

**Joint Commission on Sports Medicine & Science (JCSMS)**  
2018 Annual Meeting

**Collective Impact Session Notes**

**Collective Impact Session: The Essentials for the Joint Commission and Your Organization  
- Friday, February 9, 2018 – 2:45 pm – 4:15 pm**

Joint Commission meeting participants were provided a brief overview of the Collective Impact approach, including definition and history, goals and target areas, five conditions and four preconditions, and learnings, challenges, and resources (*refer to PowerPoint Presentation*). Jim Whitehead set the common agenda for exploring the opioid use epidemic through the Collective Impact lens. Participants worked in small groups to answer the following assessment questions related to the opioid use topic. Verbatim responses recorded by each group follow and are organized by common themes, when applicable:

***What strategies or efforts seem to be working well in addressing the Opioid Epidemic and what could be improved?***

Working well:

- Some states changing way prescribing narcotics post operation – limiting to 3-4 pills versus 30 pills
- Prevention by limiting amount of pills per prescription
- Exercise for chronic low back pain instead of opioids
- Exercise and stress reduction
- Programs/associations that promote activity over drug prescribing
- Medical treatment
- Medical assisted treatment 70 – 80% successful
- Improved quality of CBD's (alternatives to opioids)
- In Canada, Patch for Patch program – have to bring it to get another
- Public awareness
- Awareness and education
- Provider education
- MD education about how addictive opioids can be
- State legislation
- State DEA databases – PMP
- Efforts of integrated healthcare delivery systems sharing information across state lines
- Government funding
- Doctor shopping legislation
- Less “ask” with laws

Could be improved:

- Pain management (other meds)
- Alternatives for pain
- MD awareness of alternatives to prescribing opioids for pain relief and educating the public to alternatives to drug treatments
- THC as a CBD (alternative to opioids)
- MD education about how addictive opioids can be
- MD education about what medication assisted treatment is
- Education for providers (e.g., CBT)
- More patient information
- Education for patients
- Direct treatment to function not pain – change mindset
- Treatment resources – often provider-driven – method to search for treatment MAT
- Limited access to MAT – providers may not know better
- Need more regulation on pharmaceutical or delivery systems
- Enhancing the role of pharmacists
- Screening patients at risk
- “Home” Narcan
- Properly training 1<sup>st</sup> responders
- Access to care (too late or no room)
- More realistic approach
- Support
- How to deal with patient “drivers” to seek opioids

***What might be some “indicators of success” to use in measuring and demonstrating impact in this effort?***

- Less overdose deaths
- Lower opiate-related deaths
- Reduction in death rates/deaths
- Less deaths
- Decrease in mortality rate
- Decrease in mortality rates related to opioid overdose
- Decrease in medical examiners
- Decreased need for medical examiners because of fewer deaths from opioids
- Reduction in prescriptions and repeat prescriptions
- Less prescriptions
- Less (lower) prescribed morphine equivalents; number of pills
- Decrease use of methadone and other drugs used to get people weaned off addiction
- Higher numbers of naloxone reversals
- Increase in alternative methods of pain treatment as first choice rather than immediate opioid prescriptions
- Function scale verses pain scale – use of assessment tools

- Decrease in pain scores
- Patient function scores
- Increase in federal and state funding
- Increase in funding for research into the patterns and alternatives
- Monitoring of MD prescribing practice
- Monitor ICD 10 codes for admission for drug overdoses
- Success rates on current programs and approaches
- School-based opioid education programs
- Less ER visits/EMS calls
- Decrease incident reports from 1<sup>st</sup> responders
- Decrease in opioid addiction
- Fewer people in treatment
- Policies, position statements, educations efforts by member organizations of the JCSMS
- Medical Board statement against opioid use for conditions that do not require opioids
- Decrease in depression rates
- Increase in patient satisfaction scores
- Less kids in foster care from addicted parents
- Data from DEA regarding heroin across borders (seizures, blocking exports, interdictions, etc.)

***Who might be some partners to engage in this effort and what role could they play? What might be some strategies or activities that partners could initiate or better align to make a collective impact on the Opioid Epidemic?***

- DEA – Nationwide drug monitoring system interfacing with EMRs
- Form a national/state database for pharmacies
- 2019 AAP Pre-Conference – New Orleans Opioid Epidemic
- FDA – Better regulation and more accountability of pharma industry
- FDA – More affordability of drugs like methadone
- Medical professional organizations inside and outside JCSMS – provider and patient education campaign
- Access to medical care and diagnostic modalities
  - Creating more time to use opioid pain meds
  - Driven by insurance approvals (for diagnostics) high deductible health plans, lack of health insurance
  - Partner is insurance plans, AHIP (American Association of Health Insurance Plans)
- DEA
- ACGME – medical credentialing body
- ACGP – umbrella organization of American Board of Medical Specialties - change education/curriculum
- WHO involvement
- Departments of Public Health
- Professional associations

- Hospitals
- Legislation changes regarding pharma companies
- Pharma companies – education/safety
- Pharmaceutical companies need to take responsibility and help fund education and treatment
- Physician training (red/yellow flags for disabled)
- Politicians and MD providers – facilitate better access to treatment MAT
- Alternatives to managing pain (KTTape, etc.)
- Physical rehab/psych rehab
- Education curriculums
- Curriculum changes
- Increase in funding
- Funding
- Patient education – use media as well, public announcements, etc.
- Patient support groups
- Creating “tool kit” with established process for when pain exceeds normal range
- Players associations
- Retired players associations
- Government regulatory body to monitor pharma companies
- Increase in tracking of former players
- Government – change laws
- Increase in places to destroy unused meds
- Collaboration at professional meetings
- Improved research involving other disciplines
- Prescribers collaborate by enacting standards and rules
- Medical Board take a position not to prescribe opioids when it is not the best or least restrictive treatment

***What are some specific and concrete “next steps” that should be taken to move this work forward? (identify who is responsible and by when)***

- JCSMS to develop a compelling consensus statement on opioids in sports medicine from multiple organizations in this room
  - Focus on prevention strategies
  - Emphasis on exercise
  - Non-pharma strategies for treatment of pain
- Take an official statement – “patients treated first with conservative care”
- Develop and implement a communication strategy amongst JCSMS participating organizations
- Develop a common agenda – recommend prevention across the spectrum
- Identify a collection of specialty organizations to begin to develop a plan to work together to raise awareness of alternatives
- Identify backbone organization to support the work
- Agree on measures of success

- Execute mutually supporting interventions
- Examine best practices elsewhere (e.g., UK, Australia, etc.)
- JCSMS members – influencers of medical sports
- CED is already doing work
- Un-tying doctors compensation from satisfaction surveys (i.e., opioid user give bad scores when they don't get their prescriptions)
- Developing/identifying liaison from each healthcare organization to create protocol for high-risk patients
- More accountability and training
- Apps (existing)
- Legislation for all 50 state laws – within 2 years
- Private groups to help with education – within 5 years
- Pharmacy companies to provide funding for education and treatment – within 2 years

<p><b>Collective Impact Priorities for the Joint Commission and Your Organization: Applying the Essentials and Next Steps in 2018-2019 - Sunday, February 11, 2018 – 8:30 am– 10:00 am</b></p>
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In addition to the topics presented during the pre-meeting webinar, Joint Commission meeting participants engaged in small group discussion and used electronic voting to identify issues to explore through the Collective Impact lens. Participants worked in small groups around one of five identified issues in which they had particular interest to answer the following assessment questions. Verbatim responses recorded by each group follow:

### **Accelerating Progress in Exercise and Oncology**

*What is the ultimate vision or desired outcome regarding this issue?*

- What does the multi-discipline team look like for survivorship?
- When referrals: triage, sending them someplace is overwhelming, needs to be part of one cline, and finances
- Support groups – PT's get people started – volunteer community based
- Canada – nothing about exercise in care centers
- Educate specialists about benefits of exercise, gyms are free, care coordination, education of providers, finances

*What might be some “indicators of success” to use in measuring and demonstrating impact in this effort?*

- Process measure: claims data – proportion with billing codes for PT, nutrition mental health provider, etc.
- Education of providers: Med, Rad, Surgery, fellowship, education on boards
- Patient education – social media, ads, campaign – “ask the expert”, infographics for social media, # of shares
- Bundle exercise and rehab into “episode of care” group (ex ... volume discount)

***Who might be some partners to engage in this effort and what role could they play?***

- ACSM
- APTA (sport and oncology)
- CASEM
- PAMA
- Sport Chiropractors
- Nutrition Dietetics
- ASCO
- ASTRO
- SS)
- AMPMR
- ACS
- NCI
- ONS
- SCAN
- Partner with Komen

***What might be some strategies or activities that partners might initiate or better align to make a collective impact on this issue?***

- Walk w/ a Doc
- Team in training
- Partner with those already doing work in this are
- Ads in magazines
- Dissemination of information
- Funding
- Education
- Develop research agenda
- Lobby for bundling
- Speakers at medical conferences
- Joint programming at big and small meetings
- Success stories form the average person – high profile

***What are some specific and concrete “next steps” that should be taken to move this work forward? (identify who is responsible and by when)***

- Get commitment from people at the upcoming roundtable
- Tweet @ \_\_\_\_\_ get them to take a look
- Ask representatives to go change education of their specialty ad include who in boards
- Ask organizations to take leadership on
  - Care coordination
  - Patient and provider education
  - Finances

## **Improving Military Health, Performance, and Readiness**

*What is the ultimate vision or desired outcome regarding this issue?*

- Soldier readiness is the main goal
- Silo effect
- Soldiers don't feel invested – no sense of community especially between enlisted and officers
- Professional organization (labor categories) that support special ops
- Why cant military have the necessary resources at their fingertips to support soldier readiness, including a prevention component

*What might be some “indicators of success” to use in measuring and demonstrating impact in this effort?*

- Change in culture on installations
- Outcomes from a “pilot study”
- Success – deplorability and soldier readiness

*Who might be some partners to engage in this effort and what role could they play?*

- Identifying the mutual value of partnership in this initiative

*What might be some strategies or activities that partners might initiate or better align to make a collective impact on this issue?*

- Partners are directly related to labor categories
- Joint Commission organizations
  - AASP
  - APA
  - ABPP
  - ACSM
  - AND-SCAN
  - NATA
  - NSCA
  - APTA (sport section/tactical SIG)
  - ANCC
  - AANP

*What are some specific and concrete “next steps” that should be taken to move this work forward? (identify who is responsible and by when)*

- Educating reps of potential partner organizations of the opportunities
- Communication system for on-going collaboration

## **Physical Activity & Health Education for Youth**

***What is the ultimate vision or desired outcome regarding this issue?***

- Empowered youth
- Health choices regarding physical activity and nutrition
- Access to tools and support
- Culture change
- Define age and culture appropriate issues and solutions (framework)
- Identify effective and affordable programs

***What might be some “indicators of success” to use in measuring and demonstrating impact in this effort?***

- Military readiness
- Decreased obesity
- Data from apps, downloads, school and community adoption
- Physical Education – minutes, school classes, participation and attendance

***Who might be some partners to engage in this effort and what role could they play?***

- Shape America and participation – bring to JCSMS?
- Active schools – dissemination
- Cooper institute
- CEC information on physical activity, health, and academic analysis tools
- Aspen Institute – Project Play
- Parents! Pressure schools (educate them on tie between physical activity and academic achievement)
- PTA’s – school boards
- Independent funders

***What might be some strategies or activities that partners might initiate or better align to make a collective impact on this issue?***

- Social for good – social media, wearables, fun programs
- Stats work – use them to build the case
- Kinetic learning
- Use massive collective leadership and members tied to JCSMS
- Change delta of academic achievement (e.g., physical education versus math) – starts at policy and funding
- Resources/materials information from other youth and physical activity organizations
- After school programs for those without cell/computer access (e.g., Zumba class to Zumba certification – empower)



***What are some specific and concrete “next steps” that should be taken to move this work forward? (identify who is responsible and by when)***

- JCSMS 2019 – look at data and success/failures – is data used effectively? Presentation?
- Push after school programs
- Advocates/ambassadors going into the schools in person versus email
- Resources to JCSMS members – immediately send this link - <https://hhph.org>
- Conduct pilot of Hip Hop Public Health
  - Disseminate
  - See how we can incorporate age and culturally appropriate activities into the program

### **Travel to Treat**

***What is the ultimate vision or desired outcome regarding this issue?***

- S. 808 pass senate within 10 months – Sports Medicine Licensure Clarity Act

***What might be some “indicators of success” to use in measuring and demonstrating impact in this effort?***

- Passing bill
- No malpractice for working with teams
- Not having to send Health Education Committee
- Tennessee stalling
  - Payton Manning
  - University of Tennessee
- 30 states allow reciprocity legislation but need federal solutions for insurance

***Who might be some partners to engage in this effort and what role could they play?***

- Every healthcare provider-based member organization and organization where coverage is prohibited
- NCAA
- USOC
- NFHS
- Malpractice Insurance Companies – support

***What might be some strategies or activities that partners might initiate or better align to make a collective impact on this issue?***

- Organizations to encourage member to contact Senators and key individuals
- Employee Athlete Trust and healthcare costs
- JCSMS organizations

***What are some specific and concrete “next steps” that should be taken to move this work forward? (identify who is responsible and by when)***

- Template letter
- List of Senators on committee and each state to distribute to organizations

### **Appearance and Performance Enhancing Substances (APES)**

***What is the ultimate vision or desired outcome regarding this issue?***

- Ultimate goal clean and safe supplements
  - Intelligent consumers
  - Media community awareness of APES issues
  - Industry buy-in to pre-market approval of supplements
  - Zero tolerance for manufacturers found guilty of supplement adulteration

***What might be some “indicators of success” to use in measuring and demonstrating impact in this effort?***

- Increase in # of products/supplements certified
- Decrease the # of positive drug test
- Passage of legislative policy to punish repeat offenders preventing reintroduction of noncertified supplement products
- Decrease in # of repeat offender supplement adulteration
- Increase # of EMRs including section for supplement/APES notes
- Validate question set to use for APES screening in primary care settings

***Who might be some partners to engage in this effort and what role could they play?***

- AMSSM
- SCN
- ACSM
- CASEM
- AOASM
- NATA
- USADA
- Drug Free Sport
- DOD/CHAMP
- CPSDA
- ADA
- Taylor Hooton Foundation

***What might be some strategies or activities that partners might initiate or better align to make a collective impact on this issue?***

- Coordinating with major medical organizations to help with lobbying for legislation (AMSSM, ACSM, AOSSM, ADA, USADA, SPSDA, etc.)
- Preparation of executive summary for dissemination of APES issues to participating organizations

***What are some specific and concrete “next steps” that should be taken to move this work forward? (identify who is responsible and by when)***

- By next JCSMS meeting:
  - Engage with DOD/CHAMP about validated APES primary care screening
  - Engage with DOD/CHAMP about coronation for executive summary and/or joint position paper on APES
  - CPSDA/USADA to champion/lead initial coordination for lobby action
- Future directions
  - Raise awareness about APES with major medical organizations (AAFP, AAP, etc.)