Patient-Centered? A Critical Analysis of Sport Concussion Policies

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The Centre for Disease Control and Prevention estimates that up to 3.8 million sport-related concussions occur annually in the United States (U.S.) (Langlois, Rutland-Brown, & Wald, 2006). The negative impacts associated with concussions include both cognitive and delayed effects (e.g., depression, cognitive impairments), as well as cumulative effects (e.g., higher risk of sustaining future concussions) (Kerr, Register-Mihalik, Marshall, Evenson, Mihalik, & Guskiewicz, 2014). With increased knowledge of the long-term impacts of sport-related concussions, and well publicized incidents of concussions in professional sport and their inconsistent management, there has been much debate on this topic in the popular press (cf. Dell’Antoni, 2014; Hughes, 2014; Klein, 2014; Kolb, 2014; Smith, 2014). Further complicating concussion management is the reliance on athletes to disclose their symptoms, many of whom do not, resulting in improper concussion management (Llewellyn, Burdette, Joyner, Buckley, 2014). While policies and concussion-related laws such as those passed in the U.S. have been developed and implemented to effect change, critical analyses have yet to be conducted to determine whether or not these policies are best serving those they have been designed to protect.

The patient-centered approach “is one of the ideals of contemporary healthcare” (Thórarinsdóttir & Kristjánsson, 2014, p. 129), and is reflected in many Western countries healthcare legislation (Thórarinsdóttir & Kristjánsson, 2014). A patient-centered approach to healthcare has emerged as a result of paternalistic criticisms and the need for personal autonomy (Thórarinsdóttir & Kristjánsson, 2014), as well as the suggested benefits of better health outcomes, patient satisfaction, and reduced health costs (Constand, MacDermid, Dal Bello-Haas, & Law, 2014). The tenets of patient-centered healthcare include: (1) informed, shared decision-making (patient and physician); (2) development of patient knowledge; (3) self-management skills; (4) preventative behaviours; (5) shared information between parties; and (6) deliberation of treatment options (Rangachari, Bhar, & Seol, 2011; Thórarinsdóttir, & Kristjánsson, 2014). In the healthcare field, several initiatives have been launched to encourage patient-centered approaches (e.g., Speak Up, “help prevent errors in your care”, “three things you can do to prevent infection”, “things you can do to prevent medication mistakes”), and the National Patient Safety Foundation encourages patients to become involved in their care by asking questions (Rangachari, Bhar, Seol, 2011). These recent initiatives clearly demonstrate that policy makers in the healthcare field believe that practitioners and patients both need to take an active role in healthcare management. While a patient centered approach has been advocated in the healthcare field, it is unclear if these same principles of best practices have similarly been adopted in sport concussion policies, and if these policies address the issues of non-disclosure. As such the purpose of this study is to examine the extent to which the sport concussion policies of major professional sports (NFL, NBA, NHL, MLS), and intercollegiate sport (NCAA) align with the patient-centered approach that has been championed in the healthcare field. A secondary purpose is to apply the socio-ecological framework to concussion policies to determine if they address the multiple factors that can lead to non-disclosure. The socio-ecological framework suggests that interventions that consider the multiple dimensions of one's environment are more successful in affecting behavioural change (Stokols, 1996).

The content and meaning of policies are both addressed through discourse analysis (Henry, Amara, Al-Tauqi, & Chao, 2005), as it has been suggested that it is more critical and interpretive than other forms of policy analysis (e.g., Chalip, 1995). The content of the concussion policies were deductively analyzed by reviewing the policy statements and classifying each with respect to the tenets of patient-centered care, or classified as non-supportive to recognize those aspects of the policies that do not align with the suggested framework. Following this, the content of each policy was once again deductively analyzed classifying policy statements with respect to the four different dimensions of the socio-ecological framework (intrapersonal, interpersonal, environment, policy). This presentation will highlight the effective adoption of best practices within each respective policy and underscore specific dimensions that affect athlete behavior. It is hoped these findings will aid in the refinement of concussion policy development going
forward while also providing practical implications for concussion disclosure and management in sport

**Selected References**


