

***THE WISCONSIN ATHLETIC  
TRAINERS' ASSOCIATION***  
**OUTCOMES STUDY FEASIBILITY SURVEY**

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**Chair, Rehabilitations Outcome Study Task  
Force**



## ***Purpose***

- **To determine if athletic trainers in the state of Wisconsin would be willing to participate in a Rehabilitation Outcomes Study (ROS)**
    - **Assess feasibility of performing a ROS in Wisconsin**
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## ***Responses***

- **WATA membership surveyed between December 13, 2008 and January 16, 2009**
  - **104 useable responses**
    - **97 complete responses**
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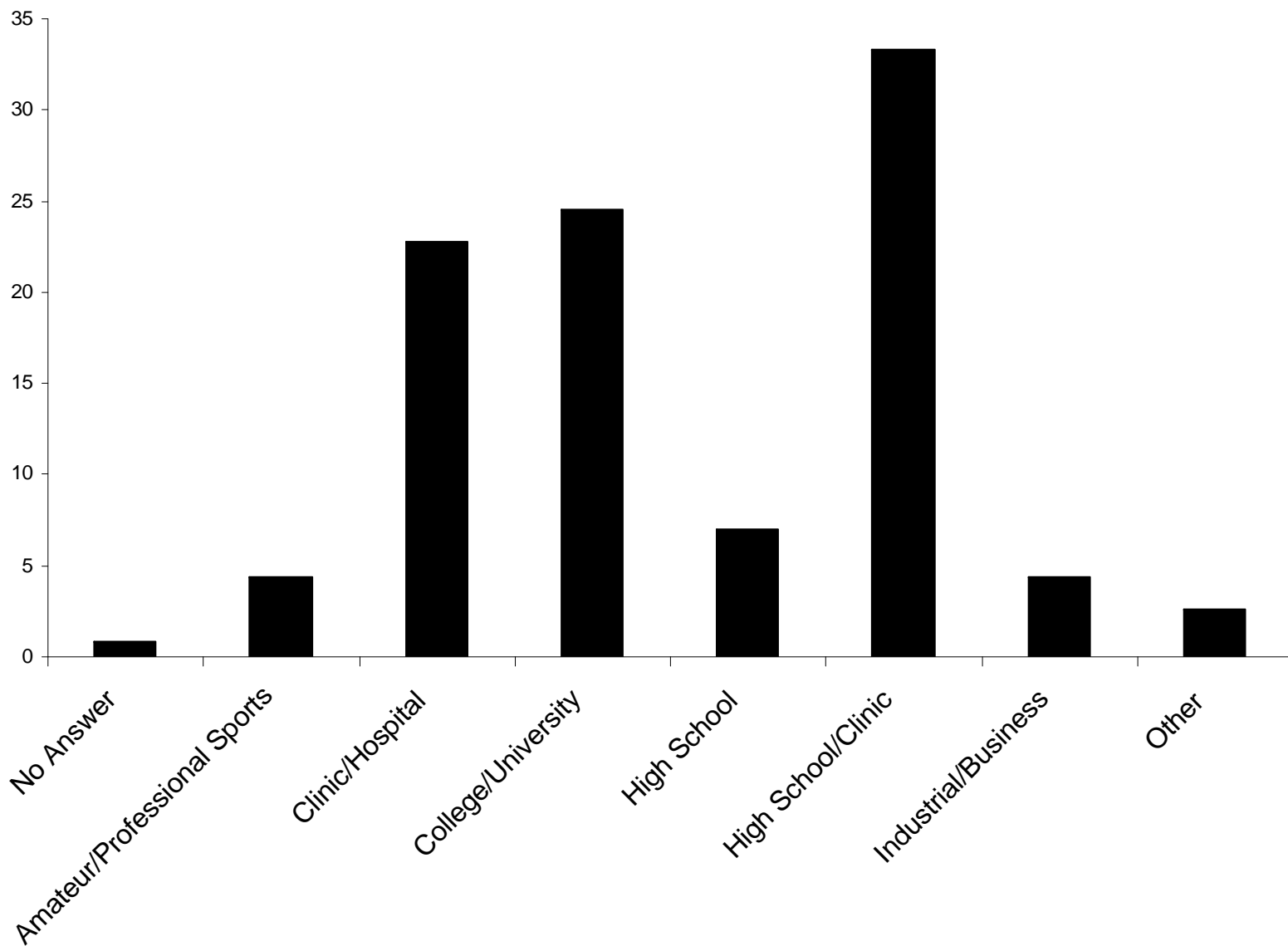


## ***Respondents***

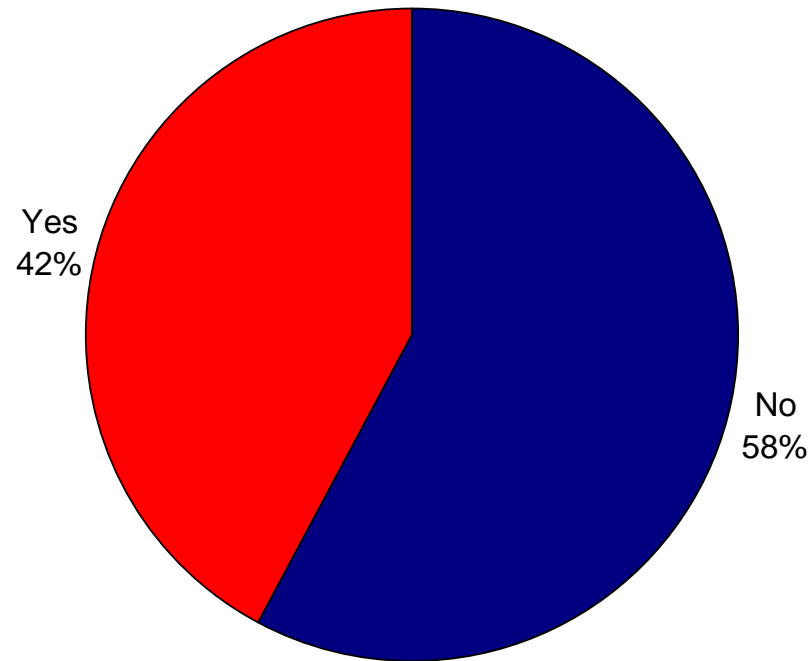
- **Years BOC Certified:**
    - **Median = 10 years**
    - **Mean = 11.1 years**
    - **Standard Deviation = 7.8 years (1-32 years)**
  - **Location:**
    - **Respondents were from around the state**
    - **Most respondents from Madison, Milwaukee, Green Bay, Eau Claire**
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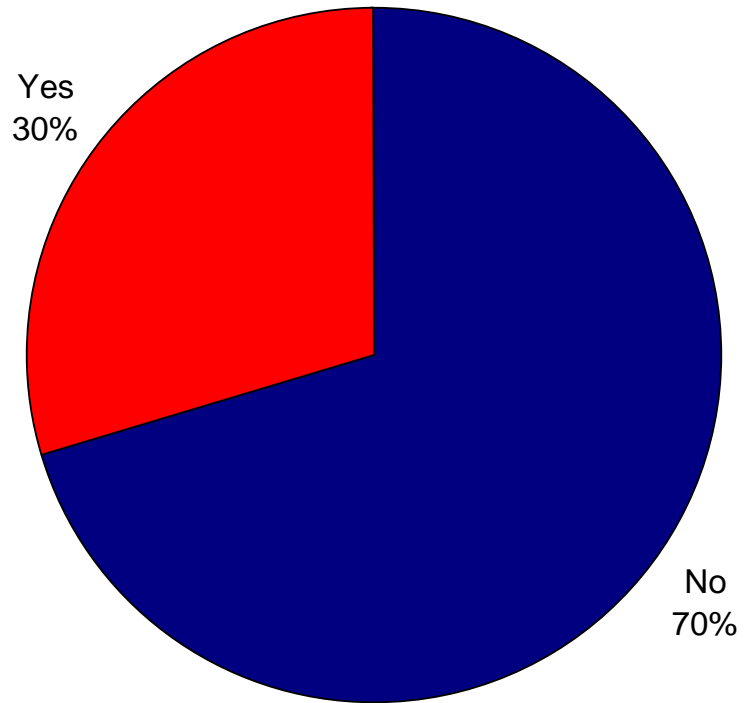
## Practice Settings



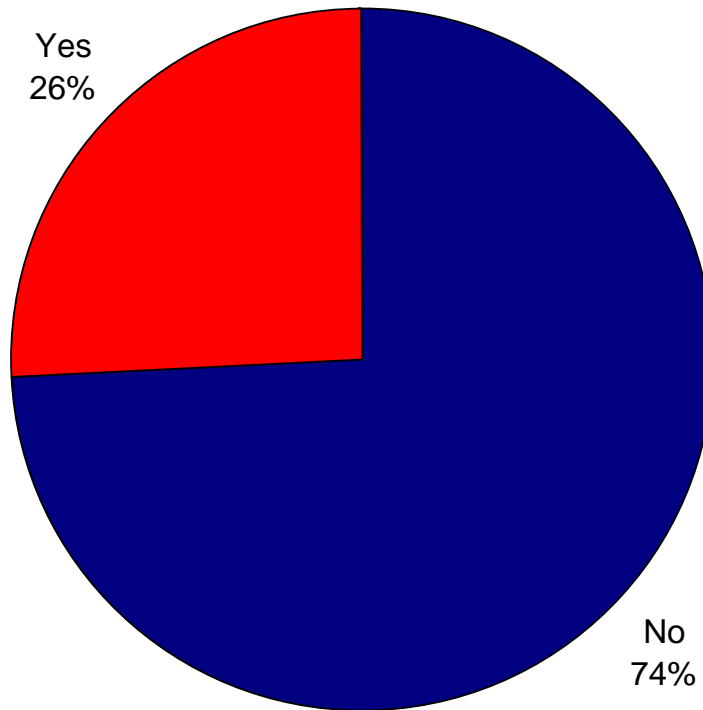
**Do you work in a setting where you are (or are able to be) the only rehabilitation provider for the patients that you care for?**



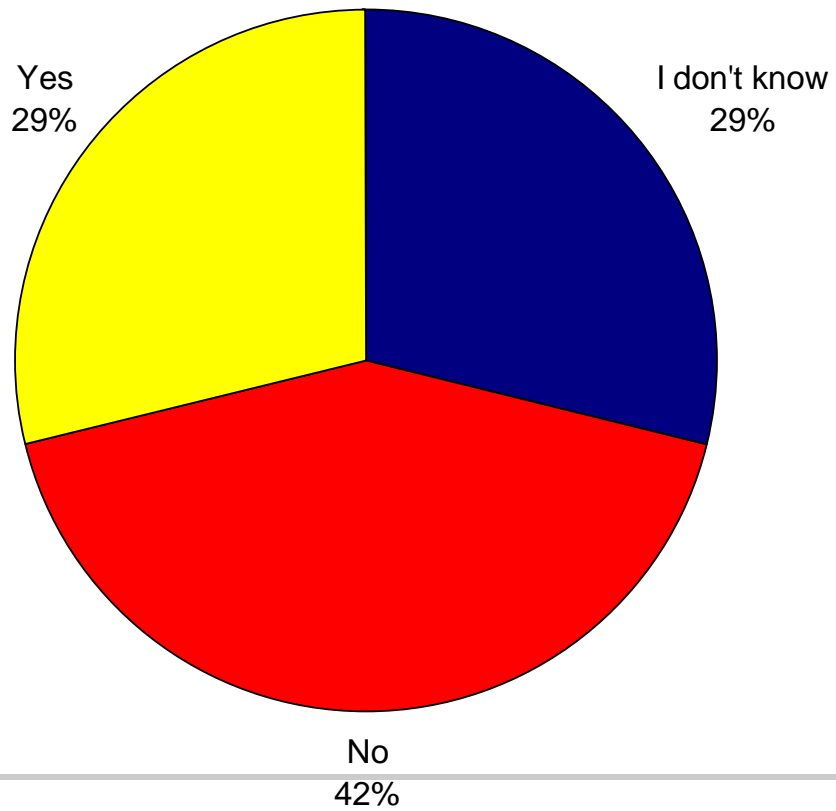
**Do students assist you with patient care on a regular basis?**



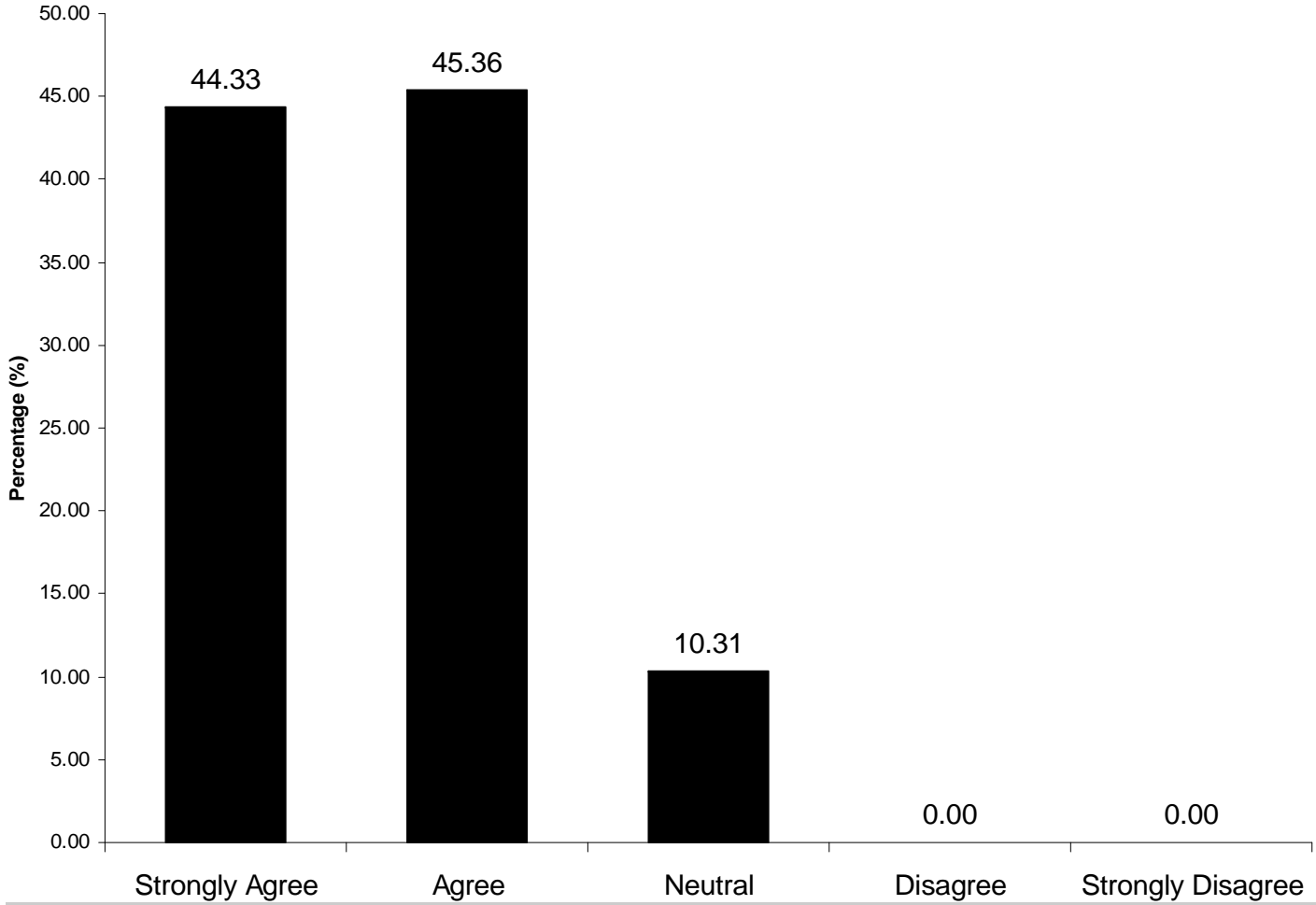
**Do other non-ATCs (e.g. PTAs, exercise techs, etc) assist you with patient care on a regular basis?**



## Does your employer collect patient outcomes data on their own?



**I think the idea of the WATA performing a  
Rehabilitation Outcomes Study (ROS) in WI is good.**

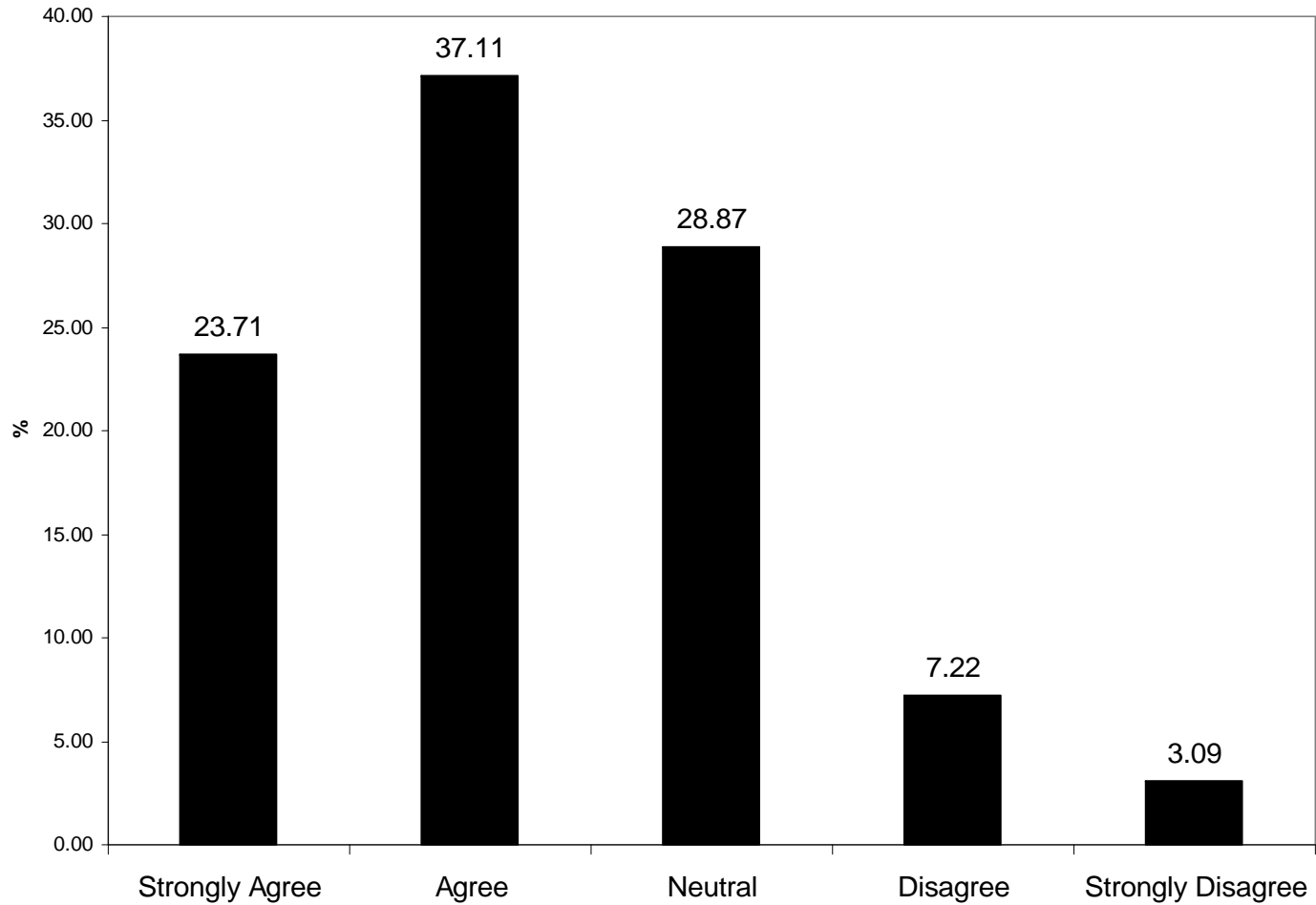




## ***Clarifications***

- **I think this is another way for the LAT to stand up for his/her services and ask for some sort of reimbursement/compensation for our time and efforts!!! It is about time that we stop “giving away” our services... which is the real reason I want to be involved in the study.**
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**If the WATA performed a ROS in WI, I would be willing to participate.**

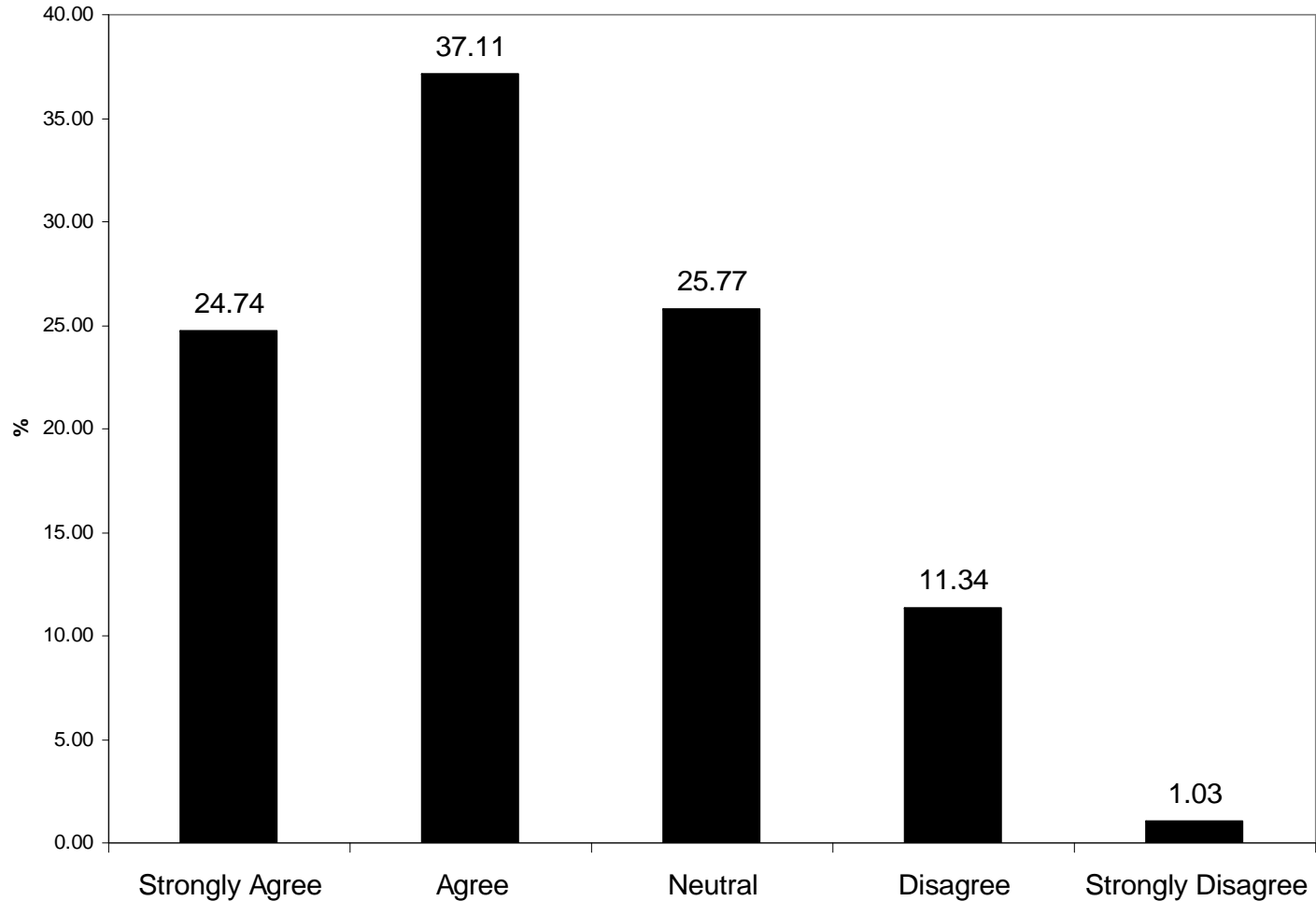




## ***Clarifications***

- **Rehab is done in HS setting--difficult to justify inclusion since reimbursement is through school contract for all AT services, not just rehab.**
  - **I think it will be potentially difficult to complete a study / paperwork in the environment that I work in.**
  - **Just overall, my clinic would prefer that I refer my athletes to them for physical therapy, rather than performing rehab with them with my capabilities at the school...**
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**In general, I am confident that my administrators would support me if I was willing to participate.**

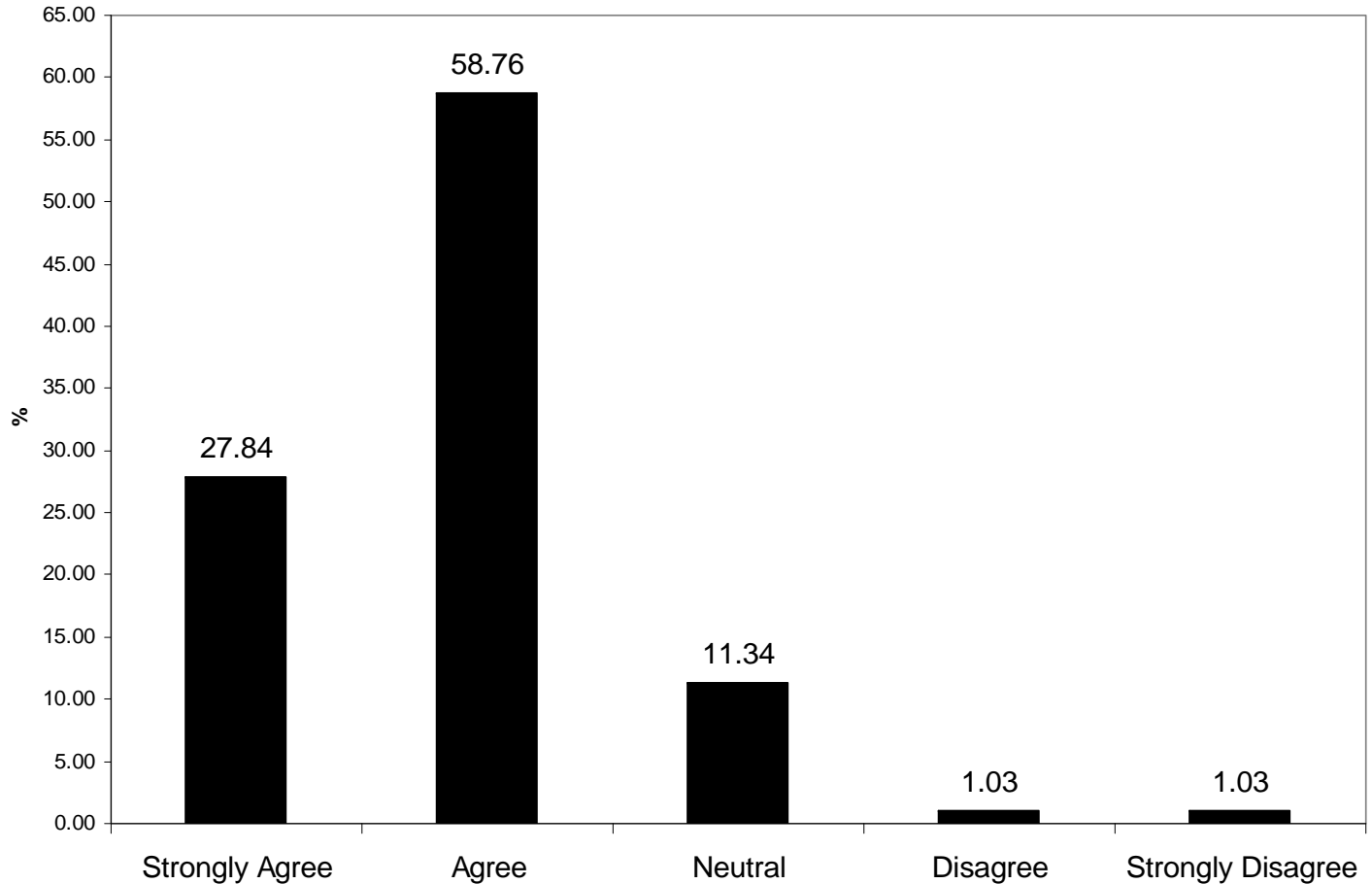




## ***Clarifications***

- **It would be hard to convince administration if the time took away from my daily duties or interfered with our normal procedure.**
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**I am motivated to participate in the ROS by the hope  
that this will aid in the fight for third party  
reimbursement in WI.**

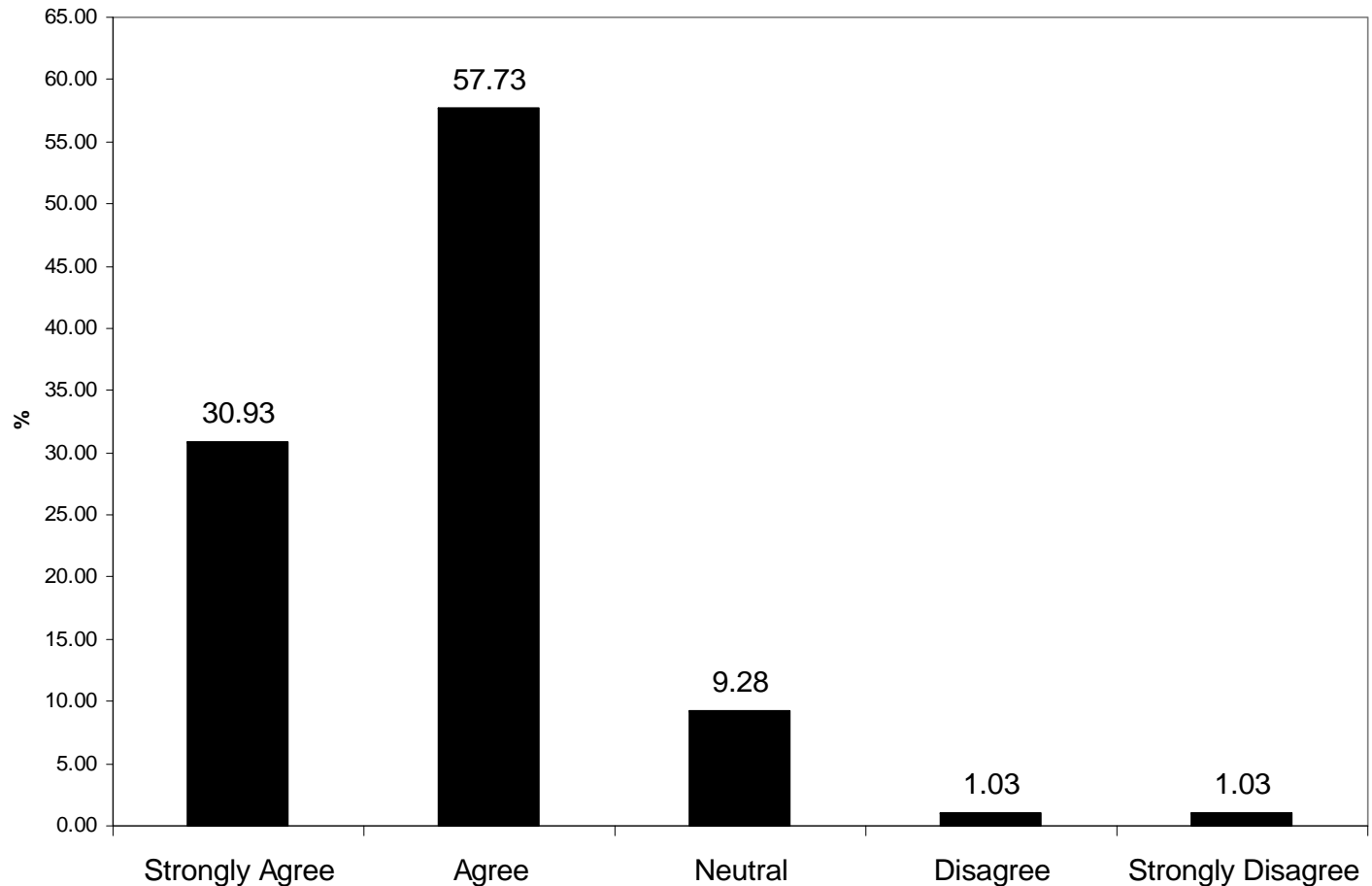




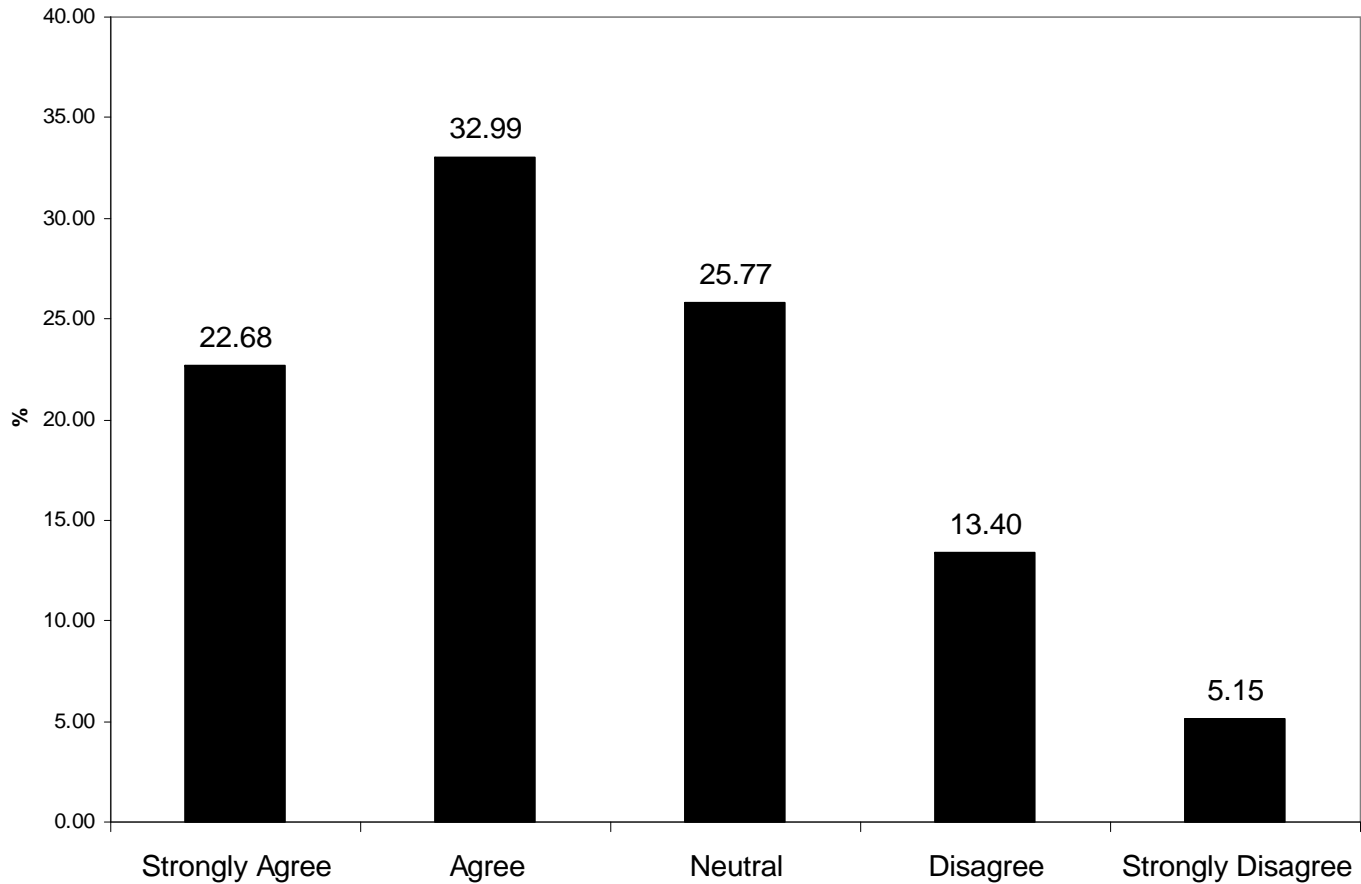
## ***Clarifications***

- **I do not bill insurance/third party reimbursement**
  - **I am dual credentialed so my billing issues are not an issue for me**
-

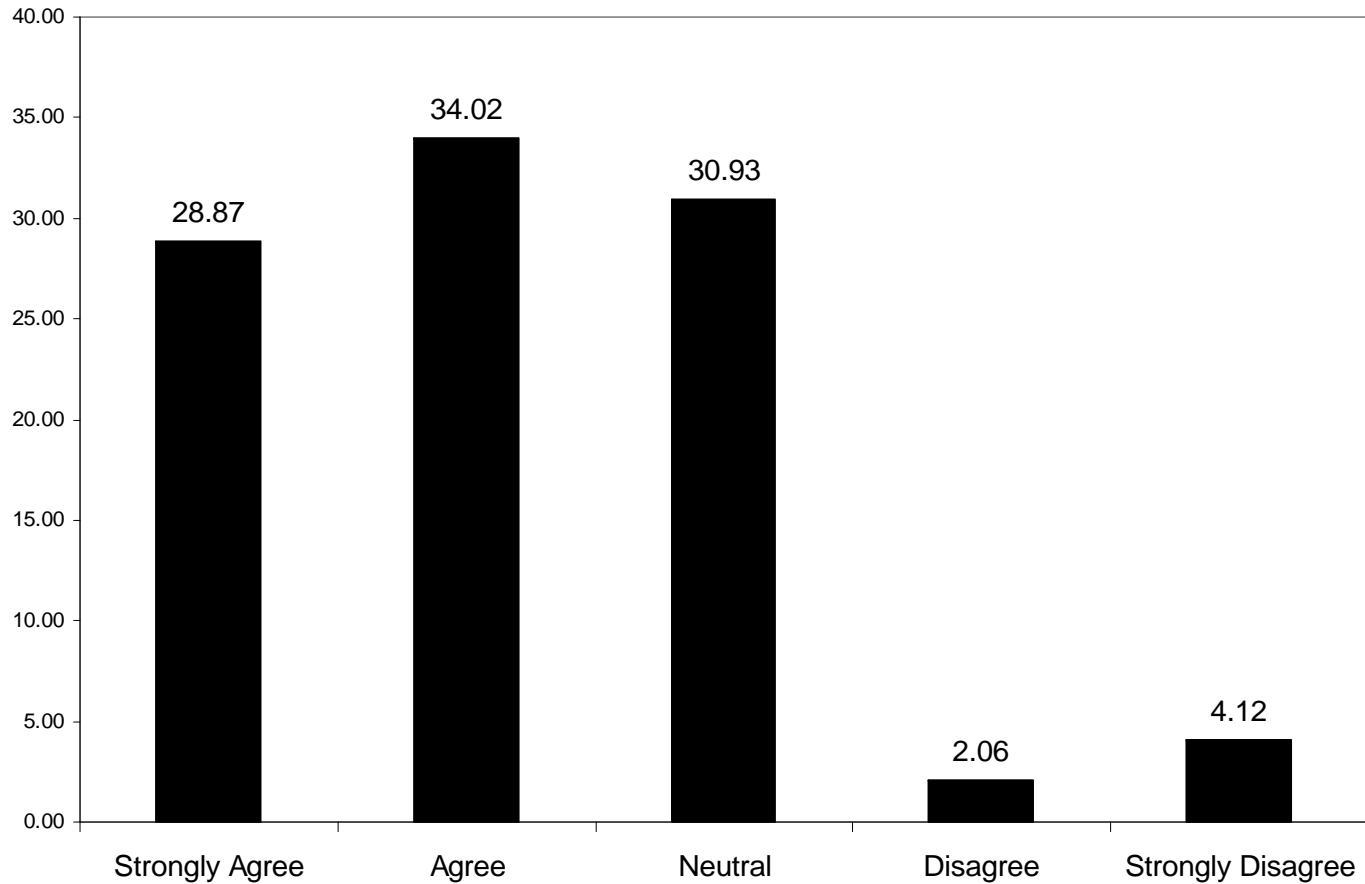
**I am motivated to participate in the ROS by the idea that I might be helping other athletic trainers enhance their quality of living.**



**I am motivated to participate in the ROS if the WATA offers monetary or other form(s) of compensation for my time.**



**If the WATA offered compensation for participating, I would want it going to me versus going to my employer.**

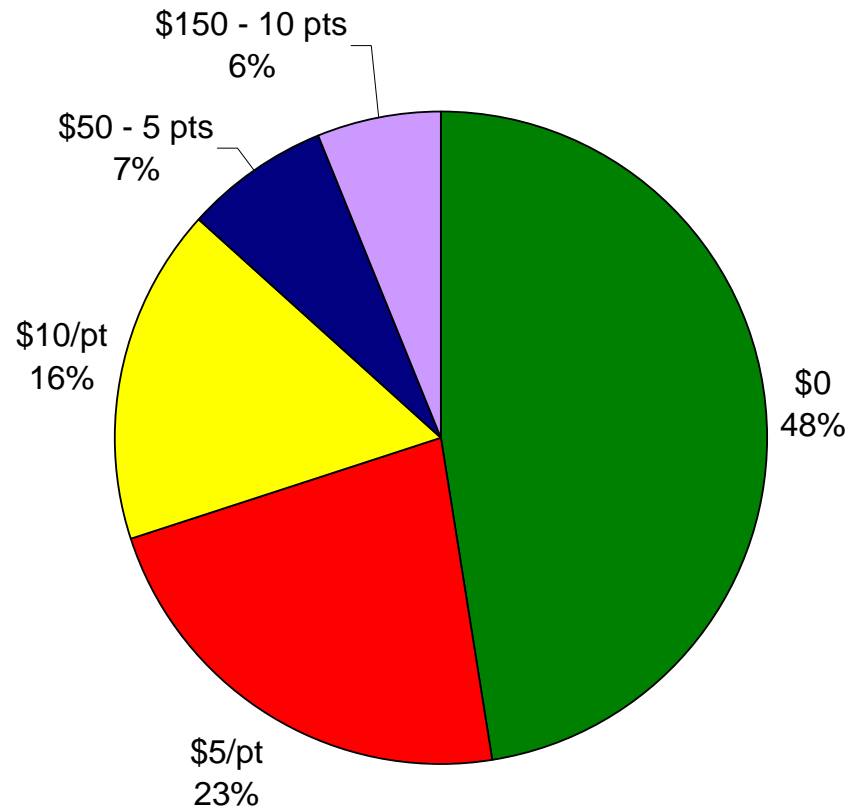




## ***Clarifications***

- **I may not be able to accept compensation while completing survey as part of normal work day. Department may consider it double dipping.**
  - **I am sure my employer would always like to have extra revenue coming in, as would I, but I don't feel it is necessary to pay someone for collecting clinical outcome data that will be usefull for them and the WATA.**
-

**If you were to be willing to participate in this ROS, what amount of compensation would motivate you to participate and submit outcomes data?**





## ***Clarifications***

- **I don't think WATA should have to pay to get LAT's to participate....obtaining 3rd party reimbursement for our rehab services is the single most important issue facing the future viability of athletic training today.**
  - **If it means getting the profession to the level and respect that we need. Would not need any compensation.**
  - **I would donate any compensation back to the WATA or the conduit fund.**
  - **Instead of compensation per patient it would be nice if they would decrease price of tuition to the WATA meeting or NATA dues, etc.**
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## ***Clarifications***

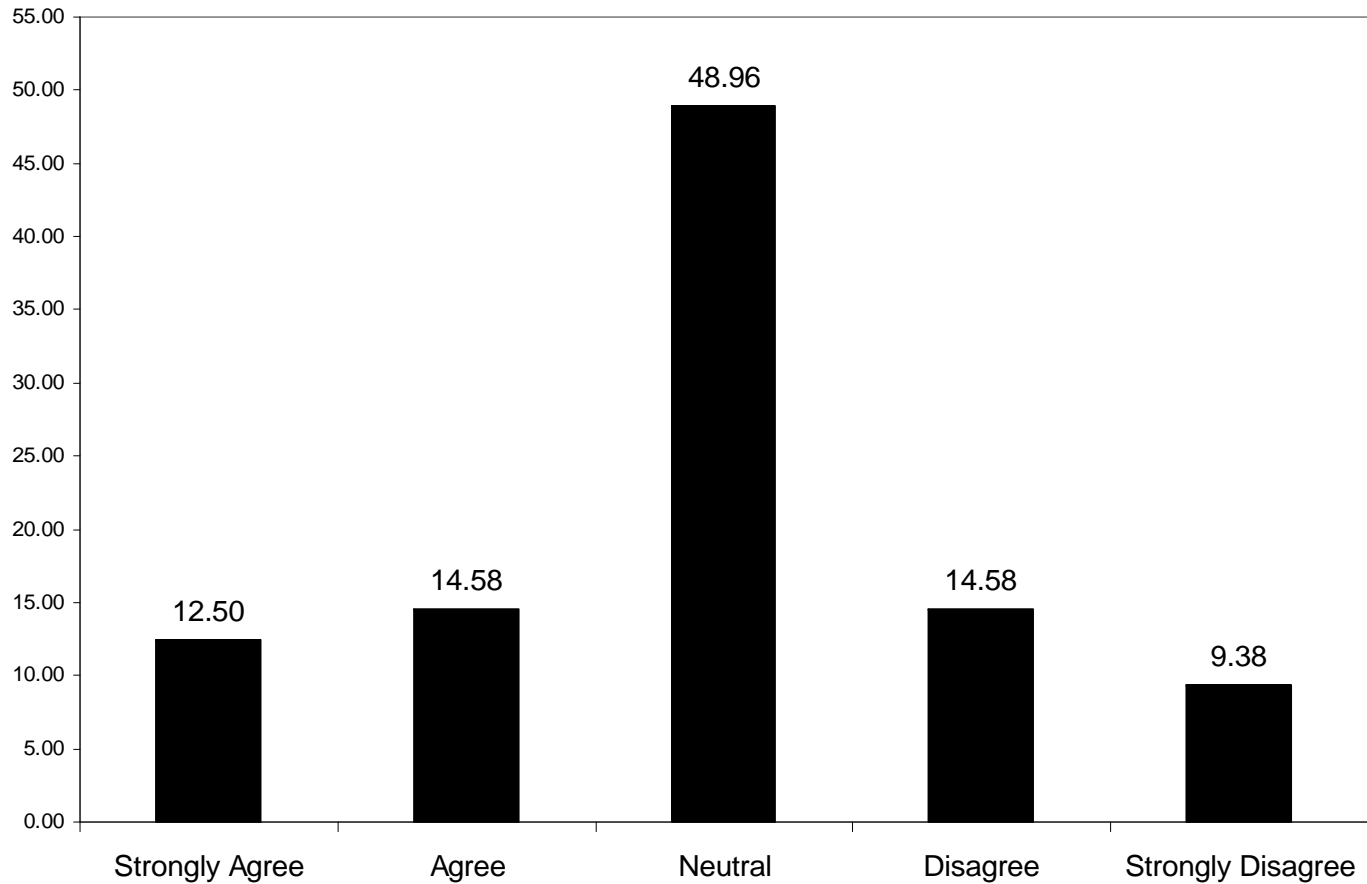
- **Although I marked that compensation was not a factor for me being willing to do the study, it would be GREATLY appreciated for the time spent on helping others.**
  - **Any compensation would be appreciated!**
  - **no \$ are necessary, but definitely welcome.**
  - **I see this as a service to the WATA, but if compensation were offered, better compliance may occur**
-



## ***Clarifications***

- **A stipend would be more suitable than a per patient amount to get the initial data**
  - **Depending on the amount of additional work required of me, I think it is fair to be compensated either more or less than the \$10 that I selected. Overall though, I think \$10 is a good starting point.**
  - **I think compensation could be given in terms a gift card or gift for participating rather than money per patient. Amounts could be determined by a range of patients: 1-10: \$10.00, 10-20: \$30.00 - the incentive would go up with range.**
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**I would be more willing to participate in the ROS if only shoulder and knee injuries were reported versus reporting all injuries.**

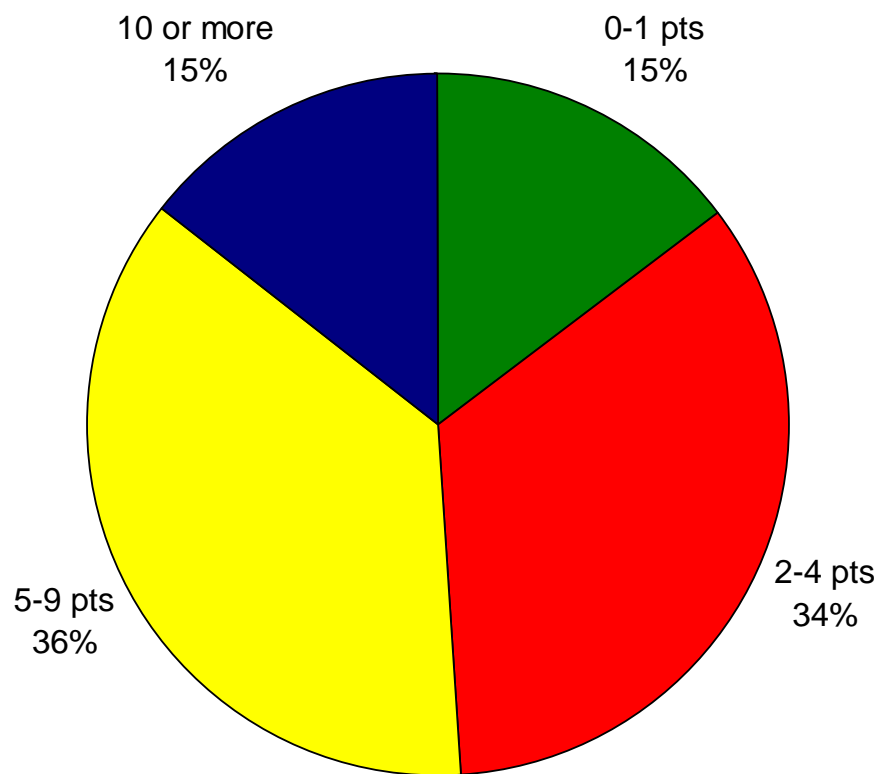




## ***Clarifications***

- **I think reporting all injuries would be too time consuming. I would be unable to do this in my setting, but I could participate if the ros was limited to a few instances.**
  - **I think the last question could include ankle injuries.**
  - **If there is a standardized method for reporting all injuries, I would be for it.**
-

**On average, how many patients do you see in a month with knee injuries (your best guess)?**

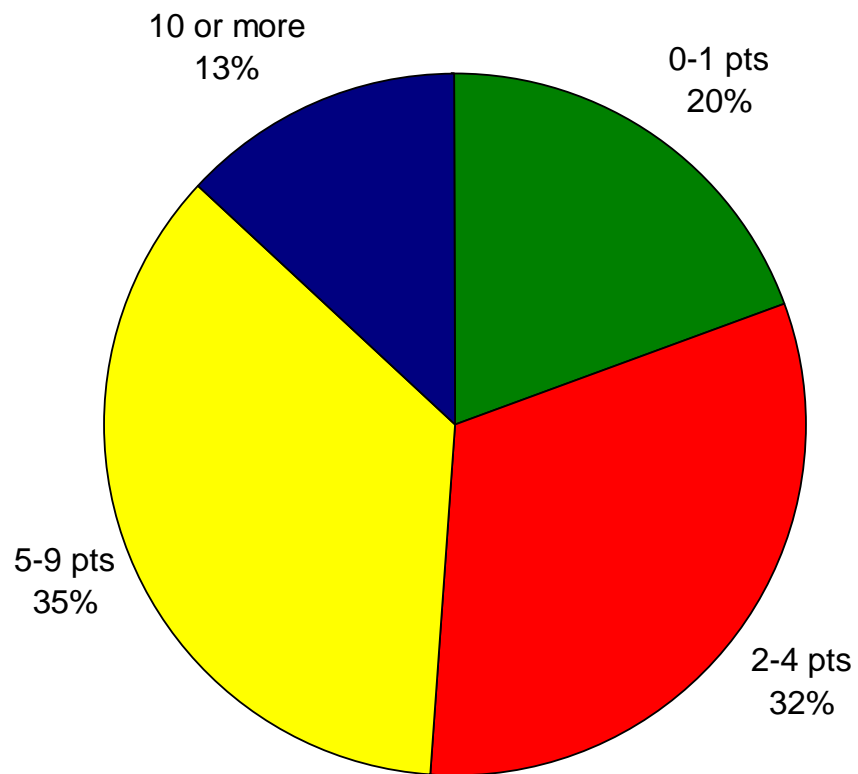




## ***Clarifications***

- **depends on the month**
  - **Varies greatly at different times of year.**
  - **I see more injuries in the fall as apposed to spring or winter. so I may see 10 or more in the fall and 2-4 in the winter or spring**
  - **during the busy fall season. 2-4 during other seasons.**
  - **Season dependant, this total may jump up significantly in the fall, or drop in the winter and spring.**
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**On average, how many patients do you see in a month with shoulder injuries (your best guess)?**

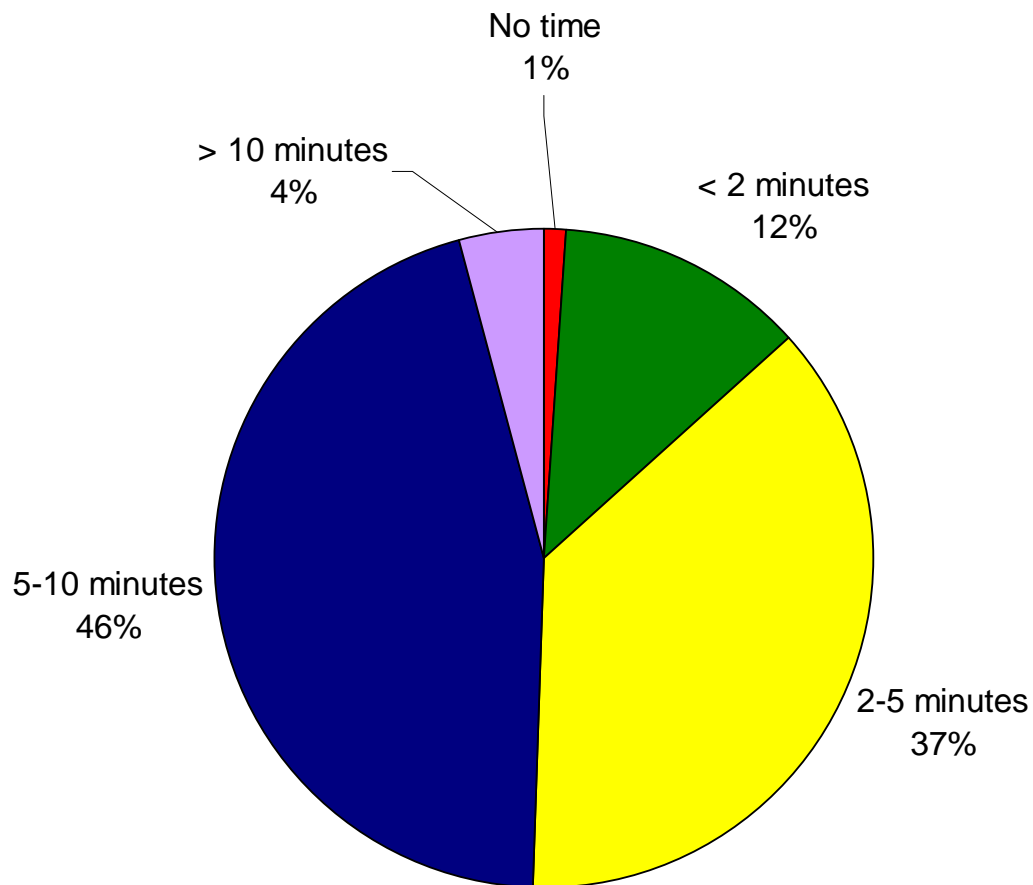




## ***Clarifications***

- **I do not see many at the high school, but I see more at the clinic.**
  - **i will see more shoulder injuries in fall and spring than in the winter.**
  - **Varies greatly at different times of year.**
  - **Again, this varies greatly depending on seasons. Spring is higher with baseball, softball and track throwers, whereas winter we have very few, if any, and fall is up a bit with football and VB shoulder injuries.**
-

**If you were to be willing to participate in this Rehabilitation Outcomes Study (ROS), how much time is reasonable for completion of the forms?**





## ***Clarifications***

- **There is already a significant amount of paperwork related to documentation standards**
  - **I think getting base line information could be established by a short form that can be completed in a short amount of time**
  - **If this is too time intensive, it will not be welcomed by the athlete or the provider.**
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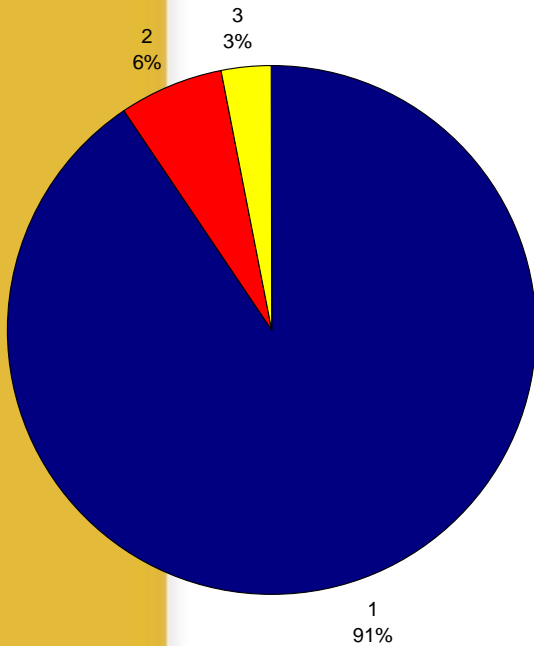
## ***Clarifications***

- **Clinical documentation already takes up precious time so adding to it would decrease the likelihood of participation.**
- **time of form completion is dependant on time of day and work load associated with my primary duties.**
- **Limited by the amount of time student-atheltes would be able to commit to completing the forms. Compliance will improve with a shorter forms.**
- **If the form is to be completed by the LAT/ATC for each athlete/patient, then I do not want to spend more than about 2-3 minutes additionally on my paperwork for each.**

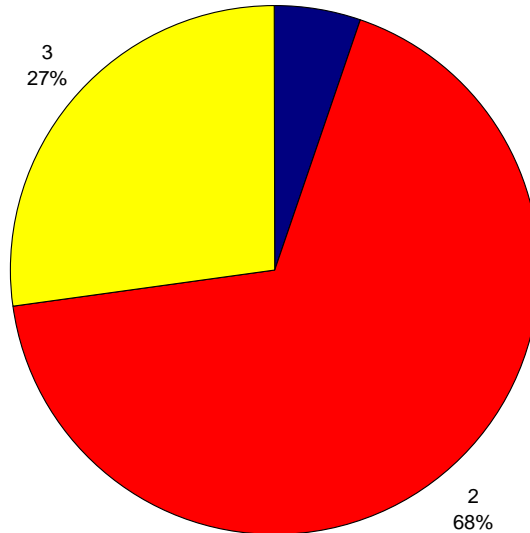


# Rank the method that you would prefer for completion of study forms (1-most preferred):

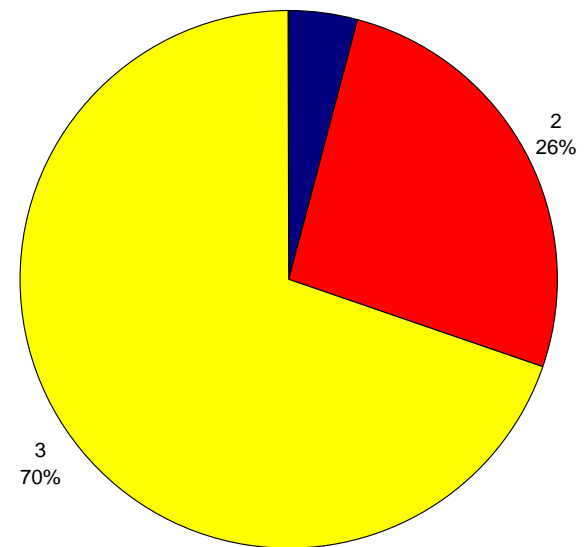
## Online



## Paper Faxed



## Paper Mailed





## ***Clarifications***

- **It may be nice to have options that practitioners could select if it is feasible.**
  - **Online would be sweet**
  - **Online would be absolutely the best and only thing I would want to do**
  - **Electronic is easiest. Faxing is a pain. A stack of forms that are sent with a self-addressed, postage paid envelop would also be easy. They should be sent in once a month.**
  - **Patient form faxed and ATC form online**
  - **do not have computer in [athletic] training room - would have to enter them when I got home.**
  - **I don't want any paper forms!**
-



## ***Summary***

- **70% of ATCs in WI think the ROS is a good idea and seem willing to participate**
    - **Dependent on:**
      - **Administration**
      - **Environment (only provider)**
      - **Single Credentialed**
  - **~50% of individuals are not motivated by monetary compensation**
    - **50% would not want compensation**
    - **25% would accept \$5/patient**
-



## ***Summary***

- **Willingness to participate is not dependent on injury site**
    - **50% are neutral on all vs. only knee/shoulder**
    - **Overall time may be a consideration**
    - **80% would accept forms that require 5 minutes to complete**
    - **#1 choice is online for 90%**
  - **50% see >5 knee and/or shoulder injuries/month**
-



## ***Practical Feasibility***

- **Would we be able to get enough data points?**
    - **70 willing ATCs**
      - **30 able (single providers)**
      - **15 participate**
    - **If 10 ATCs see 7 pts/mo, 5 see 3pts/mo**
      - **85 pts/mo**
      - **40 pts participate**
    - **Study lasts 10 months**
      - **400 data points**
    - **\$5/pt = \$2000, \$10/pt = \$4000**
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## ***Recommendations***

- **Task Force investigates financial feasibility**
    - **Cost to WATA**
      - **Physical Medicine Outcomes company**
        - **May increase cost**
      - **Independent Researcher**
        - **Possible issues with IRB**
    - **Project a 10 mo study with approximately 400 data points**
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## ***Timeline***

- **February-April 2009**
    - **Research financial feasibility**
    - **Task force conference call**
  - **April 2009**
    - **Present findings to BOD**
  - **May-June 2009**
    - **Educate & Recruit ATCs to participate**
  - **August 2009**
    - **Begin Data Collection**
  - **June 2010**
    - **End Data Collection**
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