The Positive Impacts of Athletic Trainers in Physician Practice

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Disclosures
- I am employed by Banner University Medical Center (BUMC) Tucson and will discuss ongoing and future research projects.
- This presentation is in no way affiliated with BUMC Tucson.
- Any opinions expressed in this presentation are mine.
- No financial disclosures.

Objectives
After this presentation you will be able to:
- Describe the AT's role in physician practice (PP)
- Understand the financial impact an AT has on a PP
- Understand the role of the AT in a PP setting and how an AT can make it more efficient
- Apply what you have learned about ATs in PP to your current role to ensure you are practicing at the top of your scope

About Me
- ATC for 8+ years
- NCAA baseball/football & professional baseball/football
- Started in physician practice with Sports & Orthopaedic Specialists in Minneapolis, MN
- Moved to Tucson June 2017
- First AT at BUMC Tucson
- Focus was on concussion evaluation and treatment
- Now supervise 4 ATs—basing the 5th right now!
- Provide ATs to 2 high schools, 2 professional sports teams, and 1 in the University of Arizona

What Exactly is an AT in PP?
The Role Formerly Known as Physician Extender

Why the Switch?
- Well—what’s a physician extender?
- Difficult to define
- Anyone who has a physician extender
- Result: Fudging the title to make it a Specific AT
- Now this role is known as Athletic Trainer in Physician Practice (ATPP)

NOTE: Articles discussed in this presentation may refer to "Physician Extender" and were published before the change occurred in January 2016.
*https://www.nata.org/blog/beth-sitzler/%E2%80%98physician-extender%E2%80%99-will-no-longer-be-used-identify-atss

"By identifying as a "physician extender" rather than an athletic trainer, individuals are diminishing the brand established by the profession."
"With the health care sector rapidly changing, the athletic training profession must create a well-known brand in order to secure its place as a valuable member of the health care team."

*Reprints of slide graphics allow the author to adjust colors and screen widths to enhance legibility and friendships.
The AT in PP

- Goals of AT in PP:
  - Provide orthopedic and sports medicine patient-centered care
  - Help the physician see more patients
  - Assist the physician with non-revenue generating tasks
  - Help improve the patient’s experience and satisfaction

16.27% of ATs work in the “Clinic” or “Hospital” setting.

A Day in the Life

- Rooming
  - HPI
    - Get detailed history
    - Get to know the patient
  - Physical Exam
    - ROM, MMT, special tests, neurological screen
  - Presentation
    -最具亮点
    - Make your physician look good to the patient
    - Patient should:
      - Spend less time asking questions, more time answering questions
      - Spend less time on computer, more time face-to-face

A Day in the Life

- Presentation
  - New patient, referred by AT at Othello High School
  - Here with mom, Kathy
  - 18 y/o, RHD, baseball player with anterior right shoulder pain
  - Pain for 1 month, no MOI
  - Pain occurs with lifting objects, throwing baseball
  - Tenderness over LHB tendon and coracoid
  - Positive Speed’s, Bear Hug, Thrower’s
  - Negative HK, CB HK, O’Brien, Clancy’s
  - Moderate to Severe SD on the right with medial border and inferior angle winging
  - No prior treatment including formal PT, injections, surgeries
  - Get the picture?
  - So does the physician…

- Orders
  - PT, MRI, CT, XR, DME

- Dictation
  - Act as scribe and document the entire encounter
  - Must include attestation statement from physician
  - We are fortunate to use Dragon Dictation Software at Banner. Makes documenting so much easier!

- Post-visit care
  - DME fitting
  - Casting and Splinting
  - HEPA
  - Follow-up with AT at high school or club

- Phone Calls
  - Answer phone calls on behalf of physician
  - AT has more orthopedic knowledge than other back-office staff

Orthopedic Clinics without ATs

- LPSMA: Receptionist
  - Greet all patients, ask how they are
  - Assign patient to room, get initial demographics
  - MD performs HPI, Evaluation, and documentation

- MD places orders for DME if needed
  - MD performs follow-up care

Orthopedic Clinics WITH ATs

- LPSMA: Receptionist
  - Greet all patients, ask how they are
  - Assign patient to room, get initial demographics

- MD performs HPI, Evaluation, and documentation
  - MD places orders for DME if needed
  - MD performs follow-up care

- AT assists MD in follow-up care
  - AT performs documentation for all evaluations at end of clinic
  - AT assists MD in follow-up care
Orthopedic Clinics WITH ATs

Other versions might include:

- AT does not enter room with MD but moves onto see other patients
- AT only sees New Patients
- AT only sees Post-Operative patients
- AT only sees Concussion patients
- AT works alongside Residents/Fellows in Academic Medicine setting

ATs in Academic Medicine

- Difference in Clinic Flow
  - Residents/Fellows must have opportunity to see patients alone from Attending
  - IMO: Best opportunity for AT to provide noticeable assistance/improvement

Academic Medicine: New Clinic Flow

ATs in Academic Medicine

- Difference in Clinic Flow
  - Residents/Fellows must have opportunity to see patients alone from Attending

  - IMO: Best opportunity for AT to provide noticeable assistance/improvement
  - Residents/Fellows must have opportunity to see patients alone from Attending

  - IMO: Best opportunity for AT to provide noticeable assistance/improvement

AT vs. MA

- Researchers sought to compare the effect of ATs and MAs on patient volume and revenue generated in a Primary Care Sports Medicine clinic
- 2 PCSM clinics were studied for 12 months
  - Physicians A & B
- Each MD had an MA and an AT for 6 months each during 12 month period
- 80 clinic days were examined for each
  - Used to achieve reliable data (i.e., vacation, etc)
- Obtained:
  - # of patient encounters
  - Charges
  - Collections

Results of AT vs. MA

- Patient Encounters:
  - Physician A: increased from 15.02 to 18.09 per day
  - Physician B: increased from 22.92 to 27.09 per day

- Billed Charges:
  - Physician A: increased ~$300 per day
  - Physician B: increased ~$1,500 per day

- Collections:
  - Physician A: increased >$200 per day
  - Physician B: increased >$1,200 per day

Discussion AT vs. MA

- 18-25% increase in patient per clinic day
- Think of the downstream movements, increased
- Up to an increase of $5000 in Collection per 80 days
- AT pays for itself
- AT holds knowledge of orthopedic surgery, residents and ATs
- Higher scores for Residents in perceived orthopedic

AT vs. Resident

- Researchers wanted to examine and compare patient perceptions of their care and the orthopedic knowledge of orthopedic surgery residents and ATs.
- Hypothesis: ATs would be perceived to have same knowledge as Residents
- Surveys were provided to patients of an orthopedic sports medicine clinic
- Randomized, double-blind study
- Patients were blinded to the clinician's name and title
- Participants were excluded if they were EP, PO, or if the identity of the clinician's profession was disclosed
- Surveys were completed by 101 orthopedic surgeons
- Significant difference was in perceived level of orthopaedic knowledge
- Trends:
  - Up to an increase of $96,000 in Collections in 80 years
  - 22% increase in patients per clinic day based on availability, which allowed for more same-day fill-in during an MDC waiting list

Survey - AT vs. Resident

- Knowledge of the clinician's professional title
- Knowledge of the clinician's professional role
- If the clinician was a team physician or an AT was providing care
- Knowledge of the clinician's professional education
- Knowledge of orthopaedic residency program of the clinician
- Knowledge of the clinician's professional education in orthopaedic surgery
- Knowledge of the clinician's professional experience in orthopaedic surgery

Results - AT vs. Resident

- No significant difference between a AT and Resident on 7 of 8 questions
- Significant difference exists comparing level of education
- Trends:
  - Higher scores for Residents in perceived orthopedic education
  - Higher scores for ATs in perceived clinical care
  - There is no evidence that patient's perceptions differ when comparing ATs and orthopedic medical residents

Surgeons’ Perceptions

- Authors examined the accuracy of orthopedic surgeons' perceptions of the qualifications of ATs.
- Surveys were completed by 101 orthopedic surgeons.
- Estimated qualifications of ATs for telecommunication, orthopedic knowledge, patient education, orthopedic surgical education, orthopedic care and orthopedic surgical education
- Asked if they would hire an AT in the future
- 44% of the surgeons would hire an AT if they had the opportunity

Results - Surgeons’ Perceptions

- Accuracy of perception:
  - PA-C: 45.6%
  - NMC: 72.2%
  - AT: 79.5%
  - Team Physician: 73.9%
  - Medical Assistant: 68.6%
- Surgeons with more accurate perceptions of ATs were more willing to hire one in their clinic
- 44% of the surgeons would hire an AT if they had the opportunity
Physician Satisfaction

- Researchers wanted to examine physician satisfaction with residency-trained ATs in their orthopedic practices.
- 35 sports medicine-trained orthopedic surgeons and primary care sports medicine physicians were surveyed that employed residency-trained ATs.
- 10-point Likert Scale
- Surveys asked about physician satisfaction with:
  - The preparedness of the AT for clinical integration
  - Comparison of clinical skills of the AT to those of ATs who have not completed a residency program
  - Comparison to other clinicians who function in a "physician extender" role
  - The impact of AT utilization on the physician’s quality of life


Results – MD Satisfaction

- Residency-trained ATs were "very well" prepared for integration into clinic (8.74 ± 1.04)
- Musculoskeletal skills were "very good" compared to those of PA and NP (8.03 ± 1.79)
- Improved quality of life (8.46 ± 1.67)
- MDs note benefit from having an AT in clinic (8.09 ± 1.39)
- Very high degree of overall satisfaction with AT in PP (9.06 ± 1.08)


Show Me the Money?

How can an AT in PP have a positive financial impact on the practice?

Or more importantly: How can we show it?

- FAQ: Traditionally, ATs work outreach in hopes of bringing in referrals, why should I hire an AT full-time in my clinic if they aren’t bringing in referrals?
- ATs cost more than an LPN/MA/OTC…right?
  - 2018 Median Medical Assistant Salary: $33,610
  - 2018 Median Licensed Practical Nurse Salary: $46,240
  - 2018 Median Orthopedic/Surgical Technologist Salary: $47,300
- 2018 Median AT Salary: $47,510

https://www.bls.gov/ohh/healthcare/medical-assistants.htm
https://www.bls.gov/ohh/healthcare/surgical-technologists.htm
Show Me the Money!

- **Non-Revenue-Generating tasks**
  - Rooming, HPI, evals, dictations, phone calls

- **Revenue-Generating tasks**
  - Home Exercise Programs in Office
  - Administering ImPACT tests

Other sources of revenue:
- Increased throughput
  - More patients = more money
  - More patients = more surgical patients = more money

Physician Practice + Outreach?

Increasing Throughput

- ATs in a PCSM clinic increase patient throughput
  - We know this from this study

In a study in 2004, when an AT was removed from an orthopedic clinic, there was a 15% to 30% decrease in the number of patients seen per day.*

- ATs increase efficiency by combining the back-office staff roles with a provider/resident role.
  - This eliminates extra steps in the process


Financial Impact

Examined how increasing patient throughput actually increases revenue

- Looked at increasing E/M visits per day & surgical cases per week

- E/M = Evaluation & Management (a typical office visit)

- Used an estimated 22% increase in patient throughput from a prior poster presentation (not published).

- Estimated that an AT can help an orthopedic surgeon generate an additional 506.88 – 1,013.76 E/M visits per year

- Also estimated, based on a 2012 survey, that the surgical conversion rate is 16.7%
  - ~16 surgical cases per 100 E/M visits


Financial Impact


A Word about “Incident To”

- This is the ability of the AT to work in extension of the physician
  - “Physician Extender”

- Although athletic trainers are not recognized by CMS as an “incident-to” provider, commercial payors may allow for athletic trainers to be reimbursed when billing for certain services in conjunction with a physician visit.*

- CMS defines “Incident to” services as those that are furnished incident to a physician’s professional services whether in the physician’s office or in a patient’s home.*

- AKA everything an AT does in Physician Practice

- Must be:
  - An integral part of the patient’s treatment course;
  - Commonly rendered without charge (included in your physician’s bills);
  - Of a type commonly furnished in a physician’s office or clinic (not in an institutional setting); and
  - An expense to you.*

* NATA Guidance on Billing and Reimbursement for Athletic Trainers

What does an AT do in clinic?

<table>
<thead>
<tr>
<th>Revenue-Generating Tasks</th>
<th>Non-Revenue-Generating Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification of patients</td>
<td></td>
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<tr>
<td>HPI</td>
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<tr>
<td>Evaluation</td>
<td></td>
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<tr>
<td>Medical referrals</td>
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<td>Orthopedic consultations</td>
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</tbody>
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NRGT: Seeing global post-operative patients

<table>
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<tr>
<th>Information of All Other Strategies for Physician Practice</th>
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<tbody>
<tr>
<td>Treatment range</td>
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<tr>
<td>Recurrence injury</td>
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<td>Prevention</td>
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<td>Nutrition</td>
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<td>Education</td>
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<table>
<thead>
<tr>
<th>Background</th>
<th>Methods</th>
<th>Results</th>
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<tbody>
<tr>
<td>North-East</td>
<td>Physician</td>
<td>High</td>
</tr>
<tr>
<td>West</td>
<td>Physician</td>
<td>Low</td>
</tr>
</tbody>
</table>

A Word about “Incident To”

- This is common practice in all Physician Practice settings. Many healthcare professionals work in an "incident to" capacity with a physician.
  - MA/LPN taking vital signs
  - RN making a telephone call
  - PA/NP following up patients
- ATs work in an "incident to" capacity in physician practice. However, since CMS does not recognize ATs as "incident to" providers, some of the ATs' services are not reimbursed.
  - Exception: if the payor recognizes ATs as "incident to" providers
  - Rare because most insurance companies use CMS guidelines.

Revenue-Generating Tasks

- Cast application – CPT 29049-29425
- Splint application – CPT 29105-29515
- Gait and crutch training – CPT 97116
- Home Exercise Program – CPT 97530
- Administration of ImPACT test – CPT 96136
- Assisting in OR (with appropriate credential – e.g. OTC) – Modifiers 80, 81, or 82
- Athletic Trainer Evaluation Codes – 97169-97172*

NOTE: All of these codes are in an "incident to" capacity (Except *). While some insurance may not reimburse for the service, it's always worth dropping the charge!

Economic Impact on Health System

- Researchers wanted to show that an outreach AT has a significant positive economic impact on a hospital system.
- Internally reviewed patient referral data from the Sports Medicine AT Program from 2012-2015:
  - 5 high schools, 1 professional team, 1 professional event, 4 semi-professional teams
- Looked at direct and indirect revenues generated from billable encounters as well as downstream revenue.


Outreach + AT in PP = $$$

- Combining the AT in PP with outreach can generate significant revenue for the hospital system.
- The AT can work morning clinics then cover a school or program in the afternoon.
- Depending on market, the hospital can charge the school or program $x per hour of the AT's time.
- Hospital will break even with direct revenue in 1 year if priced right and the program generates enough referrals.

Table 1: Breakdown of CPT codes and revenue P/F/P

<table>
<thead>
<tr>
<th>Code</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>P/F</td>
<td>$903,093.82</td>
</tr>
<tr>
<td>Total</td>
<td>$903,093.82</td>
</tr>
</tbody>
</table>

Table 2: Distribution of patient and total visits by the health system

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Visits</th>
<th>Direct Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional sports teams</td>
<td>121</td>
<td>$157,710.00</td>
</tr>
<tr>
<td>Non-professional sports teams</td>
<td>255</td>
<td>$195,510.00</td>
</tr>
<tr>
<td>Total patients</td>
<td>376</td>
<td>$353,220.00</td>
</tr>
</tbody>
</table>

What are ATs doing in 2019?
- Your everyday orthopedic surgery and sports medicine clinics
- Common clinics
  - Common = time sucks
  - AT sees concussion patients which allows the MD to see other patients during AT's evaluation
- Operating Room (OR)
  - Next slide
  - Post-op clinics
  - Not after OR

ATs in the OR
- Some State Scopes allow for ATs to work in OR as First Assist without additional credentials
  - Arizona is not one of them
- ATs require OTC certification to work in OR
- National Board for Certification of Orthopaedic Technologists:
  - "The Orthopaedic Technologist has a working knowledge of aseptic techniques and is able to prepare for surgical procedures, assemble and prepare equipment to the specifications of the Orthopaedic Surgeon, the Orthopaedic Technologist may act as a first assistant in the operating room according to hospital policies."
  - [https://nbcot.net/common-employee-questions](https://nbcot.net/common-employee-questions)

ATs in the OR
- OTC Standards of Practice - The OTC may perform the following surgical responsibilities:
  - Position, prep and drape patients by using accepted practices and techniques in order to prepare the patient for surgery.
  - Assist the surgeon as first or second assistant by using accepted surgical practices and techniques.
  - Assist the surgeon during reductions by supplying and applying the appropriate materials.
  - Apply and manage post-operative dressings on wounds following accepted techniques.
  - ATs provide additional pre- and post-operative care and instructions
  - [https://nbcot.net/common-employee-questions](https://nbcot.net/common-employee-questions)

AT-led Post-Op Clinics
- 90-day Global Post-Op Period
  - All follow-up appointments are covered in the price of the surgery besides ancillary services and facility fees
  - Why have the surgeon or PA see the post-op visits when an AT can? The visit isn't reimbursable anyway. So…
  - Takes Non-Revenue-Generating patients off the MD/PA's schedule
  - How does AT do this?
    - Think of the AT in the Pro and College level…
    - Look at the Scope of Practice
    - Physician Direction & Standing Orders
    - Work in "median to emergency" capacity
    - Supervised to perform under named physician
  - NOTE: The AT cannot own H.E.R or participate post-op visits
  - [https://nbcot.net/common-employee-questions](https://nbcot.net/common-employee-questions)

Frequently Heard from ATs
- "I'm a glorified MA or scribe."
- "Or I don't want to work in PP because I will just be a scribe."
- "I'm not practicing at the top of my scope."
- "My physician doesn't understand what an AT is."
- "My physician doesn't trust me enough to include me in their clinic."
Solutions

- People, and especially physicians, don’t like to be told they are doing something wrong.
- Ask “What can I do to make your job easier?”
- Sometimes it’s as easy as seeing a quick follow-up, doing documentation for every other patient at the time, or getting the history for the provider.
- Go to your administrator and provide them with the info/data I provided you today.
- Show them that you can improve physician satisfaction, patient throughput, and increase revenue for the hospital and department.
- Be patient. Physicians need to trust you to care for their patients.

Why not EBP?

- No studies showing patient reported outcomes.
- We need EBP for athletic trainers.
- What’s your elevator pitch?

ATPPS

- We even have our own Society!
- Athletic Trainers in Physician Practice Society
- www.atpps.org
- Next Conference is in Columbia, SC – February 28-29, 2020
- All of the articles I discussed today are on the ATTPS website.

Why not EBP?

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Summary

- ATs are no longer referred to as “Physician Extenders”.
- ATs improve patient and physician satisfaction.
- ATs improve clinic efficiency and patient throughput by eliminating steps in the clinic process.
- ATs are an asset to the practice.
- ATs increase revenue by:
  - Performing Revenue Generating tasks for the physician.
  - Performing Non-Revenue Generating tasks for the physician.

References

2. NATA News, December 2018