Setting Up A Concussion Practice

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Disclosures

• No conflicts of interest related to this discussion to disclose

• Royalties: O’Brien and Meehan - Up to Date® (Sections on Pediatric Concussion Evaluation and Management)

Overview

- Read the existing literature
- Establish treatment algorithm
- Get out into the community
- Availability
Overview

• Read the existing literature


  – KNOW THE SPORT!
Overview

- Read the existing literature
- Establish treatment algorithm
  - Headsmart™ from SouthShoreHospital.org and “Heads Up” from CDC.gov
Consideration for RTP

Consistent Message

- Resolution of symptoms at rest
- Academic tolerance
- Exercise tolerance
- Neurocognitive test results (where applicable)
<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Somatic Symptoms</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>&quot;Pressure in head&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Neck pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td><strong>Vestibular Symptoms</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td><strong>Emotional Symptoms</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More emotional than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Nervous or anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td><strong>Cognitive Symptoms</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Feeling like &quot;in a fog&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>&quot;Don't feel right&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td><strong>Sleep Symptoms</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3-4</td>
</tr>
</tbody>
</table>
Prolonged Recovery
(Beyond 4 to 6 weeks)

• Consider other causes of headache

• Sleep regulation
  – Sleep Hygiene
  – Melatonin

• PT, Acupuncture, Trigger point injections

• Possible need for neuropsychological evaluation (pre-existing disability?)

• Medications are considered*:

*Note: using meds for concussion management is “off label”
Overview

- Read the existing literature
- Establish treatment algorithm
- Get out into the community
  - Deliver lectures
  - Build referral relationships
    - Referral base
    - PT / Vestibular therapists, Psych, Pain Management, Neuropsych, Neurosurgery, Acupuncture
Overview

• Read the existing literature
• Establish treatment algorithm
• Get out into the community
• Availability
  – New appointments <1-2 weeks
  – Computerized testing
  – Evening and weekend appointments
Billing

- Prepare for longer appointments
- E and M Coding based on time
  - Where more than 50% of the appt is spent on face to face counseling
- Neurocognitive testing
  - Cost and reimbursement

<table>
<thead>
<tr>
<th>New Patient</th>
<th>Time (mins)</th>
<th>Established Patient</th>
<th>Time (mins)</th>
<th>Consult</th>
<th>Time (mins)</th>
</tr>
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<tbody>
<tr>
<td>99202</td>
<td>20</td>
<td>99212</td>
<td>10</td>
<td>99244</td>
<td>60</td>
</tr>
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<td>99203</td>
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<td>99204</td>
<td>45</td>
<td>99214</td>
<td>25</td>
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<tr>
<td>99205</td>
<td>60</td>
<td>99215</td>
<td>40</td>
<td></td>
<td></td>
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</tbody>
</table>
Computerized Neurocognitive Testing:

• Buying in bulk decreases cost per test
  – ($10-20 for al a carte testing, as low as $1.50 -$3 in bulk)

• Some suggest using the appropriated E&M code with a -25 modifier and use CPT 96120.

• Non-neuropsychologists are typically not being reimbursed in Massachusetts, but varies by state

• Be aware that bills may be passed onto patients, and trend of higher deductibles will lend to higher out of pocket expenses for the patient
Getting the Word Out

• Background knowledge
• Care plans
• Neurocognitive testing
• Athletic Trainers/Athletic Directors
• Volunteering
Getting the Word Out

• Potential referring providers
• Parent/school groups
• Media
• Advertising
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Division of
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9 Hope Ave, Waltham

Thank You!
References and Further Reading


- Traumatic Brain Injury Center from CDC.gov and Headsmart™ from SouthShoreHospital.org