

Worth to Value: How do you define?



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There have been significant changes in the athletic training profession since our origination, with changes occurring very rapidly. Over the same time period, health care has significantly evolved, occurring at light speed in recent years. However, something that has remained a constant for athletic trainers (ATs) is: *How do we demonstrate our value as an AT regardless of the setting in which we choose to work?*

To start this discussion, let's first define and differentiate "worth" and "value."

Worth, by definition for our profession, is defined as the monetary value of a service provided. The worth of an athletic training service may be determined by the local market, the number of available ATs, and the experience level of the AT, in addition to other factors. Worth is more objective than subjective. The going rate for outreach services, the market hourly rate or salary for an AT providing services in a given practice specialty or the rate of reimbursement per Current Procedural Terminology (CPT) code as set by Physician Fee Schedule or insurance company fee schedule are examples of worth. Worth can be met by a fair return or equivalence in goods, services, or money.

Value, by definition for our profession, is defined as the extent to which a service's worth is perceived by its customer to meet needs or wants. Value is more subjective and involves the perceptions and needs of the customer. The monetary value does not solely mean a dollar to dollar exchange. Value may be less than, greater than or equal to worth. This is a term similar to "importance," having both subjective and emotional aspects. The value of an AT's service to an injured athlete who is anxious to return to his/her sport may be higher than a healthy individual's, thus increasing the perceived value of the AT. Other examples include the value that an AT brings to a secondary school or a college/university that goes beyond the health care aspect of athletic training; or what the AT brings to the occupational/industrial setting. The added value that an AT brings above the direct worth of health care includes but is not limited to prevention, safety, risk abatement, positive public relations, reduced absenteeism, and education.

Based on this definition of value, some may say it is based purely on perception. However, there are ways to measure and demonstrate an AT's value, but it will require purpose and effort to gather data in order to measure value and/or return on investment (ROI). The past few years, due to the work of several dedicated ATs, a College/University Value Model (<http://www.nata.org/revenue-resources>) and a Secondary School

Value Model (<http://www.nata.org/secondary-school-value-model>) have been created and approved by the NATA Board of Directors for all members to use as a template for ATs in those respective settings.

Both of these documents give every AT working in these settings excellent information on how to measure their value. There are multiple ways to demonstrate this from tracking the number of evaluations, overall encounters and number of treatments performed each month. Depending on employment status, tracking the number of referrals to the clinic or health care system which employs the AT is beneficial in demonstrating value. Another data point of value could be the number of athletes that did not have to be referred to a health system, as the AT was able to manage the athlete's injury or condition without incurring additional referral or cost. Regardless of the setting, metrics can be established to help collect data to give vital information to demonstrate value, therefore helping to define the AT's worth. Demonstrating value aids in developing the business case to increase AT salary, negotiate appropriate contract rates, and/or advance the AT's career professionally.

NATA is collaborating with different state leadership in a pilot study for third party reimbursement of services provided by ATs, as well as billing directly as an AT. This is a critical initiative as we continue to advance our profession. However, this pilot project is not just about third party reimbursement. As health care continues to evolve from a fee-for-service volume-based model to a value-based model, it is extremely important that we are able to demonstrate our value on why an AT can be an excellent resource for musculoskeletal injuries and conditions related to the population we are educated and trained to treat. Our profession's core is value-based health care, as historically our profession has been providing this type of care since our inception in 1950. In order to be recognized as qualified health care professionals and advance the profession, all ATs need to understand how to demonstrate their value and be advocates for themselves and the profession.

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