

ASHA PODCAST: KATHY MANNING ON TRAUMATIC BRAIN INJURY

Featuring: Kathy Manning and Joe Cerquone

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Welcome to ASHA Network News, a continuing series that highlights issues of interest to ASHA members.

Joe Cerquone

I'm speaking today with ASHA member Kathy Manning. Kathy is a Speech Language Pathologist in private practice in Bozeman, Montana. Welcome Kathy.

Kathy Manning

Thank you.

Joe Cerquone

Kathy is a guest panelist for a June 2007 ASHA sponsored event at the National Press Club in Washington, DC. That event is entitled "Civilian TBI: The Other Story". Kathy, would you talk a bit about your experience with TBI care delivery?

Kathy Manning

Sure. I've actually been a Speech Pathologist for a number of years over 30 years, and I've had an opportunity to work pretty extensively with TBI really across the continuum of care. From ICU to community re-entry, I've worked in metropolitan and rural areas and everything from full time speech pathology to full time rehab manager. But about four years ago I had an opportunity to join a colleague in private practice treating mild traumatic brain injury exclusively. And I think in doing so I've had an opportunity to reevaluate the way I provide service and what some of the issues I think are still existing for those with head injury. Particularly I think that now, although we've made tremendous gains in the treatments of TBI, there still are a lot of barriers to providing care for those with head injuries and brain injuries. And particularly in the fact that I think therapy is driven by insurance coverage, so it's often the insurance industry that decides who get treatments and how much they get and what kind of therapy. And the result has been inpatient lengths of stay that are reduced, reduction in Medicare and Medicaid funding, and in the cases of a lot of clients I see insurance companies that are actually refusing to cover cognitive rehabilitation for TBI.

Joe Cerquone

I see. I think when some people hear the term mild TBI, they may connote that with being not a terribly serious condition. Would you agree?

Kathy Manning

I would totally disagree. The term mild is really a medical definition and it represents, well misrepresents the severity of symptoms that people experience following TBI. It refers really to the medical definition that's based on the extent of brain trauma indicated by responsiveness and recall at the time of the injury. Those with mild TBI actually experience a host of fairly serious and long-term problems if they don't have a recovery within the first few weeks or months.

Joe Cerquone

You work in a comparatively remote part of the country, any particular challenges associated with that in TBI care delivery?

Kathy Manning

Yeah, you know there are a few. Even though Montana is pretty sparsely populated we do have some excellent resources and treatment centers for TBI, but these are really located in just a few of the largest cities. I think the biggest problem for individuals with brain injury is that they are often sent away from their home communities to access inpatient treatment and then they're sent back to their homes for follow-up. And if that's in a rural setting, some parts of Montana are more rural than others, but if they're being sent back to a very rural setting it can be difficult because there may not be therapists available or those who are may not have had much experience with traumatic brain injury. I also think in these settings it's more difficult for us to work as interdisciplinary teams particularly in the outpatient environment. And also at least in Montana often times rural equates to lower income and there's poor health insurance coverage so we may not have clients that though they're being referred for therapy, they may not have any insurance coverage for that therapy.

Joe Cerquone

Kathy from your experience with TBI care delivery do you have any particular advice or something you would want to convey to your fellow SLP's?

Kathy Manning

Yeah, you know I think Speech Pathologists generally do a really excellent job one-on-one with our clients, and I think we all recognize the importance of networking with other therapists and pursuing continuing education, but I believe we really need to put more effort into a couple of areas. One is advocacy and education. The public really still does not have a very good idea not only about what TBI is but specifically about what a Speech Language Pathologist is and what role we might play in cognitive rehabilitation. And when I

say public, I don't mean just the average person, but I think I also mean physicians, vocational rehab agencies, case managers, insurance companies, employers, all of those who really deal with individuals who have had traumatic brain injury. I also think we need to be looking at taking therapy out of this office a little more and into the real life world of these clients. I guess as a profession I would like to see us elevate ourselves academically and clinically to more the level of neuro-psychology with specialized training programs and maybe advanced certification in traumatic brain injury, and basically stop working out of broom closets and undervaluing what we do.

Joe Cerquone

You have experience with clients who have successfully appealed denial of cognitive rehabilitation services for TBI. What's the secret to appealing?

Kathy Manning

Persistence. I think that in my experience really, it's not taking, don't take no for an answer. I think that we really have to be cognizant of what the appeals process is for the specific insurance companies, and read the small print. It's important to document well, particularly in terms of the functional changes and specific goals, but also in terms of the complexity of what we're providing because we aren't just doing therapy. We're doing a lot more in terms of assessment, counseling, collaboration, advocacy. I found in my appeals situation having supporting documentation was essential as well as working with the case manager but in the particular case that I was involved in that ASHA is discussing, or will be discussing at this conference or this meeting. The success of the appeal was ultimately based on the reviewing physician's impression of the documentation that was provided by SLP, so documentation is really essential.

Joe Cerquone

Kathy, what made you agree to participate in ASHA's event on TBI at the National Press Club?

Kathy Manning

Well, for one thing ASHA wanted me to share my experience working with the insurance companies, and that appeals process highlight the better need for coverage for those with traumatic brain injury. But for me personally I wanted to be able to share my concerns for those with mild traumatic brain injuries specifically. These are people who often are denied access or who have delayed access to appropriate medical intervention and therapy. This results in exacerbation of their symptoms. I think that MTBI is not well understood, not only by the public but also by the medical community outside of rehabilitation. The clients I see often have to deal with contentious litigation. They experience tremendous financial burdens and stress. You know their support system; business is failing, loss of work, loss of partner, even loss of parental rights. But I really believe that with early diagnosis, appropriate and adequate intervention and improved

awareness, I think that prognosis for recovery and resumption of normal lives is really good for those with mild traumatic brain injury. And I work with some of most courageous and hardworking people I have ever met, and I really have felt a responsibility to speak for them in any way that I can.

Joe Cerquone

Well that's very well said. ASHA members can find out more about Civilian TBI: the Other Story in the pressroom of the ASHA website. Kathy, thank you very much for being our guest today.

Kathy Manning

You're welcome and thank you.