AAOE News
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Evaluation of Invitations to Join ACOs continued...

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Using Athletic Trainers with Mid-Level Providers to Add Clinical and Financial Value to an Orthopaedic Practice

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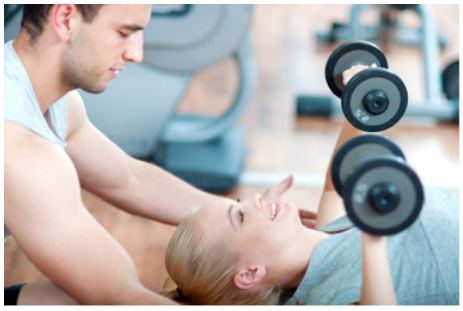

As orthopaedic and sports medicine practices evolve and react to the challenges they face driven by national health care policy change and diminishing reimbursement, they are forced to consistently evaluate their processes and find ways to deliver care more efficiently and effectively. If done well, this evolution occurs while adding clinical value to the patient while simultaneously adding financial value to the practice.

Delivering value to the patient results in streamlined access, superb delivery of services rendered and excellent outcomes. Delivering value to the practice is manifested by managing overhead while increasing revenue and volume to the greatest extent possible. It is essential that value added initiatives should be designed around the consumer or patient first, but these initiatives must be achieved while improving the financial viability of the practice. I believe strongly that practices must evolve their utilization of ancillary allied healthcare staff to make them more efficient and allow them to function more autonomously. It is absolutely essential to have the right people doing the right things from a patient care and business perspective. This has always been critical, but never has this been more important.

At the University of Wisconsin Hospital and Clinics, we have been evaluating the utilization of our available staff very critically. Our utilization has evolved consistently over time, but the present is likely one of those times that the need for swifter change has become apparent. We have added to mid-level staff (PA's and NP's) substantially in recent years and we have also added to our athletic training

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staff as our program has grown and we have added orthopaedic faculty. These allied health professionals provide the vast majority of our patient care within our sports medicine and orthopedic practices in addition to the residents and fellows that we train.

At this time, we are working to move our mid-level providers into as many autonomous roles as possible for two reasons. First, they can be more financially viable within our institution and second, they can improve access to our practice while generating revenue at the same time. Our challenge at hand is to remove our mid-levels from providing services that do not have financial value or improve access to our physicians. Our goal is to minimize or eliminate the occurrences of having two billable providers seeing the same patient at the same time and to have our mid-level's always functioning in a value added role , both clinically and financially. Specifically, to the greatest extent possible, we want our mid-level providers to run as many independent clinics as is practical, perform procedures, and function as a first assist in the operating room when their services are reimbursable.

In order to accomplish this, we have been slowly but consistently increasing the utilization of our 42 athletic trainers across our system in order to take advantage of their skills and allow our physicians and mid-levels to function with added value. This has allowed us to be creative and begin to shift our mid-level providers to the other roles. This began in our sports medicine sub-specialty, but now involves them working in our hand and upper extremity, foot and ankle, and total joint subspecialties. Additionally, we now utilize our athletic trainers as direct providers of rehabilitation services, across our orthotics department and for the delivery of incident-to services. Other institutions are using the athletic trainer in their operating room environment with additional credentialing that is institution dependent. Our program may head in this direction as well.

These transitions have not been happening in only a few isolated locations around our country. All institutions are unique and different, but I have been fortunate to visit many academic and private practices around the country and most are finding new and innovative ways to use the athletic trainer in a way that fits their practice the best. The athletic trainer functioning in the role of a physician extender is currently the fastest growing area of employment in the athletic training profession. This has been driven by orthopedic practices seeking the services of athletic trainers and athletic trainers increasingly pursuing this type of work because it fits their skillset exceedingly well. It is also important to note that athletic training preparation is improving for roles like this and the accreditation of one year

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residency training programs focused on thoroughly training the athletic trainer to work in all aspects of an orthopedic or sports medicine practice is on the horizon...

It is critical that we keep in mind what is best for the patient and the practice. It is also critical to utilize all the available abilities of the providers we have available to us in order to add value. If this is done well, mid-level providers, athletic trainers, nurses, and any other allied health providers utilized in an orthopaedic setting will be happier as they can use all their abilities while being able to justify greater financial and clinical value to the organization.

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