



**American Orthotic &
Prosthetic Association**

***Strategic Planning Initiatives of the
American Orthotic & Prosthetic Association
As Presented to the Membership
September 11, 2008***

The December 2007 member survey captured a sense of the O&P field's concerns about threats and also identified opportunities that could affect ways of doing business and the current business model utilized by patient care facilities. The review of data was undertaken by a Member Survey Workgroup chaired by President Brad Ruhl and Past President Ronald "Ted" Snell, CP. Tom Kirk, PhD, and A. J. Filippis, CPO, co-chaired separate groups assigned specific responsibilities related to any changes needed in the AOPA charter or bylaws and alternative business models.

Mike Hamontree, Dennis Janisse, C.Ped., Tom DiBello, CO, FAAOP, Brian Gustin, CP, and Jim Kaiser, CP, LP comprised the remainder of the Workgroup which evolved into a Strategic Planning Workgroup as the data elements began to reveal some very specific needs identified in the survey. These were translated into solutions that were further refined by two and three person teams into eleven initiatives that include action steps, budget projections and preliminary timelines. The eleven initiatives fell into three interconnected areas of protect, promote and provide. These three themes are the drivers for AOPA's strategic plan as the initiatives are implemented over the next several years.

The Protect Initiatives:

I – Link Service/Quality/Provider/Payment

Objective: To achieve the creation of a new approach to O&P fee schedule under Medicare, as well as private insurance plans that would link reimbursement amount with the specific device prescribed to the complexity of the patient's needs and the qualifications of the provider.

Activities to try to meet this objective might include, among other considerations, some of the following:

1. Promote and build acceptance for current legislative model to foster adoption of a stratified fee schedule ranging from off-the-shelf through custom-fit to custom fabricated, using coding definitions vetted through the Alliance and allocating codes in a manner consistent with the latest tripartite listing.

2. Develop national Patient Satisfaction Survey instrument residing on BOAT site that provides instant tabulation for benchmarking ongoing patient satisfaction
3. Develop limited list of core procedure codes that can only be provided by certified individuals or accredited facilities.

II – Improve Payment System

Objective – Seek to refine the reimbursement system, if the opportunity presents itself, by having available a supplemental payment methodology that could be submitted to CMS. This would entail a redefinition of the role Orthotics and Prosthetics play in the delivery of care in the rehabilitation continuum where reimbursement for follow-on care plays a role in lowering Medicare costs by proper maintenance of devices and dealing with any complications in the early stages before they require more expensive treatment programs.

Short Term Goals

1. Ongoing clarification of the separation of O and P from DME
2. Create an expanded set of codes that include payment for services as an add-on to the current L Code system to have available should CMS attempt any major revision. The expanded code system could include recommended codes for evaluation, gait training, follow-up visits etc.

Long Term goals

3. Evaluate the impact various payment systems would have on the industry's bottom line.
4. Form a committee of experts (some existing Coding & Reimbursement Committee members along with others including manufacturers) and develop a plan for implementing short term goals in existing system. Obtain statistical validation of the potential long term savings these new service codes would provide. Employ an engineering firm to create data that demonstrates that devices that are maintained on a regular 6 month maintenance interval required fewer repairs and experienced fewer failures than non maintained devices thus saving money in the long run. Verify that these savings exceed the cost of paying for regular follow-up visits. Employ Alston and Bird to advise on best approach to disseminating this information to the CMS.
5. Charge the same committee to create a task force that will evaluate other payment systems including but not limited to those used in other countries.

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III- Foster Research into Outcomes to Further Support Evidence Based Practice Models

Objective: AOPA will commit to funding that will allow participation in a pilot study of an O&P practice/modality commonly used in the O&P practice setting. Outcome Studies could/would potentially have a positive impact on reimbursement, covered modalities/services, credibility, and acceptance from both the medical and patient community.

1. Determine what modality/service to start our Outcomes Project with something that is commonly utilized and recognized by Physicians, Patients, and Payers etc.
2. Seek out a consultant or firm that has knowledge and expertise in creating, formatting, and implementation of a meaningful/credible, practice/patient management study.
3. Create a committee that understands the goals, function and implementation of a research/outcomes study and find willing, appropriate members/patient care facilities to participate.

IV – Licensure Initiative

Objective: Licensure was identified as a priority project based on responses from the December, 2007 member survey resulting in a commitment by AOPA to enact “good” licensure laws in all fifty states by 2012 “To Ensure Quality O&P Care for Our Patients.”

1. AOPA members listed non-traditional o/p competition and encroachment as major threats to their future practice.
2. The AOPA strategic planning committee embraced a proactive approach as a solution.
 - a. In an effort to challenge competition rather than attempt to eliminate competition in our free market system, AOPA proposed an initiative to support licensure as a solution to members’ concerns with non-traditional o/p competition and encroachment.
 - b. AOPA strongly supports increased technology and education for members who provide custom and advanced o/p patient care in their roles as professional practitioners.
 - c. As technology advances, our patients must be assured that trained professional practitioners are in charge of their care and licensure legislation will help ensure and enforce that requirement.
 - d. The goal is to have all states adopt a strong o/p act with enforcement language and reciprocity across state lines by 2012.

The Provide Initiatives:

I – Improve Practitioner Skills

Objective: to strengthen and to provide the skills necessary for the practitioners to be more proficient in executing their clinical, operational and business responsibilities by developing a series of courses and seminars as well as the most cost efficient, user friendly delivery mechanisms.

1. Identify the topics for training (arising from deficiencies and needs in the clinical, operational and business skill sets) based on interviews with practitioners,

analyses of technical and market trends and comparisons with other health care professions.

2. For each topic estimate the a) urgency, b) size of impact (by considering the percentage of the membership in need and the magnitude of the topic) and c) difficulty to achieve.
3. Prioritize the topics.
 - A. Identify the group who will be responsible for developing and delivering the training including the best way to deliver the training for each selected topic
 - B. Build the training modules
 - C. Define the delivery vehicle
 - D. Test an alpha version on a select subset of the membership and gather input
 - E. Modify as necessary

II – Ideal Office of Tomorrow – Care Extender Model

Objective – Outside pressures are mounting on traditional service model causing profit pressures (we don't make as much money as we used to) driven by managed care, administrative burdens, competition, Medicare and an increasing demand for services (baby boomers). The strategic goal is to make more money, work smarter, and increase profit margin. In this model the roles of the technician and practitioner are completely redefined as well as the support systems and fabrication processes of a traditional O&P practice.

Examples:

1. Dentistry
 - a. Use of dental techs and hygienists
2. Legal
 - a. The growing role of the paralegal
3. Physical Therapy
 - a. PT assistants

"The Why"

1. Focus on patient
2. Better use of practitioner time
 - a) Allow practitioner to apply knowledge and experience to create care plans
 - b) Allow practitioner to focus on referral sources
3. Relieve dependency on fabrication
4. Create new career paths for care extenders
 - a) Skill development

"The What" -- Process Changes

1. Outsourcing of fabrication
 - a) Maintain adjustment "lab" on premises
2. Scheduling changes

- a) Care extender time will be scheduled for most patient engagements with smaller increments scheduled for practitioner to manage the engagement
- 3. Patient interaction and tasks
 - a) Care extender's role broadens
 - b) Practitioner becomes manager of service
- 4. Compensation
 - a) Goals and comp based on profits and performance

Roles

1. Technician to Care Extender

Old Role	New Role
Fabricator	Managing fab outcomes
General workshop hand skills	
Device focused	Patient focused
Internal narrowly focused	External broadly focused
Reactive	Proactive

2. Practitioner

Old Role	New Role
Quasi Practitioner/Fabricator	Manager of care
Hands-on fabrication	CFAB relationship and communications skills
Primarily fabrication focused	Primary focus on service to patient, referral source, payer/case manager, etc.

III – Different Business Models.

Objective – Develop a comprehensive list of alternative revenue generating business models, examples and “how to information” that patient care provider members may consider in terms of expanding or broadening their traditional base of business. This list may include but is certainly not limited to the following areas:

- 1. Offering expanded services to include physical therapy and/or occupational therapy services including: gait training, massage therapy, stretching and strengthening therapy, therapy to improve activities of daily living, developing the necessary skills needed in returning to the workplace, etc.

2. Entering into unique business relationships with physicians or physician groups by partnering with them to expand their scope of practice. This may even include the offering of psychiatric, social work, or ministerial or pastoral counseling services.
3. Entering into related durable medical equipment supplies or service offerings such as diabetic supplies, medical gases, home medical equipment, complex rehab such as custom seating and positioning, wheeled mobility, etc.
4. Partnering with an existing HME provider to reduce up-front investment costs and to leverage complimentary strengths in a “one stop shop” approach to providing services.
5. Investigate the fields of anaplastology and maxillofacial prosthetics, medical illustration, oculiaristry, clinical cosmetology and a wide variety of mastectomy services.
6. Offering hearing aid products and services either owned or again, through a joint venture of some type.

The Promote Initiatives:

I – Provide Curriculum Recommendations to Schools

Objective – Create a standing committee that would regularly survey the field and based upon that data and information culled from other data gathering methods, i. e. focus groups, round table discussions, etc., pass that information on to NCOPE and the institutions themselves. Examples: Business education should be expanded to meet the needs of an ever changing increasingly complex reimbursement environment.

II- Build “GrassTOPS” Network to Educate and Persuade Legislative Policy Makers

Objective: AOPA will develop a “GrassTOPS” group of at least 10 O&P champions to build and nurture strong relationships as constituents of key ranking members on the Senate Finance, House Ways and Means, House Energy and Commerce Committees and Veterans’ Affairs Committees in both Houses whose seniority, influence, and party standing provides them with "superpower" ability to influence their peers on Medicare and VA policy that impacts O&P.

Key Ingredients of effort involve:

1. Seek guidance from lobbying firms, committee staff, constituents, public voting record, and other sources to initially identify 30 or 40 legislators who could most effectively and most favorably impact O&P public policy issues and rank them by “influence” factor.
2. Similarly, identify one or more AOPA member constituents of these “top influencers” who would commit the necessary time to forge a strong relationship as a fundraiser host, contributor, and campaign worker supported by legally allowable resources provided AOPA.

3. Initially, winnow the larger list down to a more manageable group of 10 or 15 of the strongest and most effective, and then over the years add at least four or five “top influencers” annually and at least that many “grassTOPS” champions
4. Through local champions, arrange legislator visits to O&P facilities and cultivate staff members in local constituent services offices of legislator.
5. Involve legislators and their staff in AOPA Policy Forum
6. Arrange ongoing feature interview articles in Almanac with selected legislators.

III – Comprehensive Public Relations Program

Objective: To promote and to protect, both at national and local levels, the O&P professionals and their role in providing quality and comprehensive patient care by increasing the public and policy makers’ understanding of the benefits and values in providing these necessary services.

1. Steps

- A. Form a committee of volunteers to work and to oversee the project as well as to manage the consultant.
- B. Draft detailed work scope (what do we want them to do and what are the deliverables) and use this as the basis to solicit and to evaluate outside PR firms’ proposals to be the consultant to the project.
- C. Evaluate proposals and select a winning candidate
- D. Identify target message/audience segments
- E. Prioritize message/audience segments and estimate impact parameters of a PR program under high/low penetration scenarios
- F. Develop content messages for message/target audience segments
- G. Develop budget, possibly ramping up to 6 figures
- H. Define media to be used with each message
- I. Define measurement tools
- J. Formulate plan for each message including content, reach (regions or national), and media
- K. Compose the copy, film, pictures, etc. and combine into a presentation
- L. Use focus groups to review the presentations
- M. Using input from the focus groups, modify presentations as required
- N. Develop a “tool box” suitable for implementation by individual practitioners on a local level
- O. Air the presentations/messages in a limited area
- P. Measure the reactions
- Q. Modify, revise or fully roll out the presentations
- R. Return to the prioritized list and tackle remaining message/audience segments

IV – Communicating the Future

Objective: Facilitate the creation of an effective message delivery mechanism that will communicate the importance of necessary changes for future survival and growth by enlisting at least 100 top O&P professionals to help shape messages and who will participate in communicating this message by appearance at state O&P meetings and other industry gatherings and participating in a Listserv dedicated to “change for O&P survival.”

Steps

1. Identify the top O&P professionals from their leadership roles in local, state and regional organizations and solicit volunteers through the AIA, direct email and fax and other AOPA media.
2. Develop messaging based on the Different Business Models Technology Action Plan and the Office of Tomorrow Education Action Plan recommendations and provide effective communicating tools and training to these top professionals at the National Assembly.
3. Measure the effectiveness by creating “Change for O&P Survival” Listserv that would generate ongoing questions and examples of what businesses are doing to adapt and change to new business models and gauge the level of participation.
4. Create annual recognition program for improved business models within O&P community.