-14	<i>Queen's/JABSOM Trauma Research Group</i>		
• Clinics	1-7-14	<i>Dr. Allen G. Stein, Medical Director, Epilepsy and Neurophysiology, The Queen's Medical Center</i>		
• Other related	1-14-14	<i>Multidisciplinary Trauma Group meeting at Kapiolani Medical Center</i>		
	TBD	<i>Dr. Ajay Bhatt, Emergency Department and Wound Care Center, Queen's Medical Center (flyers)</i>		
	2-5-14	<i>Pacific Neuroscience Institute Grand Rounds</i>		
	Mid-Feb	<i>Hawaii Medical Journal (manuscript)</i>		
	TBD	<i>Dr. Thomas Harding (flyers)</i>		
7. Non-medical	11-13-13	<i>Kalihi Valley Neighborhood Board Meeting</i>		

Includes: <ul style="list-style-type: none"> • Agencies • Organizations • Foundations • Employment • Education • Clinicians • Neighborhoods • Other related 	12-11-13	<i>DOH Developmental Disabilities Division (flyers)</i>		
	12-18-13	<i>Sts. Peter and Paul Church, Chinatown Senior Club and 2 other senior clubs</i>		
	1-3-14	<i>Generations Magazine (article)</i>		
	TBD	<i>Brain Injury Resource Center (flyers)</i>		
4-5-14	<i>28th Annual SPIN Conference</i>			
8. Members of Legislature (esp. Health Committee)				

A BILL FOR AN ACT

RELATING TO HEALTH CARE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 Part I.

2 General Provisions

3 SECTION 1. There shall be established at the John A. Burns
4 school of medicine at the University of Hawaii a five-year pilot
5 program for the treatment of traumatic brain injury or post-
6 traumatic stress disorder for residents of this State.

7 SECTION 2. As used in this Act, the following terms shall
8 mean as follows:

9 "Center" means the veterans recovery plan and traumatic
10 brain injury treatment center at the John A. Burns school of
11 medicine at the University of Hawaii.

12 "Hyperbaric oxygen treatment" means treatment, with a valid
13 prescription, in a hyperbaric chamber cleared by the United
14 States Food and Drug Administration or a device with an
15 appropriate investigational device exemption that is approved by
16 the United States Food and Drug Administration, at a location in
17 compliance with applicable county fire codes, and delivered by



1 authorized, licensed, or nationally certified health care
2 providers.

3 "Insurance division" means the insurance division of the
4 department of commerce and consumer affairs.

5 "School of medicine" means the John A. Burns school of
6 medicine at the University of Hawaii.

7 "Special fund" means the veterans recovery plan special
8 fund.

9 SECTION 3. There is established in the John A. Burns
10 school of medicine at the University of Hawaii a veterans
11 recovery plan and traumatic brain injury treatment center. The
12 center shall exercise the duties described under parts 2 and 3
13 of this Act.

14 SECTION 4. (a) There is created in the state treasury a
15 special fund to be known as the veterans recovery plan special
16 fund to be expended by the insurance division to reimburse
17 practitioners and health care providers at the center who are
18 seeking payment for services to persons who received services
19 under part II or III of this Act.

20 (b) Revenue sources for the special fund shall consist of:

21 (1) Fees collected under this Act;

22 (2) Legislative appropriations;



- 1 (3) General obligation bond issuances;
- 2 (4) Funds transferred from other sources in the state
- 3 budget as needed during the year to meet the needs of
- 4 residents seeking treatment; and
- 5 (5) Collections from third-party payers.
- 6 (c) Practitioners and health care providers at the center
- 7 shall be paid for their services at the medicare published rates
- 8 for those services, less the appropriate administrative fees,
- 9 program fees, and capital improvement or training fees
- 10 applicable to each site. If no medicare published rate is in
- 11 effect, payment shall be made at a fair market rate, to be
- 12 determined by the director of health.
- 13 (d) If an individual qualifies for state medicaid,
- 14 workers' compensation, or other public health assistance, or is
- 15 covered by private carrier insurance, the school of medicine
- 16 shall seek reimbursement at standard published facility
- 17 reimbursement rates for the treatment for each carrier, or the
- 18 medicare reimbursement rate, whichever is higher.
- 19 (e) Expenditures under the veterans recovery plan special
- 20 fund may be made under part III for:
- 21 (1) Medical treatment and adjunctive therapies provided at
- 22 the school of medicine for, in order of priority:

1 SECTION 5. (a) The center shall make effective biological
2 repair treatments and other therapies available for treatment of
3 brain insults and post-traumatic stress disorder, and other
4 military service-connected injuries, to residents of this State
5 who qualify for treatment under this Act.

6 (b) The school of medicine shall seek to recover the
7 center's costs for delivering those treatments.

8 SECTION 6. (a) No payment shall be denied by a third-
9 party payer when treatment is delivered pursuant to this Act
10 under a valid prescription for hyperbaric oxygen treatment
11 approved by the United States Food and Drug Administration.

12 (b) The requirement for physician supervision shall permit
13 the use of telemedicine tools by the center to provide the
14 required supervision. The physical presence of a physician at
15 the center is preferred but shall not be necessary.

16 (c) Physician supervision at the center shall be
17 reimbursed at the medicare part B facility rate as published by
18 the Centers for Medicare and Medicaid Services. Of this fee,
19 not less than fifty per cent of the published rate shall be paid
20 to the physician who actually provides the supervision, after
21 contractual or institutional fees are subtracted from the gross
22 payment.



1 (d) Any physician supervision provided by telemedicine
2 shall be considered the equivalent of physician supervision
3 provided by the physical presence of a physician under this
4 requirement.

5 (e) The purpose of physician supervision shall be to
6 validate that:

- 7 (1) The treatment protocol is being followed;
8 (2) Clearly indicated patient risks are being avoided;
9 (3) Symptoms of rare side effects are not being
10 manifested; and
11 (4) Treatment was provided in accordance with the required
12 research protocols approved by the United States Food
13 and Drug Administration, as applicable.

14 (f) The physician shall:

- 15 (1) Examine the patient or consult with the patient's
16 caregiver prior to treatment to ensure that the
17 patient is making adequate progress anticipated under
18 the specified treatment protocol;
19 (2) Perform, or cause to be performed by a qualified
20 person, any appropriate pre-dive examination if
21 questions arise during the pre-treatment interview
22 that warrant the examination;



- 1 (3). Record patient progress notes appropriately;
- 2 (4) Validate that the treatment given was in accordance
- 3 with the patient prescription or protocol;
- 4 (5) Ensure that the treatment is proceeding smoothly;
- 5 (6) Be available post-treatment, if any concerns arose
- 6 treatment; and
- 7 (7) Enter data into the patient's treatment record
- 8 appropriately, validating the date of treatment, the
- 9 protocol followed, the duration of treatment, and any
- 10 expected or unexpected adverse events, in accordance
- 11 with best practices guidelines.
- 12 (g) Other physician responsibilities to other duties
- 13 during the time of treatment shall not be restricted.
- 14 (h) No third-party payer shall impose requirements that
- 15 are more restrictive than the requirements established by this
- 16 Act and placed upon a practitioner or health care provider
- 17 providing treatment at the center pursuant to this Act.

18 SECTION 7. The school of medicine shall independently

19 validate all treatment results and certify the receipt of those

20 results before authorizing payment, as well as track long-term

21 outcome measures that impact state budget expenditures such as

22 education, labor, substance abuse, homelessness, incarceration,



1 healthcare outcomes, and entitlement program utilization. The
2 school of medicine shall automatically receive a per-treatment
3 fee payment from the veterans recovery plan special fund, when
4 payment is received for a given patient.

5 Part III.

6 Traumatic Brain Injury Treatment

7 SECTION 8. (a) Payment for treatments at the center
8 received by residents of this State under this part, including
9 diagnostic testing, for brain insults, including traumatic brain
10 injury or post-traumatic stress disorder, shall be paid in
11 accordance with this part.

12 (b) The approval of a treatment payment shall be subject
13 to the following conditions:

14 (1) Any drug or device used in the treatment shall be
15 approved or cleared by the United States Food and Drug
16 Administration for any purpose; provided that all
17 adjunctive therapies under the protocols or treatments
18 described in this subsection shall be available
19 without regard to other oversight by the United States
20 Food and Drug Administration;

21 (2) The protocol or treatment shall be approved by an
22 institutional review board operating in accordance



- 1 with applicable rules adopted by the director of
2 health;
- 3 (3) The treatment, including any patient disclosure
4 requirements, shall be used by the health care
5 provider delivering the treatment at the center;
- 6 (4) The patient receiving the treatment at the center
7 shall demonstrate an improvement as a result of the
8 treatment on one or more of the following:
- 9 (A) Standardized independent pre-treatment and post-
10 treatment neuropsychological testing;
- 11 (B) Accepted survey instruments;
- 12 (C) Neurological imaging; and
- 13 (D) Clinical examination; and
- 14 (5) The patient receiving the treatment at the center
15 receives the treatment voluntarily.
- 16 (c) No restriction or condition for reimbursement may be
17 placed by any third-party payer on any health care provider
18 providing treatment at the center pursuant to this Act with
19 respect to the receipt of payment under this part.
- 20 (d) Where a third-party payer is not involved, the
21 insurance division shall make a payment for a treatment pursuant
22 to this section not later than thirty days after a member of the



1 armed forces, a veteran, or a civilian submits to the insurance
2 division documentation from the school of medicine regarding the
3 treatment. The school of medicine shall ensure that the
4 documentation required under this subsection shall not be an
5 undue burden on the patient or on the health care provider.

6 (e) The database containing data from each patient case
7 involving the use of a treatment under this part shall be
8 accessible to all relevant policy makers and policy-making
9 bodies, as well as to payers. The school of medicine shall
10 ensure that the database preserves confidentiality and be made
11 available only:

12 (1) For third-party payer examination; and
13 (2) To the appropriate governmental organizations,
14 congressional committees and employees of the
15 Department of Defense, the Department of Veterans
16 Affairs, the Department of Health and Human Services,
17 and appropriate state agencies.

18 (f) The adjutant general shall notify each veteran and
19 member of the armed forces residing in State who has a service-
20 connected injury or disability of the opportunity to receive
21 treatment pursuant to this part.



1 (g) Not less than twenty days prior to the convening of
2 the regular sessions of 2015 to 2019, the school of medicine and
3 the insurance division shall jointly submit to the legislature
4 an annual report on the implementation of this part. The report
5 shall include:

6 (1) The number of individuals for whom the insurance
7 division has provided payments under this part;

8 (2) The condition for which each individual receives
9 treatment for which payment is provided under this
10 part and the success rate of each treatment; and

11 (3) Treatment methods that are used by entities receiving
12 payment provided under this part and the respective
13 rate of success of each method.

14 (h) The insurance division shall collect payments from the
15 third-party payer responsible for a given patient's treatment.

16 These payments shall be paid to the veterans recovery plan
17 special fund. Any requirement of medical necessity or
18 preapproval shall be deemed as having been met regardless of a
19 third-party payer's objection. Medical necessity shall have
20 been determined by whether positive health outcomes were
21 achieved under the treatment requirements of this part. To
22 prevent retaliation against those who received treatment under



1 this part, patient confidentiality shall be maintained. The
2 insurance division shall establish independent verification
3 procedures, such as independent auditing of patient records
4 validating the third-party payer's responsibility by rules
5 adopted in accordance with chapter 91, Hawaii Revised Statutes.

6 (i) The purchase or lease of equipment and facility
7 installation by the center is authorized under this part in
8 order to meet the needs of injured individuals covered under
9 this part. The school of medicine shall approve these
10 expenditures and collect a fee of fifty dollars from each
11 treatment payment to reimburse the veterans recovery plan
12 special fund. The purchase lease, and installation contracts
13 shall not be subject to chapter 103D, Hawaii Revised Statutes.

14 SECTION 9. The director of finance is authorized to issue
15 general obligation bonds in the sum of \$ or so much
16 thereof as may be necessary and the same sum or so much thereof
17 as may be necessary is appropriated for fiscal year 2014-2015
18 for deposit into the veterans recovery plan special fund for the
19 purpose of purchasing hyperbaric chambers for the hyperbaric
20 oxygen treatment authorized under this Act.

21 SECTION 10. The appropriation made for the project
22 authorized by this Act shall not lapse at the end of the fiscal

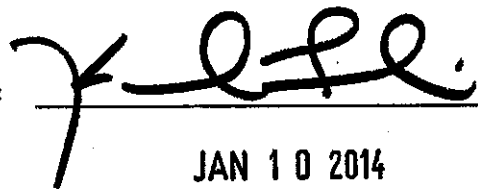


1 biennium for which the appropriation is made; provided that all
2 moneys from the appropriation unencumbered as of June 30, 2016,
3 shall lapse as of that date.

4 SECTION 11. This Act shall take effect on July 1, 2014 and
5 shall be repealed on July 1, 2019.

6

INTRODUCED BY:



JAN 10 2014



H.B. NO. 1577

Report Title:

JABSOM; Veterans; Traumatic Brain Injury Treatment; GO Bonds; Appropriation

Description:

Establishes a five-year pilot program at UH-JABSOM for the medical treatment of veterans and traumatic brain injury treatment of residents. Establishes a special fund within the Insurance Division to reimburse health care providers and purchase medical equipment. Prohibits third-party payors from denying reimbursement for hyperbaric oxygen treatment. Authorizes the Insurance Division to seek reimbursement from third-party payors. Authorizes GO bonds. Appropriates funds.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.



Concussion Report for School Year 2013 - 2014

Report Summary from 8/1/13 to 12/31/13

67 Schools	Total	BIIF	KIF	MIL	ILH	OIA
Number of Baselines	6713	1297	366	328	1827	2881
Number of Concussions	863	76	33	77	204	473

Presentations:

1. August 10, Keiki Day at Kahala Mall
 2. August 31, Island Football League at Wahiawa District Park
 3. September 7th, Big Boys Football at Kuhio Park Terrace
 4. Dept. of Park & Recreation, Waimanalo District Park
 5. October 2nd, Hilo Pop Warner
 6. October 6th, Children & Youth Day @ State Capital
 7. October 27th, Hawaii Pacific Health, Kids Fest @ Bishop Museum
 8. February 27, Maui
-

SPORTS	Number of Baseline 8/1/13 to 12/31/13	Number of Concussion		
		8/1/13 to 11/30/13	12/1/13 to 12/31/13	Total to date
Baseball (M)	233	10	3	13
Baseball (F)	6	0	0	0
Basketball (M)	636	20	13	33
Basketball (F)	558	44	26	70
Boating Related (M)	15	0	0	0
Boating Related (F)	23	0	1	1
Cheerleading (M)	15	0	0	0
Cheerleading (F)	295	67	2	69
Football (M)	1169	359	4	363
Football (F)	3	2	0	2
Golf (M)	4	0	0	0
Golf (F)	5	0	0	0
Lacrosse (M)	0	0	0	0
Lacrosse (F)	2	0	0	0
Martial Arts (M)	23	0	1	1
Martial Arts (F)	15	1	0	1
Soccer (M)	687	18	11	29
Soccer (F)	896	51	39	90
Softball	162	15	3	18
Swimming (M)	22		0	0
Swimming (F)	33	0	1	1
Tennis (M)	25		0	0
Tennis (F)	43	3	0	3
Track & Field (M)	12	1	0	1
Track & Field (F)	10	1	0	1
Volleyball (M)	30	0	0	0
Volleyball (F)	750	45	0	45
Water Polo (M)	110	1	0	1
Water Polo (F)	22	0	0	0
Wrestling (M)	410	10	19	29
Wrestling (F)	192	11	6	17
X-Country (M)	71	3	0	3
X-Country (F)	51	1	0	1
Others (M)	84	31	10	41
Others (F)	101	14	16	30
Total	6713	708	155	863

Top 5
sports

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BIIF	Number of Baselines 8/1/13 to 12/31/13	Number of Concussion		
		8/1/13 to 11/30/13	12/1/13 to 12/31/13	Total to date
School				
Hilo High School	110	13	3	16
Honokaa High School	156	4	2	6
Kamehameha Schools-Hawaii	381	1	0	1
Kau High School	85	2	0	2
Kea'au High School	115	9	2	11
Kealakehe High School	237	8	3	11
Kohala High School	0	0	0	0
Konawaena High School	103	10	3	13
Pahoa High School	42	0	2	2
Waiakea High School	68	11	3	14
Total (10 Schools)	1297	58	18	76

KIF	Number of Baselines 8/1/13 to 12/31/13	Number of Concussion		
		8/1/13 to 11/30/13	12/1/13 to 12/31/13	Total to date
School				
Kapaa High School	123	13	0	13
Kauai High School	146	10	1	11
Waimea High School	97	9	0	9
Total (3 Schools)	366	32	1	33

MIL	Number of Baselines 8/1/13 to 12/31/13	Number of Concussion		
		8/1/13 to 11/30/13	12/1/13 to 12/31/13	Total to date
School				
Baldwin High School	61	15	8	23
Hana High School	26	5	1	6
King Kekaulike High School	124	11	5	16
Lahainaluna High School	31	5	4	9
Lanai High School		0	0	0
Maui High School	86	22	1	23
Molokai High School		0	0	0
Total (10 Schools)	328	58	19	77

ILH	Number of Baselines 8/1/13 to 12/31/13	Number of Concussion		
		8/1/13 to 11/30/13	12/1/13 to 12/31/13	Total to date
School				
ASSETS School	8	1	0	1
Christian Academy	12	2	0	2
Damien High School	136	22	4	26
Hanalani School	17	5	0	5
Hawaii Baptist Academy	122	14	3	17
Honolulu Waldorf School	54	0	0	0
Iolani High School	396	11	4	15
Island Pacific Academy	5	2	0	2
Kamehameha Schools-Oahu	381	19	0	19
La Pietra Hawaii School	81	3	2	5
Lanakila High School	38	0	0	0
Le Jardin Academy	102	4	0	4
Lutheran High School	20	2	0	2
Mid-Pacific Institute	169	21	5	26
Pacific Buddhist Academy	71	0	0	0
Sacred Heart Academy	28	1	3	4
St. Andrews Priori	5	2	0	2
St. Francis	133	14	2	16
St. Louis School	19	31	3	34
University Lab High	30	18	6	24
Total (21 Schools)	1827	172	32	204

OIA	Number of Baselines 8/1/13 to 12/31/13	Number of Concussion		
		8/1/13 to 11/30/13	12/1/13 to 12/31/13	Total to date
School				
Aiea High School	140	6	1	7
Anuenue School	10	9	1	10
Campbell High School	149	37	11	48
Castle High School	85	42	8	50
Farrington High School	152	15	6	21
Kahuku High School	204	10	4	14
Kailua High School	71	11	3	14
Kaimuki High School	68	7	1	8
Kaiser High School	147	12	5	17
Kalaheo High School	112	25	5	30
Kalani High School	219	11	2	13
Kapolei High School	159	6	4	10
Leilehua High School	235	50	5	55
McKinley High School	119	12	3	15
Mililani High School	189	26	4	30
Moanalua High School	59	23	8	31
Nanakuli High School	52	10	2	12
Pearl City High School	142	20	1	21
Radford High School	146	8	2	10
Roosevelt High School	131	23	4	27
Waialua High School	85	8	1	9
Waianae High School	68	5	0	5
Waipahu High School	139	12	4	16
Total (23 Schools)	2881	388	85	473