

Athletic Trainers' Value in Physician Practice

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EDITORIAL

We are excited to announce a new partnership with the Athletic Trainers in the Physician Practice Society (ATPPS). The Clinical Practice in Athletic Training journal will partner in a double-blind peer review process of submitted abstracts and serve as the official host of ATPPS Conference Proceedings. The mission of ATPPS is to serve as the leading advocate for athletic trainers in physician practice, providing education and resources to improve patient care and experience. As you know, the vision of Clinical Practice in Athletic Training is to provide an outlet for the practicing athletic trainer to share their story, successes and failures, in terms of patient services and practice advancement. This partnership will allow athletic trainers in the physician practice to share their story through our journal.

In this issue, we will show case the 2020 ATPPS Conference abstracts and an editorial from the ATPPS President, Forrest Pecha. We asked Forrest to help our readers understand athletic trainers in physician practice through a few questions developed by the Senior Editorial Staff.

Eberman: What is the range of responsibilities you see an athletic trainer in physician practice doing in their day-to-day work?

Pecha: This is a great question. Athletic trainers are working at every level within the physician practice setting (PPS) and hospitals, from entry-level patient access/triage to C-Suite decision-making. Athletic trainers' knowledge and background in musculoskeletal disorders and general medicine provide the foundation to be successful as clinicians in the PPS and beyond. Athletic trainers are found in many specialty areas within healthcare: Orthopedic and Sports Medicine, Pediatrics, Trauma, Emergency Departments, Primary Care and Family Medicine, Neurology, Concussion clinics to name a few.

Some states may have restrictions on athletic trainer practice and not just in PPS. But typically you might find an athletic trainer in a physician practice engaged in any number of roles with varied responsibilities, including, but not limited to patient triage (limiting unnecessary patient visits), rooming patients, taking patient vitals, taking patient histories, completing physical exams, ordering appropriate radiographs based upon exam, interpretation of radiographs, chart reviews of past medical history, intake of the patient presentation, order entry, scribing, patient education, instructing and providing home exercise programs, discharging patients, charting/documenting (per institution and CMS guidelines), along with any clinical administrative responsibilities. Athletic trainers are also found assisting in surgical cases and clinical procedures, support or giving injections, and diagnostic ultrasound. Many of these skills typically fall

within the parameters of an athletic trainer's educational preparation and within state practice acts, with a few exceptions.

Eberman: What are essential skills and experiences a hiring manager might be looking for from an athletic trainer in physician practice? How does someone acquire and improve upon these skills if they are unable to complete a residency?

Pecha: As I mentioned, athletic trainers have the foundational knowledge in musculoskeletal pathologies and general medical conditions. When reviewing and interviewing candidates, hiring managers will often look for professional traits such as experience in the setting and roles and responsibilities performed during those times. Equally important is the candidate's personal traits such as willingness to learn and grow within the position, quest for knowledge, commitment to patient care and provider care model, drive and ambition. I have said many times during presentations, "Athletic trainers are highly qualified healthcare professionals in non-emergent settings. Athletic trainers are prepared to handle the most challenging situations if they occur. In the PPS athletic trainers also need to think forward and anticipate how the day will flow and address the challenges before they happen; to be proactive rather than reactive."

Athletic training residencies are defined by the program specialty area. Some of the residencies within the specialty area of orthopedics are housed within the PPS, which allows for understanding the roles and responsibilities through socialization to the setting. For an athletic trainer who has not completed one of the residencies housed within the PPS, there are opportunities to learn from those who are working and successful currently working in the setting. A lot of how an athletic trainer will be able to practice, will be determined by the hospital/institution or provider they are working with. Learning about potential work site in

preparation for interviewing or through the interview process can help to understand what the role of an athletic trainer is within the facility. It can also keep an athletic trainer from being surprised by what they can and cannot do in their position upon hiring.

The National Athletic Trainers' Association Committee on Practice Advancement (COPA) provides resources for the emerging settings including physician practice (Website: <https://www.nata.org/professional-interests/emerging-settings/physician-practice>) and similarly the ATPPS (Website: <https://atpps.org/>) also provides resources for those interested in PPS. In addition, social media groups may help to socialize to physician practice through communication and community with other providers within the setting. Athletic Trainers considering working in this setting should be cautious when looking for training opportunities and assure that that the training is coming from credible content driven by athletic trainers or physicians. We recommend you review our position on the Orthopedic Physician Extender Certification (OPE-C), as this is an example of an educational opportunity that may be redundant to an athletic trainer's professional preparation (Website: <https://atpps.org/atpps-statement-opec/>).

Eberman: What are some common metrics in physician practice that help demonstrate value to the organization?

Pecha: Athletic trainers have been shown to demonstrate their value within the PPS across many metrics and across the varying healthcare delivery models seen in this setting. Much of the work being done focuses on metrics highlighted within the Triple and Quadruple Aims for healthcare reform. From the current literature in the PPS, common metrics include: patient access or throughput (the ability to see more patients with in the same amount of time), documentation strategies to reduce physician burnout, physician

satisfaction with hiring athletic trainers, patient satisfaction when athletic trainers are part of the patient care team, and the reduction of unnecessary referrals, visits, and ancillary testing. More information and published articles can be found at <https://atpps.org/publications-research-and-documents/>.

Eberman: How does an athletic in physician practice increase revenue and return on investment? In your opinion, what is the value of an athletic trainer in physician practice?

Pecha: Another great question... and hard question to answer definitively. Return on investment and the value of athletic trainer is highly dependent on what the goals of the provider or institution are. Athletic trainers have been able to demonstrate their value in numerous ways (as indicated from the publications described above). These may not always translate specifically to what the institution's needs are. I suggest always starting with asking the question, "What are the needs of the institution/provider?" This will help the organization identify how the athletic trainer will be able to demonstrate value. This will change depending on the health care delivery model. If the institution/provider is working in a fee-for-service model, improving patient throughput is a great and easy way to demonstrate value and return on investment. The Financial Impact of an Athletic Trainer Working as a Physician Extender in the Orthopedic Practice was a landmark article describing the impact of athletic trainers in PPS (Website: <https://secureservercdn.net/198.71.233.64/wzr.9ab.myftpupload.com/wp-content/uploads/2018/07/The-Financial-Impact-of-an-Athletic-Trainer-Working-as-a-Physician-Extender-in-Orthopedic-Practice.pdf>). In value-based care or accountable care delivery models, access, patient and physician satisfaction are important indicators.

Eberman: A majority of attendees at the 2020 ATPPS Conference were Young Professionals. What advice do you have for those young professionals interested in physician practice?

Pecha: I would suggest:

1. Reach out to those who have paved this professional path for advice and suggestions on how they achieved success. Don't try to reinvent the wheel.

2. Identify the best training opportunities you can, to prepare yourself for the position. This may be through the form of residency training and/or continuing education opportunities. Again, be aware of the quality of the educational opportunity and know where the education is coming from.

3. Continue to have open conversations, with the physician/team you are working with on how to improve your skills and support in providing patient care.

And 4. Continue to challenge yourself and the ability to work to the top of your scope of practice.

Eberman: What are career advancement opportunities within a physician practice setting?

Pecha: There are many opportunities to advance within the PPS or hospital setting. We are seeing more and more athletic trainers advancing into clinical leadership, managerial, director positions, up to C-Suite roles (CEO, COO, CFO). The ATPPS has members serving in all these roles and for athletic trainers who have aspirations to rise to these positions, we will do our best to provide connections. Members of the ATPPS can connect with other members and make requests through this contact form (Website: <https://atpps.org/contact/>).