

Independent Healthcare for Collegiate Athletes: A Patient Centered Approach to Adequate Healthcare Infrastructure for Collegiate Athletes

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Education

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Disclosures

I am part-time employee of the
Commission on Accreditation of Athletic
Training (CAATE)
and hold an academic appointment at
Boston University

Objectives

At the end of this presentation the participant will:

1. Describe the current state of AT delivery and alternative health care models.
2. Identify actions you can take to deliver care in a more patient-centered manner.
3. Improve the quality and continuity of care at your institution.

Independent Medical Care

Not new.

Who is there now?

How do you get there?

PATIENT-CENTRED CARE

{ the he  art of the matter }



The conflict

Traditional model

Patients role is passive
Patient receives treatment
AT dominates conversation
Care is disease centered
Care is sport/team centered
AT does most of the talking
Patient may or may not
adhere to treatment plan

Patient centered model

Patient role is active
Patient is a partner in treatment
AT collaborates with patient
Care is quality of life centered
Care is activity centered
AT listens more and talk less
Patient more likely to adhere to
treatment plan

What are some challenges our traditional structure presents for our patients?





Culture



Culture



Current State of Patient Care?

- The vast majority of healthcare delivery is done on a team by team basis by providers that are employed and supervised by the athletic department.

Sport Based Care and Coverage

- Prestige or revenue of sport
- History of success (Winning)
- Searches: Men's Basketball, Softball, Football, Women's Soccer
- Coverage: Healthcare provider(s)

Care and Coverage

What if ?

- Healthcare profiles of individual team members
- Injury rate
- Number of individuals participating
- This frees up more time for care

Traditional State of Patient Care?

- I'm a basketball AT
- My athlete
- I'm going to practice and then up to lift
- Schedule and accompany athlete to doctor's appointments

Expertise

Does every athletic trainer have the expertise to meet every patient needs?

Why are many athletic training/sports medicine units set up as if they do ATs, coaches and administrators think they do?





Supervision

Is an athletic director a suitable supervisor for healthcare professional?



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"That's my performance review?! Two thumbs up?!"

In the past. New athletic trainer take a job for \$24,000 a year and free gear or do a graduate assistantship?

This is no longer the case changing environment of athletic training.



Athletic Trainer Shortage ?

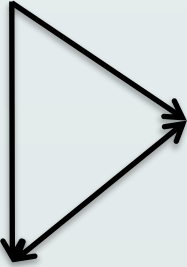
- More athletic trainers than there ever been
- Military
- Physician practice
- Public safety
- Industry
- Traveling athletic trainers
- Public health
- Entertainment

2007 Boston University

What were the challenges

market information future success trust
concept **technology** communication
modern **disruptive** innovation idea
change **digital** different smart metaphor
virtual **economy** digital
disruption reinvent commerce marketing
code shifting transfer
unique decision binary data **business** leadership security
sharing symbol electronic **abstract disrupt**
leader internet

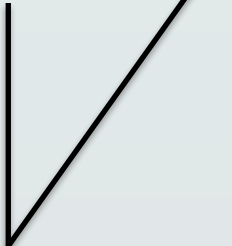
Department
of Military
Science



Physicians

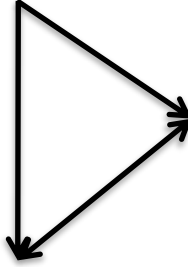
Athletic
Trainers

Residents



Cadets
Midshipmen

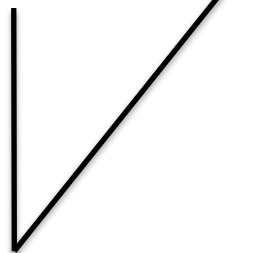
Department
of Athletics



Physicians

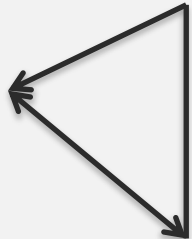
Athletic
Trainers

Residents

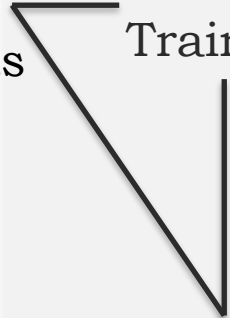


Varsity
Student-
Athletes

Phys Ed,
Recreation,
& Dance



Athletic
Trainers



Club Sports
Student-
Athletes



Evaluates staff...day-to-day oversight...coordinates all communication with outside entities...budget hearing...all long-term planning

Student Health Services

Medical Director

Evaluates director...All medical oversight...Final say in hiring...

Director, Athletic Training Services

Athletic Trainers

Head ATs and senior designations day-to-day operations ...all others ATs ...coordinate care for different groups of patients

2700...go where care is...treated the same...resource allocation depends on injury rate

All Student Athletes

Benefits

University

- One cost center
- Aligned policies
- Risk mitigation
- Insurance processing
- General Counsel
- Cost reduction
- Privileging and credentialing

Patient's

- Privacy
- Access to expanded services
- Healthcare literacy
- Standard medical rights
 - Request change of clinician, second opinion...
- Ability to give anonymous feedback

Healthcare literacy and empowerment

- Handle their own insurance claims
- Make appointments
- Travel to appointments

Develop a Clinical Specialty

- Specialization is characterized by advanced clinical practice
- Some of this occurs naturally
- Supervisors should hire folks with specialty where there are deficits in their staff based on patient data examples behavioral health, women's health, pelvic floor
- Continuing education should be focused on areas that are lacking in current staff and of interest to the new hire.

PERFORMANCE FACTORS

Job Knowledge: Understands job duties and responsibilities...

Decision Making and Problem Solving: Demonstrates sound judgment in making decisions and solving problems.....

Work Quality/Productivity: Produces a sufficient volume of work to meet job requirements and meets deadlines. Demonstrates accuracy and thoroughness.....

Dependability: Demonstrates dependability on the job and is responsive to the needs of the department. Schedules time off in advance, begins work on time,.....

Communications: Demonstrates competence in expressing ideas verbally and in writing....

Interpersonal Relationships: Develops and maintains effective working relationships with colleagues, superiors and where appropriate, faculty, students a.....

Leadership: Ability to motivate direct reports and others to fulfill unit goals and the University's mission. Develops and communicates a clear vision of the future.....

Safety: Adheres to safe practices when performing assigned tasks;...

Patient Care

- | | |
|--|--------|
| 1. Sees an appropriate volume of patients in a timely manner | Always |
| 2. Complete and accurate chart documentation | Always |
| 3. Completes required paperwork correctly and on time | Always |

Medical Knowledge

- | | |
|---|--------|
| 4. Well developed clinical problem solving skills | Always |
|---|--------|

Practice Based Learning and Improvement

- | | |
|--|--------|
| 5. Helpful and willing to teach students and co-workers | Always |
| 6. Applies current evidence-based medicine to patient care | Always |

Interpersonal and Communication Skills

- | | |
|---|--------|
| 7. Treats patients with compassion and respect | Always |
| 8. Treats staff and co-workers with respect | Always |
| 9. Communicates diagnosis and follow-up effectively to patient and coaches when applicable. | |
| 10. Communicates clearly with administrative staff | Always |
| 11. Responds promptly when called or paged | Always |

Professionalism

- | | |
|---|--------|
| 12. Punctual and reliable in patient care/game coverage and ATR | Always |
| 13. Dresses appropriately | Always |
| 14. Maintains appropriate relationship with patients/staff/co-workers | Always |

Systems Based Practice

- | | |
|--|--------|
| 15. Advocates for patient in the healthcare system | Always |
| 16. Seeks collaboration often/when appropriate | Always |
| 17. Asks for help when needed | Always |





				AT Clinic Hours 10am - 630pm																			
FY18				Week																			
				11																			
Year to Date		Weekly		September 11, 2017			September 12, 2017			September 13, 2017			September 14, 2017			September 15, 2017			9/16	9/17			
YTD Actual	Average Hours Worked	WK Actual	WK Balance	EARLY Before 830am	NORM 830am-5pm	LATE After 5pm	EARLY Before 830am	NORM 830am-5pm	LATE After 5pm	EARLY Before 830am	NORM 830am-5pm	LATE After 5pm	EARLY Before 830am	NORM 830am-5pm	LATE After 5pm	EARLY Before 830am	NORM 830am-5pm	LATE After 5pm	SAT	SUN	TRAVEL DAYS	SICK HOURS	
628.0	62.8	78.5		Laursen	2.5	8.5	0.5	2	8.5	1.5	2.5	8.5	2	2	8.5	0.5	2.5	8.5	4	8	8	2	0
454.5	45.5	48.5		Chadburn	0	8.5	1	0	8.5	1	0.5	8.5	1	0.5	8.5	0	0	8.5	0	0	2	0	0
482.0	48.2	55.0		Venis	0.5	8.5	3	0	8.5	1.5	0.5	8.5	2	0	8.5	2.5	0.5	8.5	2	0	0	0	0
443.5	44.4	50.5		Beard	0	7	6.5	1	7	0	3	7.5	0	1	7	0	1.5	9	0	0	0	0	0
495.5	49.6	56.5		Cortes	1	8.5	1	1	8.5	1	1	8.5	1	1	8.5	1	1	8.5	1	4	0	0	0
448.5	44.9	49.0		Duckett	0.5	9	0	1.5	9	0	1.5	8.5	0	0.5	8.5	0	1	9	0	0	0	0	0
476.5	47.7	47.0		Ford	0.5	9	0	1.5	9	0	1	4.5	2	0	5	0.5	0.5	9	0	0	4.5	0	0
451.0	45.1	44.5		Hamula	V	8	0	V	8	0	V	8	0	3	7	0	3	7.5	0	0	0	0	0
164.0	54.7	62.5		Geoghegan	0	4	6	0	8.5	0.5	0	5	4.5	0	8	0	0.5	7.5	1	9	8	4	0
438.5	43.9	46.5		McElroy	0	8.5	1.5	0	8.5	1	0	5	6	0	6	2	0	5	1	0	2	0	0
461.5	46.2	43.5		Naylor	0	2.5	4	0	8.5	0	0	8.5	3	0	8.5	0	0	8.5	0	0	0	0	0
523.0	52.3	58.5		Pfeifer	0.5	8.5	0.5	3	6	1	0.5	8.5	2	0.5	8.5	2	0.5	8.5	2	6	0	0	0
554.5	55.5	61.0		Walusz	1	8.5	0.5	0.5	8	1	2	6	1	2	7	0	0	7.5	0	8	8	2	0



Hours Data FY 20

	Clinical Hours			Other Sessions		
NAME	YTD Actual	AVG Work Week	Travel Days	WKND Done	AM Done	PM Done
AT1	2906.5	54.8	40	426	545.5	109.0
AT2	2247.5	42.4	13	151	380.5	24.5
AT3	2752	51.9	30	322	226.0	130.0
AT4	2028.5	38.3	0	50	442.0	15.5
AT5	2506.5	47.3	31	290.5	467.0	74.5
AT6	2436.5	45.9	28	231.5	485.0	27.5
AT7	2249	42.4	12	182	482.5	45.5
AT8	2185.5	41.2	3	106	837.0	20.5
AT9	2212.5	41.7	0	158	297.5	140.0
A10	2412.5	45.5	30	234.5	384.5	62.0
A11	2095.5	39.5	20	183.5	520.5	58.0
A12	2392.5	45.1	29	283	329.0	40.0
A13	1895	35.7	15	179.5	370.0	92.0

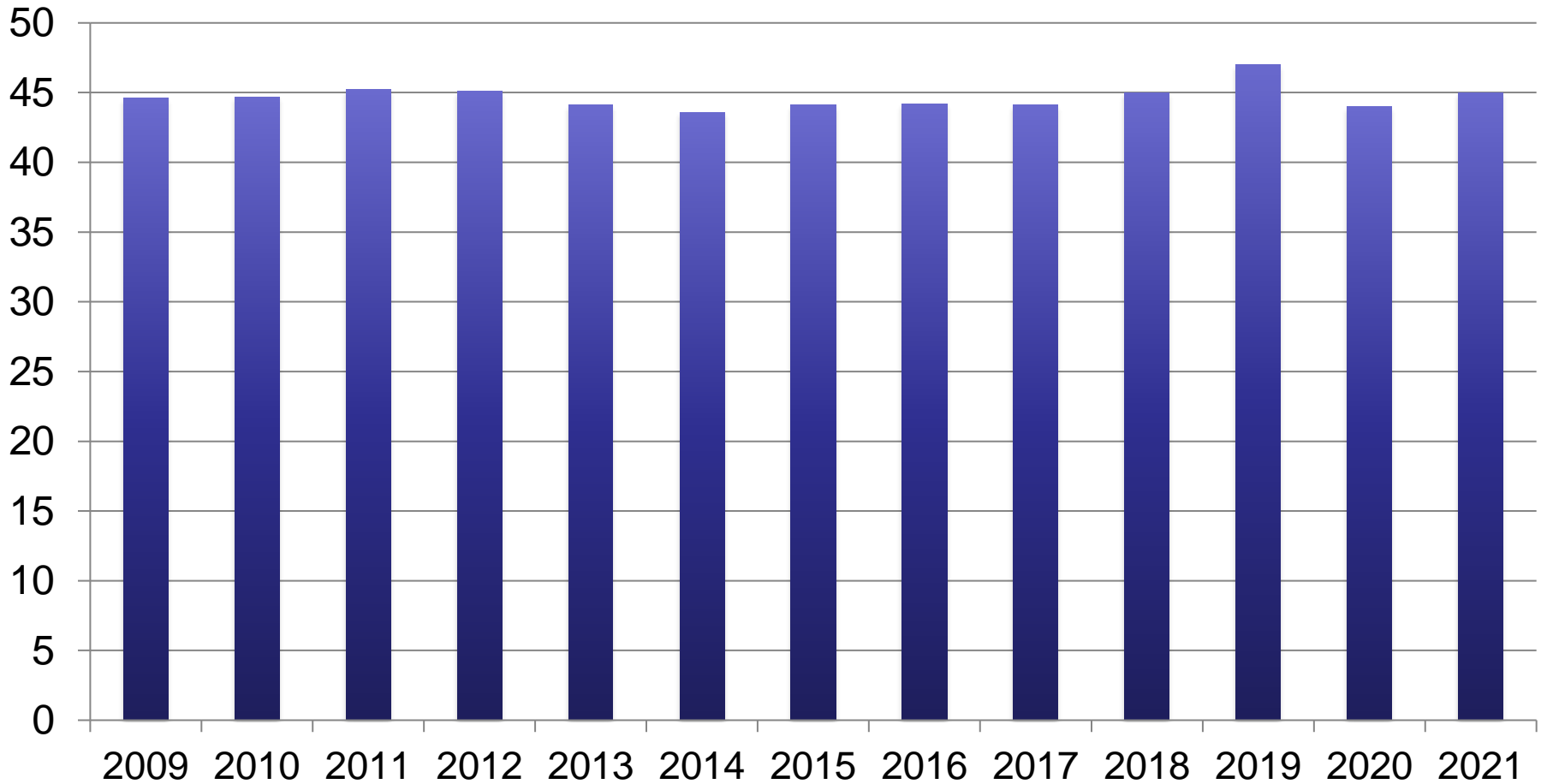


Hours Data FY 21

	Clinical Hours			Other Sessions		
NAME	YTD Actual	AVG Work Week	Travel Days	WKND Done	AM Done	PM Done
AT1	2459.0	47.3	0.0	345.0	545.5	109.0
AT2	2487.5	47.8	3.0	198.5	380.5	24.5
AT3	2550.0	52.5	8.0	251.0	13.5	326.0
AT4	2417.5	46.5	5.0	170.0	442.0	15.5
AT5	2488.9	47.9	3.0	242.5	467.0	74.5
AT6	2476.0	47.6	3.0	160.5	485.0	27.5
AT7	2464.0	47.4	8.0	211.0	136.5	221.5
AT8	2382.0	45.8	7.0	303.5	837.0	20.5
AT9	2241.0	43.1	3.0	192.0	297.5	140.0
A10	2293.5	44.1	2.0	58.5	384.5	62.0
A11*	1530.0	39.2	0.0	83.5	520.5	58.0
A12	2154.5	41.4	1.0	162.5	329.0	40.0
A13	2728.0	52.5	7.0	312.0	370.0	92.0



Average Hours Worked (F-T Staff)





Clinician on-call and senior staff 24 hours





FY 19

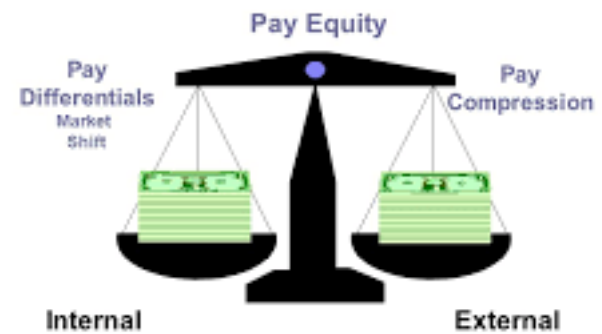
Open 361 days or 99%

	FY21	FY 20	FY 19	FY18	FY17
Patient Panel	843	1790	1758	1763	1716
Team Count	29	63	63	63	63
Patients Contacts	6617	27,302	34,499	27,630	26,687



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Balancing Internal and External Equity



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9-10



Better Job for ATs

Existing Positions

May 2008 - April 2022

Average increase of 133%

Range 80 to 197%

Median 119%

8 new staff positions

3 Residents @ \$50,014 each

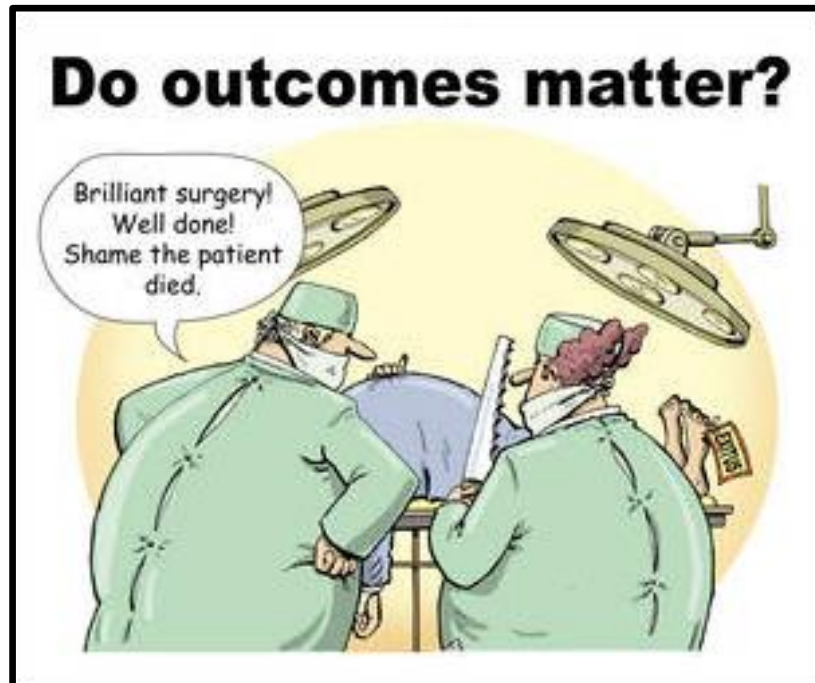
1 Physician FT

Salary expenditures increased 358%

What are some other tangible things we can do to change how we deliver healthcare?













Critical Review Form

Case Identification: Sport ID_Incident Date_Staff Reviewer
i.e. MLAX_070113_KM

Date Assigned:

Review Team:

Date to be Completed:

INTERVIEW DETAILS *To be completed by review committee*

All staff listed above should be interviewed unless otherwise approved by administrative team. Add additional interviews on the back if necessary.

Interviewer	Individual		Interview	
	Interviewed	Title	Date	Initials
Interview 1:	Nick Schulman	ATC, Graduate Assistant	3/30/16	NP
Interview 2:	Julia Daly	ATC, DPT Student	3/31/16	KAG
Interview 3:	Meg Ryan	Athletic Training Student	3/30/16	BH
Interview 4:	Arnelle Kodjo	Athletic Training Student	3/30/16	BH
Interview 5:				
Interview 6:				

EASE OF RESPONSE

Location of AT staff, location of other personnel, location of emergency equipment, etc.

Comments on ease of response

Both Julia Daly, ATC and Nick Schulman, ATC were located on the near sideline (opposite of bleachers) of Nickerson Field, with the students Meg Ryan and Arnelle, as well. They were located next to the cart that had the emergency equipment including emergency medical bag, splint bag, AED, and crutches which was left at midfield.

Ease of response was appropriate Yes

APPROPRIATE PERSONNEL INVOLVEMENT

Involvement of athletic trainers, athletic training students, physicians, emergency medical personnel, administration, and/or event staff was appropriate and timely



Critical Review Form

Case Identification: Sport ID_Incident Date_Staff Reviewer
i.e. MLAX_070113_KM

Date Assigned:

Review Team:

Date to be Completed:

BACKGROUND *To be completed by involved athletic trainer*

Venue(s):

Parties Involved:

Remember to include all staff involved, including athletic training staff, physicians, athletic training students, strength and conditioning staff, coaches, administrators, and/or event staff

SUMMARY OF KEY EVENTS *To be completed by involved athletic trainer*

Briefly describe the incident and, if applicable, what about it necessitates critical review

Time of Incident	Time EAP Activated	Time EMS Arrived	Time EMS Departed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INTERVIEW DETAILS *To be completed by review committee*

All staff listed above should be interviewed unless otherwise approved by administrative team. Add additional interviews on the back if necessary.

	Individual Interviewed	Title	Interview Date	Interviewer Initials
Interview 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interview 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interview 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



EASE OF RESPONSE

Location of AT staff, location of other personnel, location of emergency equipment, etc.

Comments on ease of response

Type here

Ease of response was appropriate Choose a response.

APPROPRIATE PERSONNEL INVOLVEMENT

Involvement of athletic trainers, athletic training students, physicians, emergency medical personnel, administration, and/or event staff was appropriate and timely

Comments on appropriate personnel involvement

Type here

Appropriate personnel involvement was utilized Choose a response.

CARE ADMINISTERED TO PATIENT

Comments on care administered to patient

Type here

Care administered to patient was appropriate Choose a response.





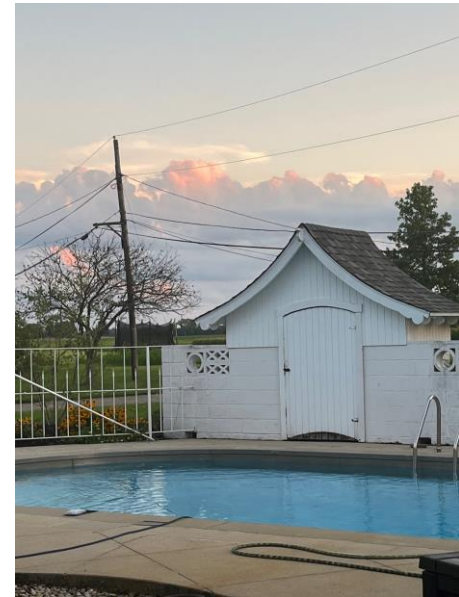
Questions

Kroshus E, Baugh CM, Daneshvar DH, Stamm JM, Laursen RM, Austin SB. Pressure on sports medicine clinicians to prematurely return collegiate athletes to play after concussion. *J Athl Train*. 2015;50(9):944-951.

Courson R, Goldenberg M, Adams KG, et al. Inter-association consensus statement on best practices for sports medicine management for secondary schools and colleges. *J Athl Train*. 2014;49(1):128-137.

Eason CM, Mazerolle SM, Goodman A. Organizational infrastructure in the collegiate athletic training setting, part III: benefits of and barriers in the medical and athletic models. *J Athl Train*. 2017;52(1):35-44.

Thank you



Strategies: Exploratory Phase

- Develop rationale.
 - Improved patient care.
 - Improved efficiency.
 - Budgetary
 - Insurance
 - Reduced liability.
 - Economies of scale (Club Sports, ROTC).
 - Improved quality of life for athletic trainers.
 - Education
- Anticipate concerns
- Invite people to the table

At the Table

- Risk Management
- Department of Athletics
- Student Health
- Behavioral Medicine
- Human Resources
- **Athletic Trainers**
- Ancillary Services
- Academic Unit
- Senior University Leadership

Strategies: Development Phase

- Job descriptions
- Organizational chart
- Anticipate concerns
 - Communicate with coaches
 - Communicate with student health services staff
- Budget transfer mechanics
- Medical records
- Patience

Strategies: Becoming Operational

- Addressing concerns
- Communication
 - Who goes to what meetings?
- Policies which ones belong to who?
 - Coverage
 - Clearance
 - Referrals
 - Drug testing
- Synchronizing
 - Privacy training
 - OSHA requirements