

NEWSLETTER OF THE AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE

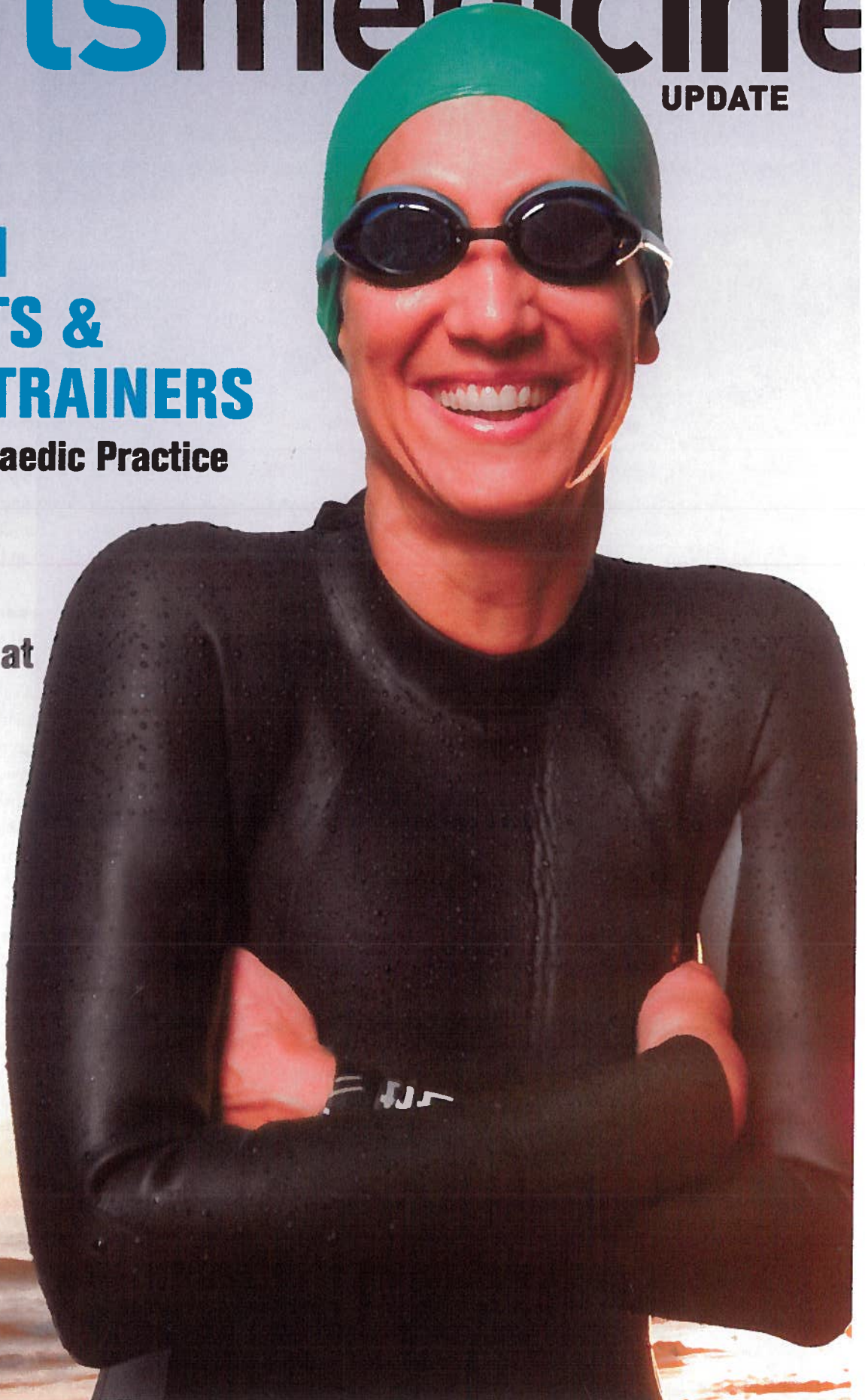
# sportsmedicine

JULY/AUGUST 2013

UPDATE

## PHYSICIAN ASSISTANTS & ATHLETIC TRAINERS

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## Integrating Physician Assistants and Athletic Trainers into Your Orthopaedic Practice

How to Add Clinical and Financial Value and Meet the Evolving Demands of Health Care

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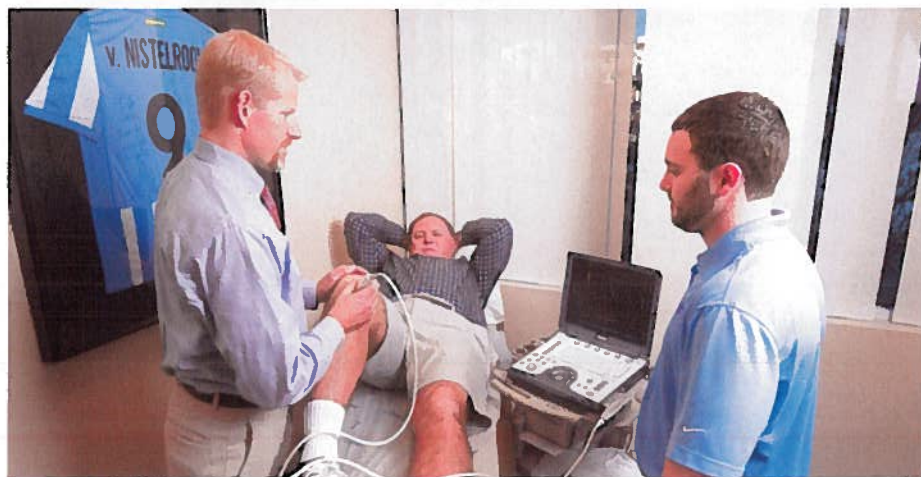
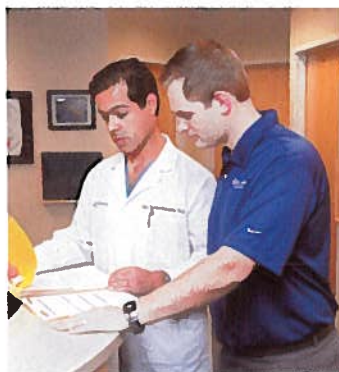
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**A**s the national healthcare environment continues to change, providers and practices must continuously adapt to meet the needs of patients, regulatory agencies, and payers. There is constant pressure on orthopaedic and sports medicine practice administrators and physicians to improve access, maintain volume, and improve quality, all while limiting the costs associated with healthcare delivery.

Compounding the financial challenges, as patient outcomes become a stronger and more important measure of physician success, practices are forced to increase data collection and evaluation. They must transform their clinical processes to provide care more effectively and efficiently. Ultimately, maintaining an ever higher level of patient care and satisfaction while concurrently adding financial value is critical.

Staffing is, and always has been, a primary concern that must be optimized as part of the development of a lean and efficient operational model. Ideal staffing models should be designed with the patient as the highest priority and at the center of care. Clinic flow should be as streamlined as possible with a staffing model that provides the highest quality and efficiency. The right staffing model will allow a practice to increase patient volumes and yield the greatest financial reward. From a business perspective, ancillary staff must work within the full scope of their practice and at their highest possible level of care. Midlevel providers should be working in autonomous roles that allow them to garner the greatest return on investment for their services. Other ancillary staff members should be enabled so that they most effectively support the physician and the clinical needs of the patient.

This article will focus on the utilization of physician assistants (PA) and athletic trainers (AT) as complimentary clinicians who can work in tandem to support the orthopaedic sports medicine physician. Both professionals work under the direction of a supervising physician, and have a medical-based education model. PAs are highly trained and skilled, and are recognized by the Center of Medicare and Medicaid Services (CMS), allowing them the ability to see patients independently, diagnose, treat, order and interpret tests, perform minor procedures, prescribe medications, and assist in surgery. The training of ATs emphasizes musculoskeletal injury prevention, clinical diagnosis and evaluation, immediate care, treatment,



rehabilitation and conditioning, organization and administration, and professional responsibility of musculoskeletal injuries. Recently, post-degree residency programs have been created to train ATs in the specialty skill sets to work in the orthopaedic and sports medicine practice setting as physician extenders.

Physician assistants are utilized throughout the healthcare environment, working in every medical specialty and have been increasing in demand as providers within orthopaedics. A recent evaluation performed at The University of Wisconsin Hospital Department of Orthopedics and Rehabilitation reviewed the utilization of its ancillary staff. PAs who worked in conjunction with their physicians had variable and limited ability to generate revenue independently.<sup>1</sup> While the role of all staff continues to evolve, physician assistants are transitioning into more autonomous roles that allow them to improve access, optimize collections, and also streamline care for surgeons. This autonomy allows for better patient access,

and allows for surgical conversion rates to improve as new surgical patient slots are used more effectively. To the greatest extent achievable, it is important to minimize the instances where two billable providers are seeing the same patient during the same visit in a clinic setting.

Physicians and administrators increasingly recognize the versatile and comprehensive skill set that athletic trainers possess and bring to the physician clinic setting. At the same time athletic trainers are seeking out positions in clinic settings. These factors have caused the physician extender setting of athletic training to be the fastest growing area of employment in the AT profession. Recent studies have shown the addition of ATs in the physician clinics have provided increased patient throughput on average of close to 20 percent.<sup>2</sup> Patient satisfaction studies have also been completed showing ATs have received high satisfaction scores.<sup>3</sup>

The AT is an ideal clinician to work in conjunction with the physician when they are seeing patients in clinic. Their musculoskeletal background allows ATs

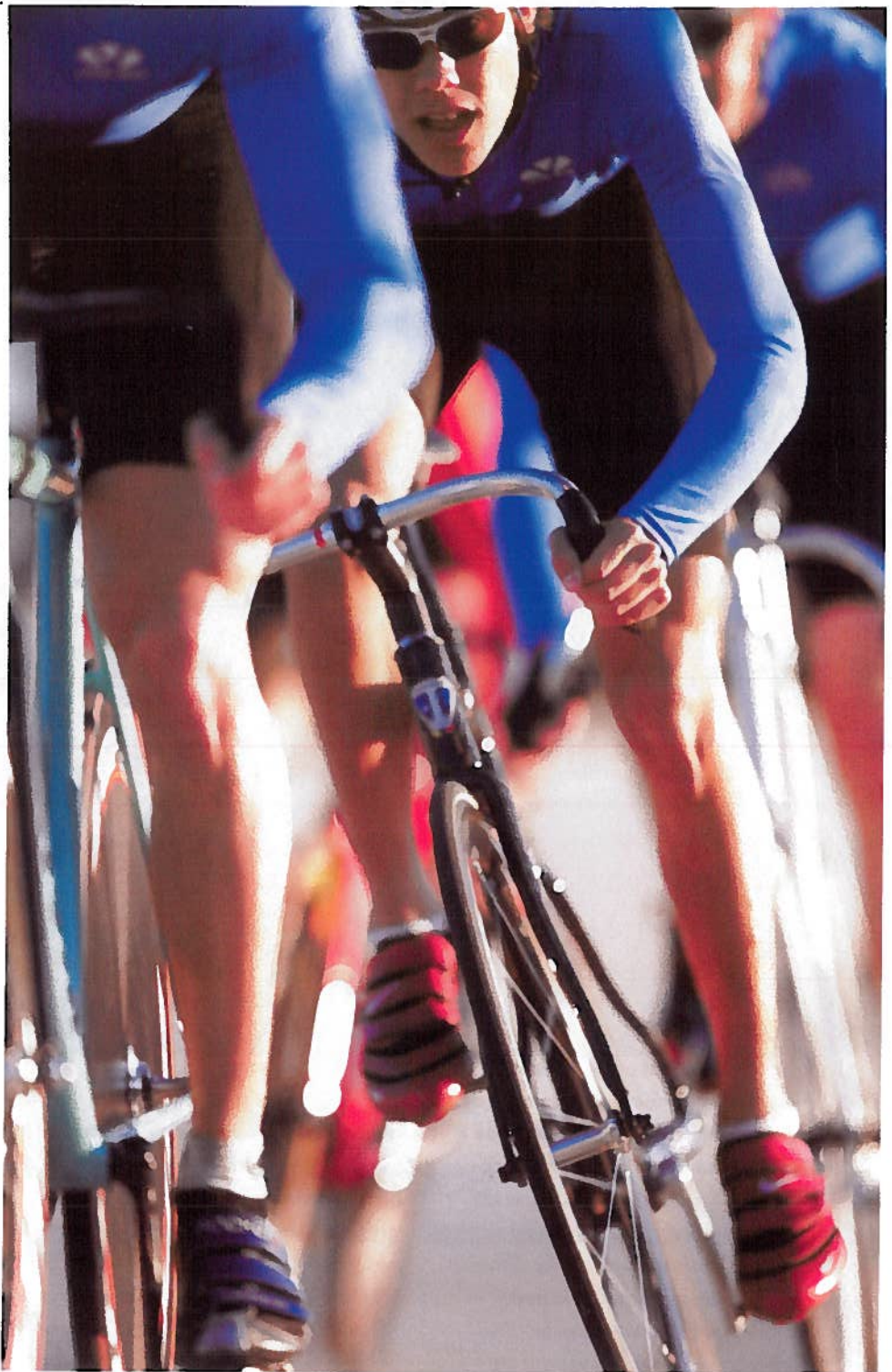
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Physician assistants working in the United States in 2010. This is a 29% increase in 4 years.

[www.educationnews.org/career-index/physician-assistant-schools/](http://www.educationnews.org/career-index/physician-assistant-schools/)

to take thorough histories, perform musculoskeletal exams, and order appropriate tests to present to the physician prior to them seeing the patient, thus improving clinic efficiency. Their skills also include fitting and applying braces and teaching home exercise programs to patients. This allows the PA to work in autonomous roles and run concurrent clinics with their own independent case-load to improve patient access and increase clinic volumes. In the operating room, PAs can assist the physician with Medicare patients and cases assured to be reimbursed for assist fees. Depending on hospital credentialing regulations ATs may be able to assist in the operating room. They may be best suited for providing operating room efficiency and assisting in non-reimbursable cases when available. ATs can also be utilized to deliver care for postoperative visits, which is especially beneficial during the postoperative global period saving time generally spent by the physician or PA.

In conclusion, both PAs and ATs can provide substantial benefits to a physician practice. Optimizing these practices is dependent on the clinic's willingness to change and shift their current practice models.



## References

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