Developing Standards of Practice in Concussion Clinics in Ontario

Presentation to
Ontario Concussion Prevention Network
June 13, 2016
ONF and concussion

• ABI program – more care and system focused
• Prevention in terms of good management after injury

• Research – national and provincial grants
  • Predicting Persistent Post-Concussive Problems in Pediatrics - 5P
  • Descriptive, diagnosis and prognosis, treatment, prevention

• Care – Clinical Practice Guidelines
  • Concussion and Persistent Symptoms – for Adults (2011, 2013, 2016-17)
  • Diagnosing and Managing Pediatric Concussion (2014, 2017-18)
  • Ontario Concussion Care Strategy (OCCS) – clinically driven, research and quality focussed

• Systems
  • Concussion/MTBI Strategy (2011-2014)
  • Characterizing concussion and concussion care in Ontario
  • Clinic surveys, incidence, referral and access data
  • Guideline evaluation and uptake
Why standards of practice?

• Previously identified priorities = relevant
• Natural progression after guideline development

• Research on characterizing care:
  o Variability in availability of care and access
  o Wait-lists are too long to see specialists
  o Patient/family identified needs and stressors !!
  o Variability in concussion expertise, training and knowledge

• We are doing well but we can do better.
• ONF strategic directions
Summit Goals

• To work collaboratively to identify, develop and create an assessment plan for standards for concussion care in Ontario.

  o Use evidence, clinical and system expertise to build consensus in the development of minimum standards for 3 - 5 health system issues that may not be within our control, but where we may be able to influence their adoption.

  o Articulate and develop a plan to implement, evaluate and measure these standards.

  o Identify areas where further research is needed, to better inform the identified standards or additional areas where standards are needed.
Who attended?

- 65 invited representatives
- People with lived experience of concussion
- Sports, tertiary, private rehab and concussion clinics.
  - Managers/coordinators and clinical experts
- Broad representation provincially
- Representatives from some agencies, associations
- Primary and Emergency Department Care
- Adults and children/youth
- Administrative and Measurement Experts
Supporting Material

Characterizing Care in Ontario
  - ICES study
  - Clinic Survey

Patient Identified Needs/Priorities
  - Patient Surveys
  - OBIA Concussion Support Group feedback

Literature Reviews
  - Clinic and interdisciplinary models, practices by setting, training

Priority Setting
  - Summit Participant Surveys
Key messaging

- Almost 150,000 diagnosed concussions in Ontario in 2013/14
- 15-20% will not recover as expected (peds is higher)
- We are doing well but we can do better
- No-one owns concussion = collective competence
- Whole continuum is important but Summit is focused on clinics providing concussion services
- Too much variability - what is offered, who is offering it, what is evidence-based, and what is appropriate
- Patients need and deserve the highest quality care
- Right time, right care, right provider
Areas of Discussion

- What is a concussion clinic?
- What defines a concussion expert?
- Patient and family needs
- What are the core services a clinic should offer?

- Physician involvement and role
- Multidisciplinary care, scopes of practice and collective competency
- Clinics and networks, level of care and referral criteria
- Evidence-based
- Appropriate wait times
- Collection of common data
- Optimal core services of a Concussion Clinic
- Organization of services to manage patients comprehensively
- Improved communication mechanisms internally and externally
- What do patients need to know, and to know what to ask?
- Questions that Patients can ask of the clinic/service providers

How can we measure standards? What is the preferred method? What is the most feasible method?
Summit Outcomes

A series of potential standards that cover the following:

- Physician involvement and role
- Multidisciplinary care, scopes of practice and collective competency
- Clinics and networks, level of care and referral criteria
- Evidence-based
- Appropriate wait times
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Preferred method: long-term = HQO standards
Most feasible method: short term = Educating stakeholders on the standards
Work in development

Strategy Plan

Position Paper

For ONF and partners to use for further consensus building, to establish the standards and a plan for their measurement.

To be published, in order to support the above.

Proceedings

There is still much to do!!
Then what?

This work will take time to do well.

ONF working groups

Utilize and strengthen current networks and initiatives

Further develop partnerships (for establishing, implementing and measuring)
Thank you

Questions?

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