Ed O'Neil: Vision Quest Summary from Nov. 10, 2009

Topic: What is the AT scope of practice; what do we want it to be in the future?

and Vision Quest #2 Meeting Notes, Dec. 15, 2009 (topics below)

draft January 5, 2010, Respectfully submitted, Cate Brennan Lisak

Part I: Summary from Ed O'Neil

There was a spirited discussion (Nov. 10) which really centered on the question of scope of practice. The discussion, like many now going on in health care, is centered on the issue of whether or not the profession should remain focused on its traditional role, strength, practice pattern and location or should it embrace the opportunities that seem likely to emerge over the coming years to reposition. By and large the positions are incommensurable and rarely lead to one side changing its relative position. In part this is a function of the winner take all nature of the discussion in this and other fields.

The better direction for such conversations is to address two related, but addressable questions. The first is how can the richest set of multiple options for practice for the profession be advanced and established. Questions here focus on how to remove existing restrictions which would not endanger traditional practice if they were absent. This field of inquiry is also a good source for experiments in finance, practice location, supervision and collaboration. These experiments should encourage the formation of a focused hypothesis and ensure that good data collection standards are advanced across the field, otherwise experiments will be seen as interesting, but will lack the convincing evidence to move forward.

The second type of questions that are also addressable is what types of education and credentialing provide students and practitioners with the insight to recognize opportunities as they emerge in a changing health care system. How does such education fit with existing traditional programs? How should such education be financed? What should the relation of such education be to traditional credentialing for practice? This discussion should recognize that the opportunities for the future are more likely to come from market driven changes than from direct changes in public policy related to licensure and accreditation.

Part II: Staff Notes from VQ#2, Dec. 15, 2009

Topic 1: Scope of Practice: Moving from high level to a working summary.
Topic 2: What is the best level for professional education to occur as it relates to the AT current and future scope of practice?

General Consensus:

1. The current scope of practice appears to suit the needs of the profession and the patient, though it should be validated. It is unknown whether it suits the needs of physicians and other employers.

2. It is unknown whether the scope will meet the needs of physicians and patients in the future.
3. Significant changes to the AT education model are needed. More depth is needed at the professional education level (baccalaureate). Advanced education and/or specialty certification can address additional depth and breath. There are too many ATEP programs, which reduces quality of graduates. All ATEP programs should be in schools of allied health or similar schools.
4. The VQ team must consider for its vision workforce shortages, national changes in aging and minority demographics, delivery of AT services, reimbursement models.
5. Good news, bad news: Low cost providers get more patient volume and are typically viewed by industry as the most effective providers. But profession may regret not improving post-professional education.
6. Being all things to all people is a losing proposition.

VQ Team Comments

O'Neil: Discussion at last meeting was one familiar to anyone working with health professions. Successful, meaningful profession and model for delivery has served patients and profession well. There is attachment to the current model and desire not to change. But now expansion opportunities not previously available are being offered. Some in profession think: we did a good job in the past but we can do a better job now. Some think: stay in tradition or move to new? Professionals tend to line up based on where we are within the model.

Best way to frame the question: what can we all agree upon? How do we keep what we've always done? How do we ensure that traditional practice will always be there? However, how do we open up for new/experimental models? Environments change whether we want it to or not. Tradition should be recognized and valued but environment will change and profession needs to respond. Also need to focus on pathways for consumer access to ATs.

The AT profession should consider exiting the Flexnerian system of medicine. There are billions of discretionary health care dollars (i.e. HSA dollars). Consumers/patients of the future may go to less extensively trained professionals because they are convenient and a good value. The higher the education level typically the more they are priced out of the larger consumer market. This alternative should be considered when discussing the educational model. The difficulties within today's reimbursement practices must also be considered in your vision for a viable future.

Starkey: If we're building a wall, what needs to be in the concrete? Education is the concrete. The role delineation study describes what is; competencies describe what can be; application in workplace changes what we do and is eventually reflected in role delineation. Admittedly a slow process (5 years to see practice changes reflected in RDS). The needs of profession should influence what educators teach. Content can't be added without removing 'old' content. It is difficult to say we can meet needs of all emerging and traditional work settings in essentially a two year program. Professional level education (i.e. entry-level) still rooted in treating athletes in college and high school settings. Many programs still exist to support athletic departments. Most professions require on-the-job-training but the AT profession thinks new grads should be ready to work with no OJT. Encourages alternate model of post-professional specialization.

O'Neil: How would we go about looking at opening up profession?

Sauers: What do we want profession to look at it 20 years?

Koehneke: Look at educational model and ask how we can expand it into 'experimental' areas. Look at clinical aspect rather than current model – take it to a professional level with clinical training in final year. Innovative programs would help transition.

Thompson: We should consider a three-year program. This gives students time to prepare for the workforce; all or part of 3rd year would be clinical.

Turosey: Supports a three-year concept. One thing we do well in comparison to other professions is incorporate students in the workplace and professional practice. Dislikes the idea of moving completely to

medical model. Last semester after course work could be left to individual programs. New grads don't get psychosocial aspects of work world. "Immersion" internship.
Gibson: Can't add according to University requirements for graduation – we already have no electives.
Brown: Nothing that currently precludes adding semester; 'rules' are about minimums, not maximums. The problem is creative thinking about how to institute change. How are graduates more/less successful in programs that are currently doing it?
Thompson: Are there hurdles within institution keeping you from going to three-year programs?
Turosey: Universities are slow to change; may even need change in state statutes. Not that it can't happen, but it will take a long time and must overcome objections.
Sauers: The (VQ) discussion should be about deciding what we want as a profession. Then it is up to the individual groups to strategies how to get there. The questions is: What should the scope of practice be?
Thompson: Education and scope are so intertwined we must make sure educationally we can make change happen before we look at expanding scope of practice.
Hoffman: Pressure from universities to have a minimum number of students; pressure for degree programs to be financially successful or at least cost effective.
O'Neil: Revisit whether scope needs to be expanded to accommodate today's health care system? Should there be a difference between entry-level skills/practice and advanced practice?
Turosey: Skill expansion should be at the advanced level or with specialty certification.
Gibson: Need more depth not expansion.
Detwiler: The profession should focus on what makes it unique and special.
Sauers: Scope is already expanded that's why we can't teach everything in education programs. We should validate current scope. Because PTs are educated and trained in home health and skilled nursing areas, ATs can be more of a societal health care provider and not limited to athletes. ATs should be in the outpatient therapy and clinic workplace.
Starkey: Expansion should be based on what physicians want and need in practice.

Next call: Wednesday, Jan. 20, 2010 from 11a.m.-12:30pm CST. (9-10:30 PST, 10-11:30 MST, 12noon-1:30pm EST)

Vision Quest Team comprises:
Marje Albohm, MS, ATC, NATA President
Jim Thornton, MA, ATC, PES, SIT Chair and Board of Directors
Mark Gibson, MS, ATC, PT, LAT, Board of Directors
Mike Chisar, MPT, ATC, SCS, State Government Relations
Charlie Thompson, MS, ATC, College University
Linda Mazzoli, MS, ATC, PTA, Reimbursement and Clinic
Chad Starkey, PhD, ATC, At Large
Mike Doyle, MBA, ATC, At Large, Clinic, Administration
Sara Brown, MS, ATC, Education
Kim Detwiler, MS, ATC, CSCS, Young Professionals
Brian Robinson, MS, ATC, LAT, Secondary School
Kathy Dieringer, EdD, ATC, LAT, Emerging Markets
Eric Sauers, PhD, ATC, Education
Denise Fandel, CAE, Executive Director BOC
Pete Koehneke, MS, ATC, Board of Certification
Paula Turocy, EdD, ATC, representative from CAATE
Patsy House, Executive director, CAATE
Mark Hoffman, PhD, ATC, President of Research and Education Foundation
Teresa Foster Welch, CAE, Executive director of Foundation
Eve Becker-Doyle, CAE, NATA Executive Director
Cate Brennan Lisak, MBA, CAE, Director of Strategic Activities and staff liaison to this effort
Other staff as needed
Facilitator: Ed O'Neil, assisted by Jake Blackburn

Also on this call: Judy Pulice, Nick Campbell and Anita James, NATA staff

Cbl/vision quest/VQ#2 summary and notes_01051