

A Comparison of Medical Assistants vs Certified Athletic Trainers on Patient Volume and Revenue generation in a Sports Medicine Practice

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INTRODUCTION

- ◆ Medical assistants (MAs), physician assistants (PAs), residents and nurses (RNs) have classically been utilized as health care extenders in sports medicine practices.
- ◆ ATCs have an extensive background in musculoskeletal injuries and anatomy that typically exceeds that of a medical assistant.
- ◆ ATC's are specifically trained in indirect patient care tasks such as crutch, brace, and orthotic fitting, therapeutic exercise and proper gait training.

PURPOSE

The purpose of this study is to determine the impact of ATC's as MA's on patient volume, generated charges and collections in a university based primary care sports medicine practice.

METHODS

- ◆ For 12 months, patient encounters, billed charges and collections were obtained for the practices of two primary care sports medicine physicians. Each physician was assisted by an ATC for 6 months and by an MA for 6 months.
- ◆ In order to account for vacation days, holidays and other variables, 80 full clinic days were examined for each physician.



RESULTS

◆ For both physicians, there were statistically significant increases in all measured parameters when using an ATC rather than an MA.

◆ The following table shows patient encounters, collections and billed charges for the MA and ATC for each physician, A and B.



Encounters #

Collections \$

Bill Charges \$

		DOCTOR A				DOCTOR B			
		N	Mean	Mean Diff. [95% CI]	p-value	N	Mean	Mean Diff. [95% CI]	p-value
Encounters #	MA	80	15.02	3.06 [3.84 - 2.29]	<.001	80	22.92	4.16 [5.68 - 2.65]	<.001
	ATC	80	18.09			80	27.09		
Collections \$	MA	80	\$2,143	\$222 [\$343 - \$102]	<.001	80	\$2,041	\$1,164 [\$1,334 - \$993]	<.001
	ATC	80	\$2,366			80	\$3,204		
Bill Charges \$	MA	80	\$3,466	\$306 [\$564 - \$48]	.02	80	\$3,113	\$1,512 [\$1,773 - \$1,250]	<.001
	ATC	80	\$3,771			80	\$4,625		

DISCUSSION

The use of an ATC rather than an MA optimized the success of this sports medicine practice by two fold. ATC's were able to see 18-22% more patients per clinic day as compared to MA's, by seeing more patients per day the clinic was able to increase collections by 10-60%.

This increase in patients per day is directly related to the amount and type of training each physician extender had. ATC's are trained to work fast paced and respond to situations quickly. They have extensive training in the musculoskeletal system and sports injuries as well as specific training in indirect patient care tasks.



CONCLUSIONS

Certified athletic trainers are critical components in the sports medicine training room and during on-field coverage. However, their knowledge and skill in orthopedic injuries has enabled them to successfully transition into the sports medicine clinical setting. Results showed that ATC's can optimize an orthopedic practice by increasing patient encounters, billed charges and collections.

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