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**American Orthotic &  
Prosthetic Association**

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**3<sup>rd</sup> Quarter 2016 Staff Report**

**To: AOPA Membership and Board of Directors**

**From: Thomas F. Fise, Executive Director**

**Date: October 17, 2016**

**Subject:** What the election will mean to O&P regardless of the winner will be the burning question in the few days left until the November 8th decision is rendered by the American people. How Medicare will be affected and whether the audit climate and the claims appeal process will become more rational is the single most important question and any action in that regard is likely to be slow going by the new administration. AOPA has laid the most extensive groundwork for a lame duck session to include the possibility for long sought provisions of the O&P Medicare Improvement Act to be included in the continuing resolution required to keep the government open for business or other major piece of legislation. The provisions are considered non-controversial, the Congressional Budget office has deemed the provisions budget neutral and CMS has signaled support for the measure. The stars are more perfectly aligned in our favor than ever before so we need to keep up the pressure by contacting your legislators to support S. 829 or HR 1530 provisions to be included in a piece of legislation headed for passage and the president's signature. Please read on to see what else AOPA has been doing this past quarter to earn your support.

**Coding and Reimbursement Update**

**Medicare Final Rule on Prior Authorization for Certain Prosthetic Items**

On December 30, 2015, the Centers for Medicare and Medicaid Services (CMS) released the long anticipated final rule regarding Medicare prior authorization of certain DMEPOS, including most lower limb prostheses. The final rule will be implemented 60 days after its publication.

AOPA continues to monitor CMS publications for any further announcements regarding implementation of prior authorization for certain lower limb prostheses. Indications remain that implementation of prior authorization is not imminent and will most likely not occur until 2017 or later. CMS has indicated that it intends to implement prior authorization on a smaller scale initially, most likely choosing a small subset of the master list published in the final rule, and implementing prior authorization in select regional markets in order to better evaluate the impact the program may have on beneficiary access to care.

AOPA's primary concern with prior authorization of prostheses remains that it will critically delay timely access to the provision of prosthetic devices that are crucial to the rehabilitation needs of Medicare beneficiaries. AOPA continues to meet with CMS officials and members of Congress to make sure that prior authorization of any kind will not adversely affect a Medicare beneficiary's access to medically necessary care.

Establishing sound documentation practices now will lead to a smoother transition once prior authorization is implemented.

AOPA will provide additional information regarding prior authorization as it becomes available.

**AHRQ Announces Systematic Review of Clinical Literature on Lower Limb Prostheses**

The Agency for Healthcare Research and Quality (AHRQ), the “government agency tasked with producing evidence to improve the quality of healthcare while working with partners to ensure that the evidence is understood and used” recently announced that it will be initiating a systematic review for lower limb prostheses. The systematic review will be performed through the Evidence Based Practice Center Program of the AHRQ—they will likely select a firm to conduct the review under contract-- and the stated purpose of the systematic review is “to examine the available clinical evidence that defines practices in the care of beneficiaries who require lower limb prostheses (LLP).”

While the announcement does not tie the systematic review to the work of the inter-agency taskforce assigned to review the delayed draft Local Coverage Determination (LCD) that was released by the DME MACs in the summer of 2015, it is very likely that the initiation of the systematic review for lower limb prostheses is related to the work of this taskforce.

AOPA will be working toward a timely and substantive meeting with representatives of the AHRQ in order to discuss existing systematic reviews for lower limb prostheses that have recently been completed through AOPA funding as well as the ongoing work and comprehensive systematic literature reviews and simulation modeling being conducted by the RAND Corporation including its assessment of the cost effectiveness of prosthetic intervention, as well as both previous and new cost effectiveness studies based on Medicare data that have been developed by Dobson DaVanzo.

AOPA will continue to inform its membership of any developments in the status of the AHRQ initiated systematic review.

**Draft Local Coverage Determination and Policy Article for Lower Limb Prostheses**

On November 2, 2015, CMS published a notice that based on a preliminary review of the public comments on the draft LCD, the DME MACs would not be finalizing the Lower Limb Prosthesis LCD “at this time.” CMS announced that it would form an interagency workgroup in 2016 to “develop a consensus statement that informs Medicare policy by reviewing the available clinical evidence that defines best practices in the care of beneficiaries who require lower limb prostheses.”

The inter-agency workgroup has been established and, as was previously stated, is made up of only employees of federal agencies. While the process has been far from transparent, indications are that the workgroup has met on several occasions and expects to take significant time to formulate a strategy to properly address the LCD issue.

As discussed above, the Agency for Healthcare Research and Quality (AHRQ) announced that it will perform a systematic review of the clinical literature related to lower limb prostheses. While the announcement did not discuss any direct relationship between the work of the CMS Inter-Agency Task Force and the systematic review, it is clear that the systematic review will be used by the Inter-Agency Task Force in supporting its eventual consensus statement.

The systematic review will take significant time to complete so it appears that any statement on the status of the draft LCD for lower limb prostheses will not occur in the immediate future. AOPA continues to make every effort to ensure that any future LCD for lower limb prostheses does not hinder Medicare beneficiary access to medically necessary and appropriate prosthetic services.

## **RAC Audit Update**

The Centers for Medicare and Medicaid Services notified the four existing RAC contractors that as a result of the upcoming award of new RAC contracts, current RAC audit activity would be placed on hiatus to allow the RACs to complete their open audits prior to the completion of their contracts. CMS provided the following dates to the RAC contractors regarding current audits.

**May 16, 2016** - the last day that a Recovery Auditor could send Additional Documentation Request (ADR) letters or semi-automated notification letters.

**July 29, 2016** - the last day that a Recovery Auditor may send notification of an improper payment to providers. This includes sending a review results letter or no findings letter, and/or providing a portal notification to each provider.

**August 28, 2016** - Recovery Auditors will complete all discussion periods that are in process by this date. Recovery Auditors continue to be required to hold claims for 30 days, starting with the date of the improper payment notification (via letter or portal) to the provider, to allow for discussion period requests.

**October 1, 2016** - the last day a Recovery Auditor may send claim adjustment files to the MACs.

While this is good news for O&P providers in the short term, it is not a signal that the RACs are going away any time soon. It is simply a pause to allow for a smooth transition to new RAC contractors, including the single, national RAC contractor that will focus on claims for DMEPOS, Home Health, and Hospice services. While this announcement may result in a temporary slowdown of RAC activity, it is important to remember that claims that are submitted today may be selected for audit by RAC contractors in the future.

## **AOPA Submits Comments to the FDA on 3-D Printing**

AOPA has submitted comments on the publication entitled *Technical Considerations for Additive Manufactured Devices: Draft Guidance for Industry and Food and Drug Administration Staff* which was published in the Federal Register on May 10, 2016.

AOPA submitted comments pertaining only to additive manufacturing in the design and fabrication of external prosthetic components and orthotic devices, specifically through the use of 3-D printing. The comments submitted reflect that AOPA does not believe that either additional or lesser regulatory burdens should be placed on manufacturers of prosthetic components and orthotic devices solely based on the decision to utilize an additive manufacturing process into their fabrication protocols.

An excerpt from the comments:

*"AOPA firmly believes that the manufacture of a prosthetic component or orthotic device is only a small part of the creation of an artificial limb or orthoses that meets the individual needs of a particular patient. The components that are included in the completed prosthesis or orthosis must be adjusted, and aligned by a properly educated, trained, and certified or licensed healthcare professional such as an orthotist or prosthetist.*

*AOPA fully supports the role of the FDA in ensuring that medical devices, including prosthetic and orthotic devices remain safe and effective, but believes the current direction of the FDA, as outlined in the draft guidance document, to not alter regulatory requirements solely as a result of the use of additive manufacturing is appropriate.... (FDA's stated position) "will encourage the development of technology while assuring that devices created through additive manufacturing remain safe and effective for use by the general public, and maintaining consistency and a level regulatory playing field for the devices without regard to the specific method of fabrication employed by the manufacturer."*

### **DME MAC Contractor Transition**

The transition of contractor responsibilities for the Jurisdiction A DME MAC and Jurisdiction B DME MAC occurred on July 1, 2016. CGS is now the contractor for both Jurisdiction B and C, and Noridian Healthcare Solutions, LLC is now the contractor for Jurisdictions A and D. The transition occurred smoothly with minimal interruptions to DME MAC operations or providers.

### **OTS Orthoses and Competitive Bidding**

Off the Shelf (OTS) orthoses remain eligible for inclusion in future rounds of Medicare competitive bidding but have not been selected as a product category for the most recently announced phase, known as Round 1 2017, scheduled to be implemented in January 2017. AOPA will continue to monitor this issue closely.

### **U.S. District Court Rejects HHS Request for Delay of Court Action in Hospital Lawuit Challenging ALJ Delays in Excess of Statutory 90 Days**

In 2014, the American Hospital Association filed suit in the federal District Court seeking relief because HHS and the Office of Medical Healing Appeals have for many years egregiously exceeded the statutory provision which assures a provider who must return money to Medicare as a result of an audit gets a final ALJ decision within 90 days after filing a request for ALJ appeal. Originally, the District Court dismissed the case, but early this year the D.C. Circuit Court of Appeals reversed that decision and ordered that the case should go forward in the District Court.

HHS/OMHA asked for a delay of over a year (until September 30, 2017) citing proposed regs (to which both AOPA and the O&P Alliance responded) intended to reduce the backlog--which are somewhat problematic in their own right. The Court ruled not to approve HHS' request for such a delay, but rather that case will go forward with a hearing in two weeks.

*Court Sees Likelihood that the Backlog and Delay in ALJ Decisions Will Grow, Despite Various Efforts by HHS/OMHA Proposed Rule*

In his ruling rejecting the HHS request for delay, District Court Judge Boasberg said that even with the administrative changes proposed by HHS/OMHA, it would not reverse the backlog, but rather that the ALJ backlog/delay would nonetheless probably get worse, not better over several years. The increased claim settlement efforts, and appointing attorneys to undertake adjudication of appeals in the proposed regulations, would, the Court said, at best reduce the growth of the backlog. The specifics of the delay are daunting. Without any remedial actions by either HHS/OMHA or Congress the projected number of appeal cases awaiting ALJ hearing would reach nearly 1.1 million. HHS reports average delay in 2016 is 850 days, but OMHA says in the third quarter of this year it took 935 day for appeals to get through the first three levels of appeal, before getting to a final ALJ decision. Reports from O&P patient care appellants seems to run closer to 4 years waiting time to get to an ALJ decision! HHS proposed changes to the RAC program, but these would impact just 7 percent of RAC cases. Finally, the judge underscored that several Congressional initiatives, e.g., the AFIRM bill had not moved much closer to enactment in the 7+ months since the Circuit Court of Appeals decision, nor did it appear likely that significant budget increases to hire substantially more ALJs would be enacted anytime soon.

### **The Appeals of RAC Decisions, and the Related Interest Due if Provider Wins May Be Making the Program Much Less Financially Beneficial to the Federal Government Than Many Think**

As a report from Dobson-DaVanzo ([bit.ly/appealscost](http://bit.ly/appealscost)) last year demonstrated, with the long ALJ delays, coupled with the 11% annual interest payable by the government on the amount the government recouped if the provider prevails, the actual yield to the government from the audits is greatly reduced, and perhaps close to being fully consumed by its costs. For example, RAC auditors receive something in range of a 13% bounty on whatever they claw back. If the case is reversed after the ALJ decision 4 years later, CMS would

pay the 11%, which when compounded amounts to a 51.8% interest over the 4 years. In this scenario CMS may be able to secure the return of the RAC auditor commissions. Dobson-DaVanzo's work identified at least 58% of O&P RAC appeals are won at the ALJ level (this is the highest success rate among all provider subgroups, and could perhaps be higher, as only verified ALJ wins could be affirmatively identified)—this coupled with the above large interest due, would appear to largely obliterate any net long-term CMS gains from all the RAC efforts in O&P.

### **AOPA Participation on DME MAC Advisory Councils**

AOPA continues to actively participate on each of the four DME MAC Advisory Councils. These groups meet on a regular basis with representatives of the four DME MACs to discuss provider issues. AOPA has been able to create and maintain open lines of communication with Medicare contractors as a result of participation on the advisory councils.

### **Mastering Medicare Webinars**

The AOPA Mastering Medicare Webinar series continues to be a useful resource for AOPA members and others in the O&P community. The webinars are scheduled for 1:00 PM eastern time on the second Wednesday of each month. The Webinars are \$99 each for members and \$199 for non-members. Members can sign up for the entire 2016 series for only \$990 and get two free. Sign up at [www.AOPAnet.org](http://www.AOPAnet.org). Mid-year signups for the entire series receive a recorded version of sessions missed.

The webinars are a great way to boost employee morale (by providing monthly staff education event), provide needed education and CE Credits. The remaining 2016 Mastering Medicare webinar series schedule is listed below.

- |             |   |
|-------------|---|
| November 9  | Don't Miss Out: Are You Billing For Everything You Can? |
| December 14 | New Codes and What Lies Ahead for 2017                  |

### **AOPA Essential Coding & Billing Seminar**

AOPA experts provide the most up-to-date information to help O&P Practitioners and office billing staff learn how to code complex devices, including repairs and adjustments, through interactive discussions with AOPA experts, your colleagues, and much more. Meant for both practitioners and office staff, this advanced two-day event will feature breakout sessions for these two groups, to ensure concentration on material appropriate to each group. The registration rate is \$525 per attendee for members and \$725 for non-members. For additional attendees from the same office, a discount is offered: \$475 for members and \$675 for non-members. The final seminar for 2016 will be held in Las Vegas, NV on November 14th-15<sup>th</sup>. Learn more at <http://www.aopanet.org/education/coding-billing-seminar/>

### **AOPA's Take. Where You Go.....When You Need to Know!**

AOPA's blog site, [www.aopastake.org](http://www.aopastake.org) continues to grow in popularity. *AOPA's Take* has proven to be a very useful toll in communicating important information relevant to the O&P community in a timely and efficient manner. Feedback from subscribers has been extremely positive. *AOPA's Take* is quickly becoming a "go to" resource for O&P practices.

## **Legislative Update**

### **The Medicare O&P Improvement Act**

AOPA continues to push for passage of the Medicare Orthotic and Prosthetic Improvement Act (S. 829 and H.R. 1530) in the waning months of the 114<sup>th</sup> session of Congress; and we have received some good news. CMS has offered its assurance that it will not oppose the legislation, the Congressional Budget Office (CBO)

has provided a zero score, and the bill has been deemed noncontroversial—meaning there is no partisan opposition. The CBO score may be the clincher, as a zero score means no economic impact— good or bad—on the budget, which overcomes one of the most intransigent obstacles to any legislative proposal.

This legislation reduces fraud and more properly aligns provider qualifications to patient needs. In addition, it supports the middle-class, small businesses that these prosthetic practices operate, and saves federal health dollars. The bill also accomplishes the following:

- Recognizes the value of the orthotist’s or prosthetist’s notes in the medical record.
- Assures due process rights to proper administrative law judge timeframes.
- Reinstates and clarifies the statutory definition of “minimal self-adjustment” for off-the-shelf orthoses to protect Medicare beneficiaries.
- Distinguishes orthotists and prosthetists from suppliers of durable medical equipment.
- Reiterates the urgency for CMS to implement by regulation the qualified provider/licensure/accreditation mandate of Section 427 in the Benefits Improvement and Protection Act.

This is the closest we have come to gaining a victory with the Medicare Orthotic and Prosthetic Improvement Act and to come this far and not secure final approval, when it is within our grasp, would be a very sad ending. But it is possible if we can’t secure sufficient legislator attention. If you haven’t done so already, please visit [www.AOPAVotes.org](http://www.AOPAVotes.org) and send emails to your legislators. Your participation can make a difference.

### **2016 O&P PAC Supporters & Contributions**

The O&P PAC is AOPA’s bi-partisan federally registered political action committee (PAC), AOPA’s lobbying branch, advocating for the orthotic and prosthetic community at the federal level to ensure that your voice is heard during pertinent discussions and /or debates on legislation that may have an effect on the future of O&P.

The O&P PAC would like to thank the following individuals for their contributions to the O&P PAC in 2016:

- Michael Allen, CPO, FAAOP
- Ryan Arbogast
- Vinit Asar
- Rudy Becker
- Dale Berry, CP
- Frank Bostock, CO
- Bret Bostock, CO
- Erin Cammaratta
- James Campbell, PhD, CO, FAAOP
- Doyle Collier, CP
- Kenneth Cornell, CO
- Charles Dankmeyer, CPO
- Don DeBolt
- Thomas DiBello, CO, FAAOP
- Mark Edwards, CP
- A.J. Filippis, CPO
- Arlene Gillis, CP, FAAOP
- Paul Gudonis
- Alfred Kritter, CPO , FAAOP
- Teri Kuffel
- Eileen Levis
- Anita Liberman-Lampear, MA
- Pam Lupo, CO
- Jeff Lutz, CPO
- Chris Nolan
- Michael Oros, CPO, FAAOP
- Anthony Potter
- Paul Prusakowski, CPO
- Rick Riley
- Bradley Ruhl
- Scott Schneider
- Andreas Schultz
- Frank Snell, CPO, FAAOP
- Chris Snell
- Clint Snell, CP
- Mike Sotak
- Gordon Stevens, CPO
- Thomas Watson, CP
- James Weber, MBA
- Eddie White, CP
- Pam Young

The O&P PAC would also like to thank the following individuals for their contributions to an O&P PAC sponsored event(s):

- Thierry Arduin
- Vinit Asar
- Rudy Becker
- David Boone, PhD.
- Frank Bostock, CO
- James Campbell, PhD., CO, FAAOP
- J. Martin Carlson
- Tina Carlson
- Jeff Collins
- Thomas Costin
- Charles Dankmeyer, CPO
- Don DeBolt
- Thomas DiBello, CO, FAAOP
- David Edwards, CPO, FAAOPP
- A.J. Filippis, CPO
- Thomas Fise, JD
- Rick Fleetwood
- Elizabeth Ginzler, CPO
- Professor Hans Georg Näder
- Alfred Kritter, CPO, FAAOP
- Robert Leimkuehler, CPO
- Eileen Levis
- Anita Liberman-Lampear, MA
- Jeff Lutz, CPO
- Dave McGill
- Michael Oros, CPO, FAAOP
- Pam Lupo, CO
- Rick Riley
- Anne Rowell, CPO
- Bradley Ruhl
- Steven Rybicki
- Scott Schneider
- Mike Sotak
- Gordon Stevens, CPO
- James Weber, MBA

These lists cover the period from July 7, 2016 through October 13, 2016. If we missed your name please accept our apologies, and any contributions made or received after October 13, 2016 will be published in the next quarterly staff report.

**The O&P PAC made contributions to the following members of Congress:**

- Representative Tammy Duckworth (D-IL)
- Colleen Deacon (Candidate for United States Representative, D-NY)
- Representative Glenn Thompson (R-PA)
- Representative Erik Paulsen (R-MN)
- Representative French Hill (R-AR)

In order to participate in and receive additional information about the O&P PAC, please complete and sign an authorization form, which may be located online: <https://aopa.wufoo.com/forms/op-pac-authorization>.

**2016 Capitol Connection Supporters & Contributions**

Capitol Connection is a fund established by AOPA to supplement and aid its government relations program and to cover any costs or expenditures that may not be covered by the general government relations budget. Typically, funds from Capitol Connection help finance studies which support AOPA's legislative and regulatory positions. The funds are also used to create and distribute educational materials, and to help cover costs related to hosting the annual AOPA Policy Forum and maintain the AOPAVotes.org website.

We would like to acknowledge and thank the following individuals for their recent contributions to and support of Capitol Connection:

- John Affenita, BOCPO, CO
- David Edwards, CPO, FAAOP
- Kathy Edwards
- A.J. Filippis, CPO
- Rick Fleetwood
- Barry Fowler, BOCO, CO
- James Haygood, CP
- Fred Jacobi, CO
- Charles Kuffel, MSN, CPO, FAAOP
- Eileen Levis
- Ron Lupo, CO
- Pam Lupo, CO
- James McPherson, CP
- Michael Oros, CPO, LPO, FAAOP
- Gregory Pieri, CPO
- Rick Riley
- Brad Ruhl
- Chris Snell
- Clint Snell, CPO
- Jack Steele, CO, FAAOP
- James Weber, MBA

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## **The 99<sup>th</sup> National AOPA Assembly: A Huge Success**

The 99<sup>th</sup> Annual AOPA National Assembly was held September 8-11, 2016 at the Hynes Convention Center and adjoining Sheraton Boston Hotel. The fife and drum band welcomed the crowd to Boston and helped us open the 100,000 sq. ft. Exhibit Hall of over 160 exhibitors.

### **Clinical and Business Education**

The Assembly featured the top-notch clinical and business education and memorable events that attendees have come to expect, with a few special additions this year. Attendees were treated to a “double header” of two keynote speakers, O&P Advocate Former Sen. Bob Kerrey and CNN Senior Political Analyst David Gergen, who both brought political insight during this election year.

One exciting new event was Expo Day in the Exhibit Hall, which brought attendees to the Hall for entertainment, show deals, demos, and special guests. Jeff Bauman signed copies of his memoir *Stronger* about his experience helping the FBI catch the Boston Marathon bombers and his recovery after losing his legs, with proceeds benefiting the Wiggle Your Toes Foundation. Another Boston bombing survivor, Adrienne Haslet, dazzled attendees with a dance performance and then gave lessons to learn the Rumba.

### **Women in O&P Luncheon and Alumni Connection**

AOPA’s first Women in O&P Luncheon packed the house with women who came to network, and left inspired by the camaraderie and the success stories shared by the speakers.

AOPA made it easier to connect with Alumni, through the Alumni Connection. AOPA partnered with four schools to arrange happy hour meet-ups for Alumni of those schools, and all attendees had school buttons available and could find Alumni with the smartphone app, AOPA 365. And for the soon-to-be Alumni, AOPA hosted a Student Lunch and Learn for both students and residents to gather and network during the show.

### **Grand Rounds Session – Also a First**

AOPA also held its first Grand Rounds Session, a medical training tool for discussing clinical cases. The Boston Strong Grand Rounds featured surgeons, prosthetists, and physical therapists discussing the treatment of Boston Bombing amputees. AOPA was proud to host a symposium on Osseointegration, featuring surgeons who are performing the procedure overseas, and introduced the audience to two of their patients.

AOPA closed the hall with Elvis, who invited everyone to the AOPA 100th Anniversary Celebration next year in Las Vegas, September 6-9. On the last day of the Assembly, OPAF and the First Clinics held a First Dive at the Sheraton hotel pool.

## **The Big Doings in 2016**

“Celebrating a Century, Envisioning the Next” will be the theme of AOPA’s 100<sup>th</sup> Anniversary Celebration and Second World Congress. We hope you will join us September 6-9, 2017 in Las Vegas for what is envisioned as the largest collaboration in history of Partner Organizations, AOPA Members, Exhibitors, Physicians, Allied Health Professionals and international O&P Professionals.

To date the following organizations have agreed to partner in the event and many more have been invited to participate.

- **American Orthotic and Prosthetic Association (AOPA)**
- **Amputee Coalition**
- **Con.Fair.Med, A Subsidy of the German Orthopedic Association**
- **United States Member Society of ISPO (USISPO)**
- **Mexico Member Society of ISPO**
- **Uniting Frontiers – a collaboration of ISPO Chapters in Latin America (Costa Rica, El Salvador, Guatemala, Panama, Mexico, Honduras and the Dominican Republic)**

An international planning committee made up of representatives from eleven countries have agreed to serve on the following sub-workgroups to organize the meeting.

- **Clinical Education Workgroup**
- **Business Education Workgroup**
- **Pedorthic Education Workgroup**
- **Technical Education Workgroup**
- **Exhibits**
- **Marketing**
- **Centennial Celebration**

**International Planning Committee:**

- Christopher J. Nolan (Co-Chairman), OttoBock Healthcare, Austin, Texas, USA
- Anthony Potter (Co-Chairman), Hanger Clinic, Austin, Texas, USA
- James H. Campbell, PhD, CO, FAAOP, Hanger Clinic, Austin, Texas, USA
- Andrea Giovanni Cutti, Meng, PhD, INAIL Protheses Centre, Bologna, Italy
- Thomas V. DiBello, CO, LO, FAAOP (Clinical Chair), Hanger Clinic, Houston, Texas, USA
- Michael Dillon, PhD, La Trobe University, Melbourne, Australia
- Traci Dralle, CFm, (Exhibits Chair), Fillauer, Chattanooga, TN
- Elizabeth Ginzler, CPO, LPO, Baker Orthotics and Prosthetics, Fort Worth, TX USA
- Dennis Janisse, CPed, National Pedorthic Services, Milwaukee, WI, USA
- Rosie Jovane, CPO, Becker Orthopedic, Panama
- Aaron Leung, PhD, Hong Kong Polytechnic Univ., Kowloon, Hong Kong
- Eileen Levis, Orthologix, Trevose, PA USA
- Karen Lundquist, MBC, Amputee Coalition, Knoxville, TN, USA
- Pam Lupo, CO, Royal Oak, MI, USA
- Mike Magill, APEX, Windemere, FL, USA
- Brad Matgear, LO, CPA, CFo, Nabtesco-Proteor, USA
- Michael Oros, CPO, FAAOP, Scheck and Sireess, Chicago, IL, USA
- Marlo Ortiz, Ortiz International S.A. Guadalajara, Jalisco México
- Klaas Postema, MD, PhD, University Medical Center Groningen, Netherlands
- Nerrolyn Ramstrand, PhD, School of Health Sciences, Jonkoping Univ, Sweden
- Silvia Raschke, PhD, BCIT Technology Centre, British Columbia, CANADA
- Rick Riley, Townsend Design, Bakersfield, CA, USA
- Michael Schaefer, POHLIG GmbH, Traunstein, Germany
- Urs Schneider, MD, PhD, Fraunhofer Institute
- Don Shurr, PT, CPO, American Prosthetics and Orthotics, Iowa City, IA USA

- Brian Stroup, Willow Wood, Mt Sterling, OH, USA
- James Weber, MBA, Prosthetic & Orthotic Care, St. Louis, MO, USA
- Saheed Zahedi, Blatchford, United Kingdom

## **Research Update**

### **The RAND Research Project**

Over the past several months RAND Corporation has been working to complete a comprehensive, independent, validated study to establish the value proposition for prosthetic services to amputees, which focuses on advanced prosthetics and includes K2/K3 comparisons. RAND will be expanding its initial scope to include economic analysis for three types of transtibial prosthetics, including dynamic response (energy storing and release) foot, microprocessor controlled ankle foot system, and powered ankle foot system. Based on their conversations with experts, RAND will examine the economic impact of advanced transtibial prosthetics along several dimensions: osteoarthritis, falls, and obesity, conditional on sufficient published evidence. RAND will also explore other impacts of advanced transtibial prosthetics based on the published literature or expert consultations. The results will be incorporated into the final report that covers both advanced transfemoral and transtibial prosthetics.

In addition to the study and final report, it is expected that this joint effort will likely end up comprised of three components- the study and final report, as well as a free-standing simulation model on value over a 15-year time frame, and a white paper outlining AOPA's vision. A briefing is expected in January.

### **AOPA Prosthetics 2020 Technical Advisory Committee**

The AOPA Prosthetics 2020 Technical Advisory Committee, which includes Dr. Andreas Kannenberg, Dr. Jason Highsmith, Dr. Kenton Kaufman, Kim DeRoy, Stephen Blatchford, Sam Liang, AOPA President Jim Campbell, AOPA President –Elect Michael Oros, and AOPA Executive Director Tom Fise, continues to serve as expert consultants for the RAND Corporation Study on advanced prosthetics. The Committee will be advising RAND as it expands the scope of the initial study to include economic analysis for advanced transtibial prosthetic technologies.

### **AOPA Google+ Community**

During the 2016 AOPA National Assembly in Boston, AOPA officially launched the AOPA Google+ Community. Now all AOPA members can join the community, which serves as a forum to discuss issues facing the O&P profession and to develop advocacy strategies to address those issues. At present over 85 AOPA members have joined the Google+ Community and can now benefit from shared information when they encounter similar challenges. AOPA encourages members to post questions or concerns about challenges facing the O&P profession to the Google+ Community, so that we can all work together to come up with solutions. Join the Google+ community by clicking on the Google icon which is very upper right hand corner of AOPA's home page - [www.AOPAnet.org](http://www.AOPAnet.org).

### **Prosthetic Patient Registry**

The proposed National Prosthetic Registry (NPR) will collect data related to all aspects of limb loss starting with the amputation and extending to functional outcomes that the patient achieves with various prosthetic devices. A September 20, 2016 meeting with NIH NCMRR Director, Alison Cernich, indicated the possibility of NIH support in advancing the effort, and Dr. Kenton Kaufman has received a request for a complete proposal submission to the DoD outcomes grant project for potential funding. Level II pilot data was collected from the following companies, Scheck and Siress, Hanger, Wright and Fillipis, Baker O&P, Dankmeyer Inc., and P&O Care, demonstrating that information is accessible from prosthetists.

### **AOPA Compendium**

Work continues on the AOPA Compendium (working title) with a launch set for Spring 2017. The vision is for this site to serve as a collection of concise, but detailed information with additional links to supporting documentation about the topics most important to our members. Efforts to define appropriate content, refine key navigation, and test accessibility are currently underway. The crowdsourcing component of this project allows AOPA to garner the vast knowledge and experience of the membership body.

## Communications Update

### Mobility Saves Updates

Mobility Saves is growing on social media, with over 13,000 likes on Facebook (“like” us at [www.facebook.com/mobilitysaves](http://www.facebook.com/mobilitysaves)), 2300 Twitter Followers ([www.twitter.com/MobilitySaves](http://www.twitter.com/MobilitySaves)), and 135 connections on LinkedIn ([www.linkedin.com/company/mobility-saves](http://www.linkedin.com/company/mobility-saves)). The website is kept updated with issues affecting O&P patients and with news of interest.

Mobility Saves continues its partnership with the Amputee Coalition and is currently seeking new partnerships to expand the reach of the campaign. The campaign will get a boost from a new Workgroup being formed. The group will evaluate the [MobilitySaves.org](http://MobilitySaves.org) website and advise on future public relations campaigns.

### O&P Almanac

The *O&P Almanac* has been awarded two Graphic Design Awards of Excellence from Graphic Design USA’s 53rd Annual Design Competition. The two entries submitted were the December 2015 “Virtual O&P” issue and the June 2016 “Upper Limb” issue. The December 2015 design will be featured in the Graphic Design USA Award issue. Graphic Design USA has sponsored design competitions for five decades that spotlight areas of excellence and opportunity for creative professionals. Just a shade under 10,000 entries were submitted; a highly selective 15 percent are recognized today with a Certificate of Excellence.

The August issue featured the AOPA National Assembly which was held September 6-9 in Boston, MA. The September issue highlighted athletes participating in the Paralympics. This issue was distributed at the National Assembly, in addition to the regular mailing list, and was co-mailed with the Amputee Coalition’s *inMotion* to all recipients of both magazines. October examined the role of Care Extenders in O&P patient care facilities. November will be an issue with several Business Management articles, including Employee Evaluations, and the recent trend of increased profitability of O&P patient care facilities. December will focus on Bracing, including Scoliosis bracing and how to grow an Orthotics business.

AOPA’s app, “AOPA 365”, which was launched in 2015, continues to be downloaded by our loyal members. The app is immensely useful when attending the Annual Assembly, as a source to view the agenda and set up your own personal schedule, interact with colleagues, share photos and comments, search for speakers and specific topics, navigate the exhibit hall, and review speaker bios. Beyond the Assembly, this app is also your source to read the *O&P Almanac*, review membership benefits, get current with Hot Issues, see how Mobility Saves, shop in the AOPA Bookstore, access the AOPA Membership Directory, and connect with AOPA through social media. Search “AOPA 365” in the App store or Google Play today!

## Membership Update

Although building membership is a year-round activity, AOPA conducted its targeted annual member recruitment drive this quarter. Following are new AOPA members joining July 1, 2016 to September 30, 2016.

AOPA welcomes the following new patient care facility members in the third quarter of 2016: **Advanced Biomechanics Inc.** of Soldotna, AK; **Advanced Orthotic Designs** of Ontario, Canada; **Alliance Prosthetics & Orthotics** of Braselton, GA; **Coachella Valley of O&P** of Palm Desert, CA; **Decker Integrated O&P** of Overland Park, KS; **Foot Solutions** of Atlanta, GA ; **KMC Pedorthics** of Woodhaven, NY; **McCleve O&P** of

Mesa, AZ; **Mobility Clinic** of Edison, NY; **Prosthetic Rehab Center** of Newburgh, NY ; **Prosthetic Solutions** of New Orleans, LA; **Rehability** of Dade City, FL; **Seacoast O&P** of Portsmouth, NH; **Superior Prosthetics & Orthotics** of Hancock, MI.

New supplier members joining AOPA this quarter are: **Engineered Silicone Products LLC** of Newton, NJ; and **Mobius Bionics LLC** of Manchester, NH.

### **Online AOPAiversity Learning Center**

Need CE Credits? AOPAiversity offers top quality video recordings for members to purchase at discounted prices. Want to get a refresher on the most up to date clinical practices for you and your staff? Wanted to attend the National Assembly but had to miss out? Need to get your continuing education units in before the year's end? Visit <http://bit.ly/aopaversity> to create an account today!

### **2016 Operating Performance and Compensation Survey**

More than eighty-eight companies, representing 1,164 full-time facilities and 71 part-time facilities, participated in AOPA's 2016 Operating Performance Survey. Members are encouraged to participate in these benchmarking surveys (FREE) to assist in developing specific strategies to gauge and improve the financial health of their O&P business. The survey also helps AOPA develop a more accurate picture of the financial trends in the O&P industry.

Published copies of the final 2016 report are now available at <https://www.aopanetonline.org/store>.  
Member: Electronic Version \$185, Hard copy \$285; Nonmember: Electronic Version \$325; Hard copy \$425.

Mark your calendars for May 2017: When you participate in the Operating Performance survey, you receive the final published report (and a customized report for your facility) for FREE. Watch for announcements in the AOPA's online bi-weekly newsletter *SmartBrief*.

### **2017 – AOPA's 100<sup>th</sup> Anniversary**

2017 will be a milestone year for AOPA and the O&P profession. We will celebrate our association's 100<sup>th</sup> anniversary with many exciting activities for our year-long celebration. A 100<sup>th</sup> Anniversary Commemorative Who's Who Membership Directory is planned, featuring our leaders, milestones, accomplishments, and a membership listing. The Directory will be shared with case managers to use as a referral resource. Sign up all of your satellite locations before December 31<sup>st</sup> to be included in the Directory. Updates can easily be made online at <https://www.aopanetonline.org/profile> or on your 2017 membership renewal invoice.

### **And Finally**

It's membership renewal season for 2017. As AOPA prepares to celebrate 100 years of an organized orthotics and prosthetics profession, we remind you that your AOPA membership is the foundation for AOPA's successes. AOPA's Board members, volunteer leaders and staff are committed to helping you solve today's challenges and safeguarding your future through research and advocacy. We hope you will remember that we are stronger together when facing the challenges ahead of us in the coming year. Your membership renewal will ensure that our important work continues on your behalf.

Sincerely,



Thomas F. Fise  
Executive Director