

The Integrative Sports Medicine Model

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Conflict of Interest Statement

We have no social, professional or economic conflicts of interest that could affect the content and delivery of this presentation

Learning Objectives

At the conclusion of this discussion, participants should be able to:

- Identify their sports medicine team and effectively communicate between members of the team
- Successfully explain how athletic trainers are an influential piece to patient-focused health care
- Recognize successes and opportunities in building an integrative team whether in a health system or school model

Who are we?

Candice Dunkin, MS, LAT, ATC
Manager, Athletic Training

BS, Michigan State University – 1999
MS, University of South Carolina – 2004

Physician Extender
AT Outreach

Ashley Emerson, LAT, ATC
Lead, Care Navigation

BS, Ball State University – 2015

Physician Extender
Care Navigation

Definitions

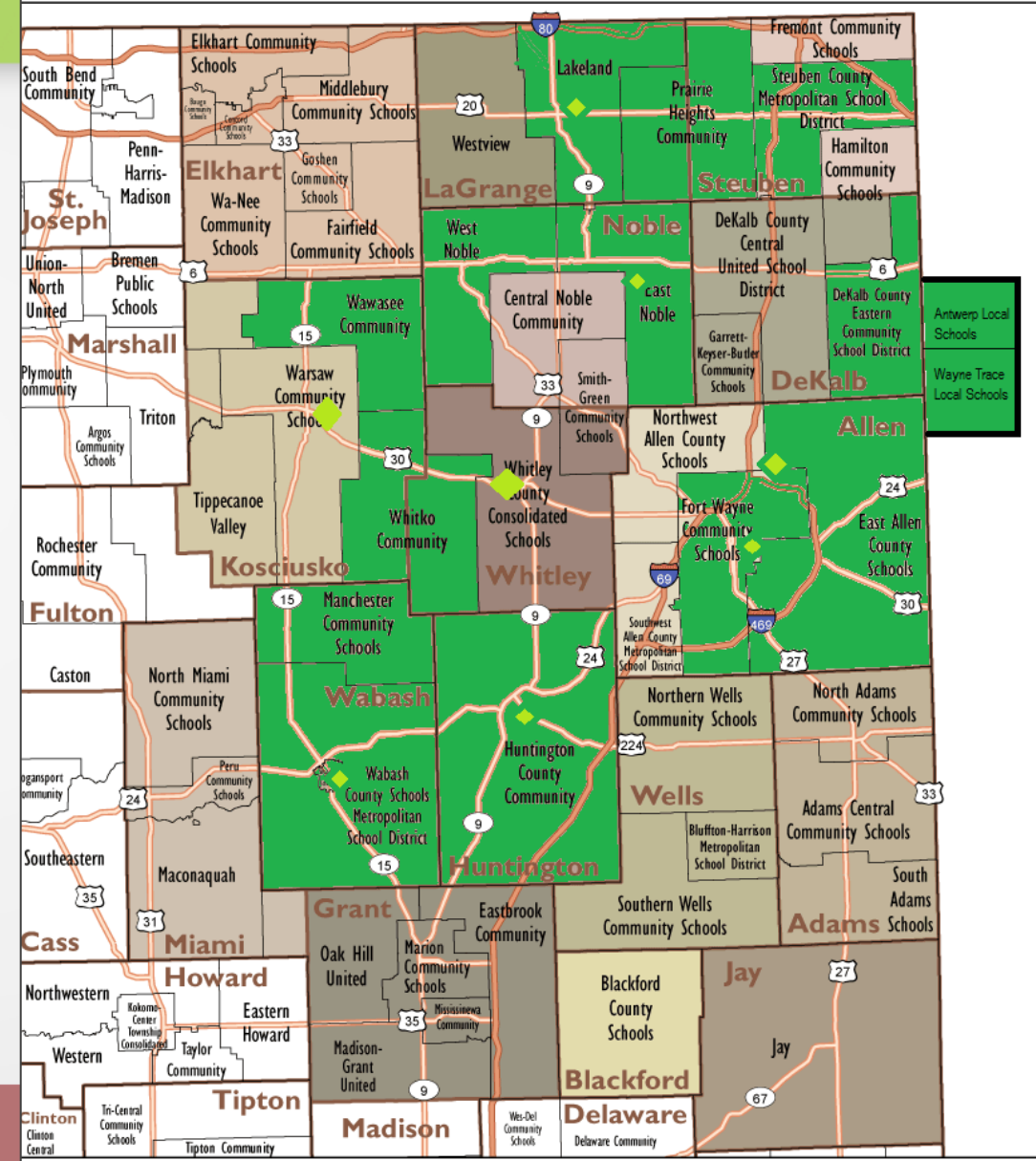
- Athletic Trainer – Allied health care professionals who provide safety on the sidelines through preventative services, therapeutic intervention, and emergency care
- Care Navigator – Athletic Trainer who advocates for non-traditional or out of season athletes
- Performance – sport-specific, athletic development
- Club – paid athletics outside of school participation
- Program vs. Department

Footprint

Northeast Indiana Unified School Districts

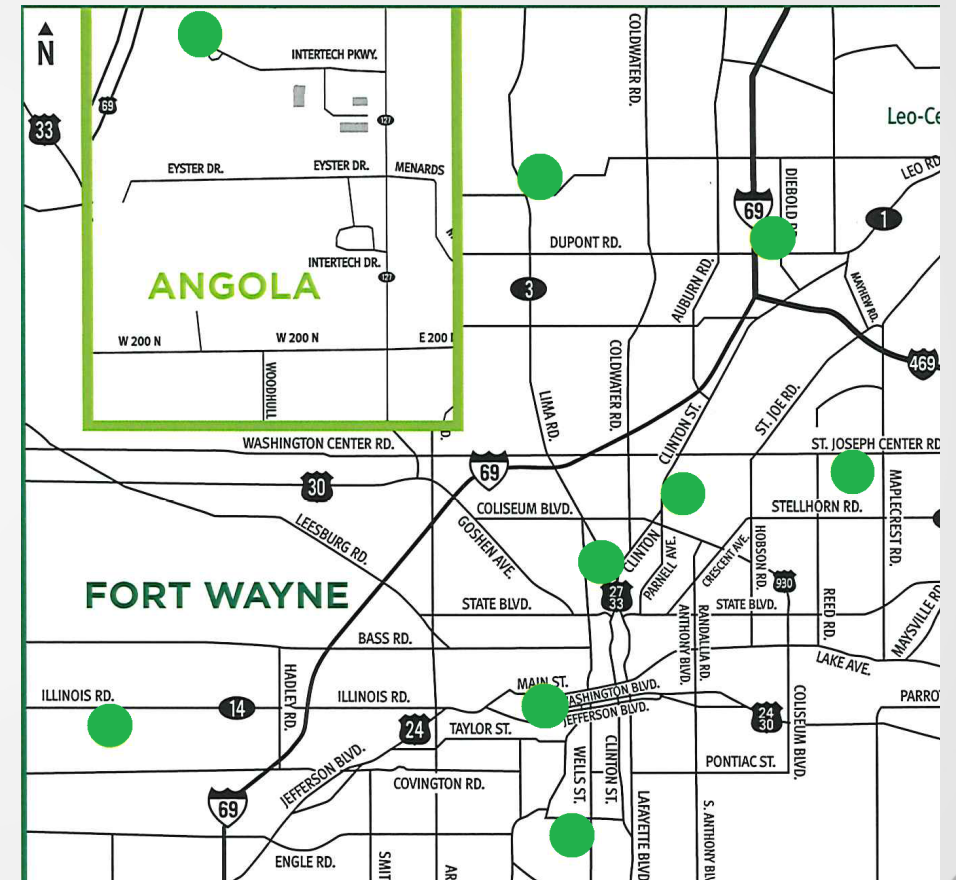


- Health system employees: 12,000+
- Sports Medicine employees: 150
- Square miles covered: 3,627
- 9 counties in northeast Indiana and northwest Ohio
- Service Population: 832,000
- Student Athlete Population: 12,000+



Sports Medicine Locations

- SportONE/Parkview Fieldhouse
- Empowered Sports Club
- The Summit
- Ball Sports Academy
- TherapyONE Outpatient Therapy
- Ortho NorthEast Physician Offices



Our Sports Medicine Team

- 3 non-operative sports medicine physicians
- 6 sport specialized orthopedic surgeons
- 72 athletic trainers
 - 26 high schools
 - 5 universities
 - 10 clubs
- 3 care navigators
- 2 outpatient physical therapy departments
- Performance
 - CSCS specialists
 - Registered dietician
- Ortho Walk-in Clinic
 - DXA
 - Concussion Clinic

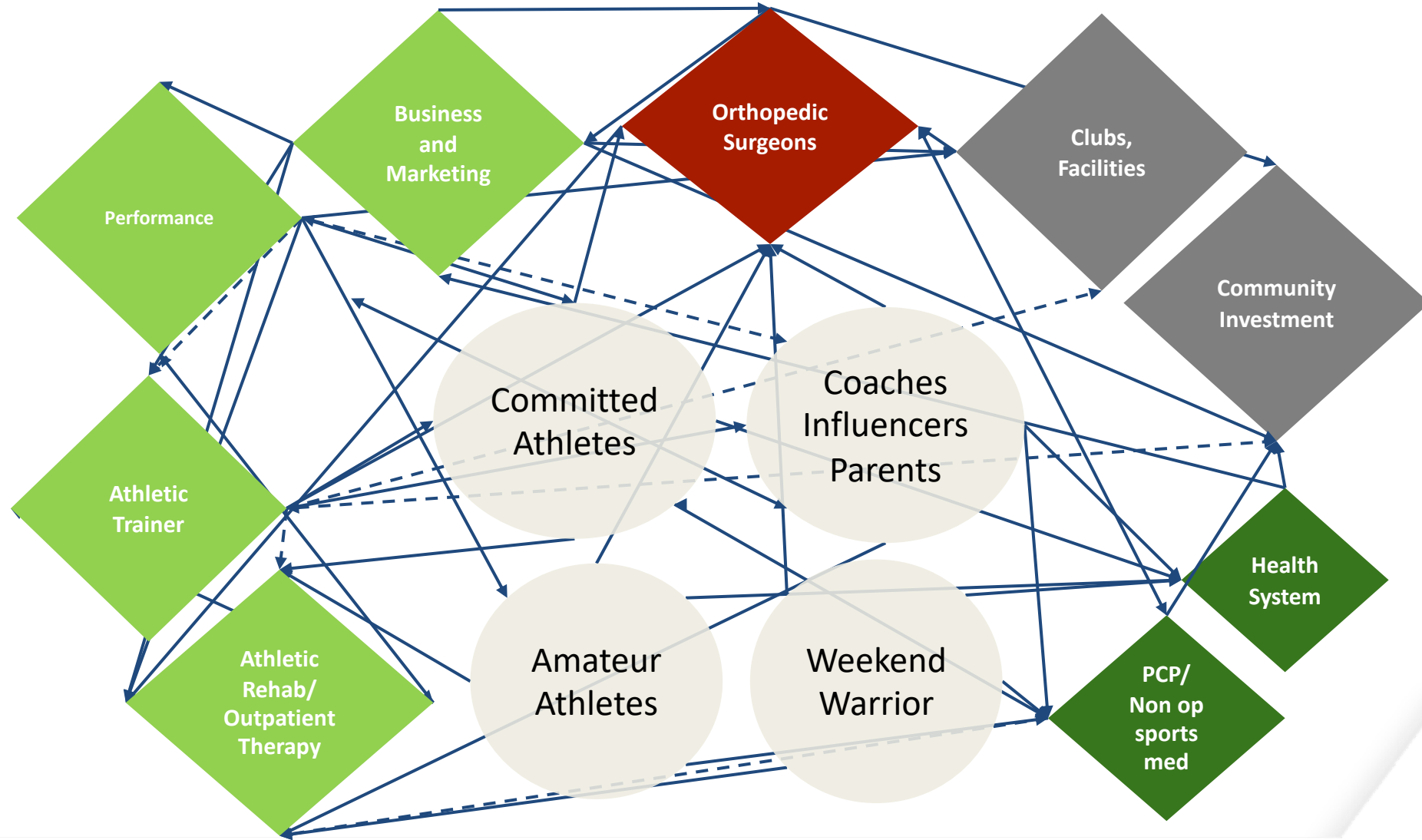
How we started

- July 1990, program started at Ortho NorthEast as SportONE Athletic Training
- Early 2000s, growth began by placing one athletic trainer per school
- January 2015, acquired by Parkview Ortho Hospital to increase sports medicine awareness for Parkview Health

Why Integrate?

- Budget
- Size
- Market Share
- Capture Rate
- Referral Tracking
- Independent Departments

Effectiveness



Opportunities

- Common goal
- Communication
- Utilizing experts in different fields
- Clinician engagement
- Allowing other facilitators of care
- Proper growth of departments

Common Goal

- Parkview Sports Medicine was created to be all encompassing for sports medicine
- Patients preferred and chose services that offered coordinated care between their providers (Augustus)

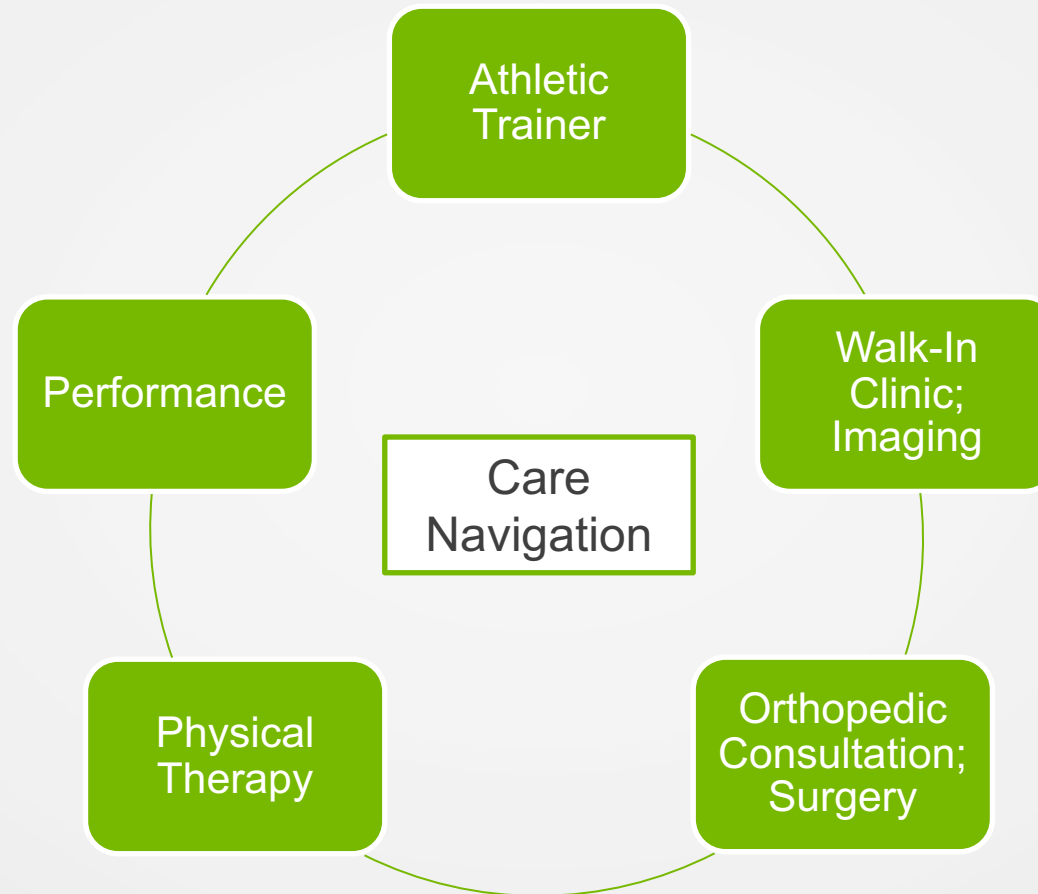
Communication

- Formalize the policies and procedures so that they can be scaled up with program growth (Cottrell)
- Identifying patient needs early and providing adequate patient education leads to increased patient satisfaction and outcomes (Dewan)

Communication Differences

Then	Now
Utilized EMR system for orthopedic clinic only	All AT encounters documented in hospital EMR
No interface with any system outside of office	Interface with providers outside of orthopedics
Email, call, text parents, patients, physicians	Email, call, text parents, patients, physicians
AT calls to schedule appointment	Workflows
Reliance on patient to voice concerns or questions	Chart routing to other providers
Provider to reach out to AT with updates	Internal chart messaging

Communication Process



Utilizing experts in different fields

- Concern existed regarding time availability for a more comprehensive navigator role of school ATs (Cottrell)
- The ATs serve as an ideal conduit between sport, medical care, therapy and performance (Cottrell)
- Individuals in a care navigator role allow providers to do what their job requires and allow someone else to focus on patient needs

Clinician Engagement

- With all team members in the same organizational structure, patient care from one location to another can be more consistent and streamlined
- Coordination of care allows for accountability of the provider and the patient (Weinberg)

Other Facilitators of care

- “In addition, the surgeons themselves encountered problems contacting other providers: “ You don’t even know who to get ahold of, and it takes a little while to figure out where the patient actually went...and get the telephone number, and then I have to negotiate the system...to find a person who was looking after them that actually has some authority or responsibility...and they may be busy or not there.” (Weinberg)

Growth

- Is growth always good?
- How big is too big?
- Infrastructure to support the growth

Successes

- Communication
- Education from additional sports medicine providers
- Documentation/Reporting

Successes

- Growth
- Health system recognition
- Keeping 'big picture' top of mind

Current State

- Workflow
- Communication plan
- Circle of care
- Navigating appropriate care for each patient

What can we do better?

- Always striving for excellence
- Patient, Provider, and Staff feedback
- Research and Innovation
- Telling our story

Future Goals

- Expand Care Navigation
- Standardized certifications
- Technology

Future Goals

- Growth
- Integration beyond walls of sports medicine
- Seamless care experience

Considerations

- Current level of integration
- Leadership support
- Documentation process
- Communication with other entities
- Budget
- Build on your foundation
- Evidence – prove you are better

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Questions

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