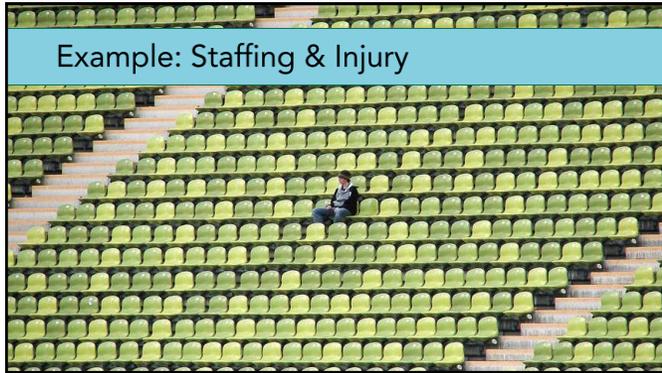




Conflict Statement

- I have no financial conflict of interest
- This project was supported through data collaboration by the NCAA Research Team and the Datalys Center for Sports Injury Research and Prevention
- All views are my own
- **SOME OF THIS INFORMATION IS PRE-PUBLICATION, PLEASE DO NOT DISTRIBUTE.**





Example: Staffing & Injury

Journal of Athletic Training 2015;50(9):944-951
doi: 10.4085/1082-4062-50.6.03
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www.natajournals.org

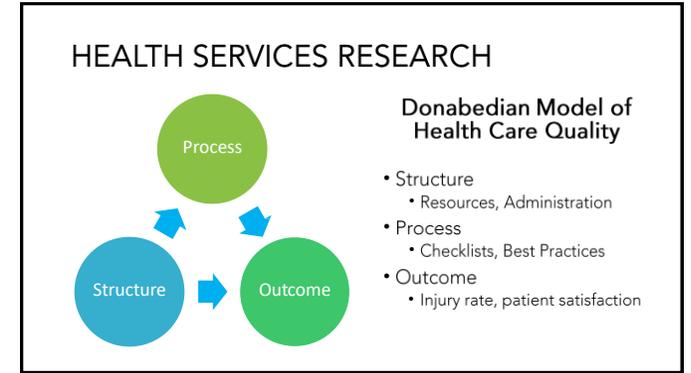
original research

Pressure on Sports Medicine Clinicians to Prematurely Return Collegiate Athletes to Play After Concussion

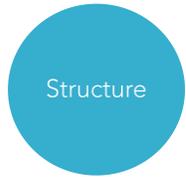
Emily Kroshus, ScD, MPH*†‡; Christine M. Baugh, MPH‡§||;
Daniel H. Daneshvar, MA¶#; Julie M. Stamm, ATC¶**; R. Mark Laursen, MS,
ATC†; S. Bryn Austin, ScD*†‡§§

Key Points

- More than half of sports medicine clinicians had experienced pressure from coaches and athletes to return athletes to participation prematurely after a concussion.
- Clinicians experienced greater pressure from coaches at schools where the sports medicine department reported to the athletic department than at schools where the sports medicine department reported to an independent medical institution.
- Female clinicians experienced greater pressure from coaches than male clinicians experienced.
- More research is needed to determine how pressure affects clinical practice and whether pressure on clinicians affects return-to-participation decisions.



HEALTH CARE QUALITY



Apply to Sports Medicine Context

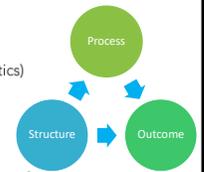
- Number of health care providers
- Financial oversight model
- Administrative oversight model
- Financial resources available



Phase Three: Does this generalize?

Are Structural Measures of Health Care Quality Associated with Injury Outcomes in the College Sports Medicine Setting?

- Secondary Data Analysis
 - Injuries & Exposures from NCAA ISP (via DISC)
 - Staffing from NCAA Research
 - School Features from U.S. DOE (Title IX Equity in Athletics)
- Sample
 - NCAA ISP Participants 2009 10 through 2014 15
 - >25,000 injuries from 141 schools over 5 years
- Research Questions
 - Is the average athletes/clinician associated with injury rates?
 - Is the average athletes/clinician associated with re injury rates? Time loss?



Background



Created by Artem Kovyazin
from Noun Project



Structural Measure of Quality



Created by Andrew
from Noun Project

Data 2009/10 through 2013/14



DATALYSCENTER
Sports Injury Research
and Prevention



NCAA



EADA Equity in Athletics
Data Analysis

Injuries
Athletic Exposures

Clinicians
Athletes

Athletics Revenues

Sample



12,296 athletes
25 sports
141 schools
144,389 games or practices

Table 1. Team Seasons of Data by Sport

Sport	Team Seasons of Data	
	Men's	Women's
Baseball/Softball	62	101
Basketball	125	135
Cross Country	45	42
Football	119	
Field Hockey		24
Gymnastics		24
Ice Hockey	106	30
Lacrosse	30	65
Soccer	65	133
Swimming	23	25
Tennis	25	37
Indoor Track & Field	31	32
Outdoor Track & Field	27	29
Volleyball		127
Wrestling	34	

Injuries & Injury Rates



25,203 injuries
2,517 reinjuries
1,566 concussions
52% no time loss

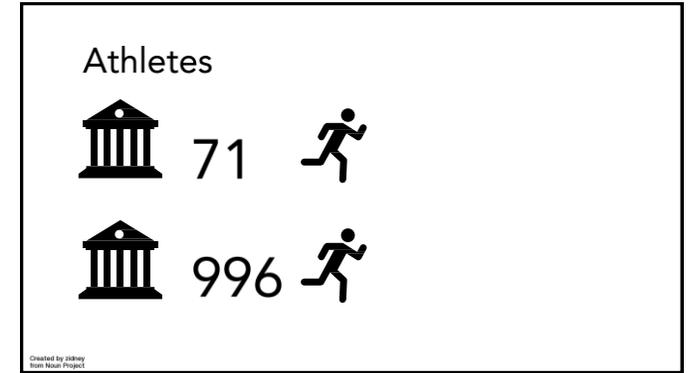
Table 2. Rates of Injury, Re-Injury, Concussion and Time Loss in NCAA ISP Injury Data 2009/10-2013/14

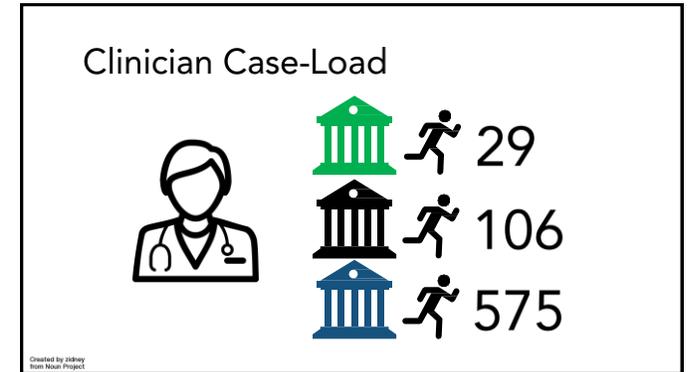
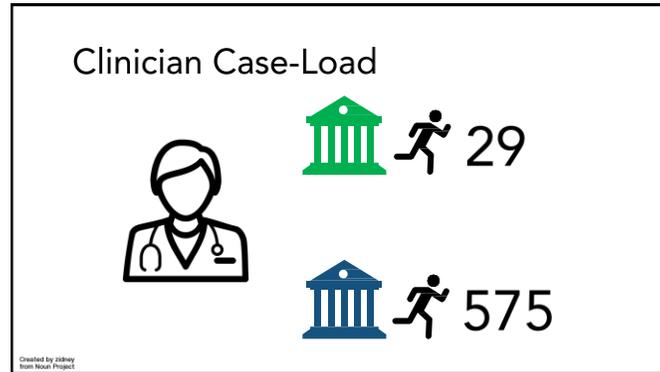
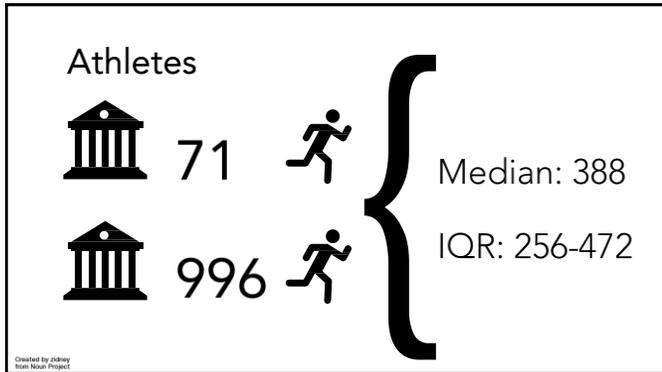
	Injury Rate	Re-injury Rate	Time Loss (days)	Concussion Rate
	Rate per 10,000 AEs (25%/A, 75%/A)			
Overall Level Rate of Injury in Sample	88.5 (58, 108)	7.2 (2.5, 12.1)	5.7 (2.0)	5.3 (2.3, 7.1)

* This is the median time loss for injuries resulting in time loss. Overall, median time loss was 0 days (25%/A=0 days, 75%/A=4 days)









Methods

Is the number of clinicians per athlete associated with injury rates?
 Re-injury rates? Concussion rates? Time loss to injury?

Injury Outcome ~ (offset by exposure) + Clinicians:Athlete +
 Sport + Division of Competition + Year + School

Outcomes: Total Injury, Re-Injury, Time loss, Concussion

Methods

Injury Outcome ~ (offset by exposure) + Clinicians:Athlete +
 Sport + Division of Competition + Year + School

Technical Notes:

- Zero-inflated Poisson used for TL and Concussion models.
- Clinicians per athlete was standardized for ease of interpretation
- To account for non-independence of teams at the same school, school was included as a random effect. (R packages lme4 and pscl)

Comparing Injury Rates

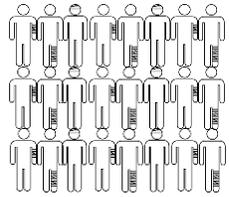
Average Clinicians per Athlete

1 SD > Average Clinicians Per Athlete

Created by George E. Thompson
 www.thompson.com

Comparing Injury Rates

Average Clinicians per Athlete



1 SD >Average Clinicians Per Athlete

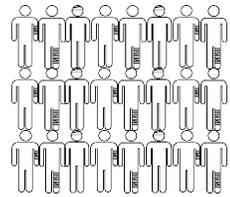
478 fewer injuries per year in this sample.

2,394 fewer injuries overall in this sample

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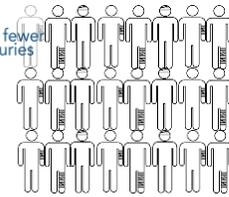
Comparing Re-Injury Rates

Average Clinicians per Athlete



1 SD >Average Clinicians Per Athlete

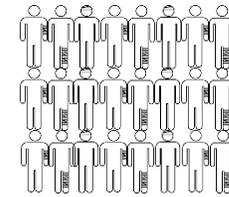
~2.7% fewer re-injuries



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Comparing Re-Injury Rates

Average Clinicians per Athlete

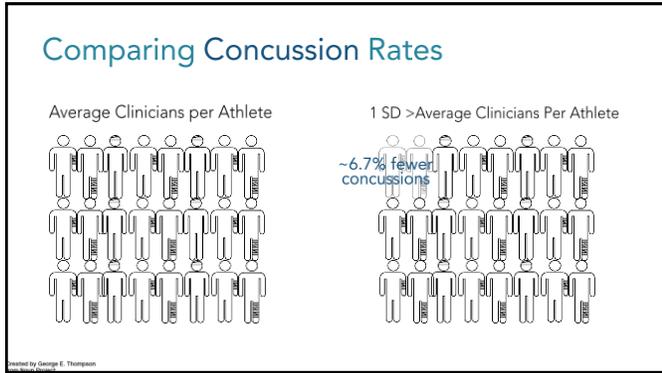


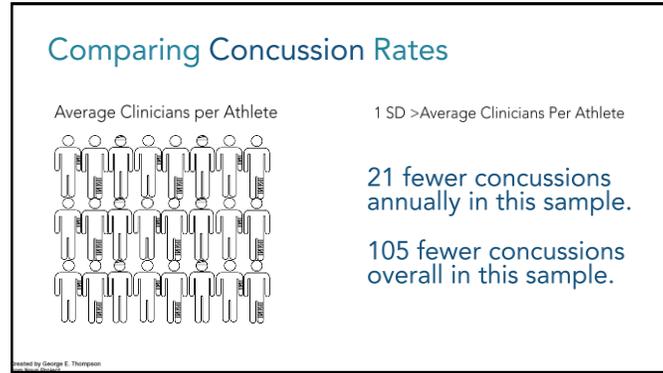
1 SD >Average Clinicians Per Athlete

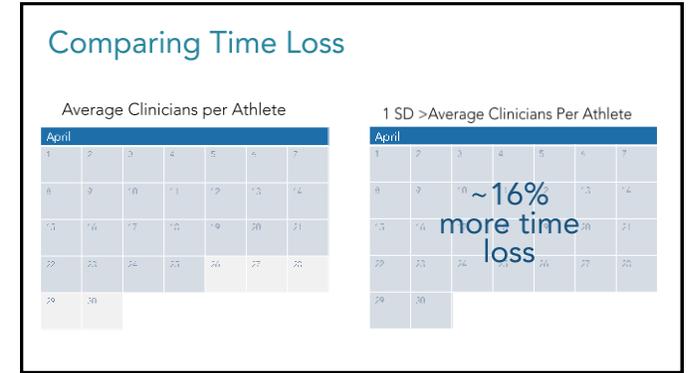
13-14 fewer re-injuries annually in this sample.

68 fewer re-injuries overall in this sample.

Created by George E. Thompson
www.thompson.com







Discussion

>Clinicians per athlete associated with

- Fewer injuries
- Fewer re-injuries
- Fewer concussions
- Greater time loss

Limitations:

- Coarse measure of staffing
- Mechanism
- Generalizability?

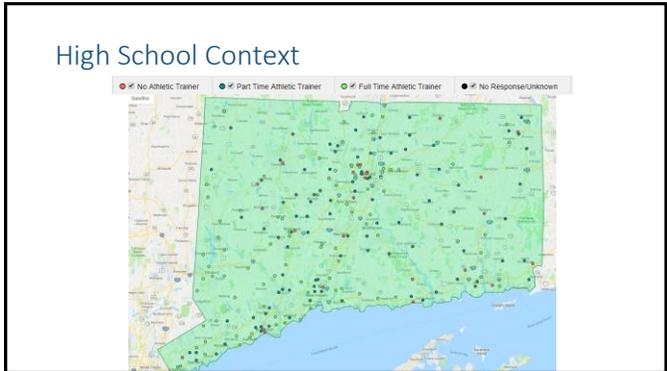
Generalizability?

Descriptive Characteristics of Schools that Do and Do Not Contribute Data to NCAA ISP			
	ISP Schools	Non-ISP Schools	Statistic
Total Schools ^d	171	981	--
	Mean (SD)		t-value (p-value)
Total Athletes	513 (201)	399 (176)	-13.97 (<0.001)
Clinician patient load*	139 (100)	145 (88)	2.78 (0.005)
Total Athletics Revenues*	\$15,877,994 (\$25,180,796)	\$10,581,789 (\$19,655,381)	4.05 (<0.001)
	n (%)		χ ² value (p-value)
Private	79 (56.8)	558 (57.9)	0.04 (0.83)
Division of Competition	--	--	65.26 (<0.001)
Division 1	58 (41.7)	281 (28.6)	--
Division 2	25 (18.0)	302 (30.8)	--
Division 3	56 (40.3)	398 (40.6)	--

^dNot all variables available for all schools in analysis
*Variable was log transformed for analysis. Raw means and SDs are presented.



3,165 fewer injuries



High School Context

- Two studies in HS evaluated the relationship between AT presence and SES (WA state: Kroshus et al., WI: Post et al.)
 - Both found ATs less frequently present at schools in lower SES areas
- Kroshus et al. also found a relationship between AT presence and concussion identification

High School Context

- High School Football Injury Rates and Services by Athletic Trainer Employment Status by Zachary Kerr et al.
- Injury rates and services per injury were greater among full-time school employees compared with outreach ATs.
- Injury rates did not differ when restricted to time-loss only.

High School Context

The Influence of Athletic Trainers on the Incidence and Management of Concussions in High School Athletes McGuine et al.

- Concussion less frequently diagnosed at schools with fewer ATs.
- Time loss greater at schools with comparatively more ATs.
- RTP protocol less frequently used for concussion at schools with fewer ATs.

RESEARCH IS A TEAM EFFORT

Thank you to my collaborators and mentors on these projects

- Laura Hatfield, PhD
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- Erin McQuillan, ATC
- Bill Meehan, MD
- K. Vish Viswanath, PhD

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