

# "RESEARCH AND OUTCOMES: **WHY** ARE THEY IMPORTANT TO O&P?"

## AOPA FUTURES CONFERENCE

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# “RESEARCH AND OUTCOMES” INQUIRING MINDS WANT TO KNOW...

- WHY – is it important?
- HOW – do we know?
- **WHAT – can we do to go on ‘Offense’**
- WHERE – should we focus?
- WHO – needs to be involved?
- WHEN – do we act?

# RESEARCH AND OUTCOMES: **WHY?**

## AOPA Leadership Questionnaire and Presentations

“Getting paid for work done”

“Changes in regulations and reimbursements – FFS to FFV”

“Arbitrary decisions not to provide coverage – not medically necessary”

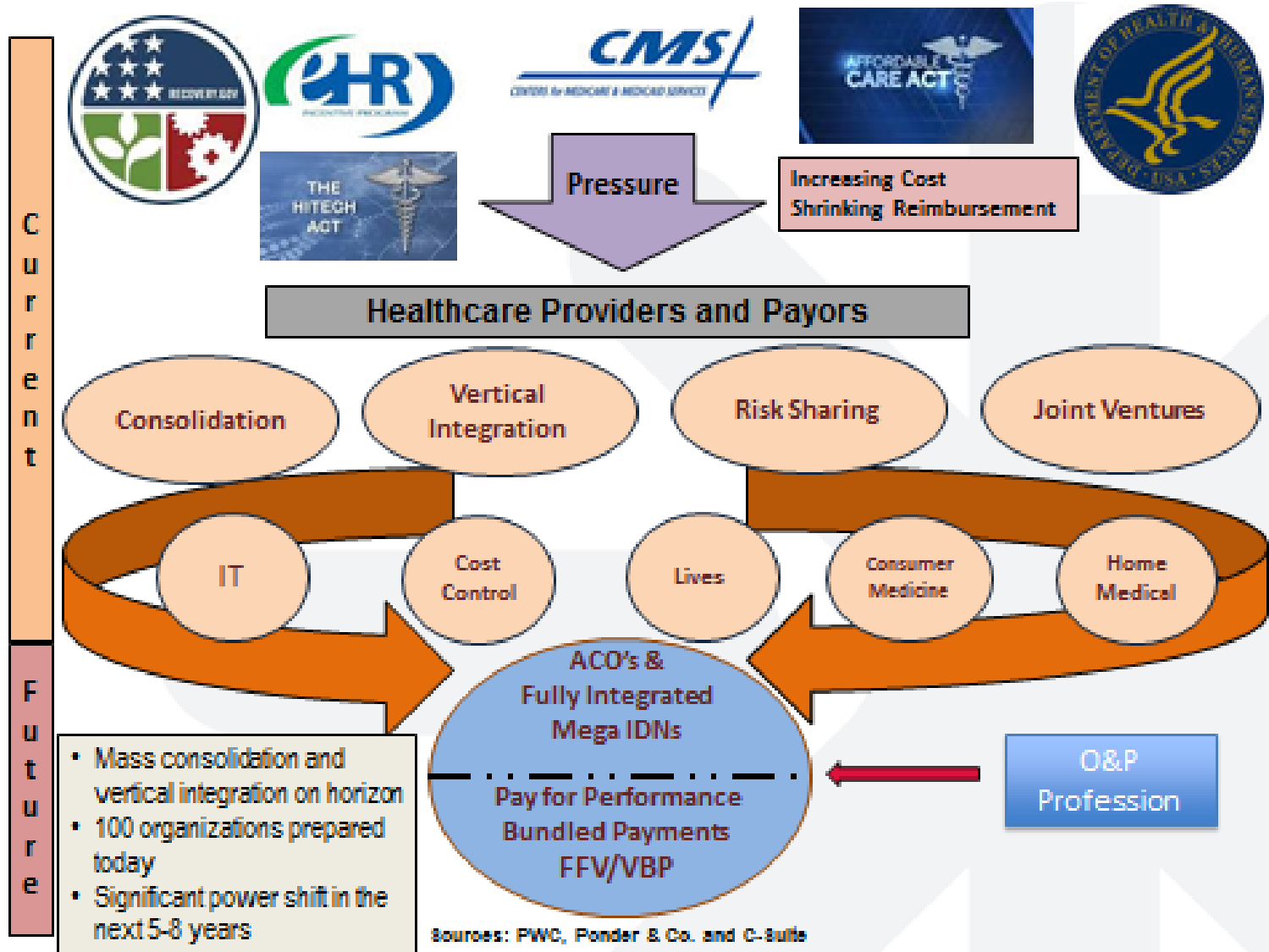
“Cost containment – deemed ‘non-essential’”

“Reality of payers translating value in to lower reimbursements”

“RAC Audits are here to stay and have huge institutional tail winds”

“Reimbursement discussion with CMS will remain much like trench warfare in WWI”

# OUR PROFESSION AND MARKET IS AT RISK...WE'RE OPERATING IN A DIFFICULT EXTERNAL ENVIRONMENT...



“The Winners:”  
Triple AIM

- Patient Satisfaction
- Quality Outcomes
- Lower cost of care

Institute Healthcare Improvement

# RESEARCH AND OUTCOMES: **WHY?**

Innovation improves outcomes and can lower costs of care to the Health Care System

1. Great for Patients!



2. We get Paid! (AOPA Stream 3)



# RESEARCH AND OUTCOMES: HOW - DO WE KNOW?

A majority, if not, all of US healthcare has documented care paths, clinical practice guidelines, associated outcomes and a demonstrated health economic benefit

Innovation is rewarded even with ACA: Devices, Pharmaceuticals, Services

	<u>2015(E)*</u>	<u>'12-'15 CAGR%</u>
Orthopedic Implants	\$29 B	8%
Cardiovascular Implants	\$15 B	5%
Oncology drugs	\$95 B	5%
Outpatient Rehabilitation	\$19 B	5%

All of these markets were grown thru a combination of innovation and a thoughtful planned out approach focused on CMS/Payers and compete for the same piece of the healthcare pie

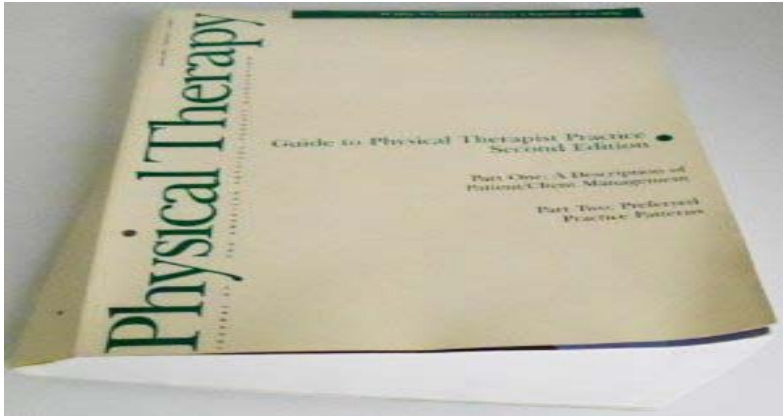
Unfortunately, by comparison O&P's paucity of Clinical Practice Guidelines and Level I/II Outcomes raises questions in Payer's minds on our profession's value equation

# RESEARCH AND OUTCOMES: **WHAT** - CAN WE DO TO GO ON OFFENSE

“Define and provide outcomes data to *CMS* to **protect** and **grow** the \$4+ billion O&P market while also differentiating O&P from the DME markets in the minds of the payers”

Utilizing a thoughtful, fact based, proven approach to align key CMS stakeholders to further influence all other Payers for coverage decisions

# WHAT: "AOPA STREAM 2" DEVELOP CLINICAL PRACTICE GUIDELINES WITH ASSOCIATED REIMBURSEMENT - SIMILAR TO APTA



- 1999 - DIRECT RESPONSE TO INCREASING PAYER PRESSURE QUESTIONING THE FREQUENCY / EFFICACY OF PT MODALITIES FOR SPECIFIC CONDITIONS
- THE RESULT WAS A 300+ PAGE MANUAL THAT OUTLINED STANDARDS OF CARE FOR THE MYRIAD OF ICD-9 CODES TREATED BY PHYSICAL THERAPISTS
- FOR EACH CONDITION:
  - ✓ EVALUATION, DIAGNOSIS, PROGNOSIS
  - ✓ EXPECTED RANGE OF NUMBER OF VISITS PER EPISODE OF CARE
  - ✓ ANTICIPATED GOALS
  - ✓ SPECIFIC DIRECT INTERVENTIONS
- ALL BASED ON BEST PRACTICE STATEMENTS WHICH WERE DERIVED FROM PUBLISHED LITERATURE
- IN 2014, THE MANUAL WAS UPDATED AGAIN
- PROSTHETICS AND ORTHOTICS HAS YET TO DEVELOP A SCIENTIFICALLY BASED CLINICAL STANDARD FOR ANY OF ITS INTERVENTIONS

OUR PROFESSION NEED TO START THE JOURNEY ALONG THIS PATH



# WHAT: Process Moving Forward for a specific O&P Condition

Charter, Identify and Recruit Medical Advisory Board (MAB)

5-8 core members

- Vascular/Orthopedic MD's
- Physiatrists
- Biomechanics Expert
- HECON/Reimbursement
- Consultants as needed

Develop Clinical Practice Guidelines (CPG)

Determine/Propose meaningful Clinical and Health Economic metrics

- PTMR Analogue
- Specific LE measures: TUG, Gait, Falls, Stability, etc.
- HECON: QOL
- Global: Blood Pressure, H1AC, Medications, etc.

Conduct Systemic , literature and data reviews with potential Meta Analyses

- Dobson / Davanso
- Align AAOP and all other R&D efforts
- Other data sources

If data doesn't exist, then generate data via well designed Clinical Studies

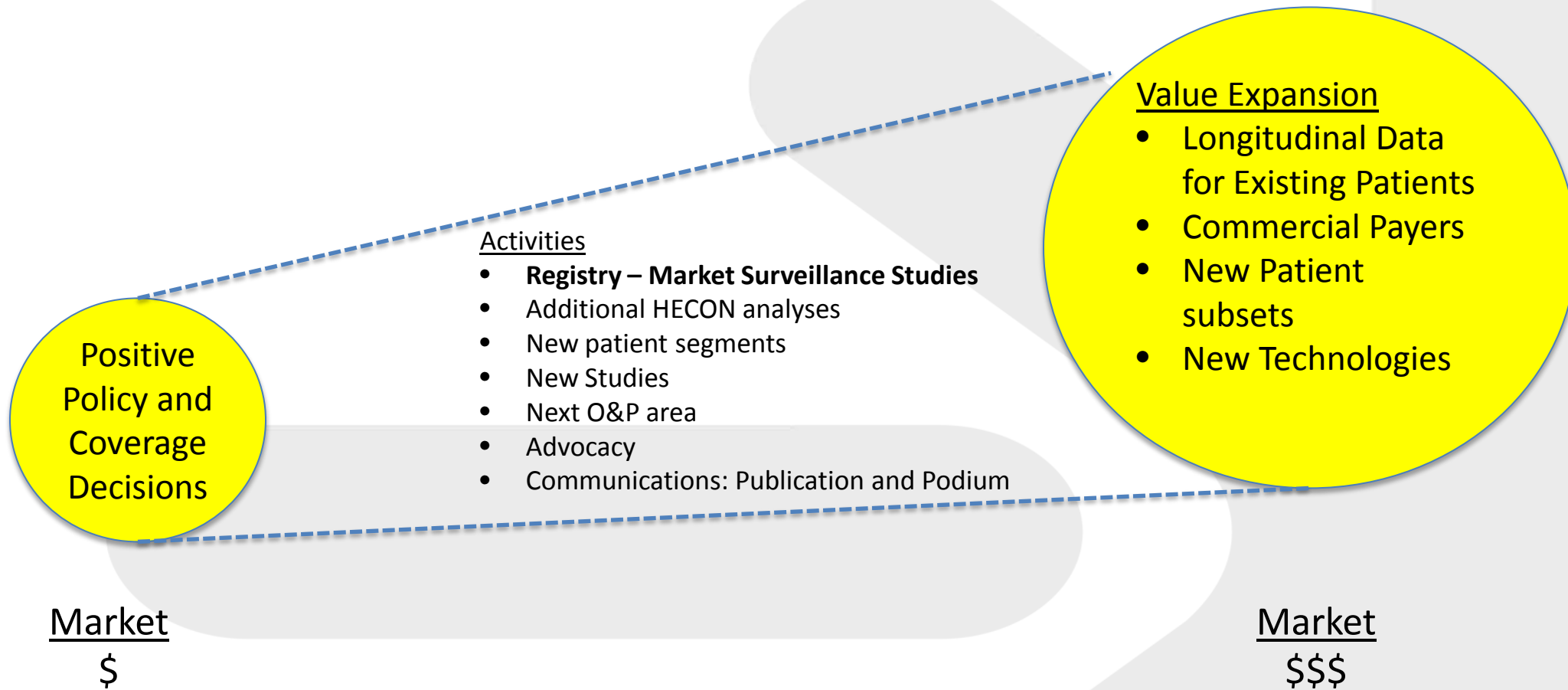
- AOPA sponsored Clinical Trial

Develop and engage CMS (DC and 4 DMEMAC's) and execute Advocacy programs (MOBILITY SAVES) along with Publication and Podium plan with frequency timed to Federal Coverage Cycles

Positive Policy and Coverage Decisions

The good news is that the O&P profession has everything else – except the data!

# WHAT: Life Cycle Management to **grow** the market



# WHAT: "AOPA STREAM 1" REGISTRY

## AJRR Analogue

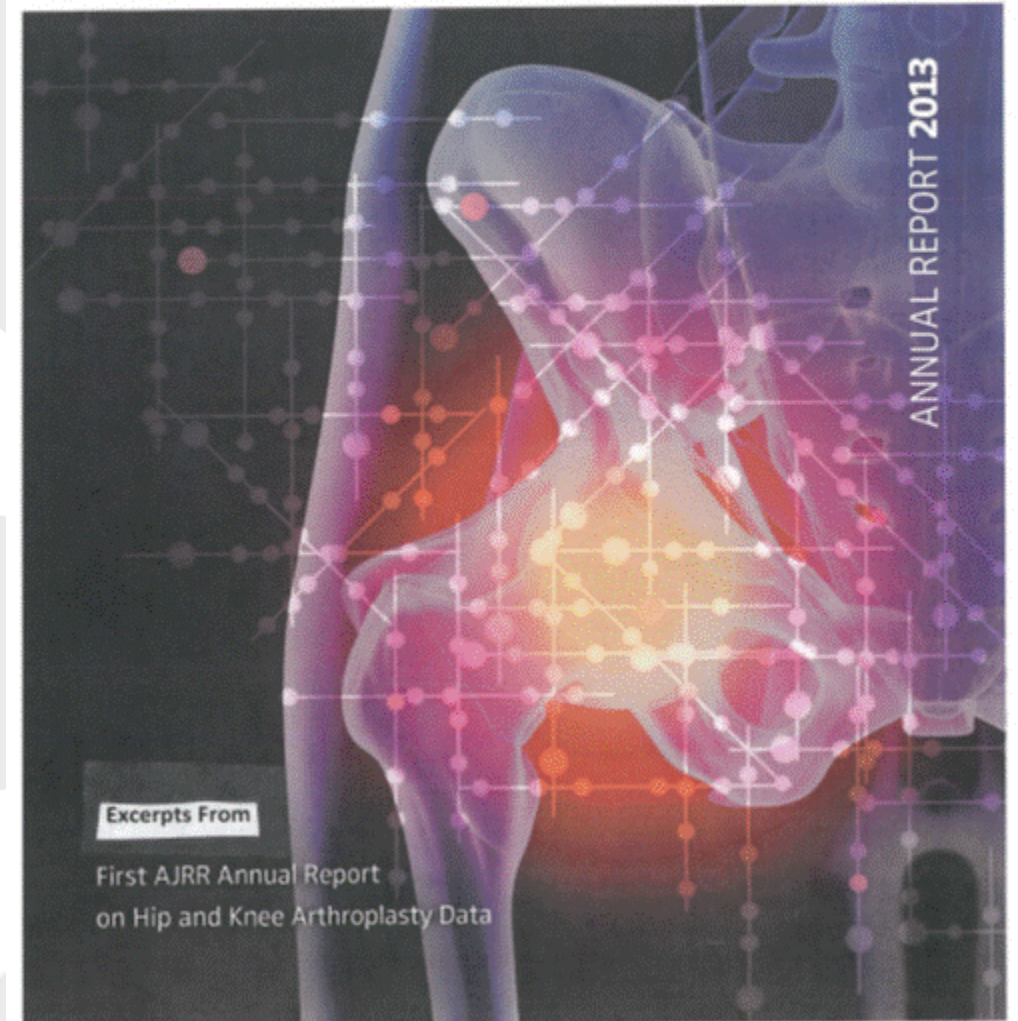
- 224 Institutions (383 hospitals; 2,000+ surgeons)
- 80,000+ procedures since 2008 (~5% 2013)

## Cardiology e-Cypher Drug-eluting Stent Registry

- 25,000 patients – data used to justify safety and payments in Diabetics

## O&P

- Need to define 'what to collect' first
- Value - extension of Dobson DaVanzo work



# WHAT: SUCCESS IS ACHIEVABLE

## Healthcare Analogues

- Cypher Drug Eluting Stents
- Stroke Management
- Radiology Services
- Many other examples

## O&P

- MPK coverage  
Blue Cross-Blue Shield
- Orthotics Coverage  
Arizona Medicaid

Initial momentum with DOBSON-DAVANSO data analyses which needs to continue

# RESEARCH AND OUTCOMES: **WHERE** – SHOULD WE FOCUS?

2015 (E)  
Market size  
~\$4.3 billion

## Market Outlook:

Prosthetics: +  
Orthotics: -  
Shoes/Inserts: -

Medicare RAC, Pre-Pay and Cert Audits have increased significantly in the last 2 years

50% to 75% of them focused on Lower Extremity Prosthetics: MPK and associated components

High dollar items and lack of evidence – make these an easy target for Payers

1. Start: Lower Extremity Prosthetics: Single Largest Category of Revenue/Profit
2. Further analyze / identify next target: High value custom Orthoses

# RESEARCH AND OUTCOMES: **WHO** – NEEDS TO BE INVOLVED?



**EVERYONE IN THIS ROOM!**

AOPA to work with key stakeholders and manufacturers to 'get the ball rolling'

# RESEARCH AND OUTCOMES: **WHEN?**



**NOW!**

**OUR PATIENTS ARE WAITING...**

THANK YOU!

