

AZ Athletic Trainers in Physician Practice: An Overview & Update

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Objectives

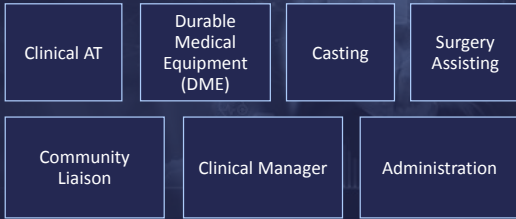
- Demonstrate a day-to-day role of a clinical athletic trainer.
- Illustrate a scope of practice and how that compares to traditional settings.
- Describe a basic responsibility and the progression of responsibility development in a system.
- Identify how to make yourself a marketable candidate for the physician practice setting.

Disclosure

Erica Ilium has disclosed that she is a recruiter for hiring of Athletic Trainers for Banner Sports Medicine and has a vested interest in Banner Health, primarily for the Sports Medicine Program. This presentation will not be directed towards any recruitment or financial gain. The content will be evidence based, balanced, and non-promotional.

John M. Valencia has disclosed that he hires Athletic Trainers for Tucson Orthopaedic Institute-Sports Medicine and has a vested interest in TOI-Sports Medicine. This presentation will not be directed towards any recruitment or financial gain. The content will be evidence based, balanced, and non-promotional.

Athletic Trainer Roles in Physician Practice: A Dynamic Role That Encompasses Variety



Clinical AT/Physician Extender explained

- AT in PP vs Physician Extender vs Clinical AT
- WHAT IS THIS?
- WHAT DO WE DO?
 - Learning curve for providers and clinics
 - Who makes a good candidate for this setting?
- Clinic specific skill focus expanded:
 - Recognizing CPT coding and back-office procedures:
 - Imaging preferences and interpretation
 - Injection set up
 - Advance casting/splinting



THE PHYSICIAN PRACTICE

- More than 50% of physician practices have an Athletic Trainer on staff.
- What is the biggest challenge for Athletic Trainers in a physician practice?
- Salary based on NATA, AHA, and other sources.
- Top 10 states for Athletic Trainers in a physician practice.
- Top 10 specialties for Athletic Trainers in a physician practice.
- Top 10 procedures for Athletic Trainers in a physician practice.

(Note: The charts and data in this slide are partially illegible due to image resolution.)



Durable Medical Equipment (DME)

Clinical AT: internal DME

- Component of clinical role/clinic flow
- Buy & Bill vs Stock & Bill ••

External DME

- Full time position
- Coordinate with Clinical ATs & Traditional ATs

DME Director/Coordinator

- Full time position

Why AT's are preferred



Same skill set as fitting from ATR

Experts in brace types

Experts in sport specific rules/regulations

Resourceful

Casting/Splinting

Common Orthopedic Casts/Supplies

- Short arm cast, Ulnar gutter cast, Short leg cast, Thumb spica,
- Fiberglass, Plaster of Paris, Orthoglass/ Orthoplast splints

Can perform under AT license, but proficiency needed for clinic

- Additional training/credentials available: ROT (Registered Orthopedic Technologist) & OTC
- AT credential expedites training/credentialing



Community Liaison

Easy Button

- Conduit for referring group to facilitate athlete care
- Appointments, verbal and written communication, additional services like imaging, labs, other specialty departments and insurance variations
- Different offerings across groups: example- can supports physical events, baseline testing, marathons, etc.
- Fluid dynamic between treating AT, Physician/Clinical AT, Physical Therapist +/- other



Common relationships: High School, Club, College, and Professional

- Health System hires AT to work in traditional setting
- Vs. hired for part clinic and part site
- Vs. hired full time in clinic

Collaborate system to system to overcome roadblocks like insurance/ distance

First Assist/Surgical Tech



Emerging Role

- Existing in Banner University Tucson
- Many different regulations across surgical site; may require additional credentialing

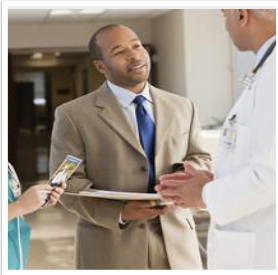
Advanced Training & Certifications

- OTC certification (NBCOT-has route for AT)
- Orthopedic residency (usually one year)
- Surgical tech certificate (90 weeks)
- CST or CFA Certification (NBSTSA)
- BOC Orthopedic Specialty Certification- accepted but varies

Know your Institutions compliance & regulations

- Institutions Compliance/ State laws need to be green light

Clinical Manager/Administrator



Need experience and/or
MBA/Masters/Certificate in Healthcare
Administration

Role that suits ATs well
Can be more controllable commitments

Mostly non-clinical

Opportunities expanded....AT transitioned to
other branches

01

Need to be able
to sell yourself

02

Need to put the
work in on the
front end for
later dividends

03

Serve providers
and ATs in field

04

Be accessible to
your
stakeholders

Discussion?



AT in Physician Practice Challenges

Physician and administrative buy in- Discuss pros for an AT shifting to this role & how we can help a provider, increased RVUs and clinic efficiency.

While this is exactly what ATs do in traditional settings, it is not recognized due to lack of reimbursement activity in traditional settings

More exposure will continue this emersion

Lack of reimbursement in Arizona for advanced skills (HEP example); highlight amount of patient per day/ patient satisfaction

Final Thoughts

•THANK YOU AzATA for this platform- John and Erica for one goal!

•Interested??? Multiple hospital system that are here at our Symposium- GO CHAT!



References

- IJATT 20(5), pp. 39-42 <http://dx.doi.org/10.1123/ijatt.2014-0101>
- **Enhancing Coordinated Care Delivery and the Healthcare Team: The Impact and Future of Athletic Trainers in Ambulatory Practice Settings;** Christine L. Noller, JD, LL.M.,* Forrest Q. Pecha, MS, ATC, LAT;† J. J. Wetherington,‡ and David C. Berry, PhD, MHA§; *Medical Practice Management* | March/April 2018
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