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 the
North Carolina Department of Health and Human Services

February 1, 2018
North Carolina Session Law 2017-57, Section 11F.9 (d) on the Adult and Pediatric Traumatic Brain Injury Pilot Program sets forth the reporting requirements below:

*By February 1, 2018, the Department of Health and Human Services shall submit a progress 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.*

**Progress Report**

Session Law 2017-57, 11F.9 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 up to three 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 has worked to develop implementation strategies for the Adult and Pediatric Traumatic Brain Injury (TBI) Pilot Program. In addition, several meetings have taken place within DHHS and between DHHS staff and legislative staff to clarify the goals of the pilot. A Request for Application (RFA) is being developed and is projected to be posted by March 31, 2018.

The purpose of the RFA is to identify a contractor who will establish three to five program sites to implement the adult and pediatric traumatic brain injury pilot program in trauma hospitals as mandated in Section 11F.9. 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 is projected to be selected by June 30, 2018. Once selected, a contract will be executed within the first quarter of SFY 2018-2019, to be followed by the implementation of the pilot. If no applicants meet the requirements and standards required in the RFA, then the RFA will be reposted.

We look forward to discussing our continued work to implement this innovative and important pilot.