



PHYSICIAN PRACTICE VALUE MODEL

Created by the
NATA Committee on Practice Advancement

Table of Contents

Preface	1
Introduction	1
Overview	1
Purpose	2
Understanding Basics of Worth Through Best Practices	2
Setting the “Worth” Standards	3
Services.....	3
Fair Labor Standards Act	3
Contracts	4
Documentation.....	5
Outcome.....	6
Demonstrating Worth and Value with Best Practices	6
Risk Minimization.....	6
Medical Referral	6
Care Coordination	7
Injury Evaluation and Treatment	7
Injury Rehabilitation and Conditioning.....	8
Injury and Crisis Management	9
Diagnostic Testing	9
Injury Prevention Programs.....	9
Administrative Duties	10
Research	11
Quality Control	12
Cost Containment	12
Rooming patients and obtaining vitals	13
Obtaining a thorough history of present illness and performing a focused physical exam	13
Assistance with documentation in the electronic medical record.....	13

Application of casts, braces, splints and durable medical equipment	13
Providing patient education and home exercise programs.....	14
Efficiency	14
Patient Satisfaction	16
Physician Satisfaction	16

PREFACE

Special thanks are extended to the NATA volunteer members who created the materials and devoted countless hours to this project.

Jennifer Kitano, MS, ATC	University of Colorado Hospital
JJ Wetherington, MS, ATC	St. Luke's Sports Medicine, Project Lead
Tara Soprano, MS, ATC	Hinsdale Orthopedics
Molly McNeil, MEd, ATC	Dartmouth-Hitchcock Medical Center
Sean Burfeind, MS, ATC	INOVA Health
Kyle Schrarer, MS, ATC	Wisconsin Children's Hospital
Kevin Messey, MS, ATC	UC San Diego Health

INTRODUCTION

This Physician Practice Value Model (PPVM) is the result of the effort of the Committee on Practice Advancement's (COPA) Athletic Trainers in the Physician Practice (ATPP) Workgroup.

Within the athletic training profession, regardless of practice setting, it is critical that athletic trainers be able to understand, quantify and articulate their worth and value and put into practice. The Physician Practice Value Model was developed to educate both athletic trainers, administrators and consumers about athletic training services – especially within the physician practice setting. This document is meant to outline the value and worth an athletic trainer in the physician practice can bring to an institution. As the profession of athletic training continues to grow in stature, this value model will be considered a living document, adapting to economic challenges and public perception. This PPVM will serve as a global overview of other more detailed documents.

OVERVIEW

There are several key terms that all athletic trainers need to understand and implement in their daily practices throughout their careers. Unfortunately, business terms are sometimes intimidating, forgotten or not a top priority. While it is not necessary that all athletic trainers know how to run a business, it is imperative they understand four basic terms and their impact on daily practice.

The terminology below will help athletic trainers build a basic foundation of business knowledge. This will be especially important with the evolving health care spectrum that will influence administrators, consumers, schools and communities.

Terminology

- **Worth** – Monetary cost of a service
- **Value** – The extent to which a service's worth is perceived
- **Revenue** – Compensation associated (directly or indirectly) with providing a service
- **Reimbursement** – Payment for providing a service

PURPOSE

The purpose of the Physician Practice Value Model is to:

- Quantify, articulate and provide outcomes and objectively demonstrate why athletic trainers are vital health care service providers.
- Educate athletic trainers on the importance of putting a worth to their services by outlining regional and national industry norms for service.
- Educate athletic trainers on the importance of building a positive perception in the value of their services within the community once there is a “worth” attached to those services.
- Provide resources for athletic trainers in the physician practice setting that will outline worth of services, value assessments and opportunities for growth.
- Provide the basic principles with which athletic trainers can quantify and articulate their value within a physician practice.
- Provide a template to help ATs educate administrators, physicians, physician practices, hospital systems and patients on the worth and value of athletic trainers in this setting.
- Provide an educational resource for Athletic Training Education Programs (ATEP) to give AT students a better understanding of their worth and value as athletic trainers and health care providers.
- Demonstrate a need for outcomes and evidence-based practice in the physician practice setting that will ultimately provide standards of care, revenue and reimbursement within health care.

UNDERSTANDING BASICS OF WORTH THROUGH BEST PRACTICES

Having solid monetary “worth of services” is necessary in setting the basic standards of payment. Once there is an understanding of the “going rate” for services within the industry, then discussing contracts, hours within the contracts and services being provided will lead to an understanding of the “typical payment” associated with these services.

Understanding worth will give the athletic trainer an edge in negotiating a salary at or above national average. This will help to build the institution's perceptions of athletic training services and determine the “value” they are willing to place on, and subsequently pay for, such services.

Setting the “Worth” Standards

The athletic trainer is the greatest resource when it comes to promoting their services as a professional. The following outlined categories, along with the best practices outlined in this document, will help create a position that meets the needs of the AT and their institution/company, while providing quality health care and an understanding of how to prove worth and eventually assign value to their services.

Services

As a profession, athletic training needs to take a stand on the importance of service and the value the athletic trainer brings to consumers. It is vital the AT respect their knowledge and educational certifications and abide by individual state licensure/registration standards. Therefore, it is also necessary to assign worth to their services and to demonstrate the value athletic trainers bring to the physician practice setting.

Remember, services that have no worth to someone are of no value. Each time an athletic trainer agrees to “give away” services, such as skills, knowledge or hours, it becomes more difficult to show a true value of expertise.

As an athletic trainer working in a physician practice, it is essential they feel a part of a for-profit system. The physician will judge the success of each day by how profitable the AT can be. Therefore, the role of the AT in the physician practice can have both direct and indirect implications on those earnings. During the clinic visit, ATs can bill for services such as home exercise programs, crutch training, casting and bracing, and, in some states, the insurance company will reimburse for these services.

Fair Labor Standards Act

Most workers are classified as either exempt or non-exempt, depending on their salary and the type of work they do. The federal Fair Labor Standards Act (FLSA) requires that, in addition to paying at least the minimum wage, employers also must pay overtime to employees who work more than 40 hours in a given workweek, unless they meet certain exceptions. To complicate matters further, many states have wage and hour laws that may have more requirements than the FLSA. Employers must make sure they abide by both federal and state wage and hours laws to avoid legal trouble.

Definition of non-exempt employee

Most employees are entitled to overtime pay under the Fair Labor Standards Act. These workers are considered non-exempt. Employers must pay them one-and-a-half times their regular rate of pay when they work more than 40 hours in a week. The biggest problem most employers have with non-exempt employees is miscalculating how much overtime workers are owed.

Definition of exempt employee

The Fair Labor Standards Act contains dozens of exemptions under which specific categories of employers and employees are exempted from overtime requirements. The

most common exemptions are exemptions for administrative, executive, and professional employees, computer professionals, and outside sales employees. There is also an exemption for certain retail or service organizations. The primary advantages of classifying employees as exempt are that you don't have to track their hours or pay them overtime, no matter how many hours they work.

Obviously, this is an appealing scenario for employers. However, exemptions from the overtime requirements of the FLSA are just that — exceptions to the rule. They are very narrowly construed, and as the employer, you will always bear the burden of proving that you have correctly classified an employee as exempt.

Excerpted from HR Guide to Employment Law: A Practical Compliance Reference, which covers 14 topics, including overtime

Contracts

Best Practices

Outlining each service provided to the physician practice will provide a better understanding of the athletic trainer's worth (reference the Services section). It is vital for the athletic trainer to know the value of each service they provide and how it can indirectly and/or directly affect the physician practice's revenue. According to Hajart et al's "The Financial Impact of an Athletic Trainer working as a Physician Extender in Orthopedic Practice", athletic trainers can impact physician revenue without directly billing for their service. Understanding the worth of this indirect impact is vital for those athletic trainers who negotiate their contracts. Understanding the business of health care and how physicians are compensated for their services can be extremely important when it comes time to discuss compensation for the athletic trainer's skill.

- Outline each service you provide or affect
- Put a worth to each service. Check industry standards if you are unsure.
- Understand how the AT can affect Current Procedural Terminology (CPT) codes and Evaluation and Management (E/M) codes:
<https://www.nata.org/sites/default/files/COPA-Relative-Value-Unit.pdf>

Key Questions to Ask

- Is the AT on a contract?
While challenging, negotiating a contract may allow the AT to earn more money. By placing a value on provided services, benchmarks can be created that must be met in order to be compensated. Extensive research in the market value of AT services provided should be completed.
- Does the AT negotiate for themselves?
As a negotiator, the AT must be somewhat uncompromising. Although this approach is required to get the desired salary and benefits it may produce unwanted tension between the AT and the personnel director and make future

negotiations much more difficult. The advantage of being independent is that the AT is in control of the negotiations. The disadvantage of being an independent is that the AT must accept the final results. If the AT is not familiar with contract negotiations, the final results may not be favorable.

- What is the AT's expectations?
Make sure to clearly define the expectations via a detailed job description. Identify key performance measures that are invaluable to proving worth.
- Is continuing education reimbursed?
As a medical professional that is expected to meet ongoing continuing education requirements, reimbursement should be consistent with that of other health care professionals within the institution. In most cases, hospital systems/physician practice will reimburse for continuing education up to a certain predetermined amount.
- Does the administration encourage active participation in professional organizations?
The opportunity to contribute to the profession on the state, district and national levels is something that should be discussed with administration. Understanding the mission and vision of the physician practice may help to justify participation in professional organizations by explaining the tangible and intangible benefits and how they align with their mission and vision. Communicate with the administration regarding growth as a professional. Ask if professional leave (usually no more than a few days) is permitted for participation on professional committees or administrative positions.

For additional information, refer to the *(Position Improvement Guide, chapter 12 – Improving Policies/Procedures in your Athletic Training Program*

<http://www.nata.org/sites/default/files/Secondary-School-Position-Improvement-Guide.pdf>).

Documentation

Documentation for athletic trainers in a physician practice is critical to tracking value. Documentation in this setting can range from entering information into an electronic medical record (EMR) to tracking the number of phone calls received. This task is crucial to establishing patient contact. An AT's ability to efficiently and effectively take and record an accurate history of present illness (HPI) helps the provider streamline the patient visit and helps establish his/her treatment strategy.

Best Practices:

It is imperative that all records meet standards set by the athletic trainer's supervising physician. Clean, detailed tracking of the most efficient data is crucial to help assign a worth to services.

Examples would be:

- Communication logs

- Emails answered
- Notes into EMR
- Number of patients seen
- Orthotics distributed/fitted/billed
- Patient education
- Paperwork completed
- Outcome data
- Other duties deemed necessary for clinic operations

Outcome

Health care is an outcomes-driven market. Changes to health care require more outcomes data to be reimbursed for services provided. More and more practices have to explain why they value a service.

Athletic trainers have not only an obligation, but also an opportunity, to tell the story of the efficiency in their services, care and outcomes. Comprehensive documentation and statistics are necessary in telling that story.

Physician practice outcomes are going to be vital in proving where ATs can provide the most value to the physician practice and the patient. Increased access, patient satisfaction, provider satisfaction, provider efficiency and cost containment are a few examples of where an AT adds value.

Documenting the data and outcomes of AT 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.

DEMONSTRATING WORTH AND VALUE WITH BEST PRACTICES

Risk Minimization

The athletic trainer working in the physician practice may encounter patients who possess high-risk medical conditions. Therefore, they must be proficient in reading medical records and deciphering serious medical conditions during a routine history and physical exam. The AT must also partake in all facility risk management requirements, including online modules and mock code procedures, to remain proficient in responding to medical emergencies which may occur in their facility.

Finally, athletic trainers assist physicians in designing injury prevention programs for patients based on physical impairments and functional testing to help the physician design the best treatment plan for the patient. These services add value to the AT in the physician practice and increase their worth.

Medical Referral

Athletic trainers are medical professionals who are frequently the main communicators of a patient's need and are able to identify who needs a medical referral. Patients may need to be appropriately referred based on multiple factors, including parent/guardian preference and health insurance requirements.

Developing policies and procedures concerning medical referrals provides another opportunity to demonstrate your worth. These policies and procedures can provide opportunities for relationship development between health care specialties that may increase collaboration at time of care.

Care Coordination

Athletic trainers coordinate care through physicians, physicians' assistants, medical assistants and other providers to ensure consistency for patients. Creating a referral network allows the patient to receive care from a trusted provider. Athletic trainers can facilitate making appointments directly or making an appropriate referral. As health care professionals, athletic trainers have the educational background to discuss patient care with other professionals. These services may include but are not limited to:

- Physical Therapy
- Occupational Therapy
- Optometry
- Ophthalmology
- Counseling Services
- Neurology
- Neuropsychological Services
- Vestibular Rehabilitation
- Nutritional Counseling
- Massage Therapy Services
- Surgical Consultation
- Advanced Imaging (MRI, CT)
- Orthotist/Prosthetist

Injury Evaluation and Treatment

Athletic trainers working in the physician practice setting can have a significant indirect impact on physician revenue by ensuring the physician is functioning in a billable role as often as possible. Billable physician services include office visits, surgeries and consultations so maximizing the number of each of these performed in a day by the physician increases billable services and, therefore, revenue. The athletic trainer can increase the efficiency of a billable office visit by obtaining a history, performing a physician exam, obtaining and recording patient history, performing aspects of the physical examination and ordering diagnostic tests based on the physician's standing orders at the onset of an office visit. By presenting findings to the physician prior to seeing the patient, the physician can be more efficient with their evaluation. The accuracy of the athletic trainer's evaluation thus has a worth and is valued by the physician.

At the conclusion of the office visit, the AT can remain with the patient to answer any further questions, explain non-operative or post-operative care, instruct and demonstrate home exercise programs, demonstrate crutch or cane use, apply a cast or brace to the patient, order additional diagnostics or therapy per the physician's standing orders and

discuss the follow-up timeline with the patient. In some states and facilities, ATs can enter the office visit into the patient's electronic medical record. Although in most states ATs who bill for these services may not get reimbursed, the physician can continue on to another billable visit, thereby increasing clinic throughput and indirectly increasing clinic revenue while increasing the AT's value and worth.

Best Practices:

Track encounters, number of patients receiving services and type of services provided. Compare physician time and revenue generated with and without AT services.

Injury Rehabilitation and Conditioning

Athletic trainers are qualified to safely and effectively advance the physically active population through the rehabilitation and reconditioning process following an injury and pre- or post-operatively. Performing services within the physician practice provides improved quality and continuity of care, patient and physician satisfaction, and increased compliance. The delivery of these services in this environment gives the patient convenient access to high quality rehabilitation and conditioning within their physician's clinic.

Best Practices:

Track encounters by tracking measures such as: number of patients receiving services, types of services, time spent with each patient and dollar per minute spent with each patient. Evaluate value of services based on reimbursement for CPT codes versus cash pay. Utilize appropriate outcomes surveys to measure the AT effectiveness with each patient. These outcomes can be utilized for the annual employee performance evaluation and the potential for future athletic training outcomes research.

Examples of Best Practices:

- Population served (i.e. payor type, socioeconomic status, location, etc...)
- Documented progress notes in compliance with institutional regulations and Medicare guidelines for providers
- Outcome measures
- Patient satisfaction
- Physician satisfaction
- Number of visits with athletic trainer for rehabilitation and reconditioning
- Types of treatments provided
- Time loss from classroom or work
- Revenue generated
- Refer to the physician as needed for follow-up or new consult
- Accept referrals from physicians and health care professionals
- Create cash prices for your services that are competitive in your area
- Track physician encounters that include home exercise program teaching in clinic, crutch/cane instruction, DME fitting, education, etc.

- Track athletic training encounters that are paid via insurance reimbursement versus cash pay

Injury and Crisis Management

In the physician practice setting, the AT should play an active role in developing and designing policies and procedures concerning office-wide health and emergency matters. Many ATs serve on safety and/or risk management committees. As a health care provider trained in emergent care, ATs need to have a full working knowledge of all crisis management strategies and should provide input on how to decrease potential risks.

Best Practices:

- Development and utilization of an Emergency Action Plan (EAP)
- Design and implementation of office-specific EAPs for facilities and population

Diagnostic Testing

An AT working in a physician practice must possess a thorough understanding of the various forms of diagnostic testing performed in their facility and community (if the facility does not provide all desired services). The AT must understand which diagnostic tests to order for the patient at the beginning of the office visit under the physician's standing order to create efficiency within the office visit. The ability for the AT to review diagnostic testing results, such as radiographs, MRIs and lab work helps the physician to begin a new, billable office visit while providing a comprehensive review for the patient. Also, the AT can help create efficiency for the physician by ordering post-visit diagnostics including x-ray, CT, MRI and lab work under the standing physician order and reviewing with the patient how to obtain these diagnostics and follow up appropriately with the physician.

Best Practices:

- Develop standing orders with physician
- Create protocols for facilitating urgent/STAT imaging and labs
- Create network of services for providers (i.e. Electromyography(EMG))

Injury Prevention Programs

The athletic trainer working in the physician practice serves as an invaluable resource in designing injury prevention programs for patients. Programs can function to keep the patient more active and healthy and help the patient avoid the operating room. Components can include stretching, strengthening, balance training and functional maneuvers, all areas of expertise for the AT. The AT can also serve as the liaison for all injury prevention programs. Value can be measured by the time the AT spends educating each patient and translates to worth as the physician spends this time performing another billable office visits.

Athletic trainers also function in a fee-for-service role when designing and implementing injury prevention programs. ATs that work in injury prevention centers

associated with physician practices create research-based conditioning and training programs for athletes on a fee-for-service basis. Services include range of motion and dynamometer testing, functional movement screen, aerobic and anaerobic fitness, gait analysis and 3-Dimensional throwing and golfing analysis, all of which are performed by the AT. The value of each service is determined for the patient and, because these services are out-of-pocket costs and not covered by insurance, directly demonstrates the worth of an AT.

Best Practices:

- Educate students, staff and parents about injury prevention
- Facilitate strength and conditioning programs in partnership with (if available) a qualified strength coach. Rehabilitation programs would be directed and supervised by the athletic trainer.
- Ensure safety equipment fitting, maintenance and education
- Provide information about dental protection (mouth guards: custom, boil and bite)
- Perform preventative taping and/or bracing
- Fit helmets and related protective equipment and padding (football shoulder pads, lacrosse equipment, hockey, etc.)
- Ensure all patients undergo a comprehensive medical screening/Pre-participation Physical Exam prior to the first practice
- Create cardiac screening protocols
- Offer orthopedic and movement screening
- Perform functional analysis
- Develop ACL injury prevention programs
- Perform body composition testing
- Develop concussion education programs
- Perform concussion baseline neurocognitive testing
- Balance Error Scoring System (BESS) / Sideline Assessment of Concussion (SAC)
- Develop post-concussion testing and rehabilitation programs
- Create and implement programs for heat illness prevention
- Oversee weight management programs/certifications
- Develop and oversee the infectious disease prevention protocol
- Perform a facility safety review
- Educate coaches/parents/patients/others through safety education programs
- Provide CPR/AED/First Aid training, if certified to do so
- Offer steroid and PED education
- Create and implement injury prevention strategies

Administrative Duties

Organizational tasks and administrative duties are essential for comprehensive patient care. These tasks put the patient's plan of care into action. Because of an athletic trainer's education, these tasks can be performed independently. ATs will be able to recognize urgent results, messages, etc. and take action accordingly. Without completing these tasks,

the patient's plan of care is not thorough, leaving the patient with less than optimal care and poor patient satisfaction.

Best Practices

- Ordering labs or diagnostic imaging per the physician's standing order
- Reviewing lab or diagnostic imaging reports
- Completing disability paperwork (FMLA, Worker's compensation, OSHA)
- Facilitating medication refills
- Ordering for DME
- Reviewing plan of care from physical therapy
- Completing pre-authorizations for medications or procedures
- Answering phone messages
- Communicating with other providers such as primary care physician, physical therapy, and other specialists

Research

Research is vital to the athletic training profession and specifically to the athletic trainer working in the physician practice setting. It is simply not enough to tell a potential patient or current/future employer what an athletic trainer can do. These claims must be supported by evidence to provide validity. There may be opportunities in some physician practices where research can be conducted on specific patient populations, procedures and special circumstances. This research provides valuable information to support the athletic trainer in the physician practice and contributes to the knowledge base of the profession itself. In some practices there may be opportunities to conduct evidenced-based research (EBR) which could lead to articles published in research journals and periodicals. Not only does research provide growth and benefit to the general membership and profession of athletic training, but in the continually growing field of athletic trainers working in the physician practice, it is even more essential to continue to have strong evidence-based research (EBR) written up and published. Within the setting there are many locational variables as far as what an athletic trainer can legally do (state level) and what the athletic trainer is allowed do to (hospital/practice level) that this continued effort into EBR may be able to provide answers to these questions, allowing for unified practice acts and job descriptions for those working in the physician practice setting. Examples of quality and valuable research to support the athletic trainer working in the physician practice setting include but are not limited to:

- Patient Perceptions of Athletic Trainers and Orthopedic Medical Residents as Primary Clinical Support Staff in Sports Medicine Practice: a Randomized, Double-Blinded Prospective Survey
 - Journal of Allied Health
- The Value of Athletic Trainers in Ambulatory Settings
 - Journal of Allied Health

- The Financial Impact of an Athletic Trainer Working as a Physician Extender in Orthopedic Practice
 - Journal of Medical Practice Management
- Physician Satisfaction With Residency-Trained Athletic Trainers as Physician Extenders
 - International Journal of Athletic Therapy and Training
- Comparison of the Effect of Medical Assistants Versus Certified Athletic Trainers on Patient Volumes and Revenue Generation in a Sports Medicine Practice
 - Sports Health: A Multidisciplinary Approach

With the data and information gathered from these evidence-based papers, we can start to show our value in the physician practice setting and, in turn, our worth. As we continue to produce high quality research, we will continue to grow within the physician practice setting.

Quality Control

The AT has a responsibility to ensure that each patient receives the best possible quality of care. This may include obtaining continuing education, implementation of new protocols relative to evidence-based research or working to implement policies as needed.

Best Practices:

- Continually assess, together with other team members, whether care being provided meets current standards utilizing evidence-based practice guidelines when available
- Evaluate clinical results
- Ensure you are following appropriate professional standards/position statements relevant to the provision of quality care

COST CONTAINMENT

When the Affordable Care Act (ACA) was signed into law, one of its main goals was to lower health care costs. As a result of the ACA, group(s) of doctors, hospitals and other health care providers came together “voluntarily” to provide coordinated, high quality care to their Medicare patients. Groups called Accountable Care Organizations (ACOs) were created to provide better outcomes with high patient experience at a lower cost. ACOs manage to lower health care cost through a concept called cost containment. Insurance companies negotiate cost and quality benchmarks for the care of their population of patients. ACOs are incentivized to provide superior quality patient care while controlling cost.

The drive to maintain or improve quality while controlling costs leads health care administrators to carefully evaluate budgets and staffing models. As a result, there is a high

demand for clinicians who are cross-trained in multiple roles. Given their breadth of educational background and clinical experiences, athletic trainers are well positioned to work across roles that are historically occupied by multiple members of a support team. Examples of how an athletic trainer is suited to take on various roles in a practice include:

Rooming patients and obtaining vitals

Many physician practice models include staff members designated specifically to room patients, obtain vitals and add initial entries into the electronic medical record such as allergy and medication reconciliation. The addition of an AT to the physician's support staff allows for another team member who can perform these duties either in the situation of a staffing shortage or as part of essential functions of the athletic trainer.

Obtaining a thorough history of present illness and performing a focused physical exam

Common practice in both primary and specialty care clinics is to rely on the talents and abilities of advanced practice professionals ("APPs" - physician assistants and nurse practitioners) or rotating physician residents / fellows to perform an initial detailed history and physical exam with the intent of allowing the attending provider to perform a more focused intake and exam. When utilized appropriately to perform this function, the athletic trainer can drive increased productivity for a practice by freeing the APP to see patients independently, in turn increasing productivity for that provider. Increased quality is driven by decreasing reliance on residents / fellows who may not be assigned to the practice frequently enough to demonstrate full competence with team-established best practices.

Assistance with documentation in the electronic medical record

As health care institutions are now incentivized to convert to electronic medical records (EMR), it is imperative that practices efficiently and effectively utilize an EMR system. With the implementation of EMR systems, providers are frequently asked to change or adapt previously used practices, such as dictation, to better meet meaningful use criteria as well as cost containment measures. As this change has the potential to decrease productivity for the provider, it is not uncommon for busy practices to consider the hiring of additional staff with an essential function of assisting with documentation. Athletic trainers have educational competencies built around medical documentation; the AT who stays within their scope of practice and institutional policies can add significant value to a practice by assisting with documentation.

Application of casts, braces, splints and durable medical equipment

Busy orthopedic practices often employ staff with essential functions of applying and removing casts, splints and various forms of orthopedic durable medical equipment (DME). Athletic trainers have educational competencies built around and are trained specifically in this domain. Working in the physician practice allows ATs to supplement or serve as the sole

team members providing these services. As athletic trainers are also qualified to fit canes and crutches and perform gait training. These services can be provided during the office visit, which avoids the increased cost of additional visits with another specialist for the patient.

Providing patient education and home exercise programs

Athletic trainers, regardless of setting, are trained to serve as the bridge between the patient and the health care they receive. By addressing the patient's questions and concerns post visit around the diagnosis and plan of care, the AT again serves as this bridge, ensuring that the message relayed by the attending provider connects with the patient's perception and understanding of their condition. Presumably, this frees up the physician to see more patients while also potentially reducing the need for patient communication to the practice post visit because questions and needs weren't addressed or next steps remained unclear. Additionally, the athletic trainer's ability to teach home exercise programs to patients during or after their office visit may reduce the need for an additional follow-up with another specialist, creating a similar benefit to what was discussed relative to casting.

EFFICIENCY

Athletic trainers have been successful in promoting their value and worth through establishing clinic efficiency. Various studies have demonstrated that clinical staff working as an extension of the physician creates efficiency in the clinic by off-loading non-billable physician tasks to optimize the time the physician spends in a billable visit.¹⁻⁷ Tasks include taking a history and physical exam, ordering appropriate radiographs, delivering a concise presentation to the physician and providing visit aftercare, such as placing orders for additional tests per the physician's standing orders, teaching home exercise programs, completing patient paperwork and scheduling follow-up appointments. The aforementioned tasks have been shown to be performed most efficiently by an AT than any other clinical assistant, such as a resident or fellow, and it is important that an athletic trainer thoroughly understand the scope of clinic tasks.² Subsequently, the AT can enable mid-level providers, such as nurse practitioners and physician assistants, to work autonomously and carry their own patient load, further increasing clinic volume and revenue. In order to create clinic efficiency through this concept, the AT should understand how to optimize the roles of each health care professional on his/her team and optimize efficiency through appropriate patient scheduling between the primary physician and mid-level provider.^{1,6}

Research has supported the financial advantage of an AT within this clinic model, where patient volume has been shown to increase by 18-22%, when compared to a medical assistant, patient throughput increased by 15-30% and overall clinic revenue by 42%.⁸⁻¹¹ ATs have been shown to be more efficient with their time during patient visits. Research has shown that on average ATs spend 5.23 minutes per patient less than other medical staff

(physical therapist, medical resident, orthopedic fellow/resident, primary care fellow/resident, and medical student).³ ATs spent an average of 2.17 minutes less with history/physical exam, case presentation and documentation.³ The area that ATs spent more time with patients was patient education. Through these clinical efficiencies, it has been proven that ATs have an indirect effect on surgical revenue. A study regarding the financial impact of an AT within the clinic demonstrated that when clinic efficiency was increased by 22%, surgical cases also increased and generated \$122,996.83/year in additional surgical revenue.²

The aforementioned concepts highlight the AT's role within the overall health care market: improving provider access, maintaining clinic volume, improving care quality and limiting facility costs. Therefore, ATs can demonstrate their value and worth within the physician practice setting by documenting their impact on overall clinic efficiency, clinic volume and ultimately clinic revenue.

References

1. Glenn JK, Goldman J. Strategies for productivity with physician extenders. *West J Med*. 1976;124:249-257.
2. Hajart AF, Pecha F, Hasty M, et al. The Financial Impact of an Athletic Trainer Working as a Physician Extender in Orthopedic Practice. *J Med Pract Manage*. 2014;29(4):250-254.
3. Khaja S, Greene J, Wilson J. The Impact of Athletic Trainers in a Sports Medicine Clinic: Improving Efficiency and Productivity. Poster Presentation.
4. Mitchell D. Adding Athletic Trainers to Care Team Can Increase Docs' Productivity. *AAFP Newsletter*. April 2009.
5. Westerman BJ, Frogner BK, DiPietro L. Hiring Patterns of Athletic Trainers in Ambulatory Care Settings. *Int J Ath Ther & Train*. 2015;20(5):39-42.
6. Pecha F, Greene J, Daley J, et al. Integrating Physician Assistants and Athletic Trainers into Your Orthopaedic Practice. *Sports Med Update*. July/August 2013.
7. Dyrda L. 5 Tips to Promoting Efficiency at Orthopedic Practices. *Becker's Spine Review*. March 2011.
8. Pecha FQ, Xerogeanes JW, Karas SG, et al. Comparison of the Effect of Medical Assistants Versus Certified Athletic Trainers on Patient Volumes and Revenue Generation in a Sports Medicine Practice. *Sports Health, A Multidisciplinary Approach*. 2013;5:337-339.
9. Pecha FQ, Karas SG, Xerogeanes J, et al. Certified Athletic Trainers, An Evaluation of Their Effect on Patient Throughput and Revenue Generation in a Primary Care Sports Medicine Practice. *The Emory Sports Medicine Clinic with Permissions to NATA*.
10. Greene JJ. Athletic Trainers in an Orthopedic Practice. *Ath Ther Today*. 2004;9(5):56-57.

11. Khaja SA. The Efficiency and Effectiveness of Utilizing Athletic Trainers as Physician Extenders in an Orthopedic or Sports Medicine Practice. Powerpoint Presentation. 2016.

PATIENT SATISFACTION

Research has shown there is a direct correlation between patient satisfaction and patient perception of medical support staff.¹ Staff education has been proven to be one of the keys to optimizing patient satisfaction results. It has been shown that patients perceive no difference between athletic trainers and orthopedic medical residents in orthopedic knowledge and clinical care.² For the orthopedic physician, the education of an athletic trainer can begin at a much higher starting point due to the extensive training and experience of athletic trainers with musculoskeletal conditions.

Even more important than a patient understanding their diagnosis and treatment plan is their perception of the coordination between the provider's support staff. Along with teamwork, reliable follow-up communication was found to be a significant determinant of overall patient satisfaction and perceived quality of care.³ Athletic trainers working in the physician practice setting are accustomed to a team approach, seamlessly coordinating care and easy availability for patient's follow up questions after their visit. The data on patient satisfaction in various settings is still emerging, but in our current and future health care environment patient satisfaction will have a direct impact on insurance reimbursement and ultimately an institution's bottom line.

References

1. Chughtai M, Jauregui JJ, Mistry JB, Elmallah RK, Diedrich AM, Bonutti PM, Delanois R, Mont MA. What Influences How Patients Rate Their Hospital After Total Knee Arthroplasty? *Surg Technol Int*. 2016 Apr 4;XXVIII. pii: sti28/706. [Epub ahead of print]
2. Pecha, FQ, Nicoletto, TS, Xerogeanes, JW, Karas, S, Labib, SA. Patient Perceptions of Athletic Trainers and Orthopaedic Medical Residents as Primary Clinical Support Staff in Sports Medicine Practice: A Randomized, Double-Blinded Prospective Survey. *Journal of Allied Health*, Volume 44, Number 4, Winter 2015, pp.225-228A(4)
3. Bible JE, Shau DN, Kay HF, Cheng JS, Aaronson OS, Devin CJ. Are Low Patient Satisfaction Scores always Due to the Provider? Determinants of Patient Satisfaction Scores During Spine Clinic Visits. *Spine (Phila Pa 1976)*. 2016 Jan 15. [Epub ahead of print]

PHYSICIAN SATISFACTION

Athletic trainers in a physician practice function to support the physician's clinic needs. Many physicians recognize that ATs have a unique skill set that makes their clinic

more efficient. Athletic trainers accomplish this by optimizing the physician's time. These tasks include, but are not limited to, those described above in the efficiency section. A survey of orthopedic physicians showed they were highly satisfied with the addition of an athletic trainer to their practice and that the AT improved their quality of life.¹ Also in this study, physicians rated the AT's clinical skills more efficient when compared to physician assistants (PAs), nurse practitioners (NPs), or medical assistants (MAs) and felt the clinic was more organized overall with an AT on staff.¹ The indication from this study and other similar studies is that physicians value their clinic being efficient and profitable.¹ These studies have indicated that orthopedic physicians are highly satisfied with the athletic trainer's skills that make their practice more efficient and profitable, thus explaining the physician's perceived higher quality of life.¹

References

1. Pecha FQ, Bahnmaier LA, Hasty ML, Greene JJ. Physician Satisfaction With Residency-Trained Athletic Trainers as Physician Extenders. *International Journal of Athletic Therapy & Training*. 2014;19(2):1-3