### **Barriers to ACL Care**

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### The Why

 Building on the work of Donna Pacicca, MD, Micah Sinclair, MD, Morgan Williams, MD and George Thomas, MD.





 Sinclair/Thomas proposed QSVI study to solve for barriers to care



 Awarded the AAP 2023 CATCH Grant (Community Access to Child Health)



# Please scan and share ideas as we talk through barriers and solutions





### Work of Pacicca/Williams: Black patients have reduced MRI accessibility

		Exp(B) (95% CI) <sup>1</sup> p	p-value	Exp(B) (95% CI) <sup>1</sup>	p-value
Gender	Female (vs. male)	1.12 (0.73, 1.76)	0.601	0.95 (0.77, <b>/</b> 1.17)	0.707
Race	Black	2.78 (1.32, 5.85)	0.004	1.36 (0.96, 1.97)	0.084
	Other/Mixed	1.85 (1.21, 2.93)	0.003	0.98 (0.73, 1.32)	0.920
	White	Referent		Referent	
Age		0.96 (0.83, 1.12)	0.533	0.96 (0.88, 1.05)	0.398
Insurance	Private (vs. public/self-pay)	0.93 (0.59, 1.46)(	0.741	0.90 (0.71 <i>,</i> 1.14)	0.395



### Work of Pacicca/Williams: Black patients have reduced MRI accessibility

Race	Days to MRI	р	Days to OR	р
Black	57.57 (SEM 23.6)	0.003	62 (SEM 6.5)	0.23
Other/Mixed	21 (SEM 5.7)	0.05	68 (SEM 13.1)	0.66
White	14.39 (SEM 3)	0.83	52.89 (SEM 3.3)	0.88



<sup>\*</sup>Descriptive statistics for mean/std error of mean; one way ANOVA with multiple comparisons for p

#### The Process: Overview

- Phase 1
  - Identifying Barriers
    - Surveys
    - Meetings: families, community providers



- Phase 2
  - Finding Solutions



- Phase 3
  - Implementation
    - Task Force



## The Process: Phase 1 Identifying Barriers

- Nine virtual meetings with CMH and community healthcare providers to discuss barriers to care.
- Surveys offered to patient families presenting to CMH sports medicine who experienced delay to care defined as > 30 days for MRI; > 90 days for surgery (n= 39)
- Qualitative interpretation of results utilizing Dedoose qualitative coding software



#### **Patient Family Surveys: Barriers Question**

### What do you feel contributed to your child's delay in care after their ACL injury?

- Insufficient insurance coverage
- Delay in insurance approval
- Financial constraints
- Long wait to get an appt with doc
- Long wait to get an appt for MRI
- Transportation difficulties

- Inability to get off work
- Language Barrier
- Lack of trust of healthcare system
- Chose to wait and see
- Other (please describe)



### Patient Family Surveys: Solutions Question

### What would help to your child's access to healthcare?

- Expand insurance to cover more healthcare costs
- Extend telehealth services
- Provide more convenient locations
- Provide transportation services
- Diminish wait time for appt
- Other (please describe)

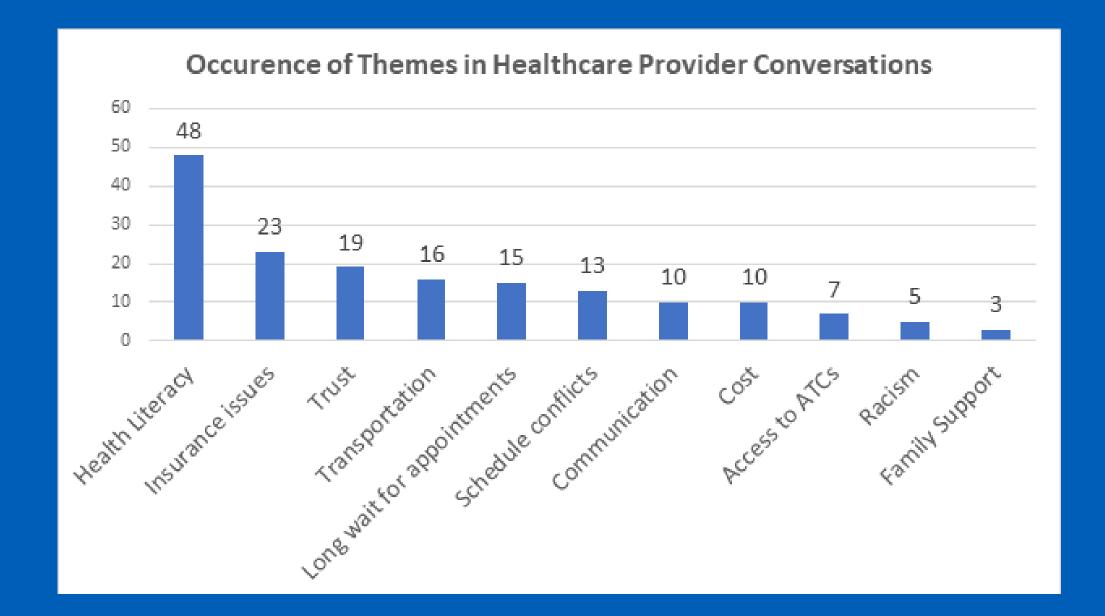


## Barrier Themes Developed From Virtual Meetings and Surveys

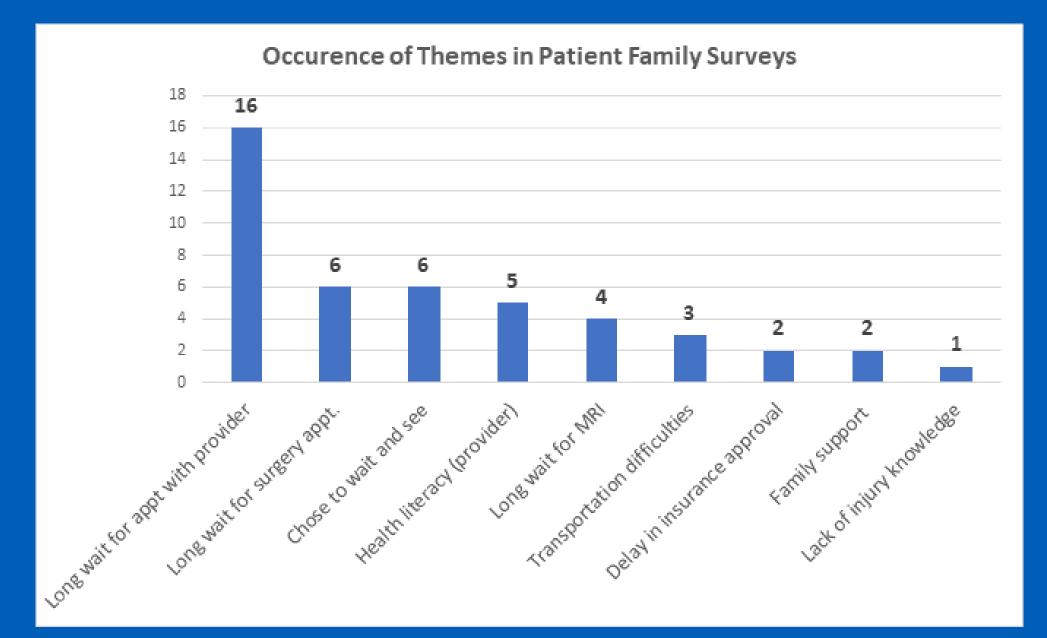
- **Health literacy:** subdivided:
  - Lack of injury knowledge by family
  - Wait and see approach
  - Health system navigation
  - Language barriers,
  - Lack of provider knowledge
- Insurance issues: subdivided:
  - Approval for services
  - Coverage
  - Lack of understanding of insurance process

- Long wait for appointment: subdivided:
  - For schedulers to call family
  - For provider, imaging and surgery appts
- **Trust:** subdivided:
  - Initially told incorrect information
  - Lack of community relationships established









## The Process: Phase 2 Finding Solutions



 Meet with interested participants from previous focus group meetings and family surveys to review qualitative data

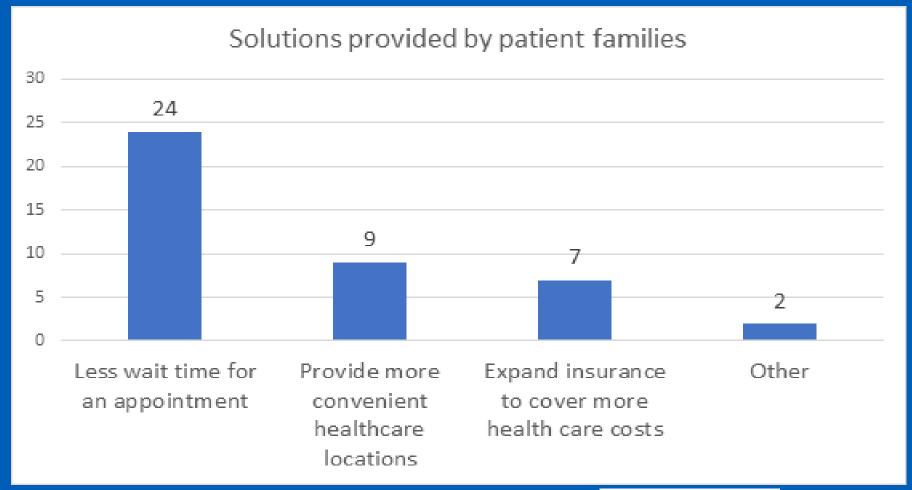
Gather information from you all here today.

Propose/identify solutions to identified barriers





### Solution Ideas from Initial Patient Survey





"Other" comments:

Better information access/guidance

MRI sooner, as x-rays showed no broken bones.

### Solution Ideas: Health Literacy

 Create a sports med phone line staffed by ATC or nurse for family to call for advice, help with health system navigation

 Written document of timeline, what to expect, how long it takes.

Educational campaign for youth and high school programs—focus on preseason education



### Solution Ideas: Health Literacy

- Language Barriers:
  - All written information available in Spanish
  - In-person interpreter who talks to both provider and schedulers until the appointments are set.
- Lack of provider knowledge:
  - sports med docs meet with ER/Urgent Care and PCP clinics, pediatric clinics in the community; lunch and learns
- Communicate with non-traditional healers in the community



#### Solution Ideas: Transportation/Schedule

- ATCs in schools; weekly physician school visits
- More education to families on public transport/ride share options
- Telehealth options in ATC rooms at schools
- Longer clinic hours
- Get social work involved
- Physician has direct phone line with ATC/coach for them to contact after injury. Physician lets the schedulers know to call.
- Create electronic communication other than phones for schedulers



#### **Solution Ideas: Trust**

- "We can't sit on our high horses here in the office. We gotta get in the community." KU Sports Med surgeon
- Truly get to know the athlete in front of you on a personal level, not just on an injury level. Know their situation.
- Build a diverse healthcare team. Include more women and more minority healthcare providers.
- Use a school ATC, who has already built trust relationship, to help communicate and show that other providers can be trusted



### Phase 3: Implementation

- Develop a task force to implement recommendations both at CMH and throughout the community
- Members thus far:
  - Kevin Latz, MD
  - David Smith, MD
  - Megan Burki, ATC
  - Doug Wiesner, ATC
  - Julie Perrini, DPT
  - Sean Galey, DPT
  - Jessica Mitchell, ATC





## LET'S CHAT!!



