As athletic trainers and therapists, we focus our attention on providing patients with accessible, efficient, and cost-effective health care. We try to keep abreast of new techniques and services offered in our field in an effort to maintain a high quality of care. Sports medicine educational programs and the current literature have been slow to address the many new concepts and trends that are emerging in health care today, and we tend to shy away from those aspects of the current health care environment that we do not fully understand. One such aspect is the importance of measuring clinical outcomes.

Outcome assessment began in the business world in the 1980s and has recently come to the forefront in health care (Donabedian, 1993). In a managed-care environment, outcomes are being used to define which methods of treatment are appropriate and who will be reimbursed for providing them. In rehabilitation, we already assess clinical outcomes. For example, by documenting increases in strength, range of motion, and functional testing after an injury, we prove to ourselves, and to our patients, that treatment has been successful and they are ready to return to sport. Third-party payers, however, are not always familiar with some of our practices and consequently do not reimburse for some services. Our challenges and opportunities are to document and present outcomes in such a manner that we educate those who provide payment. The purpose of this article is to demonstrate how outcome-based research can benefit those who offer athletic training and therapy services.

Today’s ever-changing health care delivery systems are new and quite different from those of the past. The focus is now on prevention and early intervention, which keep health-care treatment costs at a minimum (Cangialose, 1994). This creates some unique and challenging opportunities for providers. Other professionals, patients, and payers are closely scrutinizing these new means of patient care. This is especially true because payers are trying to bring costs under control and are asking for some form of validation of why certain procedures need to be performed. Admittedly, there must be some checks on our methods of care if we are to weed out ineffective practices.
The Impact on Rehabilitation Providers

As athletic trainers and therapists, educators, and sports medicine clinic managers, we need to familiarize ourselves with the practices and terminology of the rest of the health care industry in order to establish our own market share. As athletic trainers and therapists search for ways to enter the field of third-party reimbursement and attempt to apply their techniques to a different patient mix, they will have to provide evidence that what they do is an effective means of treatment. One tool to accomplish this is assessing outcomes.

Simply stated, outcome research is a means of assessing how effective a method or intervention has been. What is the end result of the treatment? Most professionals have been using outcome data for quite some time. We assess outcomes every day: when we check the progress of our businesses, when we test our students after completing a lesson, or when we try to find a more effective means of hastening our athletes’ return to sport. Some professions, such as physical therapy, have already achieved reimbursement status based on their outcomes, but as the available reimbursement dollar amount continues to shrink, payers are reluctant to support unsubstantiated methods of health care (Clancy & Eisenberg, 1998).

When athletes are functionally tested after their rehabilitation program to determine their readiness for return to sport, this is a form of outcome assessment. These performance measurements are only one means of assessing the effectiveness of rehabilitation. Other aspects of outcomes might include patient satisfaction, patient compliance, provider performance, and appropriateness of treatment (Dobrykowski, 1997).

The first step is to validate effectiveness of patient care. Are certified athletic trainers and therapists capable of delivering quality health care to an active population? There are now published outcome-assessment studies to support the claim that they are (Albohm & Wilkerson, 1999), and more will follow. The next step is to show potential payers that what we do is cost effective. As managed care becomes a larger player in determining the type of health care to be offered, we as athletic trainers and therapists must be able to show that what we do is highly effective and can be cheaper than other methods of treatment. Since our inception we have been, in essence, practicing managed care with our athletes, from prevention to treatment. Now is the time to show payers that what we do should be reimbursed as accessible, highly efficient, cost-effective health care.

Examples of Outcome-Based Research

Current outcomes research is focusing on patients’ satisfaction with the care provided and the level to

Helpful Outcomes-Research Web Sites
www.outcomes.org
www.achoo.com
www.healthfinder.gov
www.avicenna.com

Helpful Organizations (Each Has Its Own Web Site)
National Association of Health Data Organizations
National Association of Health Care Quality
National Committee on Quality Assurance
Center for Health Care Information
Center for Disease Control
Joint Commission on Accreditation of Health Care Organizations
Focus on Therapeutic Outcomes, Inc.

Helpful Journals
Disease Management and Clinical Outcomes
Journal for Healthcare Quality
The Quarterly Journal of Cost and Quality
Report on Medical Guidelines and Outcomes Research
Journal of Rehabilitation Outcomes Measurement

Helpful Publications
Functional Assessment and Outcomes Measures for the Rehabilitation Professional (Aspen Publications)
Clinical Pathways for Medical Rehabilitation (Aspen Publications)
Understanding Health Care Outcomes Research (Aspen Publications)
Measuring Outcomes in Ambulatory Care (American Hospital Publications)