



College-University Value Model

Preface

A special thank you to the original authors of both the NATA College-University Value Model¹ and Appropriate Medical Coverage for Intercollegiate Athletics² documents. While both of these documents were helpful to athletic trainers in the collegiate setting at the time of their writing, they haven't been revised in several years. As a result, this group was tasked with creating an updated document that would be more beneficial to athletic trainers in the collegiate setting when addressing staffing issues on their individual campuses. The Appropriate Medical Coverage for Intercollegiate Athletics (AMCIA) created a formula to assist in establishing the number of certified athletic trainers based on certain criteria. But due to the continually changing collegiate athletics landscape and the evolving athletic trainer's scope of practice, it became difficult to revise the AMCIA document and its related equation with reliability and validity for several reasons. Some of those reasons are: each institution has different financial resources, athletic venue locations and health care structure which are unique to them. In addition, as we researched other health care disciplines, we found no legislated actions that stipulated the number of health care providers per patient population.

Additionally, athletic trainers in the collegiate setting have seen their responsibilities increase due to recent collegiate athletic health care administrator responsibilities and collegiate sport governing bodies best practice recommendations. The recent NATA Standard of Care Toolkit³ identifies the responsibilities that are unique to athletic trainers in the collegiate setting and is a valuable tool in identifying an athletic trainer's value and worth. We believe revising the previous NATA College-University Value Model and NATA Standard of Care Toolkit provide appropriate resources for athletic trainers in the collegiate setting to educate and advocate their value and worth to key, campuswide stakeholders related to their specific set of circumstances, regardless of employment structure. The following NATA documents were used as templates in the revisions of this recent College-University Value Model: Secondary School Value Model,⁴ College-University Value Model and Athletic Training in Public Safety.⁵

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Introduction

Collegiate sports medicine departments differ in organizational structure, which leads to differences in health care delivery. This is based on setting, staffing, resources and budget allocation at the individual institutions.⁶ Regardless of how the athletic training department is structured, collegiate sports medicine departments have a duty to ensure three main elements are foundational within the structure of care:

1. Patient-centered care
2. Medical evaluation and supervision
3. Autonomous medical decision-making

The athletic trainer in the collegiate setting must have the knowledge to quantify and advocate their value and worth to their organizations and key campus wide stakeholders. The concepts of worth and value aren't always easy for athletic trainers to understand, but these values need to be implemented into their operational procedures. For this document, the following definitions are provided to assist the athletic trainer in the collegiate setting in presenting their significance to their respective organization.

- **Value:** The extent to which a service's worth is perceived
- **Worth:** The monetary value of a service
- **Revenue:** Compensations associated either directly or indirectly with providing athletic training service
- **Reimbursement:** Payment for providing an athletic training service
- **Third party administrator:** An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity
- **Risk manager:** An individual responsible for managing an organization's risks and minimizing the adverse impact of losses to the organization
- **Chain of command:** Administrative structure within an agency

Purpose

The purpose of this Collegiate-University Value Model document is to assist athletic trainers in the collegiate setting as they advocate for themselves with various stakeholders. While each individual institution is different and provides its own set of unique circumstances, this document can assist all athletic trainers in the collegiate setting in demonstrating their value to the livelihood of their individual institution.

The responsibilities of the athletic trainer in the collegiate setting are different from other athletic training professional settings. The responsibilities of an athletic trainer in the collegiate setting extend beyond patient care to include operational and risk mitigation procedures that are consistent with NATA and other collegiate organizational bodies' best practices. Further

administrative and legal responsibility exists for the collegiate athletic trainers employed at National Collegiate Athletic Association institutions due to the increased role and responsibilities of the Athletics Healthcare Administrator.⁷ Collectively, the responsibilities of both the athletic trainer in the collegiate setting and sports medicine departments are outlined in the NATA Standard of Care Toolkit, which is specific to each level of collegiate athletics. This document outlines the 16 domains that direct sports medicine departments within collegiate athletics. These domains are:

1. Risk Management
2. Cardiovascular Considerations: Screening and Management
3. Traumatic Brain/Head Injury
4. Doping, Substance Abuse, Supplementation
5. Medication Management
6. Stakeholder Education: Patients, Coaches and Administration
7. Emergency Response
8. Management of Environment/Exertional Considerations
9. Patient Performance and Wellness
10. General Medical Conditions
11. Health Care Administration and Organization
12. Behavior and Mental Health
13. Musculoskeletal Injury Prevention and Management
14. Medical Examinations
15. Facility Management
16. Nutrition and Body Composition

Understanding Basics of Worth Through Best Practices

While each institution is different, the role of the athletic trainer at each institution is similar and it's important for the athletic trainer to be able to define and prove their worth to both the department of athletics and the institution. The purpose of this section is to outline ways that the athletic trainer can demonstrate the worth that the profession brings to the institution.

Defining Worth

Worth in athletic training encompasses the value derived from services that promote patient health, safety and performance. It also considers the return on investment for the college or the university in terms of reduced injury rates, overall health benefits and costs.

Best Practices

Best practices in athletic training involve evidence-based approaches to injury prevention, management and rehabilitation, ensuring that services provided are effective and beneficial.

1. **Setting the Worth Standard**

As athletic trainers in the collegiate setting, we not only need to demonstrate our worth but we also need to be able to explain how we set our worth.

a. **Developing Worth Standards**

The athletic trainer in the collegiate setting needs to utilize consistent and measurable criteria, such as evidence-based practice, benchmarking and outcome measures.

Evidence-Based Practice

Definition: Systematic approach that combines the best available research with clinical expertise and patient values to make decisions and guide practice.

Evidence-Based Recommendations

1. Use evidence-based research to guide decisions regarding athletic training services. This applies to treatments that have been proven to be successful as well as decisions about appropriate medical coverage for games and events. By using proven research to guide our health care decision, worth can be demonstrated, specifically as it relates to reducing medical costs to the institution.

Benchmarking

Definition: The process of measuring the services that the sports medicine department provides against other medical and health professionals.

Benchmarking Recommendations

1. Seek out data from various health care entities within the geographical vicinity of the institution that provide sports medicine services looking at the cost of physical therapy visits and use that information to demonstrate a return on investment for the respective athletic training staff.

Outcome Measures

Definition: Tools that assess the impact of the athletic training services that are provided at the institution.

Outcome Measures Recommendations

1. Use athlete satisfaction data from end-of-year surveys to assess the quality of the athletic training service. There is an example of a sample survey in Appendix A.
 - a. Compare this data within your institution between sports based on injury risk/rate versus type of athletic training coverage for that sport.

b. Implementing Worth Standards

Once the worth standards are set, the athletic trainer needs to be able to demonstrate how these standards will be implemented and maintained. This can be shown through demonstrating the continued need for the athletic trainer in the collegiate setting to maintain certification, program evaluation and stakeholder engagement.

Education and Certification

Ensuring athletic trainers are certified and continually educated to meet the requirements set forth by the Board of Certification for Athletic Trainers and their state licensing board. This also ensures that the health care they are providing to the patient is effective, safe and evidence-based.

Program Evaluation

Regular assessment of programs to measure outcomes and identify areas for improvement.

Stakeholder Engagement

Involving student athletes and administrators in discussions about worth and services.

2. Services Provided by Athletic Trainers

It's the athletic trainer's responsibility to make sure that campus stakeholders understand what services we provide to patients. Too often, we provide services that aren't in our job description because that is "how it has always been done." Athletic trainers provide a range of services, regardless of the model, using the aforementioned NATA Collegiate Standard of Care Toolkit as the guide.

3. Overtime

Definition: Overtime refers to hours worked beyond the standard workweek, typically compensated at a higher rate.

Athletic trainers in the collegiate setting tend to be considered as exempt employees by the Fair Labor Standards Act (FLSA).⁸ Due to this exemption, athletic trainers in the collegiate setting aren't eligible to receive overtime pay when their work week extends beyond 40 hours. The most common exemptions as defined by FLSA are administrative, executive and professional employees; computer professionals; and outside sales employees. While this designation is appealing to the employer, athletic trainers in the collegiate setting are expected to routinely work beyond 40 hours a week without additional compensation. However, most human resources departments have policies for employees when departments are short staffed due to approved leave for current staff or when there are open positions and the department is currently hiring to replace these open positions. These policies exist to provide additional compensation when staff must assume additional responsibility, regardless of the athletic trainer's exemption status. It's recommended that athletic trainers who are in these situations reach out to their institution's human resources department.

Overtime Recommendations

It's recommended to establish a policy in governing overtime hours. The policy should establish clear guidelines regarding overtime for athletic trainers, ensuring compliance with labor laws and fair compensation. Things to consider would be:

1. Certain number of overtime hours a week/month/semester
2. Setting a certain budget amount for overtime hours
3. Setting maximum number of overtime hours per staff member or for the entire department
4. Be involved in the development of practice schedules

4. Employment Agreements

The athletic trainer in the collegiate setting needs to ensure that contracts are clear, not only regarding compensation and expectations, but also the actual expected job responsibilities. We need to be familiar with the different types of contracts that are currently in our work setting.

Employment Contracts: Outline terms of employment for athletic trainers, including responsibilities, compensation and benefits. This is the type of contract that applies to a majority of athletic trainers in the collegiate setting.

Service Contracts: Agreements between college/university and external athletic training service providers, specifying services offered, duration and costs.

Differentiating Employment, Services, Job Descriptions and Duties

The contract should be clear as to the terms of employment, job description of the position, duties of the position and what services the athletic trainer is providing.

Employment

Refers to the formal relationship between the athletic trainer and the college/university or organization. This includes salary, benefits and employment rights to provide medical support.

Services

Services are the specific actions performed by athletic trainers, such as injury assessment, treatment and education. In public safety, these services extend to emergency care and coordination with first responders.

Job Descriptions

Job descriptions outline the overall responsibilities and expectations for athletic trainers. This may include responsibilities related to patient care and can also involve emergency response and health education.

Duties

Duties refer to the specific tasks an athletic trainer is responsible for on a day-to-day basis. This may include conducting evaluations, maintaining medical records and coordinating with coaches.

Contract Recommendations

1. Be specific when outlining the actual health care services that are going to be provided to the patient.
 - a. Make sure to include administrative, academic and institutional duties when applicable.
2. Use Current Procedural Terminology codes when able.⁹

5. Documentation

Refer to Best Practice Guidelines for Athletic Training Documentation¹⁰ for an in-depth discussion of the main points cited below that will provide the most impact and information for athletic trainers when demonstrating the worth they bring to the institution. The most effective way to demonstrate the worth to the institution is through accurate and appropriate documentation. The documentation and statistics that we can show provide a snapshot to campus stakeholders regarding what the athletic trainer in the collegiate setting does on a daily basis.

A. Documenting athletic training services and assigning a worth to those services based on state or industry standards is the only way to create a clear and accurate value of the services provided to the patient. From this information, we are able to

demonstrate what the return on investment is for the institution's administration to review and understand.

B. It's the athletic trainer's professional responsibility to comply with medical industry standards and statutory regulations of recordkeeping. (See BOC Standards of Professional Practice,¹¹ Code 3: Professional Responsibility.)

- a. This includes the individual state practice act and any state laws that create a documentation standard. Visit the BOC State Regulation¹² webpage to view individual state practice acts.

- b. Athletic trainers in the collegiate setting must comply with two federal laws regarding medical and educational records. Written policies and procedures regarding these two laws should be developed at the organizational level with the input of the college/university's legal counsel.

- i. Health Insurance Portability and Accountability Act of 1996 (HIPPA)¹³ addresses the use and disclosure of individuals' health information by organizations as well as standards for individuals to understand and control how their health information is used.

- ii. Family Educational Rights and Privacy Act (FERPA)¹⁴ protects the privacy of students at private and public institutions by limiting third-party access to education records.

- c. Electronic Medical Records

- i. NATA has two resources regarding electronic medical records: Electronic Records: What You Need to Know¹⁵ and Electronic Records System: How Do You Select?¹⁶

- ii. There are two federal laws that may affect athletic trainers in the collegiate setting regarding the necessity of electronic medical records. It's suggested to utilize your college/university's legal counsel to determine how they apply to you.

- 1. American Recovery and Reinvestment Act of 2009¹⁷ affects a college or university that is actively requesting reimbursement from Medicaid and would require them to have electronic medical records in order to receive reimbursement.

- 2. 21st Century Cures Act¹⁸ affects athletic trainers who is employed by their institution's health services or medical system and require them to utilize electronic medical records. See the NATA Infographic on the Cures Act¹⁹ for more details.

C. Incorporating best practices and creating policies and standards for documentation among athletic training staff may serve to minimize the risk of malpractice for the athletic trainer and their employer in the event of litigation.

a. Proper documentation serves to provide a complete, accurate and timely record of a patient's complete medical history. It's important for the athletic trainer to focus on any patient encounters where athletic training services are provided, the patient's informed consent to services and changes in a patient's health status.

b. Proper recordkeeping will facilitate communication and help to ensure a consistent level of care among and within multiple caregivers across various settings.

c. Proper documentation will inform outcome-driven health care and provide the data needed to support the value of athletic training services to the college/university.

D. Providing the athletic trainer with a clear set of documentation standards and objectives will help the newly credentialed athletic trainer or new employee have a successful transition to practice. (See ICSM Transition to Practice for the College/University Athletic Trainer²⁰ and Best Practice Guidelines for Athletic Training Documentation¹⁰ documents.)

6. Outcomes and Data Collection

Health care is an outcomes-driven market. Athletic trainers in the collegiate setting not only have an obligation but also an opportunity to tell the story of the effectiveness of their services, care and outcomes. Comprehensive documentation and data are necessary in telling that story. Increased access, patient and staff satisfaction and cost containment are a few examples of where an athletic trainer adds value in the collegiate setting.

College/university outcomes will be encompassed in areas that provide the most value to the institution and community. Some examples of these outcomes and their accompanying data collection include:

A. Positive patient experience

a. Don't underestimate the role of patient self-reported outcomes²¹ and their ability to increase communication and understanding between the patient and provider or provider and administration/coach.

i. Patient self-reported outcomes can easily be collected with a kiosk-style EMR or treatment sign-in/check-out log.

B. Decreased lost time in sport and school

- a. Most EMRs will do the math for the athletic trainer and report on the actual lost time per injury.

C. Decreased liability and increased quality control

- a. Proper outcome-driven documentation and statistics will show whether an injury or rehabilitation is on track for recovery or showing signs of a larger issue at play.
 - i. Documenting range of motion, strength and muscle size can easily show progress or catch an issue early in any recovery process.

Documenting the data and outcomes of athletic training services creates an opportunity for others to better understand the scope of health care provided by athletic trainers, which will lead to “value added” services.

Outcomes Recommendations

1. Talk with compliance person and get results from end-of-year surveys.
2. Use EMR to look at time loss due to injury and compare to the “norm.”

Showing Worth and Value With Best Practices

The athletic trainer routinely demonstrates their value to their institution by adhering to best practices that include policies and procedures, medical referrals and management of practice and competition events.

Policies and procedures that adhere to the current best practices protect the college/university, patients and medical providers from potential litigation. Policies and procedures must be reviewed annually to reflect the constant advancements in patient care. Policies and procedures outline the athletic training program’s scope of responsibilities, standards of care and operational guidelines. Each institution must also follow protocols established by their respective athletic organizations (NCAA, National Association of Intercollegiate Athletics, two-year institutions), state laws and professional standards set by organizations such as the National Athletic Trainers’ Association.²²

There are many best practices that the athletic trainer in the collegiate setting needs to ensure they’re adhering to as outlined in the NATA Standard of Care Toolkit.

- Onboarding: Organizations with strong onboarding improve new hire retention by 82% and productivity by 70%.²³ The continual need to hire and rehire in the collegiate setting places a drain on the athletic trainer and takes away from patient care. The constant need to set clear expectations and goals for the staff, continually insuring that the staff member is up to date on their athletic training skills and serving as a mentor for the younger members of the staff through conversations are just some added responsibilities of the athletic trainer that take time away from their ability to provide medical care to patients.

- Equipment fitting, certification and recertification: In many smaller colleges and universities, the job of proper equipment fitting and certification lands on the shoulders of the athletic trainer.²⁴
- Coaches' education: Athletic trainers in the collegiate setting are also responsible for educating their coaches on best practices on topics such as concussion management, heat illness prevention and management, drug testing and sickle cell management, as well as make sure that the entire coaching staff is certified in first aid and CPR.
- Emergency action plans: As athletic departments continue to grow in both the number of patients and facilities, the athletic trainer needs to continually revise and add to the required emergency action plans for every facility
- Legal settlements: The athletic trainer also needs to stay abreast of all legal changes issued by the appropriate sport governing bodies, such as the NCAA, NAIA and National Junior College Athletic Association, that may impact health and safety initiatives across our campuses.

Return on Investment

One of the most effective ways athletic trainers can show their worth and value is by establishing an athletic trainer's return on investment. While this is a term that is generally reserved for the business setting, it's applicable in the space of collegiate athletics as it pertains to the role of the athletic trainer. Simply put, this term refers to what the institution receives in return financially versus what it provides the athletic training department through salaries and money saved through reduced medical costs, etc. While there are many other factors to consider when determining each individual's athletic training department and their return on investment to their institution, this can be done in two primary ways. The first is by documenting the cost savings through proper and effective medical referrals. The second is to document and track how practices and competitions are managed from a health care standpoint.

1. Medical Referrals

Athletic trainers in the collegiate setting serve as the center of medical care for their patients. Patients routinely will seek advice from their athletic trainers on their mental and physical health including where to seek care. Athletic trainers typically work daily with injured patients from the time of their injury to their full return to activity. This daily interaction allows the athletic trainer to refer patients to the appropriate medical provider when the care is outside of the scope of treatment that can be provided by that athletic trainer. Timely and appropriate referral may reduce the risk of more serious injuries or facilitate a quicker return to activity. These referrals can decrease the liability to the institution.

Athletic trainers in the collegiate setting work closely with local health care providers, clinics and/or hospitals. The ability of the athletic trainer to establish these relationships creates better and more efficient care for these patients due to decrease wait times and prevent unnecessary visits, which should result in cost savings for the institution

There are several ways to show the value of medical referrals, include calculating the following information.

1. Treatments provided by staff

The athletic trainer can calculate the value of treatments your staff provided by utilizing the current local medical rates or by using established CPT codes.

Return on investment: X dollars invested by school provided Y dollars of treatments (cost savings to payor – school, secondary insurance, patient or patient parent/guardian). For example (*note the numbers being used are for math purposes only and don't represent actual health care costs*):

A typical PT visit in that local market was \$200 per visit. The AT staff carried out over \$30,000 patient visits per year. These are prescribed treatments/rehabs by the AT staff. If this cost was outsourced, it would have cost athletics \$6 million. The entire sports medicine budget for that institution was \$2 million. Therefore, that institution was providing \$6 million in AT services at a cost of \$2 million, which doesn't include additional physician and other savings. That's a significant return on investment for the institution.

2. Treatments provided by medical professionals that you referred to

Keep track of the number of visits that your patient makes to your local health care provider and then calculate the value of those visits to practitioners/system. You can use this information to negotiate better rates for volume of patients and possibly leverage this information with that provider to assist in the hiring of additional staff members, if applicable.

2. Practice and Competition Management

Athletic trainers may provide daily coverage for practice and competitions, allowing athletic events to be covered by athletic trainers in conjunction with other medical providers. During event coverage, athletic trainers show value by reducing the risk of injury and being ready to respond to injuries in an appropriate manner, which sometimes will include activating the appropriate emergency action plan.

Athletic trainers are critical in crisis management and risk reduction prior to any event starting. Developing clear, venue-specific emergency action plans allow for rehearsal of the medical response to serious injuries.²⁵ By creating and practicing the emergency action plan, the institution can provide the best care in emergency situations to an injured patient.

Prior to each athletic event occurring, athletic trainers monitor changing weather conditions and playing surface conditions as well as assure patients are able to compete safely. After an event has started, athletic trainers are able to quickly

respond to any injuries that occur. Following an initial evaluation, the athletic trainer will determine the participation status of the patient and determine if further evaluation is needed.

Providing professional care reflects positively on the athletic department. Institutions that prioritize patient well-being and a holistic, positive experience may be more likely to attract and retain patients and staff.

NCAA member participation recommends specific policies as delineated by the Preventing Catastrophic Injury and Death in Collegiate Athletes Inter-Association Recommendations. Additionally, NCAA requires concussion management²⁶ and adherence to the Arrington Class Settlement.²⁷ Furthermore, NCAA athletics health care administrators are required to attest to appropriate patient health and safety reforms as legislated by NCAA.²⁸

Collegiate Best Practices for Showing Worth

Athletic trainers in the collegiate setting provide comprehensive patient care regardless of the institution, i.e., Division I, Division II, Division III, two-year institution or NAIA, which are guided by best practices set forth by their respective governing bodies even though how that care is structured, managed and provided differs among institutions. Regardless of an institution's structure, the goal is to provide holistic care that includes the physical, mental and emotional well-being of our patients.

This provision of medical care is just one of the many services that athletic trainers provide to their institution that plays an integral part in reducing risk for the institution. As stated in the NATA Secondary School Value Model & Collegiate Value Model, "It is imperative that all athletic trainers have an understanding of the worth of their services." What is the comparable worth of the services provided within the higher education location throughout the year? A question collegiate athletic training departments should be evaluating on a consistent basis is what would the cost be to the institution and the patient if they had to seek services outside the college/university system? The Collegiate Standards of Care Toolkit can be utilized to evaluate your institution's risk level as well as to assign value to the athletic training department regarding those services. For risk mitigation, reference Standard of Care Toolkit Domain 1, 2.1, 2.2 (in some divisions), 3.1, 3.2, 3.3, 3.4.1, 6, 7.1, 7.2, 7.3, 8 and 14.

1. Risk Mitigation

Within the collegiate athletic training department, an athletic trainer is integral to their patient population's health care and mitigation of risk for the institution. From an administrative perspective, there are many policies, procedures, education, training, emergency action plans, etc., as outlined in the NATA Standard of Care Toolkit, that directly affect risk mitigation. From a medical standpoint, there is an inherent risk of injury when participating in college athletics, and although rare, there is also a risk of sudden death. Having qualified medical personnel, such as athletic trainers, on-site allows for immediate response if a life-threatening situation arises and can facilitate swift

and immediate treatment to help prevent sudden death from occurring. Risk minimization involves the process by which identification, analysis, assessment, control and avoidance or elimination of unacceptable risks. Athletic trainers in the collegiate setting collaborate closely with both the institution's administration and health care team to reduce the risk of injuries to their patients. The athletic trainer must consistently monitor patients, facilities, activities and daily procedures to reduce potential risk to patients and the institution.

With the growing documentation and administration requirements of allied health care professionals, there has been an increase in responsibility for the athletic trainer in the collegiate setting. If there is inadequate staffing to provide patient care (varies based on institution, division, travel requirements, sports covered, roster sizes, season duration, etc.), the potential exists for increased risk to the patient population.

Risk Mitigation Recommendations and Best Practices

1. The athletic trainer needs to establish clear policies and procedures that outline the delivery of sports medicine health care to all involved parties. The 16 domains of care outlined in the NATA Standard of Care Toolkit should be incorporated into these policies and procedures.

2. Medical Services

As previously stated, the NATA Standard of Care Toolkit outlines the medical services that are expected to be provided by the athletic trainer in the collegiate setting. The information below provides additional roles and responsibilities that the athletic trainer performs on a routine basis.

Role of Care Coordinator

This creates a network of health care providers patients, staff and associated personnel can rely on. The athletic trainer is skilled at coordinating and providing medical care in addition and is therefore a valuable resource to the patients under their care. Some of these care coordination responsibilities may include but aren't limited to:

- Appointments and referrals
- Nutritional counseling
- General medical conditions
- Obstetrics and gynecological care
- Mental health, psychological counseling and referral
- Grief counseling
- Family relations
- Academic success services
- Group counseling
- Catastrophic event counseling
- Dental services

- Vision screening
- Cardiac screening
- Massage services
- Chiropractic services
- Long-term concussion treatment
 - Vestibular rehabilitation
 - Neuropsychological counseling

Injury Evaluation, Treatment and Rehabilitation

Within the athletic community, the athletic trainer is often seen as the primary health care provider. In today's collegiate setting, athletic trainers are approached by active student athletes, out-of-season student athletes, coaches, faculty and club sport athletes for many conditions, from acute injuries to sore throats. The athletic trainer is unique in that they can be helpful in the collegiate setting to treat the diverse patient population effectively.

Performing rehabilitation services on-site allows for decreased cost to the institution, increased compliance as well as family "buy in," resulting in fewer missed appointments and patient convenience. This is a measurable way to demonstrate worth to the services the athletic trainer provides.

Medical Services Recommendations and Best Practices

1. Track every encounter with patients. By doing this, sports medicine departments can show money saved by not having to refer patients out of the direct care of the athletic training staff. This can be done by documenting each encounter with patients, faculty/staff members, club sport athletes and intramural participants as applicable. This documentation should include an injury evaluation, number of evaluations per month/season/school year and time loss versus non-time loss. This data provides a measurable economic impact to the institution.

Injury and Crisis Management

In the collegiate setting, athletic trainers work with numerous medical professionals to provide a continuum of health care services for the patient population. Athletic trainers may need to take an active role in helping during episodes of campus wide health matters, such as COVID-19, MRSA, Influenza, Meningitis and other communicable disease outbreaks.²⁹ Many athletic trainers serve on campus safety or risk management committees and can sometimes be seen as the primary health care provider in the collegiate setting. Being the only health care provider for patients after academic hours, including weekends and holidays, athletic trainers need to have a full working knowledge of all crisis management strategies and should provide input on how to decrease potential risks in the following areas:

1. Cardiovascular considerations: screening and management
2. Mild traumatic brain injury/concussion
3. Doping, substance abuse, Supplements: appropriate monitoring, education and intervention
4. Medication management
5. Emergency response
6. Management of environmental/exertional considerations and conditions
7. Guidance for student athlete performance and wellness
8. General medical conditions
9. Behavioral and mental health
10. Musculoskeletal injury prevention and management
11. Medical examinations: pre-participation, annual, exit and transition care
12. Nutrition and body composition: appropriate monitoring, education and intervention

Injury and Crisis Management Recommendations and Best Practices

1. Develop and utilize emergency action plans
2. Consult with other medical services for public health concerns

Team Physician Services

All fifty states and Washington, D.C. have licensure or regulation(s) in place which shape the parameters of the athletic training profession. Oftentimes patients require medical care beyond the scope of an athletic trainer. In these situations, the athletic trainer coordinates referral of patients to outside physicians and other various medical specialists. Often, the athletic trainer is responsible for cultivating these relationships and ensuring that team physicians provide timely, effective and efficient medical care to the students, staff and associated personnel. Without these relationships and resources cultivated by the athletic trainer, the patient and others wouldn't receive the same quality of care. These relationships with local providers allow better access to physicians and, at the same time, help reduce wait times for appointments, eliminate unnecessary visits and reduce missed class time, etc.

Diagnostic Testing

Athletic trainers work directly with their team physicians, and by combining their expertise and maintaining open lines of communication, they optimize patient care, improve outcomes and minimize unnecessary diagnostic testing, showcasing the efficiency and effectiveness of their collective efforts. When diagnostic tests are necessary, aligning universities/colleges and athletic departments with outside medical providers can prove beneficial.

Diagnostic Testing Recommendations

1. The athletic trainers should communicate with local providers to determine if an informal, mutually beneficial agreement or legally binding contract to provide services can be reached. In such instances, athletic trainers can become a large part of or, in some cases, the exclusive school representative for the negotiations in determining the cost of the diagnostic testing. Some things that can be negotiated include: contract rates for imaging, facilitating statistical analysis tool readings and developing relationships with labs for blood work or testing when needed. This creates an atmosphere of teamwork that is mutually beneficial for both patients and the medical professionals, further strengthening the sense of community that is so important in the collegiate setting.

Exclusive Medical Provider Contracts: Another Way To Look at This Position

In an opportunity to demonstrate worth and value, communicating with local companies, businesses and providers to bid for the appropriate services with the appropriate worth becomes necessary for future health care providers. Challenging them to not “give away” services is also important while trying to show worth and value to the athletic training position.

Health care providers benefit colleges/universities in many ways. Developing relationships with outside medical providers and bringing them into the campus to showcase their fields allows for more consistency of care, access to specialty services as well as opportunities for the school to potentially receive reimbursement or reduction of cost for services. Examples include:

- Local hospitals
- Physician/orthopedic services
- Emergency services (local EMS, emergency departments)
- Diagnostic/laboratory services
- Physical therapy/rehabilitation clinics

Injury Prevention Programs

Athletic trainers in collegiate settings develop injury prevention programs tailored to many different medical conditions for the populations they serve. In these efforts, the athletic trainer plays an essential role by reducing time loss and improving the patient's overall athletic and academic experience. Prevention is a key area where the athletic trainer contributes to the well-being of the patient, athletic department and institution.

Injury Prevention Programs Recommendation

1. Track the effectiveness of injury prevention programs using EMR data.
 - a. For example, “Since the ACL prevention program was implemented, we have seen a reduction in the number of knee

injuries that were sustained, thus improving the health care that was being delivered to the institution.”

3. Organizational/Administrative Duties

Organization/administrative concepts and strategies are the backbone for assigning worth and value to what an athletic trainer completes daily. These duties, as outlined in the NATA Standard of Care Toolkit, include:

- Risk management
- Stakeholder education: Health care team, athletes, coaches and administration
- Healthcare administration and organization
- Facility management

Maintenance of Accurate and Detailed Medical Records

Within the collegiate environment, the athletic trainer is the individual best suited to recognize injury trends. Proper recordkeeping will assist in justifying suggested changes in training, practicing and warm up, or even competition techniques for individual sport programs. Proper documentation of records will justify the treatments provided, needs for equipment, needs for change and even needs for compliance.

As we move into a society of accountable care organization, evidence-based medicine and outcomes-driven care, it's imperative that the athletic trainer sets, reviews and reacts to these documentation standards and medical records.

Research Credential Maintenance

The athletic trainer must maintain current certifications and licenses (as dictated by state practice acts) and display their professional credentials. Also, in many instances, the athletic trainer will coordinate training for individual coach's health, safety and sportsmanship certifications to meet state/national organizational standards and requirements. Athletic trainers typically provide annual health and safety education to coaches, patients and athletic administrators that is consistent with the best practices presented in the NCAA Preventing Catastrophic Injury and Death in Collegiate Athletes document.

PPE/Medical History

The athletic trainer helps ensure the continued health of the student athlete. This is accomplished by:

- Verifying all medical clearance paperwork is compliant with state and local standards
- Performing a thorough review of each athlete's medical history
- Documenting new injuries or illnesses that the athletes reports

Once reviewed, documentation and implementation of programs/processes to rectify concerns is necessary and demonstrates the importance of preventative measures for everyone's health care needs. This will be tracked via documentation that should include medical history, general medical and orthopedic assessment. The student athlete should also have concussion baseline testing prior to practice/competition, according to state law and/or the legislation that has been set forth by the appropriate collegiate governing body. By completing these tasks, athletic trainers can accomplish the following:

- Mitigate risk
- Comply with medical and collegiate governing body best practices
- Identify predisposition for injuries/illnesses, which could lead to athletic and educational time loss
- Identify pre-existing unidentified injuries/illnesses (asthma, previous injuries, etc.)
- Manage and comply with HIPAA/FERPA regulations.
- Perform concussion baseline testing that is in compliance with the appropriate collegiate governing body and its established best practices
- Complete hydration testing and wrestling weight certification

Emergency Action Plans

The athletic trainer shall serve as the liaison between the athletics department, school administrations and local governmental authorities to set protocols for medical emergency management. The athletic trainer will ensure that every member of the athletics department staff understands how every conceivable medical emergency will be addressed within the emergency action plan. The athletic trainer will ensure that it contains all of the required information as outlined in the NATA Emergency Action Plan Development and Implementation in Sport³⁰ Position Statement and NATA Standard of Care Toolkit.

4. Cost Containment

The athletic trainer plays a valuable role in enhancing the overall success of their institution by implementing policies and procedures to address both financial sustainability and the well-being of patients. Strategies for cost containment regarding insurance premiums, staffing and workload management are listed below:

Cost Containment Recommendations

1. Insurance Premiums

Athletic trainers in the collegiate setting often demonstrate cost containment strategies that directly impact insurance premiums for athletic programs. By implementing proactive injury prevention programs, conducting thorough assessments and maintaining detailed documentation, the athletic trainer can reduce the frequency and severity of injuries, ultimately leading to lower insurance claims. In addition, by fostering strong relationships with insurance providers and staying informed about policy changes,

athletic trainers can assist athletic programs in negotiating better rates and coverage options by implementing the suggestions below:

a. Negotiating secondary insurance premiums and tracking activity

- 1) The athletic trainer should be at the table when their institution is negotiating insurance premiums to better understand considerations.
- 2) Requesting regular statements of secondary insurance spending leads to a better understanding of potential areas for savings.
- 3) In the future, the athletic trainer under NCAA governance should take an active role in the post-eligibility excess insurance provided for injuries sustained after Aug. 1, 2024, in order to provide potential savings to their institution.

b. Minimize insurance costs by maximizing the following:

1. Timely and accurate injury documentation
 - a. Best Practice for Athletic Training Documentation
2. Injury prevention programs
3. Annual data metrics analysis demonstrating value of services rendered
 - a. Most common athletic trainer CPT codes used in billing
4. Institutional policies to maximize primary insurance benefits
5. Institutional policies to minimize secondary insurance costs, such as:
 - a. Policies to utilize primary insurance in-network benefits
 - b. Documentation and notification process for injuries/illness that aren't covered by secondary insurance
 - c. Notification to providers regarding secondary insurance policies and coverage details/limitations
 - d. Policies for cost containment regarding services acceptable/not acceptable for secondary insurance or reimbursement such as:
 - i. Physical therapy and other provider visit limits for customary reimbursement rates
 - ii. Approval process/verification of comprehensive primary insurance plan for geographical area (i.e., policy on out-of-area health maintenance organizations)
 - e. Establish fixed-rate pricing with frequently used providers when primary insurance denies payment due reasons such as high deductible plans

5. Staffing and Workload Management

Through a strategic approach that includes workload management, technology, preventive care, and flexible staffing solutions, collegiate athletic training departments can demonstrate the value of cost containment in the area of acquisition and retention of staffing. These steps lead to efficient operations, better athlete outcomes, and long-term

cost savings, showing administrators and stakeholders the worth of maintaining a high-quality athletic training staff.

Staffing and Workload Management Recommendations

1. Advocate for athletic training positions that ensure the following:
 - a. Athletic trainer salary range within market range/have a comparable ratio between 90% to 110% as shown in the 2023 NATA Salary Survey ³¹
 - b. Implement recruitment and retention strategies such as competitive salaries, professional development and benefits packages
 - c. Analyze workload and appropriate AT-to-patient ratios
 - d. Athletic trainer-to-patient ratio greater than 1:100
 - i. Schools that had one standard deviation above the average number of clinicians per athlete had a 9.5% lower rate of injuries, 2.7% lower rate of re-injuries and 6.7% lower rate of concussion.
 - e. Assess injury rates of sports and seasonal schedules when dividing workload among staffing
2. Appropriate staffing onboarding and training
 - a. Promote cross-training and a culture of staff members supporting each other with requested time off
 - b. Promote work-life balance through regular time off and flexible scheduling
3. Streamline workflow and task distribution by considering creative staffing solutions to handle non-athletic training tasks, such as:
 - a. Secondary insurance processing
 - b. Patient clearance process paperwork management/assistance
 - c. Clerical items such as scanning, filing, shredding, hardship letters, practice and game scheduling calendars, student worker hiring and scheduling
 - d. Per-diem and summer camp athletic training staff hiring
 - e. Facilitating and organizing patient appointments on- and off-site, and collaboration with outside providers
 - f. Managing social media accounts
 - g. Supply ordering and inventory tracking
4. Consider providing additional services through outside contractors for ancillary services such as:
 - a. Physical therapy, massage therapy, acupuncture, chiropractic care and nutrition sessions
5. Provide annual athletic training staff production metrics to include the following patients encounters:
 - a. Physical exams, injury evaluations, rehabilitation sessions, concussion baseline assessments, home exercise programs and mental health triage events

6. Budget Management

While there can be a great degree of variance in athletic training budgets depending on division, athletic department size and number of student athletes, athletic trainers can directly affect cost containment in various budget categories. When navigating budget proposals, the primary goal is to provide what is needed in order to properly care for all patients. The budget must increase annually, either in line with the growth of the average athletics department's budget or, at least, at the rate of inflation.

Budget Management Recommendations

1. Base requests on number of patients treated over the course of the year.
2. Maintain detailed records on vendor pricing, capital item expenditures and life expectancy, maintenance charges and annual subscriptions costs, such as EMR's and home exercise program software.
3. Forecast facility maintenance expenses and equipment upgrades.
4. Include athletic training staff and department training items, such as CPR/First Aid/AED certifications, BOC and state licensure fees.
5. Report ways in which other departments or partnerships are off-setting costs, such as health services, physician services, athletic training students and student-workers.

7. Academic Success

The athletic trainer's role in the collegiate setting extends far beyond the athletic training facility and fields of play. Oftentimes, these responsibilities go unnoticed or unaccounted for by campus stakeholders. Below are some areas to consider when having the discussion on the worth that the athletic trainer brings to their campus.

Student Athlete Academic Success

Athletic trainers play a crucial role in campus multidisciplinary teams, leveraging their close relationships with patients to provide valuable insights and enhance overall athlete welfare and ensure academic success. Below are several ways the athletic trainer can demonstrate their value in contributing to the patient population's academic success:

- Work with students to help them navigate academic and personal challenges, distressing experiences and crisis situations.
- Provide support, advocacy and referrals for students navigating challenges that may affect college life.
- Connect students to supportive resources on and off campus.
- Respond to and manage critical incidents involving patients.
- Work in collaboration with coaches and athletic department personnel who are supporting students in various levels of distress.

Life Skills

Athletic trainers play a significant role in the development of their patients not only by providing medical care but also by contributing to their life skills. While much of these contributions may not necessarily be intentional, the athletic trainer can't underestimate how they not only help improve the physical well-being of their patients but also actively contribute to their growth as individuals equipped with essential life skills for success in sports and their future careers. A few suggestions for demonstrating and/or evaluating the worth an athletic trainer has in building a patient's life skills include, but aren't limited to:

- Collect feedback regularly from patients related to their sports medicine care
- Collaborate with campus partners and offer life skills sessions to patients
- Assist patient team leaders with team presentations
- Track requests for letters of recommendation from patients
- Integrate life skills into rehabilitation sessions such as communication, self-advocacy, emotional coping skills, time management and discipline
- Help patients learn the value of preventative health care
- Teach patients how to understand, navigate and manage health care systems after college such as selecting health insurance and reading explanation of benefits

Conditions Affecting Learning

Athletic trainers are essential in recognizing, addressing and supporting conditions that may affect the patient's learning abilities. These conditions can stem from physical injuries, mental health issues, learning disabilities or medical conditions that impair cognitive function or academic performance.

- Physical injuries affecting learning
 - The athletic trainer often helps facilitate or refers patients to resources when athletic injuries may affect their academic obligations and/or residential life accommodations
- Concussion management and return-to-learn policies
 - Athletic trainers are on the front lines in preventing and managing concussions and add value to a multidisciplinary team/ management plan for the patient's academic success by implementing the following best practices and collaborating on a return-to-learn plan:
 - NCAA Concussion Best Practices³²
 - NATA Bridge Statement: Management of Sport-Related Concussion³³
 - Concussion return-to-learn education for primary stakeholders of student athletes, educators and coaches:
 - Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport: 2022³⁴
 - NCAA SSI Concussion Fact Sheet for Student Athletes³⁵
- Mental health issues affecting learning

- Athletic trainers can identify and assist students with mental health issues that may impede them academically by following NCAA Mental Health Best Practices.³⁶

8. Athletic Training Clinical Education Success

The athletic trainer plays a critical role in future athletic trainers entering the field by volunteering as preceptors for athletic training students in their clinical experience. Clinical education in athletic training is a cornerstone of the profession, providing students with hands-on experiences that bridge the gap between theoretical knowledge and practical application. Providing clinical education to future athletic trainers contributes to the overall value the department brings to the institution in the areas mentioned below:

1. Skill development of future graduates occurs through hands-on experience, critical thinking and application with actual patients under the supervision and guidance of an athletic trainer.
2. Professional competence is obtained through on-the-job training, which exposes students to be adaptive, thereby building confidence as they progress in their experiences. As students progress, this leads to increased productivity for the department and potentially better patient outcomes.
3. Through mentorship, both the institution and students benefit from networking for future career opportunities not only with the assigned institution but also through competition events where students can interact with athletic trainers from other institutions.

Clinical education provided by collegiate sports medicine departments is invaluable for athletic training students as it equips them with the practical knowledge, skills and professionalism required for success in their careers. By integrating academic learning with real-world application, clinical education ensures that graduates are competent, confident and ready to make meaningful contributions to patient care and the athletic training profession.

Conclusion

The athletic trainer in the collegiate setting has many responsibilities as the main health care provider for their patients. Their value can be measured in various means as outlined by this document but overall provide efficient, quality medical care at a reduced cost; reduced institutional risk; and engage in providing a positive patient experience and success preparing them for life after sport. This document is an updated tool to assist the athletic trainer in quantifying and advocating their worth and value to various stakeholders.

Appendix A - Sample End of Year Student Athlete Satisfaction Survey

Rate your level of agreement with the following statements about the athletic training services you received:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	N/A
Athletic training personnel were available when needed						
Injury rehabilitation didn't interfere with my ability to attend class and study						
The athletic trainers were helpful in referring me to a physician in a timely manner when appropriate						
The athletic training staff were easy to reach						
The athletic training staff were sensitive to the need to refer complicated problems to a physician						
The athletic training staff kept private information confidential						
If seen by the team physician for an injury, I feel the physician was approachable						
The team physician answered all my questions about my illness/injury						

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These references aren't live documents. Please make sure that the most up-to-date information is used regarding these documents.