



▪ AOPA Headlines

AOPA WORKING FOR YOU

AOPA has moved aggressively to encourage this kind of industry research. After issuing a RFP in four research areas early last year, AOPA, along with the Center for Orthotic and Prosthetic Learning and Outcomes/ Evidence-Based Practice (COPL), awarded three \$7,500 grants funded by AOPA in June 2009. The COPL Board of Directors reviewed the submissions and recommended three research projects be funded

The project areas selected were: "Comparison of Liner-Assisted Suspensions in Transtibial Prosthetics: A Pilot Study," "Functional Outcomes of a Custom, Energy Harvesting 'Bullfrog' AFO," and "Estimation of the Axis of Rotation Position in Non-Articulated Energy Storage and Return Prosthetic Foot-Ankle Mechanisms: Implications for Prosthetic Foot-Ankle Mechanism Efficiency and Motor Control Strategies in Unilateral Transtibial Amputees."

The final reports are due Dec. 31, 2010, and the COPL Board of Directors will evaluate the findings and determine how to position these research results to secure further funding for expanded research.

Another set of pilot project research grants was just awarded this past June:

- **A Pilot Study – Outcomes Assessment of Vacuum-Assisted Socket Systems**, submitted by Sam Phillips, PhD, CP, (Principal Investigator), Tampa Veterans Research and Education Foundation
- **A Pilot Project – Investigation of Prosthetic Socket Interface Pressure: Effects of Suspension Types and Socket Alignment**, submitted by Fan Goa, PhD, (Principal Investigator), University of Texas Southwestern Medical Center at Dallas
- **A Pilot Project – Exploiting Lower-Limb Orthotic Constraint of Movement as a Strategy for**

RESEARCH Takes a Front Seat

With the squeeze on reimbursement rates, AOPA makes research a top priority

In real estate, it's all about location, location, location. However, in the world of patient care, it's research, research, research. While O&P reimbursement is forever changing, two constants remain: Regulations surrounding the new health-care reform law will be written to reflect the government's need to reduce Medicare and Medicaid's growing cost burden, and comparative effectiveness research will increasingly drive reimbursement

levels flowing from Medicare, Medicaid, and third-party payers.

Answers are needed to demonstrate which treatment option, which device, or which surgical procedure is going to produce the most patient-centered and cost-effective outcome. And nobody is going to do that research for us. The O&P community must take the lead in producing quality research or forever take a back seat when it comes to payments.

Neuromuscular Recalibration, submitted by Christopher Hovorka, MS, CPO, LPO, FAAOP (Principal Investigator), School of Applied Physiology, Georgia Institute of Technology, Atlanta.

But there is more in the works. Eight AOPA member manufacturers of energy-storing prosthetic feet and microprocessor prosthetic knees have agreed to invest an estimated \$400,000 in research for measuring the comparative effectiveness in categories of various knees and feet. This research is envisioned as a cooperative effort under the AOPA/COPL research umbrella. The research is not a brand comparison within these categories, but rather a comparison of these more recently evolved technologies with their predecessors, such as satch feet and hydraulic knees.

The study will be conducted by independent third-party researchers. COPL will have a key role in evaluating RFPs and recommending one or more researchers based on the RFP submissions. Neither AOPA, COPL, nor individual manufacturers will have any involvement once the researchers are selected other than the manufacturers will supply sample products for the study and any necessary training.

The energy-storing foot RFP is expected to be issued around the time this issue of *O&P Almanac* is published, while the microprocessor knee RFP is expected to be issued shortly after the AOPA National Assembly, Sept. 29-Oct. 2, 2010 in Orlando at the Rosen Shingle Creek Resort.

Added to this mix is the patient registry framework developed for AOPA by the Thomas Jefferson School of Health Policy. About 20 AOPA

patient-care facilities participated in gathering data on randomly selected patients to document the validity of this instrument for measuring treatments and device outcomes across a range of needs for patients with limb loss or limb impairment.

It's hard to fathom the incredible need for investment in research. But if the O&P community doesn't muster the resources and the backing to move forward, the entire opportunity to continue delivering quality patient care may be thwarted by the ever increasingly sharp knives wielded by the payers. Adequate research is beyond the reach of a single company in the O&P field. That's why AOPA must make an effort to provide leadership in urging collective and shared responsibility by all with a stake in the outcomes to aggressively pursue research now and in the years ahead.

