



ADVISORY NOTICE TO ATHLETIC TRAINERS
REGARDING ENTERING ORDERS INTO ELECTRONIC HEALTH RECORDS
Computerized Provider Order Entry (CPOE)
August 2014

As healthcare delivery evolves and the *Affordable Care Act* continues to be implemented, questions arise as to the ways in which athletic trainers (ATs) are affected. ATs have moved into expanded roles with physicians, and the types of services and/or functions they perform allow them to practice to the full extent of their scope of practice. Unfortunately, employers or their legal staffs may not be aware of the ATs scope of practice.

The following information is meant to inform NATA members and prepare them for potential discussion with their employers.

What is Meaningful Use?

The Core Objective of Computerized Provider Order Entry (CPOE) as described by the Centers for Medicare and Medicaid Services (CMS):

“Any licensed healthcare professional can enter orders into the medical record for purposes of including the order in the numerator for the objective of CPOE if they can enter the order per state, local and professional guidelines.”

“The order must be entered by someone who could exercise clinical judgment in the case that the entry generates any alerts about possible interactions or other clinical decision support aides. This necessitates that the CPOE occurs when the order first becomes part of the patient’s medical record and before any action can be taken on the order.”

Medicare and Medicaid provide financial incentives to providers to have electronic health records (EHRs). It's not enough to simply HAVE the technology; providers must demonstrate they are "meaningfully using" the technology. CMS requires providers to report on various quality measures to determine whether they are complying with the meaningful use criteria. The meaningful use program began by offering providers an incentive payment to participate. In 2015, providers who fail to meet their meaningful use objectives will see their reimbursement reduced.

The meaningful use payments (and, beginning in 2015, penalties) are limited to individual eligible providers, defined as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatry, doctors of optometry, and chiropractors.

How does this new rule affect ATs?

ATs working for physicians who, as part of their duties, are asked to enter medication, laboratory, or radiology orders into the EHR should meet CMS guidelines for meaningful use, which include being able to enter orders per local, state, and professional guidelines.

Do I need to obtain a separate credential in addition to the ATC in order to enter orders?

No, the NATA does not believe a credential, e.g., medical assistant or orthopedic tech, is necessary. Athletic trainers, by definition, are healthcare professionals. As such, they are bound both legally and ethically to stay within their scope of practice and should only enter orders when they can “... *exercise clinical judgment in ... case ... the entry generates any alerts about possible interactions or other clinical decision support aides.*”

What other information do I need to know?

In addition to being certified by a nationally recognized credentialing agency, Board of Certification, Inc., ATs are statutorily regulated in 49 states and the District of Columbia. ATs are regulated by agencies such as state Boards of Medicine or Health Departments. They are approved for inclusion in the, “American Medical Association’s (AMA) Health Professions Career and Education Directory,” and have been for more than fifteen years. There are codes specifically assigned for athletic training in the AMA’s Current Procedural Terminology®.

ATs should make their employers aware of their National Provider Identifier (NPI) number and provide them with a copy of their state practice act. Some states clearly identify ATs as healthcare providers and in others it is implied.

For assistance, contact the NATA’s Governmental Affairs Department (amyc@nata.org or judy@nata.org).