



Vision Quest #6 Summary from April 12, 2010 Webinar

(final draft April 27, 2010)

1. Topic Questions from the VQ Team

- Topic #1: Discussion on a “three model” approach to our practice. How should reimbursement models benefit the current and future athletic trainers?
 - Cash-fee and/or direct-fee for service,
 - Reimbursement from third-party payers (the current organized system of reimbursement and care);
 - Salary plus stipend based. By opening our minds to multiple pay systems, can we be more flexible?
 - ***Consensus was reached that a three-model approach to reimbursement and practice will be incorporated into Vision Quest and future plans.***
- Topic #2: Should the athletic training stakeholder groups approve a voluntary moratorium on accrediting new academic programs?
 - ***Consensus was reached that the stakeholder groups will support a voluntary moratorium on accrediting new academic programs. This concept will be incorporated into Vision Quest and future plans.***
- Topic #3: What, specifically, should our research agenda be?
 - What level and type of research is needed to prove to insurance companies, CMS and patients/consumers that we can provide great outcomes at a good ROI?
 - What are the most important clinical issues we should address to demonstrate positive outcomes and improve patient care?
 - Business and demographic research to influence policy makers.
 - ***Consensus was reached that the stakeholder groups will support a development of research plans that will address the above topics. This concept will be incorporated into Vision Quest and future plans.***

2. Welcome

Marje Albohm thanked the Vision Quest Team for its dedication and commitment to shaping the future of the athletic training profession.

3. Next Call – VQ#7

The next Webinar will be May 3, 2010 4-5:30 p.m. CST
(2-3:30pm PST, 3-4:30pm MST, 4-5:30pm CST, 5-6:30pm EST)

4. Final VQ Meeting, Face-to-Face, appx. 8am-5pm, June 21, 2010, Philadelphia, Marriot Hotel, Room 303 (tentative room assignment, detailed information to come)

5. Action

Send your discussion questions to Lisak, and she will forward to O’Neil for next Webinar.

6. Summary of Major Discussion Points

Topic #1: Discussion on a “three model” approach to our practice.

- It was generally agreed that the stakeholders should continue to focus on all three types of reimbursement. All have advantages to certain segments of the profession. This multi-tiered approach will allow ATs to be part of the future in chronic disease management (via the panel management approach). It will allow ATs to be credentialed and reimbursed under the umbrella of a facility or institution. It will allow ATs to use their skills and expand into community health worker roles. It will also allow ATs to work in the post-rehab and health and fitness segments under a cash-based system.
- The three-model approach will also allow the stakeholders to develop opportunities in physician offices, free-standing clinics and other facilities.
- With the new health care reform, there may be new opportunities within the demonstration projects, like bundling and medical home.
- There was concern that athletic trainers must be carefully positioned within the post-rehab and health market so ATs are not confused with personal trainers. This model can be used in physician offices, clinics, work sites and medical fitness facilities—it is not restricted to one type of location.
 - **Action to staff: Need to check what the workers in the medical fitness arena say are “advanced certifications.”**
- O’Neil Comments: While not a personal advocate for the medical home, he is an advocate for a team or panel approach to caring for people with chronic disease conditions. Research shows that a management regimen is best carried out in a panel approach where community worker or medical assistant takes lead. CMS and insurance companies don’t credential the individual support staff but does credential the supervising professional or institution for reimbursement of services. This model gives authority to the institution to decide who is on the panel team and how to provide patient care. Current research demonstrates efficacy in terms of cost and quality of outcomes using this model.

Topic #2: Should the athletic training stakeholder groups approve a voluntary moratorium on accrediting new academic programs?

- VQ members who are experts in academic program accreditation noted that there were very few new programs requesting accreditation and very few discontinuing their accreditation. Essentially, the number of programs has stabilized. It was noted that the stakeholders need to project how many programs are needed to fulfill the needs of the profession, employers and patients. There was a concern that some AT academic programs were being used as pre-PT and pre-med programs. This could be detrimental because the profession is losing some of its best students to other professions. The counter argument is that when these AT students become professionals in other fields, they will look favorably on the athletic training profession. Turocy noted that the accreditation standards come up for revision soon, which will give stakeholder groups more opportunity to require that programs be outcome based. Academic programs that do not meet stated outcomes will lose accreditation.
- O’Neil Comments: He was impressed with the passion and depth of thought in the email exchange (Elephant in the Bathroom). Given level of current programs, extent to which future is currently being defined, it is unlikely that opportunities would be missed by seeking voluntary moratorium.

Topic #3: What, specifically, should our research agenda be?

1. **What level and type of research is needed to prove to insurance companies, CMS and patients/consumers that we can provide great outcomes at a good ROI?**
 2. **What are the most important clinical issues we should address to demonstrate positive outcomes and improve patient care?**
 3. **Business and demographic research to influence policy makers.**
- O’Neil Comments: This discussion will give us insight as to what profession needs as to clinical outcomes and business research. Types of research the profession should consider includes: comparative effectiveness research (compare regimen of therapy against another or multiple regimens of therapy); clinical outcomes; and cost of care. The profession should look at the

variables in domain of patient/consumer satisfaction (i.e., what is accessible, timely, etc.). The profession should move toward this type of research because it is important to compare types of therapies and also look at the cost factors and return on investment. This requires a sophisticated look at the practice of athletic training.

- Albohm Comments: This discussion will frame the next evolution of our research agenda, and it is time to embrace it. If this group agrees on a research agenda, it would be powerful motivator and allow us to achieve our vision.
- The group agreed that the profession needs more preparation and more research partners to substantially move its research agenda forward. Many ATs are capable of collecting data but many fewer are able to analyze data. Some believe that AT-specific outcomes research was an essential stepping stone to more sophisticated research. AT-specific outcomes research will demonstrate that the services ATs provide are—at least—as good as other health care providers.
- It was agreed that comparative research compared therapies and processes—not professionals (i.e. AT vs. PT). Comparative research can also evaluate: patient satisfaction; delivery of care; cost; and outcomes based on no treatment at all (i.e, what happens if you do nothing?). This type of research is required by both public insurance payers and commercial payers. It is required by the health care system and other clinicians.
- More quantitative and qualitative research is needed to determine opportunities in employment settings and reimbursement models.
- One Practice Research Network (PRN) has been established at A.T. Still University; a PRN helps build research capacity because it formalizes the process and distributes the data collection and analysis among interested parties, including physicians, ATs and potentially other clinicians. In this model, clinicians drive the research agenda vs. it being driven by scientists and academics. A.T. Still has applied for affiliate status with AHRQ, and currently has 25 secondary school sites.
- Setting, working and achieving a research agenda is difficult and a long-term project. There are many growing pains in the process.
- The Research and Education Foundation’s mission is to “advance the clinical practice of the athletic training profession.” It was suggested that the Foundation consider including comparative research in its agenda.

*Respectfully submitted,
Cate Brennan Lisak, VQ staff liaison*

Past resources are located here:

<http://www.nata.org/members1/committees/VisionQuest/index.cfm>

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Other staff as needed
Facilitator: Ed O’Neil, assisted by Jake Blackburn

Also on this call: Judy Pulice, Nick Campbell, Patty Ellis

*f/cbl/visionquest/VQ6 Notes from 041210_jb
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