

ROOKIE PROSPECTS FOR 2011

A look at five players in position to stand out this season, 6C

Dominic Brown: Phillies right fielder.



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Newsline

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After being shot in the head, Rep. Gabrielle Giffords is likely to have her rehab covered by insurance for as long as she needs it. But for Scott Hamilton and millions of others with traumatic brain injuries, getting access to long-term rehab isn't that easy.

FOR BRAIN INJURIES, A TREATMENT GAP



Survived 2005 crash: After waking from a coma, Scott Hamilton had to relearn to walk and shave.

By Jessica Brandt Liffand for USA TODAY

By Steve Sternberg
USA TODAY

The first two doctors who examined Scott Hamilton's fractured skull told his wife that he wouldn't make it through the night. A third believed he could save Hamilton's life.

On Oct. 26, 2005, Hamilton was tossed from his Vespa motor scooter on Market Street in San Francisco during his 2-mile ride to work. He was going 25 mph when his tire skidded on a trolley track, and his helmeted head struck the pavement.

Geoffrey Manley, director of brain trauma at the University of California-San Francisco, said keeping Hamilton alive would be just the start of the road to recovery. To increase his chances of returning to a normal life, Hamilton would need the type of intensive rehabilitation care

now being provided to Rep. Gabrielle Giffords, who was shot in the head in Tucson on Jan. 8.

Unlike Giffords, however, Hamilton couldn't count on getting into a state-of-the-art rehabilitation center.

Although Medicare, Medicaid and most insurers cover the brain surgery and intensive care necessary to save the lives of patients with such traumatic brain injuries, Manley says, most insurers scrimp on benefits for rehab programs, costly brain-injury "boot camps" that challenge patients to relearn skills and abilities destroyed by brain trauma. Such programs may cost \$600 to \$8,000 a day, depending on the range of services they provide, says Susan Connors, presi-

COVER STORY

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Brain trauma: Medicine's most complicated ailment

Continued from 1A

dent of the Brain Injury Association of America. The lack of coverage means that thousands of patients are discharged each year from hospitals to nursing homes or to languish in their beds during the critical early months when their brains are most receptive to healing, according to data from the National Institute for Disability and Rehabilitation Research. At least two-thirds of patients discharged from rehabilitation hospitals after a typical stay of 16 days get no further treatment, the studies indicate.

Without intensive therapy, Manley says, brain-trauma patients may never regain full use of their limbs, their ability to use language, their emotional balance or their power to think clearly.

Only Texas requires major insurers to cover comprehensive brain-injury rehab, a mandate championed by a legislator who discovered after her husband's stroke that their insurance plan did not cover needed rehabilitation services. The state pays for those who lack adequate insurance for up to six months, a program now facing a 75% budget cut because of the state's fiscal crisis, says Jane Boutte, president of the Brain Injury Association of Texas.

Giffords, as a federal worker injured on the job, likely will have her rehab covered by the Federal Employees' Compensation Act for as long as she needs it. Her injury, and her battle to return to the life she nearly lost, has drawn national attention to the quality and intensity of the care she is receiving.

She's one of the lucky ones, health specialists say. "We have a terrible time getting patients into rehab," Manley says.

At least 1.7 million people in the USA suffer brain trauma each year, the Centers for Disease Control and Prevention reports. Most of the injuries occur in motor vehicle crashes, strokes, assaults, falls, gunshot wounds and sports-related incidents. Each year, about 50,000 brain trauma patients die, 230,000 are hospitalized and up to 90,000 survive with long-term disabilities.

At least 3 million people in the USA live with disabilities because of traumatic brain injuries, the CDC says. Brain injuries take a huge financial toll: Americans spend roughly \$60 billion a year — \$10 billion for medical care and \$50 billion for lost productivity, the agency says.

Yet many patients and their families don't realize rehabilitation services are available.

"Patients have no idea," says Brent Masel, director of the non-profit Transitional Learning Center in Galveston, Texas. "Insurance companies don't want people to know that there's another step after they leave the hospital."

The issue of how insurers cover brain-injury rehab made national headlines in December, when news reports disclosed that the Department of Defense's insurance carrier, Tricare, refused to pay for cognitive therapy — a collection of intensive exercises that improve cognitive function — calling it experimental. The reports of injured troops being denied access to such therapy provoked a national outcry, a study by the Institute of Medicine and a series of angry letters from Congress.

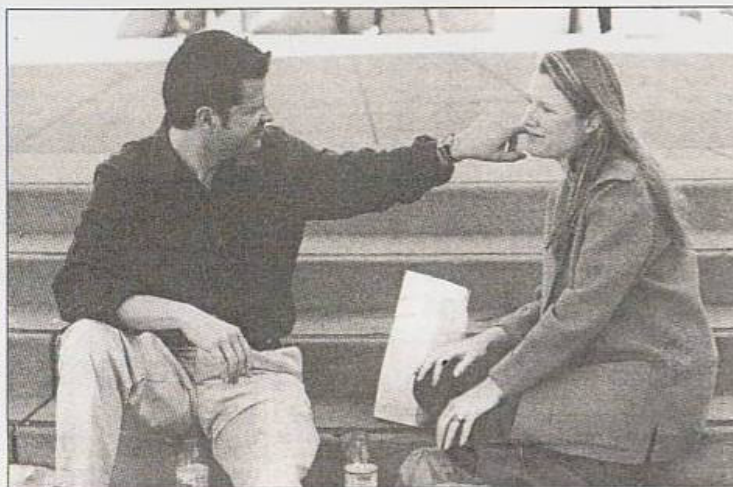
"The fact is, a lot of people are not getting into rehab," says Rep. Bill Pascrell, D-NJ, co-chairman of the Congressional Brain Injury Task Force. Like Tricare, many insurance firms have based their refusals to provide coverage on an absence of evidence that the programs work. Even true believers concede that the case for cognitive rehabilitation rests on a shaky scientific foundation, in part because of the difficulty of studying the brain and a lack of funding for research.

"The evidence doesn't exist to definitively say that this has an impact. The studies are equivocal at best," says Allan Korn, chief medical officer of the Blue Cross and Blue Shield Association, which makes recommendations that member companies typically follow. "Blue Cross Blue Shield doesn't run a science fair. We run a business that has to cover tragic cases like the congresswoman's."

"People who work in the field believe that rehab works," says Manley, who has been pushing for research. "We see the results. Where we have fallen short is by not studying this and providing objective evidence that rehabilitation changes the brain."

Because many of those who do not receive extended rehab typically withdraw into nursing homes, extended-care centers or their rooms at home, patients also vanish from public view.

"When I had this accident, I became the only person I knew who had a brain injury," Hamilton says. "Then I learned that I was one of a million and



A long road back: After Scott Hamilton survived a brain injury that left him in a coma for two weeks, his wife, Stacey Boyd, was stunned to learn their insurance company refused to cover his rehabilitation.

A 3-pound wonder

The brain is the most complicated organ in the body. It regulates every aspect of human behavior. Different regions of the brain perform different tasks. Damage to a region can result in the loss of functions inherent to that region's tasks. A short guide to the brain and its functions:

Frontal lobes

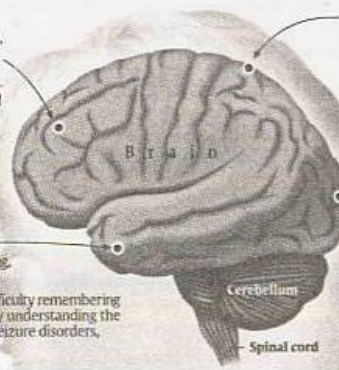
Functions: Consciousness, sense of self, judgment, emotional response and stability, language, personality, word association and meaning.

If damaged: Causes a loss of attention, mood swings, difficulty with problem solving.

Temporal lobes

Functions: Intellect, hearing, long-term memory.

If damaged: Can lead to difficulty remembering names and faces; difficulty understanding the spoken word. Can cause seizure disorders, strange reveries.



Parietal lobes

Functions: Visual perception, touch, object manipulation, goal-directed actions.

If damaged: Can lead to difficulty naming objects, writing words, problems reading, inability to focus on more than one object at a time.

Occipital lobes

Functions: Visual perception.

If damaged: Can lead to difficulty seeing, a hard time recognizing colors and difficulty perceiving movement.

Source: The Brain Injury Resource Center

By Frank Ponzio, USA TODAY

a half people a year with (traumatic brain injuries). How can something this big go unnoticed?"

After Hamilton's fall, Manley put a drain in his skull and treated him with drugs to reduce swelling. And though Manley felt sure that Hamilton would survive the procedure, he stopped short of predicting anything else.

"I'm not God," Stacey Boyd, Hamilton's wife, recalls Manley telling her when her husband was in a coma. "I don't know what's going to happen here. I'm not going to tell you I do."

The mysteries of the brain

The brain is the body's most mysterious organ. Made up of 100 billion nerve cells, it lies in a dark vault, processing trillions of bits of information streaming in on nerve and sensory pathways.

It governs heartbeat, breathing, intellect, memory, balance, personality and language, not to mention the social skills necessary to make friends and the reflexes needed to serve a tennis ball or drive a car. A person with brain damage may not only suffer from disability, experts say, he or she may become a different person, with an altered sense of self or personality.

"The brain is the most complicated organ we've got, and brain trauma's the most complicated disease," says David Hovda, director of UCLA Brain Injury Research Center. "Traumatic brain injury isn't an event that you recover from. It's an event that you live with for the rest of your life."

Science has yet to yield a treatment that will speed or promote recovery, Hovda says. "There's no pill, no procedure. Hyperbaric oxygen doesn't work. There's nothing we can do to actually fix people. We think rehabilitation is important, because it can retrain the brain."

Neurosurgeon Dong Kim of Memorial Hermann-Texas Medical Center in Houston, where Giffords is

undergoing therapy, says, "There's no question we have documented evidence that an area of the brain that wasn't doing something, like speech, can learn to do it." Younger brains have more of this capability, called plasticity, than older brains, he says.

Giffords' program involves a constellation of therapists working together, says Gerard Francisco, head of her rehab team at TIRR Memorial Hermann, a 119-bed facility at the medical center.

Such services aren't cheap.

A U.S. government study of 17 federally funded "model" traumatic-brain-injury research and treatment centers pegged the average daily cost of acute inpatient brain-trauma care at \$8,034 and inpatient rehabilitation at \$2,227. On average, the total cost per patient is \$162,194 for initial brain-trauma care and \$59,862 for inpatient rehabilitation, which lasts about two weeks.

Outpatient rehabilitation may last for weeks, months or years, and the costs range from \$600 to \$1,000 a day, says Connors, of the Brain Injury Association of America. Giffords' care is covered by the Federal Employees Compensation Act, which provides full coverage for brain-trauma rehabilitation for as long as necessary.

Medicare and Medicaid have no national policy for brain trauma rehabilitation, Connors says. Private insurers' coverage varies. Most say they cover cognitive therapy and other brain-injury services, but each policy carries limitations. Aetna's policy for people who are directly insured by the company covers 30 days of cognitive therapy or 30 visits per injury, but those limits may differ for people with employer-based plans that are managed by Aetna, says Tammy Arnold, a company spokeswoman.

The only way to know your coverage limits is to read your policy's fine print, Arnold says.

Rehabilitation specialists say such limits would be unthinkable if applied to other ailments.

"It's like you have cancer and you get 10 visits for

chemotherapy and that's it," says Mark Ashley, CEO of the Centre for Neuro Skills, a chain of rehab centers based in Bakersfield, Calif.

United Healthcare's policy document states that it covers cognitive therapy, but doesn't spell out coverage limitations, which vary depending on a person's policy. Until mid-2010, the Blue Cross and Blue Shield Association regarded cognitive therapy as experimental, and some of its 39 independent member companies refused to cover it.

Korn says the association changed its stance after a 2009 study yielded a "hint, just a hint" that cognitive therapy might help trauma patients.

Hovda, a leading brain-injury researcher, blames the lack of data on a lack of funding. That began to change in 2007, when Congress gave the Defense Department \$150 million for brain trauma research to benefit injured troops, an amount that has since hit \$500 million.

Last year, the National Institutes of Health funded research studies totaling \$71 million. "One and a half million Americans a year have head injuries, costing \$60 billion a year, and (NIH) spends about \$57 per patient on research," Hovda says. "We spend \$5,000 per case on breast cancer research."

A treatment solution

Stacey Boyd was stunned to learn that Blue Shield of California refused to pay for husband's rehab. She believed he was covered.

Manley says Blue Shield called him on vacation and in the operating room to press him for more details on Hamilton's case. In desperation, Boyd sought help from a family friend, Chris Lehane, former vice president of Aetna's press secretary. During the Clinton administration, Lehane had worked with Tom Epstein, now vice president of communications for Blue Shield of California. Lehane says he called Epstein and asked him to look into the case.

Epstein says he did what he usually does when he gets calls such as Lehane's: He passed the query to a colleague empowered to make coverage decisions. Blue Shield of California agreed to pay for Hamilton's care. He was admitted to Santa Clara Valley Medical Center, one of the model centers recognized by the National Institute on Disability and Rehabilitation Research. Hamilton still has no memory of the Vespa crash or its aftermath. His wife has to fill in the blanks.

Boyd says that when her husband awoke from his coma after two weeks, he was "minimally responsive," raising a finger, answering in monosyllables. When he first got out of bed at San Francisco General Hospital, three people had to prop him up, because he had no control of his trunk or head. When he reached the rehab center a few days later, he still couldn't sit. But within weeks, Hamilton was sitting up and talking in sentences. By the third week, much sooner than expected, he was walking stairs.

It was a struggle, says Hamilton, now managing partner of Seton Education Partners and father of Grace, 6, and Rowan, 3. "I had to learn to walk, and shave, and go to the bathroom at the age of 40 like it was the first time. One of the strangest things is how patient you have to be. It takes a long time."

Boyd says watching her husband, now 45, battle back from the accident was a revelation.

"In a weird way, it's a really beautiful process," she says. "I was able to watch my husband be re-born before my eyes and relearn all these things that weren't part of our shared history."



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