

## Collaborative Care

*Making a case for AT value in the Physician Practice Setting*

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### Recap:

Athletic trainers have a long, rich history working side-by-side with orthopedic physicians. The collaborative care demonstrated on the sidelines and in the physician's office ensures that the patient receives the best possible medical treatment when injuries occur.



Athletic trainers fill a distinct and important role in the physician practice setting. The data presented paints a clear picture regarding how athletic trainers increase clinical efficiency, patient flow and revenue. Gains in productivity and throughput are also correlated with the presence of an athletic trainer in a physician's office. The value of an athletic trainer practicing in the physician sector adds tremendous value in both experience and education.

In Part 1 of Collaborative Care, published in the November 2018 issue of *othroATnews*, the value of the orthopedic physician and athletic trainer relationship was seen from the athletic trainer's perspective. Manager of Dayton Sports Medicine Institute, Lori Oda discussed her experience working with orthopedic physicians throughout her career. She expressed a humbling disposition, and obtained a higher mastery level in casting, patient intake, and the deeper understanding for certain medications. Acquiring this knowledge added value to her practice and established a rapport with orthopedic physicians.

### Physician Value Practice Model:

In October 2017, NATA published a paper discussing the physician value practice model. The document's purpose is to educate athletic trainers and stakeholders about the impact athletic training services have within the physician practice setting. Those looking to propose the idea of athletic trainers in the physician setting will have strength presenting research. Obtaining this knowledge is essential for demonstrating value (Figure 1-1).

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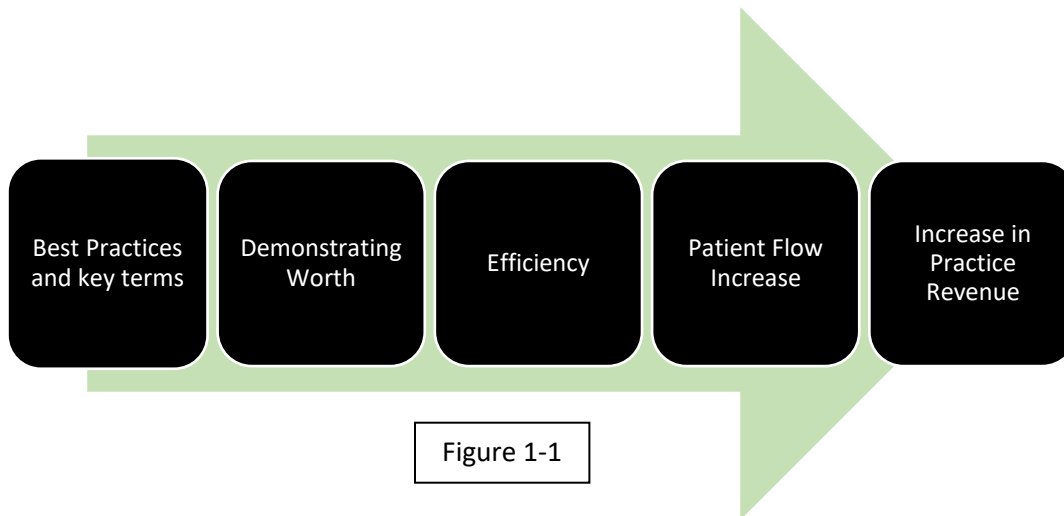


Figure 1-1

**How to Demonstrate Value:**

Showing value is not a new concept in athletic training. The NATA provides excellent resources which break down the difference between worth and value and identifies ways ATs in certain settings can objectively show their value. In this example, it's necessary to identify a starting point.

As an added note, the following recommendations are based on the author's opinion. Not every scenario will produce the same results or have the same impact. It's important for those who work with or are looking to present their services to a physician practice, that they do their homework (plenty of great resources offered by NATA and Facebook groups like Athletic Trainers in the Orthopedic Physician Practice Setting); and formulate and pose those important questions. Social media makes it easier to obtain feedback from those practicing in this setting.

**Start with identifying key terms in relation to value, worth, revenue, and reimbursement.** This is looking from the perspective that the physician being approached has little idea what an athletic trainer can do within their practice. Identifying the best practices to calculate worth and value (RVUs), tracking important information through documentation and data collection, and the emphasis on outcomes and interactions with patients.

**Relative Value Units (RVU)** as identified by the NATA<sup>1</sup> are essentially standard measurements for cost which examines a physician's time and effort (RVU<sub>W</sub>), resources (RVU<sub>PE</sub>), and Malpractice (RVU<sub>MP</sub>). This is based around a fee schedule for physicians which operates under the Social Security Act and established by Medicare. Looking at the big picture, and being realistic with this concept, it will take time to utilize this information to an applicant's

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advantage. Those who work in the physician practice setting may not keep track of this data (usually assigned to office management), and the units change yearly. However, there are ways data points can be collected for those who are not familiar with this method.

#### Practice Value Collecting Methods:

Regardless of the setting, data points focusing on value are helpful steps which will take the practice to the next level. Even though in most instances athletic trainers cannot bill utilizing CPT coding, understanding the codes, process, and impact will provide more clarity in relation to this concept.

The experience collecting CPT coding costs correlates to methods utilized to RVU data points. For example, when analyzing methods demonstrated by athletic trainers who apply RUVs, it was determined that by applying casts, an athletic trainer is generating revenue for the physician, which is associated with RVU<sub>w</sub>. According to the Center for Medicare & Medicaid Services<sup>2</sup>, the 2018 conversion factor for 1 RVU is \$35.96. A short leg cast application is 1.18 RVUs, so an athletic trainer applying the short-leg cast would generate around \$35.96, which is dependent on location.

#### Data and Efficiency:

Upstream and downstream revenue are greatly associated with AT involvement within the physician practice setting. When looking at generating value, clinical efficiency is correlated with an increase in patient flow. Discussed in part one of the article, the data presented indicated that physicians are seeing 10 additional patients per day when athletic trainers staff a full-day physician clinic.<sup>3</sup>

Each office visit is associated with a level of service. Tracking office visits and breaking down the level of standards is a practice athletic trainers can utilize and show their value. By comparing with previous years before implementation of an athletic trainer, tracking the patient flow can be easily achieved with the right methods and data at hand. Linking patients seen by applying the level of services pre-and post-athletic athletic trainer implementation is an effective way to observe any changes.

When looking at other settings, its essential for ATs to track patient flow on a daily occurrence. These interactions need to be documented and recorded, which provides a sense of who is seen for what. With this data collection experience at our disposal, designing a case to present our skills to a physician practice becomes easier.

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### Conclusion:

With these ideas identified, how can athletic trainers continue to effectively collaborate with physicians? Regardless of the direction, it's imperative for athletic trainers to collect appropriate data on the patient's seen. At the forefront of field work, athletic trainers have a firsthand experience of accurate data that can be collected, and relaying this information to the physician, or physicians group helps pave the way for effective communication and collaborations, ensuring care that patients receive is efficient and appropriate.

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<sup>1</sup> Burfeind, S. and Wetherington, J. (2016). [online] Nata.org. Available at: <https://www.nata.org/sites/default/files/COPA-Relative-Value-Unit.pdf> [Accessed 19 Dec. 2018].

<sup>2</sup> 2018. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/>

<sup>3</sup> Pecha, F. Q., Bahnmaier, L. A., Hasty, M. L., & Greene, J. J. (2014). Physician Satisfaction With Residency-Trained Athletic Trainers as Physician Extenders. *International Journal of Athletic Therapy & Training*, 1–3. Retrieved from <https://www.nata.org/sites/default/files/physician-satisfaction-residency-trained-ats.pdf>



**Scott Mullett** is the founder and owner of AT Efficiency. Scott received both his bachelor's and master's degree from Kent State University. Scott has worked in the secondary school setting, and currently holds a position within the industrial/occupational sector. Scott's goal is to advocate the value of the athletic trainer in all settings.

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