

Survey of Ontario Clinics Providing Concussion Services

Conducted by the Institute for Social
Research, York University, for the
Ontario Neurotrauma Foundation
2016



Ontario Neurotrauma Foundation
Fondation ontarienne de neurotraumatologie

Purpose

- **Characterize** concussion care in different clinic settings
- Understand the **nature of services/expertise** in concussion clinics
- Characterize the **profiles of patients** receiving concussion services
- Examine issues related to **wait lists, referrals**
- Identify **barriers and facilitators** to optimal care within the clinic environment



Methods

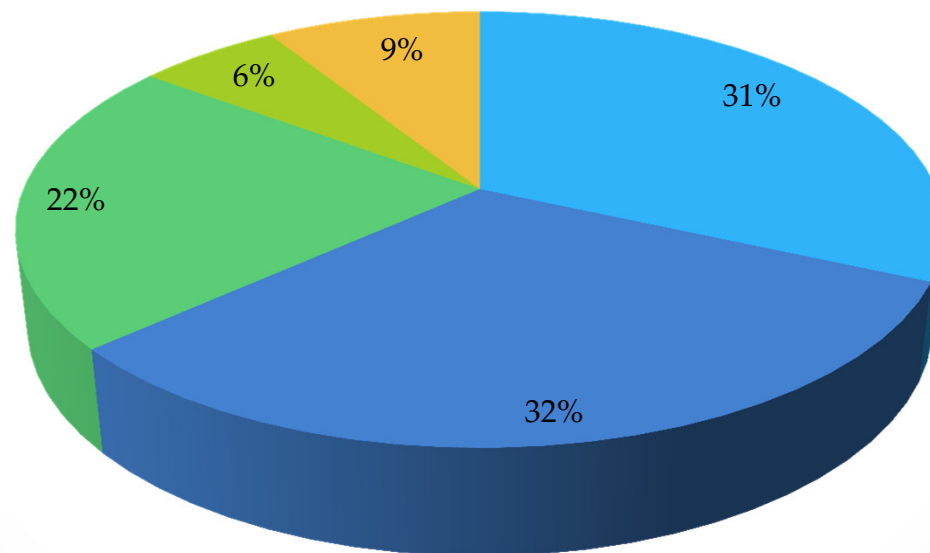
- Clinics were identified through our previous survey, internet research and using key stakeholder info
- Introductory letters mailed, followed by several telephone calls and emails over a 3 week period
- Questions adapted from our 2012 clinic survey
- **47 clinics were contacted, 32 respondents (68%)**
 - 33.3% completed on-line (secure web-based tool)
 - 66.7% by telephone and transcribed into tool by ISR
- 22 responses by clinics with single location, 10 by clinics with multiple location (=32 clinics)



Type of Clinic

Clinic Type

- Private practice rehab clinic
- Sports injury clinic
- other or unclear response
- TBI clinic
- concussion



18/32 are affiliated with a hospital or university



Funding Sources

- OHIP was the major source of coverage for services received at the clinics, often in combination with other sources
- (2/3 of clinics reported on this question)

> 90% OHIP Coverage	12 Clinics
> 90% Combination OHIP + Insurance	7 Clinics
50% Private Insurance	8 Clinics
50% Auto Insurance	7 Clinics
At least partial OHIP Coverage	24 Clinics



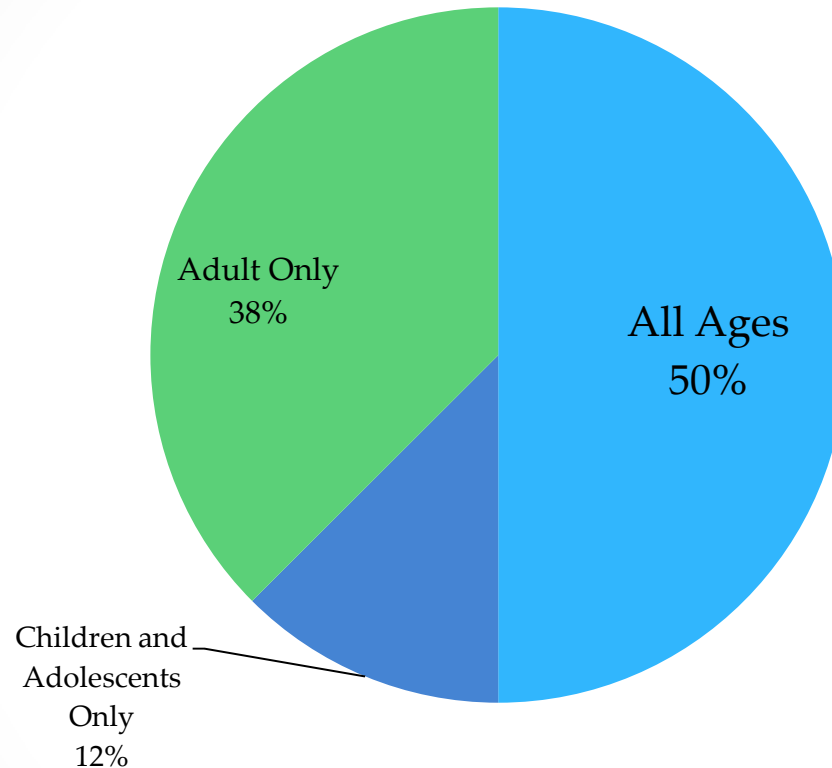
Services provided

Service	%
Return to work, school, or play protocols	91
General medical care	78
Physiotherapy	66
Psychosocial counseling	63
Occupational therapy	56
Neuropsychological testing	53
Massage therapy	44
Peer support programs or family counseling	44

Service	%
Speech therapy	34
Chiropractic services	25
Neurology	25
Psychiatry	22
Social Work related	13
Vision therapy	13
Athletic therapy	6



Adult vs. Youth Services



- Adults are generally described as between 16-18 years of age and older

Concussion Patient Profile

- Patients seen per month at the clinics
 - Average number of reported concussion patients per month was 94.
 - 33% of clinics see 50 or more concussion patients per month
- Proportions of concussion patients
 - 10% or fewer concussion patients at 29% of the clinics
 - 30%-70% concussion patients at 20% of clinics
 - Strictly patients with concussion at 16% of clinics
 - Unknown proportion of concussion patients at 28% of clinics
- Persistent Symptoms
 - 87% of concussion clinics reported providing service for persistent symptoms which included return visits



Concussion Services Wait Times

Type of Appointment	Mean # of days	Range (days)	% seen in < 7 days	% seen in 8 - 21 days	% seen in 22 - 60 days	% seen in 61 - 150 days
First appointment	18	1-120	52	27	14	7
Short-wait services	14	0-90	74	9	13	4
Long-wait services	36	0-150	37	15	30	18

- **Wait times are variable**
- >50% of clinics have no set maximum wait time after a concussion for a first appointment (7 clinics reported no wait time for first appointment)
- Short wait services are for acute injuries, athletic therapy, occupational therapist and physiotherapist
- Long-wait services tended to be for neurologist, psychologist and for persistent symptoms

Referral Sources to Clinics

For the clinics that provided this information;

Family doctors

- Most common and single largest source of referrals
- **93%** of clinics – **over 5%** of patients referred by family doctors
- **25%** of clinics – **over 50%** of patients referred by family doctors

Medical specialists

- **54%** of clinics – **over 5%** of patients referred by medical specialists
- **10%** of clinics - **over 50%** of patients referred by specialists

Emergency Departments

- **48%** of clinics – **over 5%** of patients referred by emergency departments

Self-referral

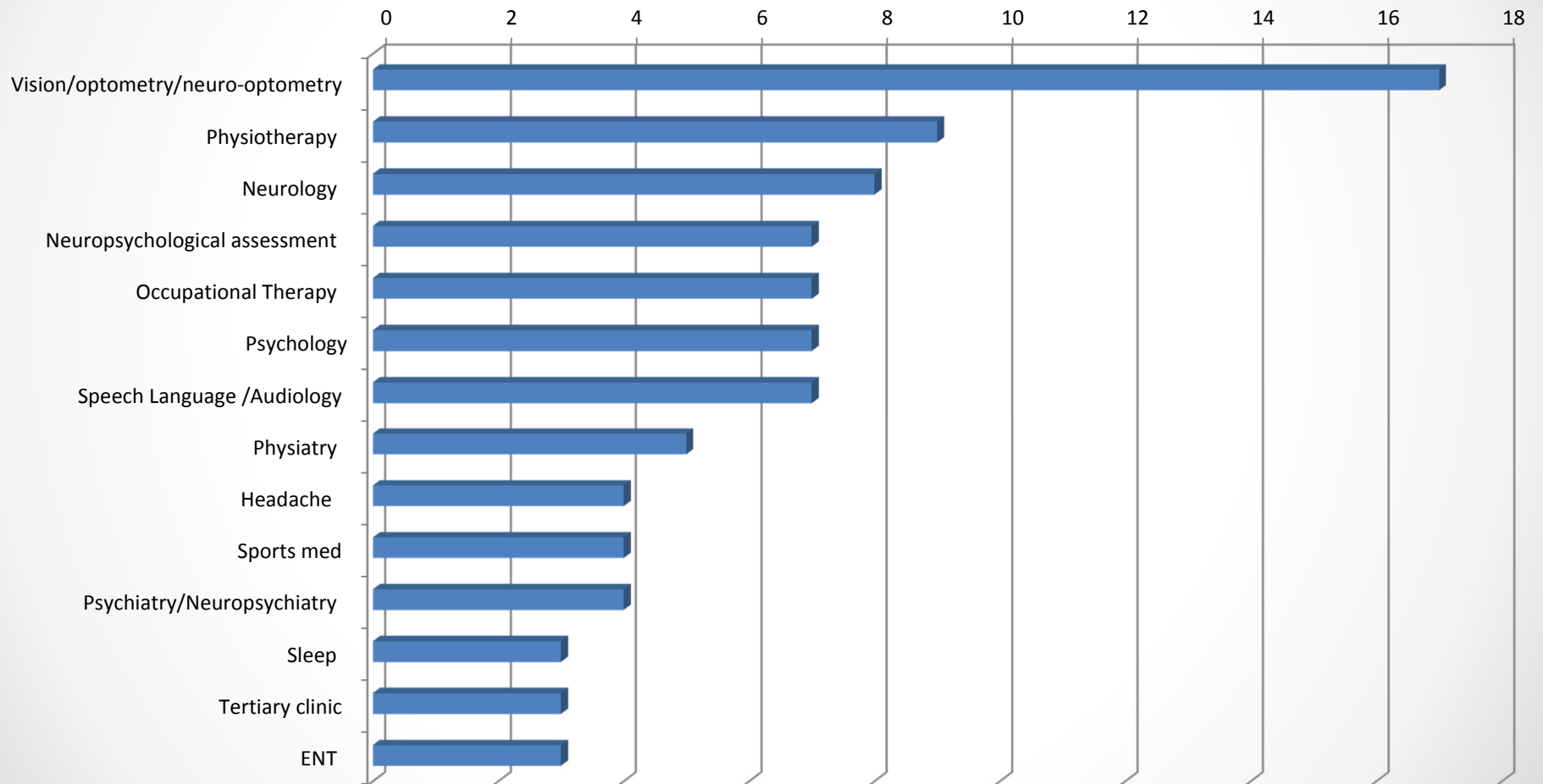
- **40%** of clinics - **over 5%** of patients were self-referrals



Referrals from Clinics

Where do clinics refer concussion patients to?

of mentions



Guideline Use

- 77% of clinics use formal concussion guidelines (for diagnosis and management) *all or most of the time*.
- 13% of clinics never use formal concussion guidelines
- Most common guidelines used:

Ontario Neurotrauma Foundation (ONF)	19
Zurich/SCAT 3	13
American Association of Pediatrics	8



- 58% of clinics reported using more than one guideline and 33% of clinics reported using three or more

Clinics and Medical Doctors

- In 56% of clinics, decisions about patient treatment are routinely determined or reviewed by a medical doctor
- In clinics where treatment decisions are not made by a medical doctor (44% of clinics), decisions are most commonly made by:
 - Multiple professionals within the clinic
 - Most commonly mentioned: psychologists, physiotherapists, occupational therapists, neuropsychologists



Greatest Challenges of Clinics

PATIENTS FUNDING SOURCES

- Funding is inadequate for care of many patients
- Referrals are limited by funding and patient financial resources

RESOURCES

- Insufficient staffing
- Demand for services/waitlists

COORDINATION OF CARE

- Lack of family practice and emergency department knowledge
- Coordination of services
- Lack of services to refer to

CARE ISSUES

- Patient mental health
- Complexity of pre-existing symptoms
- Managing persistent symptoms

PATIENT ISSUES

- Non-compliance with return-to-activity recommendations
- Patients not aware of services



Views on Patient Needs

1) Education and early intervention

- Inform patients and families what to do and of resources/services available

2) Standardized, comprehensive & coordinated treatment;

- Multidisciplinary care
- Improved coordination of services
- Follow up care
- Consistency of information and care

3) Improved and timely access to care

- Access to trained clinicians
- Access to assessment and treatments



What is the Ideal Clinic?

- **Multidisciplinary**
- **Comprehensive**
 - All in one place
 - Improved coordination between providers and services
- **Physician led and/or available**
- **Accessible, providing timely care**
 - Reduced wait times
 - Walk-in
 - Timely assessment and treatment
 - Good acute management
- **Long-term follow-up as needed**
- **Patient education, counselling and support**



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