

Strategies for Effective Use of the AMCIA Document

The AMCIA document is just one tool used in a comprehensive evaluation of an institution's student-athlete health care delivery program. It can help identify the various needs and responsibilities associated with the program. The program evaluation should include both athletic department personnel and any individuals responsible for the institution's exposure to risk. It is recommended that an institution's risk manager be educated about the AMCIA document and participate in the program evaluation.

The AMCIA document will help users identify needs and set goals for student-athlete health care. These goals should be agreed upon by all parties responsible for the care of student-athletes, with the understanding that goals will be met over a period of time.

In the past, the AMCIA document has been used as a standalone tool to determine health care needs. This strategy has been found to have a minimal success rate in identifying and attaining the resources needed for an effective program. Therefore, it is critical that users honestly and carefully assess the weaknesses in a program and be realistic in what can and cannot be done with an institution's resources. It is highly recommended that overestimation not take place when determining AMCIA numbers. This has also led to the ineffective utilization of the tool.

While this document can be highly effective, it is important to reiterate that it is just one component of a total evaluation plan. Two examples of how the AMCIA document has been effective are outlined below to assist users in developing their own strategies for successful use of the AMCIA resource.

Large School Example

An NCAA Division I- BCS institution had not increased staffing in ten years. During that time, the FTE decreased while the student-athlete population increased. The head athletic trainer utilized the AMCIA document to identify a staffing shortfall. However, in order to get the attention of administration, this discovery would have to be substantiated with more than just the AMCIA document.

To validate the findings of the AMCIA document, athletic training staff recorded all visits to the athletic training facility over a two-year period. These records demonstrated that more than 20,000 visits per year, requiring hands-on care, had taken place (the equivalent of 100-300 contacts between student-athletes and athletic trainers daily). These numbers shocked the institution's administration, which was unaware of the considerable utilization of athletic training resources at the school.

Along with the daily recorded contacts, a coverage grid was constructed by the athletic training staff. It showed the coverage needs and where weaknesses existed based on staffing resources. Understanding these deficiencies, the school progressed toward its goals, as identified by both the AMCIA document and the other recorded information.

First it moved an athletic training intern to a full-time position. Then the school initialized a plan to add two more full-time athletic trainers over a two-year period to reach the necessary staffing levels for an appropriate level of care.

This example shows how the AMCIA document, in tandem with other information, can enlighten an institution's understanding of its athletic training program's workload and needs. Once the requirements are identified and understood, plans can be put into place to attain these goals.

Small School Example

Due to limited resources at a small Division III institution, it was agreed that the athletic training staff could not provide all facets of student-athlete care identified by the AMCIA document.

In agreement with the athletic administration, it was decided that all post-operative rehabilitation would be referred to an outside physical therapy provider. This decision was reached after utilizing the AMCIA document to identify various duties and available resources in the athletic training program.

In the following years, the institution's secondary insurance premium began to rise at an alarming rate. Athletic administration became extremely concerned at the increasing cost and wanted an explanation. The insurance carrier related the rising cost directly to the outside therapy student-athletes were receiving. This therapy had led to an insurance premium increase of \$20,000 in a three year period.

The institution weighed its options. It had a part-time athletic training position that paid \$15,000. It was quickly realized that, by making the part-time position full-time and bringing the post-operative rehabilitation back in-house, the institution could lower its insurance premium and save money over time by adding additional staff.

The AMCIA document helped identify staffing needs and job duties that needed to be fulfilled. The insurance issue led to the legitimization of the document in the administration's eyes. The AMCIA resource is now a critical component of the school's evaluation of student-athlete health care program.