Steve Allison, ATC, has been beating the drum on behalf of third party reimbursement for athletic trainers long before it was cool. He started working at Divine Savior Healthcare, a hospital in Portage, Wisconsin, in 1998, a time pre-licensure for ATs in Wisconsin. He was hired to assist the physical therapists with patient care, but he was unable to be directly reimbursed. He worked hard to earn the respect of his colleagues and focused on building relationships with his administrators and his peers of all disciplines, not just athletic trainers.

Since licensure was passed in Wisconsin in 2000, Allison has earned respect from his colleagues at Divine Savior Healthcare and was able to approach his bosses about expanding his role. “I said, ‘I think there is an opportunity to do what I’m doing as an athletic trainer autonomously and bill for these services if we are able to convince some payors to reimburse for these services,’” he said.

With his administration’s support, Allison began setting the groundwork for future reimbursement by “establishing some infrastructure” so that when they did get a payor to agree, they were ready to go. At the time, athletic trainers in Wisconsin were only licensed to care for athletes or injuries that were identical to an athletic injury. So Allison set up protocols and flow sheets the reception staff used to ask the right questions so a patient could be added to his case load. He wore out the halls of his facility, personally meeting with the physicians and asking them to consider including athletic training in their referrals. Allison met with his human resources department to update the athletic training description, adding the ability to perform evaluations, establish plans of care, select appropriate interventions, etc. “This was all prior to seeing my first patient, but knowing the direction we were heading, these types of mechanics needed to be in place,” Allison said.

Once he laid the groundwork, he started beating his drum again—this time with the payors. He began cold calling insurance companies. Seeing the similarities between returning an industrial athlete to his/her job and helping an athlete get back in the game, Allison reached out directly to the workers’ comp payors to ask for reimbursement, and he succeeded in getting some payors on board. From there, his role as an advocate for third party reimbursement for athletic trainers continued to grow.

Allison hit the pavement every day trying to get athletic training services reimbursed, and his tireless advocacy efforts have allowed him to grow the number of athletic trainers at Divine Savior Healthcare who are working autonomously and being reimbursed for services from just one—himself—to five.

Allison’s longtime friend and colleague Joe Greene, ATC, knew about his efforts toward reimbursement and recruited him to be a key clinical site for the Third Party Reimbursement Pilot Project, an NATA-funded study in Wisconsin, Ohio and Indiana designed to...
All five athletic trainers at Divine Savior Healthcare (three who work full time in the rehabilitation clinic and two who split time between high school outreach and clinic hours) participated in the pilot, tracking injuries, outcomes and reimbursement data for a calendar year. From July 1, 2015, to June 30, 2016, Divine Savior Healthcare’s ATs saw 432 patients and generated $1.3 million in revenue for the clinic. The reimbursement rate for the athletic trainers was nearly identical to the OTs and PTs in their rehab facility, an indication payors are starting to view all three disciplines on equal footing when it comes to billing.

Reimbursement rates are important, but so are patient outcomes. For the pilot program, Allison utilized the QuickDASH tool, an outcome tool for upper extremities, and set a goal that a patient’s QuickDASH score needed to be less than 29 at discharge (29 is the rating that indicates an ability to return to work or activity). “We saw 34 patients that year who were rehabilitating from shoulder surgeries. Our QuickDASH score at the initial evaluation averaged 45, and at discharge it was down to 10,” Allison said. “That indicates a very excellent outcome for these patients.”

Finding Success

“I have a quote I like to include in my presentations to other rehabilitation clinics or state athletic training associations: ’Success doesn’t come find you. You have to go out and get it.’” Allison said.

At the Divine Savior rehabilitation clinic, Allison had implemented thorough, thoughtful processes to make sure the athletic trainers hired find success in their role with the clinic. Because many ATs who haven’t worked in the clinical rehabilitation setting are inexperienced with its unique requirements (an understanding of clinical documentation and comorbidities, to name a few), Allison set up a three-month mentorship program for new hires during which the AT works closely with the other providers in the clinic so they can have a full understanding of how each role functions within the health care team. During this transition period, the new athletic trainers are mentored by all disciplines and receive training on clinical documentation and evaluation so they can gain confidence before seeing patients on their own.

Another way Allison sets his ATs up for success is by protecting them from excessive workloads and, subsequently, guarding from burnout. All of the rehabilitation providers in the Divine Savior facility—ATs, OTs and PTs—are paid by the hour and, usually, work 40 hours a week. “If we find that one of our ATs is consistently putting in more than 40 hours, it sparks the conversation about whether we need to hire another AT,” Allison said. That is where the Third Party Reimbursement Pilot Project and the ability for his ATs to generate direct revenue for the clinic is extremely helpful: He can point to the data collected related to revenue and patient outcomes to approach more payors and continue making the case for third party reimbursement.

One critical element to Divine Savior Healthcare’s success that cannot be overlooked is the ease with which the interdisciplinary medical team works together. That’s not something that happened on accident, and it’s not something Allison takes for granted. That positive working relationship is a result of ongoing efforts by Allison and his peers to make sure all rehabilitation providers are treated equally. Patients are assigned on a first come, first served basis depending on the payor mix available. The multidisciplinary mentorship program helps set the tone of collaboration from the start, and a strong trust has developed throughout the 19 years Allison has been working with the Divine Savior team. “It’s the best working relationship between the different rehabilitation disciplines that I’ve seen, and I’m really proud that we’ve created that environment here,” Allison said.

The Work Continues

The word is out about Divine Savior’s success with third party reimbursement, and Allison can often be found sharing his story and resources with other clinics and athletic training associations as part of NATA’s Third Party Reimbursement Pilot Project. “Momentum is building now,” Allison said. “What I’m really proud of is the movement and energy this Third Party Reimbursement Pilot Project is getting. Rehab directors are now reaching out to us and saying, ‘How can we do this?’”

Allison has developed resources he shares with other clinics, including a checklist for getting started with third party reimbursement and an overview of Divine Savior’s mentorship program for new hires.

Momentum is hugely positive, but Allison and his colleagues working on the pilot project remain focused on breaking down barriers and establishing communication with more payors so that more will reimburse for athletic training services in the clinical rehabilitation setting. As the movement grows, advocacy and education will be even more important. “I’m going to continue to meet with payors and advocate for ATs,” Allison said. “As more health systems and practices desire to use the skill set of athletic trainers as autonomous, billable providers, we will move faster in securing recognition from payors beyond the pilot states. We simply need more employers to lobby and advocate with payors on our behalf and request that athletic trainers are included as providers in their certificates of coverage. We feel that our successful pilot sites have established critical precedents and road maps others can follow.”

Steve Allison, ATC, has led the charge for third party reimbursement for athletic training services at this Wisconsin rehabilitation clinic.