

GAME TIME CONSULTS

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OBJECTIVE



Evaluate the utilization patterns and satisfaction of telemedicine on the sideline.

Rate of utilization Will rate high on satisfaction



Evaluate the effect of sideline telemedicine on reducing unnecessary emergency department visits.

Decrease ED visits/referrals



The Telemedicine providers will be able to use this technology to appropriately triage the athlete.

No compromise in care

THE TEAM



Dr. Kristi Colbenson **Emergency/Sports Medicine**



Dr. Neha Raukar



Dr. Chris Russi Dr. Luke Wood **Emergency Medicine**

SIDELINE MEDICINE

Lack of sideline expertise forces parents to use local emergency departments to address non-critical musculoskeletal conditions and concussions

This burdens an already overwhelmed health care system

Adding to this is the closure of hospitals, especially in rural America

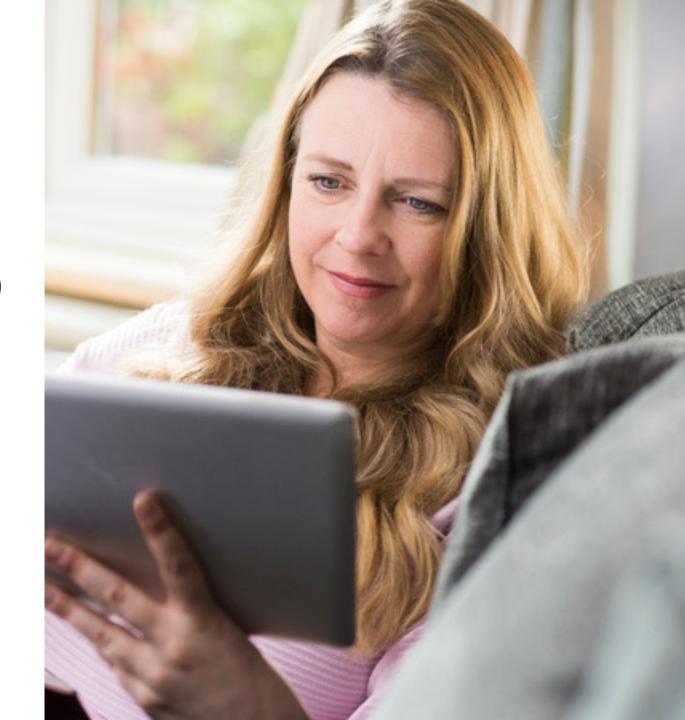


TELEMEDICINE

From home to the sideline

Transition eased by COVID19

pandemic



METHODS

- Recruited schools
- Informed parents
- Injury
 - Call Physician on Call on cell phone
 - If child <18, consent parent
 - If child >= 18, can treat
 - Activate iPad (or cell phone)
 - iPad was compliant with patient privacy rules
 - Secure platform
 - No calls recorded
- Demographic Information obtained
- Follow up
 - Phone call
 - Ask about technology
 - Follow up on diagnosis





ACUTE MEDICINE

- Injured patient
 - Do they need to go to the Emergency Department for stabilization or acute intervention?

Diagnosis

RESULTS

4 schools Fall and Winter 5 schools in Spring Covered multi-school competitions

Football	3
Volleyball	1
Basketball	4
Wrestling	1
Dance	1
Softball	2
Baseball	1
Cross	
Country	1
	14

JV	7
V	7
Other	1

Male	8
Female	7



MSK	Head	Other
8	2	5

DIAGNOSES

Provisional Diagnosis	Recs	Final Diagnosis
Concussion	Out, F/u PCP	Concussion
Right wrist sprain, no fx	RTP, F/u PCP	Right wrist sprain
Hit in chest - Chest wall contusion	Observe	Chest wall contusion
Groin injury - ?Torsion	ER	Testicular torsion
Concussion	Out, F/u PCP	Concussion
Shin splint	Rest, F/u PCP	Stress reaction
L knee contusion	RTP, F/u PCP	L knee contusion
Rash/impetigo	Out, F/u PCP	Impetigo
L ankle sprain- no fx	RTP, F/u PCP	L ankle sprain
Unstable Angina	ER	Unstable Angina/NSTEMI
r/o COVID	Out, F/u PCP	COVID
Trauma, Lumbar contusion	RTP, F/u PCP	Back contusion/sprain
L knee sprain	RTP, F/u PCP	L knee sprain
heat exhaustion	Rest	Heat exhaustion
R RCS	Rest, F/u PCP	R RCS

THE TELEMEDICINE SATISFACTION SCALE

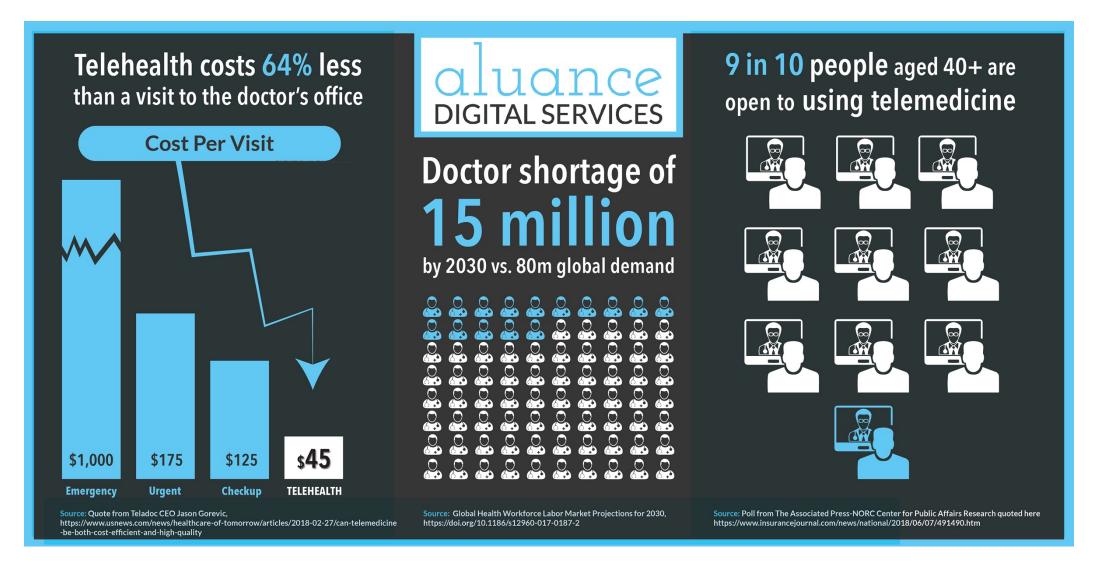
How satisfied were you with:	
The voice quality of the equipment	
The visual quality of the equipment	
Your personal comfort using the Telehealth System	
The ease of getting to the Telehealth Physician	
The length of time with the Telehealth Physician	
The explanation of your treatment by the Telehealth Physician	
The thoroghness, clarity, and skillfullness of the Telehealth Physician	
The courtesy, respect, sensitivity, and friendliness of the Telehealth Physician	
How well your privacy was respected	
How well the staff answered your questions about the equipment	

BENEFITS

- Efficient
- Multiple sidelines at once
- One provider per multiple schools

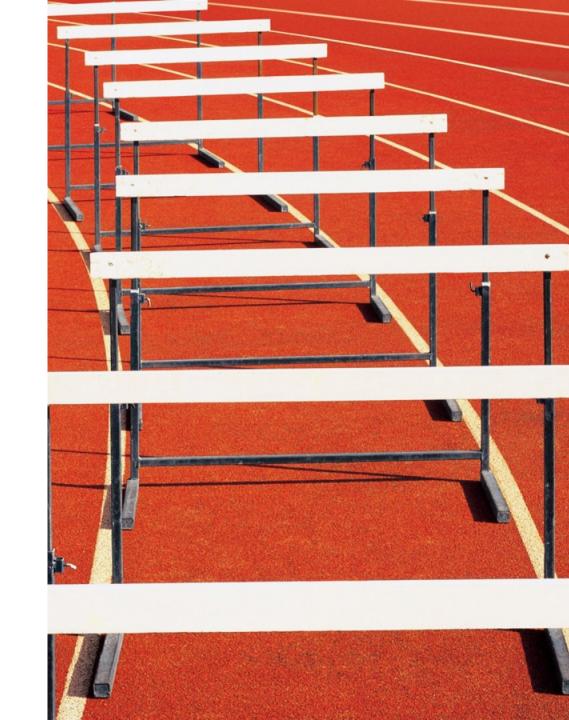


BENEFITS



HURDLES

- Technology
 - Equipment
 - Service
- Patient privacy
- Recruitment
 - Common in telemedicine
 - Not direct to consumer school has to be on board
 - Need to discuss with athletic directors, superintendents, officials



BUDGET



Equipment

iPads – 10 -Plus 1

Service

Verizon Cell Service

Consent forms/Admin/Stats

From Internal Mayo Grant

OBJECTIVE

Specific Aim 1: Evaluate the utilization patterns and satisfaction of telemedicine on the sideline.

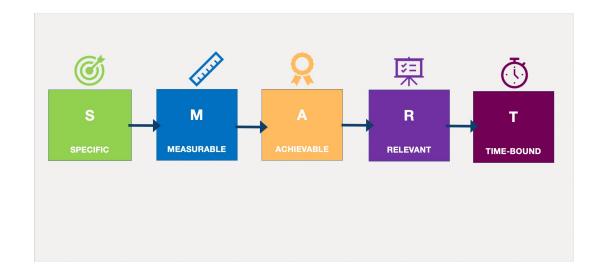
- Rate of utilization
- Will rate high on satisfaction

Specific Aim 2: Evaluate the effect of sideline telemedicine on reducing unnecessary emergency department visits.

Decrease ED visits/referrals

Specific Aim 3: The Telemedicine providers will be able to use this technology to appropriately triage the athlete.

No compromise in care



THE FUTURE

- Subscription Service
- Embed into current practice



QUESTIONS & DISCUSSION

