

## **A Patients-Like-Me Approach to Aggregating Data in Clinical Management of Adolescent Concussion.**

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**Background:** Recovery after adolescent concussion is difficult to predict, and communicating realistic recovery timelines is equally challenging. Clinicians rely on experience with “similar” patients, alongside peer-reviewed research, for prognosis. A simple “patients-like-me” framework that aggregates recovery outcomes from past patients seen in the clinic can support clinical prognosis by setting individualized, data-driven recovery expectations based on prior patients who are most similar to a current patient.

**Methods:** We used a reference cohort of 558 adolescents treated in a concussion clinic. Nine routinely collected demographic and injury-related variables defined a “*Like-Me Cohort*”: a subset of patients most similar to a given index patient based on Euclidean distance. For validation, each patient in the reference cohort served as an index patient, and we generated a summary of the Like-Me Cohort’s mean values for age, time since injury, symptom severity, and recovery outcomes (time to symptom resolution and time to return-to-play), presented numerically and with visual aids. For each index patient, we compared their values with the mean of their Like-Me Cohort and the other remaining reference patients; closer alignment with the Like-Me Cohort was interpreted as evidence that the Like-Me approach is valid.

**Results:** The mean Like-Me Cohort size was 55 patients (range 37-78). The mean absolute difference between patient values and group means was consistently smaller for Like-Me Cohorts versus remaining reference patients for age (1.3 vs 2.0 years;  $p<0.001$ ), time since injury (2.4 vs 4.8 days;  $p<0.001$ ), symptom severity (6.1 vs 11.3 points;  $p=0.016$ ), and recovery outcomes of time to symptom resolution (9.7 vs 11.9 days;  $p<0.001$ ) and time to return-to-play (15.7 vs 18.4 days;  $p<0.001$ ).

**Discussion:** This patients-like-me aggregation approach generates sub-cohorts that better reflect individual clinical presentations and recovery trajectories, offering an interpretable, data-driven complement to clinical management and supporting patient-centered discussions of expected recovery.

### **First learning objective**

By the end of this session, participants will be able to describe how a “patients-like-me” data aggregation framework uses routinely collected clinical variables to generate individualized sub-cohorts which support patient-centered discussions of expected recovery.

### **Second learning objective**

By the end of this session, participants will be able to identify ways to adapt or integrate a patients-like-me framework into their own clinical, public health, or data visualization workflows to better communicate prognosis with patients and families.

### **Unique/diverse experiences, voices, or communities**

This presentation brings together the perspectives of a scientist-in-training within a concussion research program, adolescent patients with concussion and their families, and the work of data scientists who translate complex models into simple, patient-facing tools. The project uses real-world data from adolescent athletes and active youth throughout the state of Colorado.

### **Connection to the health of Coloradans and the Mountain West**

The work originates from concussion care delivered in Colorado, using data from a regional sports medicine clinic that treats patients across the Front Range. A “patients-like-me” data aggregation approach can support clinical decision-making, guide clinicians when communicating recovery expectations with patients and their families, and ultimately promote improved health and recovery for adolescents with acute brain injury across the Mountain West.

### **Interactive components for a lecture presentation**

The session will include: (1) an interactive walk-through of a sample “patients-like-me” recovery summary, including all the visualization aids that currently exist for communicating expected recovery trajectories for patients; and (2) a “gut vs aggregate” game, where real patient clinical data are shown and audience members guess their potential recovery trajectories and compare that to the recovery trajectory generated by our patients-like-me summary.