The Positive Impacts of Athletic Trainers in Physician Practice

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Disclosures

- I am employed by Banner University Medical Center (BUMC) Tucson and will discuss ongoing and future research projects.
- This presentation is in no way affiliated with BUMC Tucson.
- Any opinions expressed in this presentation are mine.
- No financial disclosures.

Objectives

After this presentation you will be able to:

- Describe the AT's role in physician practice (PP)
- Understand the financial impact an AT has on a PP
- Understand the value of the AT in PP setting and how an AT can make it more efficient
- Apply what you have learned about ATs in PP to your current role to ensure you are practicing at the top of your scope

About Me

- ATC for 8+ years
- NCAA baseball/football & professional baseball/football
- Started in physician practice with Sports & Orthopaedic Specialists in Minneapolis, MN
- Moved to Tucson June 2017
- First AT at BUMC Tucson
  - Focus was on concussion evaluations and treatment
- Now supervise 4 ATs – hiring the 5th right now!
  - Provide ATs to 2 high schools, 2 professional sports teams, and 1 to the University of Arizona

What Exactly is an AT in PP?

The Role Formerly Known as Physician Extender

Why the Switch?

- Well…what's a physician extender?
- Difficult to define
- Anyone can be a physician extender
- Needed to drop the title to make it a specific AT role
- Now this role is known as Athletic Trainer in Physician Practice (ATPP)

"By identifying as a "physician extender" rather than an athletic trainer, individuals are diminishing the brand established by the profession."*

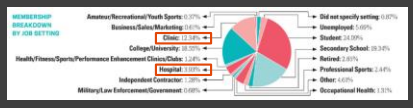
"With the health care sector rapidly changing, the athletic training profession must create a well-known brand in order to secure its place as a valuable member of the health care team."*

NOTE: Articles discussed in this presentation may refer to "Physician Extender" and were published before the change occurred in January 2016.

* https://www.nata.org/blog/beth-ritzler%E2%80%98physician-extender%E2%80%99-will-no-longer-be-used-identifyate

The AT in PP

- Goals of AT in PP:
  - Provide orthopedic and sports medicine-specific patient-centered care
  - Help the physician see more patients
  - Assist the physician with non-revenue generating tasks
  - Help improve the patient's experience and satisfaction
- 16.27% of ATs work in the "Clinics" or "Hospital" setting.



NATA News December 2018

A Day in the Life

- Rooming
- HPI
  - Get detailed history
  - Get to know the patient
  - Show understanding and compassion
  - My personal goal: Out-Do the physician on bedside manner
- Evaluation
  - Thorough orthopedic evaluation
  - ROM, MMT, special tests, neurological screen
- Presentation
  - IMO: Most important part of my role
  - Make your physician look good to the patient
  - MD should:
    - Spend less time asking questions, more time answering questions
    - Spend less time on computer, more time face-to-face

A Day in the Life

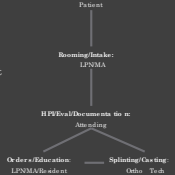
- Presentation:
  - New patient, referred by AT at Catalina Foothills High School
  - Here with mom, Kathy
  - 18 y/o, RHD, baseball player with anterior right shoulder pain
  - Pain for 1 month, no MOI
  - Pain is worse with OH motions, throwing baseball [illegible]ts out in front
  - Tender over LHB tendon and coracoid
  - Positive Speeds, Bear Hug, Thrower's
  - Negative HK, CB HK, O'Brien's, Clancy's
  - Moderate-Severe SD on the right with medial bord
  - No prior treatment including formal PT, injections
- Get the picture?
- So does the physician…

A Day in the Life

- Orders
  - PT, MRI, CT, XR, DME
- Dictation
  - Act as scribe and document the entire encounter
  - EMRs vary on abilities
  - Must include attestation statement from physician
  - We are fortunate to use Dragon Dictation Software at Banner. Makes documenting so much easier!
- Post-visit care
  - DME fitting
  - Casting and Splinting
  - HEP
  - Follow-up with AT at high school or club
- Phone Calls
  - Answer phone calls on behalf of physician
  - AT has more orthopedic knowledge than other back-office staff

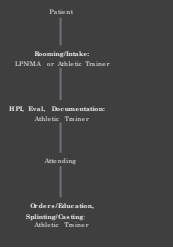
Orthopedic Clinics without ATs

- LPN/MA Rooms patient
  - Gets very brief history → Chief complaint
- LPN/MA places chart outside door or tells MD about patient in room (presentation)
- MD performs chart review, enters room to see patient
- Imaging, if any, can be ordered any time
  - Efficient clinics will have XR orders already placed ahead of time
- MD performs HPI, Evaluation, Reviews Imaging, and discusses Plan of Care
- MD directs LPN/MA on orders to be placed
  - Directs OTC for casting/splinting/ DME if needed
- MD sees next patient that LPN/MA has roomed
- MD performs documentation for all encounters at end of clinic or another day



Orthopedic Clinics WITH ATs

- LPN/MA rooms patient
  - In an all-AT run clinic, several ATs still work as a team
  - No LPN/MA
- The AT:
  - Performs Chart Review
  - Gets detailed HPI
  - Performs evaluation
  - Places XR orders if they have not already been placed
- AT Presents to MD
- AT and MD enter room together
  - AT scribes for MD
- MD performs own brief evaluation, discusses plan of care
- AT listens to plan of care and places orders if needed
  - AT applies splint/cast/DME if needed
- MD sees next patient that LPN/MA/AT has roomed
- AT performs documentation for all encounters at end of clinic
  - MD signs off when completed



Orthopedic Clinics WITH ATs

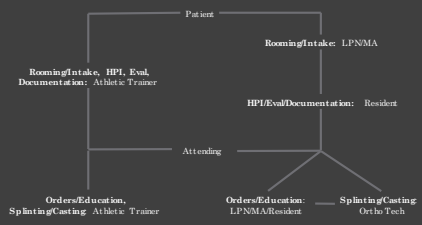
Other versions might include:

- AT does not enter room with MD but moves on to see other patients
- AT only sees New Patients
- AT only sees Post-Operative patients
- AT only sees Concussion patients
- AT works alongside Residents/Fellows in Academic Medicine setting

ATs in Academic Medicine

- Difference in Clinic Flow
- Residents/Fellows must have opportunity to see patients/learn from Attending
- IMO: Best opportunity for AT to provide noticeable assistance/improvement

Academic Medicine: New Clinic Flow



ATs in Academic Medicine

- Difference in Clinic Flow
- Residents/Fellows must have opportunity to see patients/learn from Attending
  - Biggest opportunity for AT to provide noticeable assistance/improvement
- LPN/MA still have to room patients for Residents/Fellows
- AT can work independently of LPN/MA and Resident to see additional patients
- AT is more efficient
  - More experienced
  - Does not require time for teaching by Attending
- AT has opportunity to teach Residents/Fellows with Attending

AT vs. MA

Comparison of the Effect of Medical Assistants Versus Certified Athletic Trainers on Patient Volumes and Revenue Generation in a Sports Medicine Practice

Forrest G. Pecha, MS, ATC, LAT, CTC, CSCS*, John W. Xenogiannis, MD,† Spero G. Karas, MD,† Megan E. Himes, MEd, ATC, OTC,‡ and Brandon A. Mines, MD†

- Researchers sought to compare the effect of ATs and MAs on patient volume and revenue generated in a Primary Care Sports Medicine clinic
- 2 PCSM clinics were studied for 12 months
  - Physicians A & B
- Each MD had an MA and an AT for 6 months each during 12 month period
  - 80 clinic days were examined for each
    - Used to offset variables (half days, vacations, etc)
- Obtained:
  - # of patient encounters
  - Charges
  - Collections

Pecha, F. Q., Xenogiannis, J. W., Karas, S. G., Himes, M. E., & Mines, B.A. (2013). Comparison of the effect of medical assistants versus certified athletic trainers on patient volumes and revenue generation in a sports medicine practice. *Sports Health*, 5(4), 357-359.

Results of AT vs. MA

- Patient Encounters:
  - Physician A: increased from 15.02 to 18.09 per day
  - Physician B: increased from 22.92 to 27.09 per day
- Billed charges:
  - Physician A: increased ~$300 per day
  - Physician B: increased ~$1,500 per day
- Collections:
  - Physician A: increased >$200 per day
  - Physician B: increased >$1,200 per day

Pecha, F. Q., Xenogiannis, J. W., Karas, S. G., Himes, M. E., & Mines, B.A. (2013). Comparison of the effect of medical assistants versus certified athletic trainers on patient volumes and revenue generation in a sports medicine practice. *Sports Health*, 5(4), 357-359.

Discussion AT vs. MA

- 18-22% increase in patients per clinic day
  - Think of the downstream revenue this can create…
- Up to an increase of $96,000 in Collections in 80 days
  - AT pays for itself x2
- Neither MD had knowledge of the study while it was occurring
- Scheduling staff were unaware if MA or AT was working which clinic
- Patients were added to schedules based on availability
  - "Physicians were able to add patients to their schedule based on availability, which allowed for more same-day 'add-ons' when an ATC was assisting them."

Pecha, F. Q., Xenopoulos, J. W., Kane, S. G., Hynes, M. E., & Mroz, B. A. (2013). Comparison of the effect of medical assistants versus certified athletic trainers on patient volumes and revenue generation in a sports medicine practice. *Sports Health*, *5*(4), 337-339.

AT vs. Resident

Patient Perceptions of Athletic Trainers and Orthopaedic Medical Residents as Primary Clinical Support Staff in Sports Medicine Practice

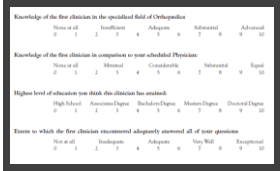
A Randomized, Double-Blinded Prospective Survey

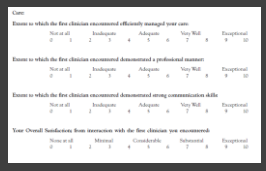
Forrest Q. Pecha, MS, ATC
Timothy S. Nicoletti, MS, ATC
John W. Xenopoulos, MD
Sports Kanas, MD
Sameh A. Labib, MD

- Researchers wanted to examine and compare patients' perceptions of their care and the orthopedic knowledge of orthopedic surgery residents and ATs.
  - Hypothesis: ATs would be perceived to have same knowledge as Residents
- Surveys were provided to patients of an orthopedic sports medicine clinic over 2-years
  - Randomized, double-blind study
- Clinicians:
  - ATs completing a 1-year residency program (n = 10)
  - Orthopedic surgery residents PGY3-4 (n= 18)
- Patients were blinded to the clinician's name and title
  - Participants were excluded if they were EP, PO, or if the identity of the clinician's profession was disclosed

Pecha, F. Q., Nicoletti, T. S., Xenopoulos, J. W., Kane, S., & Labib S.A. (2015). Patient perceptions of athletic trainers and orthopaedic medical residents as primary clinical support staff in sports medicine practice: a randomized, double-blinded prospective survey. *Journal of Allied Health*, *44*(4),228-236A.

Survey - AT vs. Resident





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Results - AT vs. Resident

- No significant difference between AT and Resident on 7 of 8 questions
  - Significant difference was in perceived level of education
- Trends:
  - Higher scores for Residents in perceived orthopedic knowledge
  - Higher scores for ATs for perceived clinical care
- "There is no evidence that patient's perception is different when comparing ATs and orthopaedic medical residents."

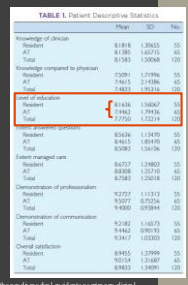

TABLE 1. Patient Descriptive Statistics

	Mean	SD	No.
Knowledge of clinician			
Resident	8.1818	1.30655	55
AT	8.1385	1.65715	65
Total	8.1583	1.50068	120
Knowledge compared to physician			
Resident	7.5091	1.71996	55
AT	7.4615	2.14386	65
Total	7.4833	1.95316	120
Level of education			
Resident	8.1636	1.56067	55
AT	7.1462	1.79436	65
Total	7.7750	1.72218	120
Extent answered questions			
Resident	8.5636	1.13470	55
AT	8.4615	1.84470	65
Total	8.5083	1.56106	120
Extent managed care			
Resident	8.4727	1.24803	55
AT	8.8308	1.25710	65
Total	8.7583	1.25018	120
Demonstration of professionalism			
Resident	9.2727	1.11313	55
AT	9.5077	0.75256	65
Total	9.4000	0.93844	120
Demonstration of communication			
Resident	9.2182	1.16573	55
AT	9.4462	0.90170	65
Total	9.3417	1.03303	120
Overall satisfaction			
Resident	8.9455	1.37999	55
AT	9.0154	1.31687	65
Total	8.9833	1.34091	120

Pecha, F. Q., Nicoletti, T. S., Xenopoulos, J. W., Kane, S., & Labib S.A. (2015). Patient perceptions of athletic trainers and orthopaedic medical residents as primary clinical support staff in sports medicine practice: a randomized, double-blinded prospective survey. *Journal of Allied Health*, *44*(4),228-236A.

Surgeons' Perceptions

Orthopedic Surgeons' Perceptions of Athletic Trainers as Physician Extenders

Steven M. Stonch, ATC • DeSales University
Susan W. Stevens, EdD, ATC • University of North Carolina at Greensboro
Amanda N. Allen, PhD, ATC • California University of Pennsylvania

- Authors examined the accuracy of orthopedic surgeons' perceptions of the qualifications of ATs.
- Surveys were completed by 101 orthopedic surgeons
  - Asked about qualifications to perform tasks for ATC, PA-C, and NP-C
  - Asked if they would hire an AT in the practice

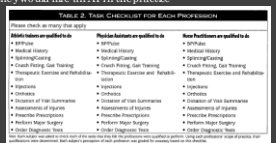

TABLE 2. Task Checklist for Each Profession

Please check as many that apply

Athletic trainers are qualified to do	Physician Assistants are qualified to do	Nurse Practitioners are qualified to do
• BP/Pulse	• BP/Pulse	• BP/Pulse
• Medical History	• Medical History	• Medical History
• Splinting/Casting	• Splinting/Casting	• Splinting/Casting
• Crutch Fitting, Gait Training	• Crutch Fitting, Gait Training	• Crutch Fitting, Gait Training
• Therapeutic Exercise and Rehabilitation	• Therapeutic Exercise and Rehabilitation	• Therapeutic Exercise and Rehabilitation
• Injections	• Injections	• Injections
• Orthotics	• Orthotics	• Orthotics
• Dictation of Visit Summaries	• Dictation of Visit Summaries	• Dictation of Visit Summaries
• Assessments of Injuries	• Assessments of Injuries	• Assessments of Injuries
• Prescribe Prescriptions	• Prescribe Prescriptions	• Prescribe Prescriptions
• Perform Major Surgery	• Perform Major Surgery	• Perform Major Surgery
• Order Diagnostic Tests	• Order Diagnostic Tests	• Order Diagnostic Tests

Note: Each subject was asked to check each of the tasks they felt the professions were qualified to perform. Using each professions' scope of practice, their qualifications were determined. Each subject's perception of each profession was graded for accuracy based on the findings.

Stonch, S. M., Stevens, S. W., & Allen, A. M (2013). Orthopedic surgeons' perceptions of athletic trainers as physician extenders. *Athletic Therapy Today*, *18*(1),29-31.

Results - Surgeons' Perceptions

- Accuracy of perception of:
  - PA-C → 87.5%
  - NP-C → 72.0%
  - ATC → 78.6%
    - Team Physicians: 80.9%
    - Non-Team Physicians: 65.8%
- Surgeons with more accurate perception of AT are more willing to hire one in the clinic
- 44% of the surgeons would hire an AT if they had the opportunity

Stonch, S. M., Stevens, S. W., & Allen, A. M (2013). Orthopedic surgeons' perceptions of athletic trainers as physician extenders. *Athletic Therapy Today*, *18*(1),29-31.

Physician Satisfaction

Physician Satisfaction With Residency-Trained Athletic Trainers as Physician Extenders

Ramon Quiet Pecha, MS, ATC, LAT, OTC, CSCS and Lucas A. Bahnsmier, MS, ATC, LAT, OTC • St. Luke's Sports Medicine, Mary L. Hoxty, MSN, ATC • QSI Global
Joseph J. Greene, MS, ATC, LAT • University of Wisconsin-Stout

- Researchers wanted to examine physician satisfaction with residency-trained ATs in their orthopedic practices.
- 35 sports medicine-trained orthopedic surgeons and primary care sports medicine physicians were surveyed that employed residency-trained ATs.
  - 10-point Likert Scale
- Surveys asked about physician satisfaction with:
  - The preparedness of the AT for clinical integration
  - Comparison of clinical skills of the AT to those of ATs who have not completed a residency program
  - Comparison to other clinicians who function in a "physician extender" role
  - The impact of AT utilization on the physician's quality of life

Pecha, F. Q., Bahnsmier, L.A., Hoxty, M. L., & Greene, J. J. (2014). Physician satisfaction with residency-trained athletic trainers as physician extenders. *International Journal of Athletic Therapy and Training, 19*(2), 1-3.

Results – MD Satisfaction

- Residency-trained ATs were "very well" prepared for integration into clinic (8.74 ± 1.04)
- Musculoskeletal skills were "very good" compared to those of PAs and NPs (8.03 ± 1.79)
- Improved quality of life (8.46 ± 1.67)
- MDs notice benefit from having an AT in clinic (8.09 ± 1.79)
- Very high degree of overall satisfaction with AT in PP (9.06 ± 1.08)

TABLE 1. PHYSICIAN RATINGS OF RESIDENCY-TRAINED ATHLETIC TRAINER-PHYSICIAN EXTENDER CLINICAL SKILLS

Question	Mean ± SD
How prepared do you feel an AT-PE is to [illegible]	8.74 ± 1.04
Comparing general skills of an AT-PE to a nonresidency-trained AT	7.89 ± 2.02
Comparing MSK skills of AT-PE to entry-level PA or NP	8.03 ± 1.79
Comparing clinical skills of AT-PE to MA	9.17 ± 0.98

TABLE 2. PHYSICIAN SATISFACTION WITH RESIDENCY-TRAINED ATHLETIC TRAINER-PHYSICIAN EXTENDER ROLE PERFORMANCE

Question	Mean ± SD
Extent to which you feel patient satisfaction has improved from having an AT-PE in your clinic	7.89 ± 1.94
Extent to which your quality of life has improved from having an AT-PE in your practice"	8.46 ± 1.67
Extent to which your clinic has benefited from having an AT-PE versus other physician extenders?	8.09 ± 1.79
Your overall satisfaction with utilizing an AT-PE	9.06 ± 1.08

[illegible] patient visit, and patient volume, and increased patient volume.

Pecha, F. Q., Bahnsmier, L.A., Hoxty, M. L., & Greene, J. J. (2014). Physician satisfaction with residency-trained athletic trainers as physician extenders. *International Journal of Athletic Therapy and Training, 19*(2), 1-3.

AT to an orthopedic clinic:

ATs can bring in more patients per day, increase patient and physician satisfaction, increase productivity, and are perceived as knowledgeable as residents! You should totally hire me and all my AT friends.

Administration:

AT:

But, didn't you see the article I sent you about increasing collections by up to $96,000 in just 80 clinic days?

Administration:

Show Me the Money?

How can an AT in PP have a positive financial impact on the practice?

Or more importantly: How can we show it?

Show Me the Money?

- FAQ: Traditionally, ATs work outreach in hopes of bringing in referrals, why should I hire an AT ***full-time*** in my clinic if they aren't bringing in referrals?
- ATs cost more than an LPN/MA/OTC…right?
  - 2018 Median Medical Assistant Salary: $33,610
  - 2018 Median Licensed Practical Nurse Salary: $46240
  - 2018 Median Orthopedic/Surgical Technologist Salary: $47,300

  } Require a post-secondary ~~minimum~~ award ONLY

- 2018 Median AT Salary: $47,510

US Bureau of Labor Statistics
https://www.bls.gov/ooh/healthcare/athletic-trainers.htm
https://www.bls.gov/ooh/healthcare/medical-assistants.htm
https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm
https://www.bls.gov/ooh/healthcare/surgical-technologists.htm

Show Me the Money!

- Non-Revenue-Generating tasks
  - Rooming, HPI, evals, dictations, phone call
- *Revenue*-Generating tasks!
  - Splinting and casting
  - Home Exercise Programs in Office
  - Administering ImPACT tests
- Other sources of revenue
  - Increase throughput
    - More patients = more money
    - More patients = more surgical patients = more
- Physician Practice + Outreach?

Increasing Throughput

- ATs in a PCSM clinic increase patient throughput
  - We know this from this study
- In a study in 2004, when an AT was removed from the sports medicine clinic, there was a 15% to 30% decrease in the number of patients seen per day*
- ATs increase efficiency by combining the back-office staff roles with a provider/resident role.
  - This eliminates extra steps in the process

*Green, J. (2008). Athletic trainers in an orthopedic practice. *Athletic Therapy Today, 9*(3), 2

Financial Impact

The Financial Impact of an Athletic Trainer Working as a Physician Extender in Orthopedic Practice

Aaron F. Hajart, MS, ATC,* Forrest Peche, MS, ATC,† Mary Hasty, MBA, ATC,‡ Sean M. Burfeind, MS, ATC§, and Joseph Greene, MS, ATC§

- Examined how increasing patient throughput actually increases revenue
- Looked at increasing E/M visits per day & surgical cases per week
  - E/M = Evaluation & Management (a typical office visit)
- Used an estimated 22% increase in patient throughput from a prior poster presentation (not published).
- Estimated that an AT can help an orthopedic surgeon generate an additional 506.88 – 1,013.76 E/M visits per year
- Also estimated, based on a 2012 survey, that the surgical conversion rate is 16.7%
  - ~16 surgical cases per 100 E/M visits

Hajart, A. F., Peche, F., Hasty, M., Burfeind, S. M., & Greene, J. (2016). The financial impact of an athletic trainer working as a physician extender in orthopedic practice. *The Journal of Medical Practice Management, 29*(4), 250

Financial Impact

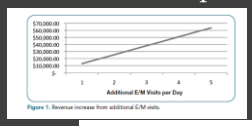

Figure 1. Revenue increase from additional E/M visits.

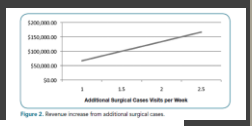

Figure 2. Revenue increase from additional surgical cases.

Table 4. Total Volume Increase from Surgery and E/M

Number of Patient E/Ms per 4-Hour Session	Increased Annual Throughput	Increased Annual Surgical Volume
8	506.88	56.4
12	760.32	84.6
16	1013.76	112.9

Table 5. Total Net Increase from Surgery and E/M*

Number of Patient E/Ms per 4-Hour Session	Net Increase from E/M ($)	Net Increase from Surgery ($)	Total Net Increase ($)
8	44,711.88	78,284.95	122,996.83
12	67,067.83	117,427.42	184,495.25
16	89,423.77	156,569.90	245,993.67

*Based on Medicare dollars.

Hajart, A. F., Peche, F., Hasty, M., Burfeind, S. M., & Greene, J. (2016). The financial impact of an athletic trainer working as a physician extender in orthopedic practice. *The Journal of Medical Practice Management, 29*(4), 250

CMS Guidance: The services of an athletic trainer, massage therapist, recreation therapist, kinesiotherapist, low vision specialist or other like profession may not be billed to Medicare as therapy services conducted in physicians' services.

What does an AT do in clinic?

Table 2. Different Roles of ATs When Working in the Physician Extender Position

Patient triage	Initial patient assessment, evaluation, and testing	Ordering diagnostic testing
Presentation of findings to the physician	Scheduling additional tests or procedures	Scribing or electronic dictation
Utilization and proficiency of EMRs	Patient education including pre- and postoperative instructions	Postoperative wound and dressing care
Brace fitting, casting, splinting	Home exercise program instruction	Cast and crutch use training
Rehabilitation of musculoskeletal injuries in an incident-to capacity	Assisting in the operating room (additional credentialing needed)	Community event medical care
Marketing representative for practice	Local high school, college/university, and club sport partnerships	Clinic management and administration

ATs, athletic trainers; EMRs, electronic medical records.

Revenue-Generating Tasks: 3

Non-Revenue-Generating Tasks: 13

~~Not Shown:~~

RGT: Administering ImPACT tests

NRGT: Seeing global post-operative period patients

Hajart, A. F., Peche, F., Hasty, M., Burfeind, S. M., & Greene, J. (2016). The financial impact of an athletic trainer working as a physician extender in orthopedic practice. *The Journal of Medical Practice Management, 29*(4), 250

A Word about "Incident To"

- This is the ability of the AT to work in extension of the physician
  - "Physician Extender"
- "Although athletic trainers are not recognized by CMS as an "incident-to" provider, commercial payors may allow for athletic trainers to be reimbursed when billing for certain services in conjunction with a physician visit."*
- "CMS defines "Incident to" services as those that are furnished incident to a physician's professional services whether in the physician's office or in a patient's home."*
  - AKA everything an AT does in Physician Practice
- Must be:
  - An integral part of the patient's treatment course;
  - Commonly rendered without charge (included in your physician's bills);
  - Of a type commonly furnished in a physician's office or clinic (not in an institutional setting); and
  - An expense to you.*

*NATA Guidance on Billing and Reimbursement for Athletic Trainers

A Word about "Incident To"

- This is common practice in all Physician Practice settings. Many health care professions work in an "incident to" capacity with a physician.
  - MA/LPN taking vitals
  - RN making a phone call to a patient
  - PA/NP seeing an MD's follow-up patients
- ATs work in an "incident to" capacity in physician practice. However, since CMS does not recognize ATs as "incident to" providers, some of the ATs' services are not reimbursed.
  - Exception if the payor recognizes ATs as "incident to" providers
  - Rare because most insurance companies use CMS guidelines

Revenue-Generating Tasks

- Cast application – CPT 29049-29425
- Splint application – CPT 29105-29515
- Gait and crutch training – CPT 97116
- Home Exercise Program – CPT 97530
- Administration of ImPACT test – CPT 96136
- Assisting in OR (with appropriate credential – e.g. OTC) – Modifiers 80, 81, or 82
- Athletic Trainer Evaluation Codes – 97169-97172*

NOTE: All of these codes are in an "incident to" capacity (Except *). While some insurances may not reimburse for the service, it's always worth dropping the charge!

Economic impact of outreach athletic trainers on a health system: implications for program growth and sustainability

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Economic Impact on Health System

- Researchers wanted to show that an outreach AT has a significant positive economic impact on a hospital system
- Internally reviewed patient referral data from the Sports Medicine AT Program from 2012-2015
  - 5 high schools, 1 professional team, 1 professional event, 4 semi-professional teams
- Looked at direct and indirect revenues generated from billable encounters as well as downstream revenue

Stone, H. S., Buckner, J. F., Hewson, K., Barr, M. J., Crawford, T., & Woolf, S. K. (2018). Economic impact of outreach athletic trainers on a health system: implications for program growth and sustainability. *The Physician and Sports Medicine, 46*(4), 448–455.

Economic Impact on Health System

- 843 patients → 8,570 billable encounters
  - 187 (22%) were new patients
  - NP → 1,602 billable encounters

Table 1. Distribution of new patients and total patients into the heath system.

	FY12	FY13	FY14	FY15	Total
New professional-based patient encounters	151	151	165	165	632
New hospital-based patient encounters	196	172	344	258	970
New patients to the health system	**45**	**42**	**51**	**49**	**187**
Total professional-based patient encounters	512	614	803	1419	**3348**
Total hospital-based patient encounters	1205	967	1790	1260	**5222**
Total patients	**187**	**154**	**233**	**269**	**843**

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Economic Impact on Health System

- **$2,286,733.82** revenue generated for the hospital system
- **$905,959.82** in profits

Table 5. Breakdown of AT-C expenses and revenue FY12–FY15.

	AT-C program expense	Number ATs	Total revenue	Gross revenue
FY12	$237,424.80	3	$521,858.97	$284,434.17
FY13	$245,125.19	3	$473,232.08	$228,106.89
FY14	$368,826.10	5	$659,818.86	$290,992.76
FY15	$529,397.91	6	$631,823.91	$102,426.00
Total FY12–FY15	**$1380,774.00**		**$2286,733.82**	**$905,959.82**

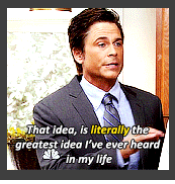
Stone, H. S., Buckner, J. F., Hewson, K., Barr, M. J., Crawford, T., & Woolf, S. K. (2018). Economic impact of outreach athletic trainers on a health system: implications for program growth and sustainability. *The Physician and Sports Medicine, 46*(4), 448–455.

Outreach + AT in PP = $$$

- Combining the AT in PP with outreach can generate significant revenue for the hospital system
- The AT can work morning clinics then cover a school or program in the afternoon/evening
- Depending on market, the hospital can charge the school/program per hour of the AT's time
  - Hospital will break even with direct revenue in 1 year if priced right and the program generates enough referrals

AT:

Administration:



What are ATs doing in 2019?

- Your every day orthopedic surgery and sports medicine clinics
- Concussion clinics
  - Concussions = time-sucks
  - AT sees concussion patients which allows the MD to see other patients during AT's evaluation
- Operating Room (OR)
  - *Next slide*
- Post-op clinics
  - *Slide after OR*

ATs in the OR

- Some State Scopes allow for ATs to work in OR as First-Assist without additional credentials
  - Arizona is not one of them
- ATs require OTC certification to work in OR
- National Board for Certification of Orthopaedic Technologists:
  - "The Orthopaedic Technologist has a working knowledge of aseptic techniques, and is able to prepare for surgical procedures, assemble surgical preparation equipment to the specifications of the Orthopaedic Surgeon, the Orthopaedic Technologist may act as a first assistant in the operating room according to hospital policies."

https://nbotc.net/common-employer-questions

ATs in the OR

- OTC Standards of Practice - The OTC may perform the following surgical responsibilities:
  - Position, prep and drape patients by using accepted practices and techniques in order to prepare the patient for surgery.
  - Assist the surgeon as first or second assistant by using accepted surgical practices and techniques.
  - Assist the surgeon during reductions by supplying and applying the appropriate materials.
  - Apply and manage post-operative dressings on wounds following aseptic techniques
- ATs provide additional pre- and post-op care and instructions

https://nbotc.net/common-employer-questions

AT-led Post-Op Clinics

- 90-day Global Post-Op Period
  - All follow-up appointments in clinic are covered in the price of the surgery
    - Except for ancillary services and facility fees
- Why have the surgeon or PA see the post-op visits when an AT can? The visit isn't reimbursable anyway. So…
- Takes Non-Revenue-Generating patients off of the MD/PA's schedule
  - Frees up slots for Revenue-Generating patients to schedule with MD/PA
- How can ATs do this?
  - Think of the AT in the Pro and College level…
  - Look at the Scope of Practice
  - Physician Direction & Standing Orders
  - Work in "incident to" capacity
    - Surgeon must be present in the same building

NOTE: The AT cannot see ALL of a patient's post-op visits. The surgeon is required to see the patient at least once.

Frequently Heard from ATs

- "I'm a glorified MA or scribe."
  - Or "I don't want to work in PP because I will just be a scribe."
- "I'm not practicing at the top of my scope."
- "My physicians don't understand what an AT is."
- "My physicians don't trust me enough to include me in their clinics."

Solutions

- People, and especially physicians, don't like to be told they are doing something wrong
  - Ask "What can I do to make your job easier?"
  - Sometimes it's as easy as seeing a quick follow-up, doing documentation for every other patient, or getting the history for the provider
- Go to your administrator and provide them with the info/data I provided you today
  - Show them that you can improve physician satisfaction, patient throughput, and increase revenue for the hospital and department
- Be patient. Physicians need to trust you to care for their patients
- Explain what an AT is
  - What's your elevator pitch?

ATPPS

- We even have our own Society!
- Athletic Trainers in Physician Practice Society
  - www.atpps.org
- Next Conference is in Columbia, SC – February 28-29, 2020
- All of the articles I discussed today are on the ATPPS website

Why not EBP?

- No studies showing patient reported outcomes
  - We need PROMs for athletic trainers!
- What we are doing at Banner UMC?
  - Ensuring our ATs are practicing at the top of their scope
  - Looking at PROMs for ATs in PP
  - Patients with HEP/ATC vs Formal PT
  - AT-led Post-Op Clinics

Summary

- ATs are no longer referred to as "Physician Extenders"
- ATs increase patient and physician satisfaction
- Patients perceive ATs to have the same medical knowledge as a Resident
- ATs increase clinic efficiency and patient throughput by eliminating steps in the clinic process
- ATs are assets to a PP, not a liability like other back-office staff
  - It only costs ~$200 more per year to hire an educated, competent, and effective back-office staff member to assist a physician in clinic.
- ATs increase revenue by:
  - Allowing more patients to be scheduled
    - Either directly through clinic or by holding separate post-op clinics
  - Performing Non-Revenue-Generating tasks for the physicians
  - Performing Revenue-Generating tasks

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Questions?

- Happy to talk with you after this presentation
- Email me at aaron.walker@banner-health.com
- Call/Text me at 309-825-4556 or 520-392-0735