AOPA In Advance SmartBrief
Breaking News
October 31, 2017

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Agency for Healthcare Research and Quality Releases a Draft Systematic Review of Lower Limb Prostheses Research

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Agency for Healthcare Research and Quality Releases a Draft Systematic Review of Lower Limb Prostheses Research

The Agency for Healthcare Quality Research (AHRQ), in conjunction with a contractor known as an Evidence-based Practice Center, has released a draft systematic review of current scientific literature that address the use of lower limb prostheses in the United States. The Systematic review was originally announced in September of 2016 with a request for additional comments on the "key questions" that would be used in the systematic review in December of 2016. AOPA provided significant comments on the systematic review itself as well as on the key questions issue.

While the complete systematic review document is 440 pages and is currently under review by AOPA, the abstract of the systematic review indicates the following:

- 92 studies were identified that assessed performance characteristics of lower limb prostheses
- 29 of the 92 studies were deemed valid and reliable by the researchers
- 19 of the 29 studies were generally applicable to Medicare aged populations
- 11-22% of amputees abandon their lower limb prosthesis within one year of delivery

- Unilateral trans-femoral amputees are twice as likely to abandon their prosthesis than unilateral trans-tibial amputees
- Currently, there is no evidence to support the selection of specific components for patient subgroups to maximize ambulation, function, and quality of life or to minimize abandonment or limited use

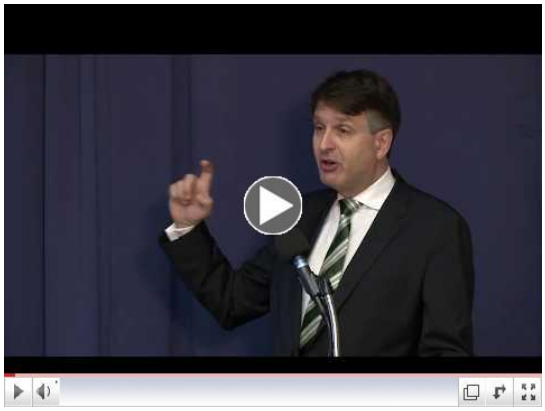
While AOPA supports the need to review the current research that addresses lower limb prostheses, we do not agree with much in the conclusions, and particularly its final abstract conclusion noted above, as there is **clear** evidence, apparently not considered by AHRQ or its contractor to support specific components for patient subgroups for maximizing favorable patient outcomes. It is important to recognize that the draft systematic review did not include recent research by the RAND Corporation and the health economics firm Dobson DaVanzo that specifically studied both the clinical and cost effectiveness of the provision of higher technology prosthetic limbs, despite AOPA's having submitted BOTH preliminary findings of both studies before the December, 2016 AHRQ deadline, as well as the final study results of both being submitted to AHRQ as soon as the first became available seven (7) weeks ago. It is particularly unfortunate to see a purportedly current literature review be deficient in not reflecting the latest determinative scientific findings.

AOPA will be preparing extensive comments on the draft systematic review and encourages its members to review the document and provide comments as appropriate. The draft Systematic Review document may be viewed by clicking here.

AOPA Holds Press Event on the "Amputee Tech Gap"

On October 19, AOPA hosted a press event at the National Press Club in Washington DC, to share the important research from the RAND Corporation on the economic value of advanced prosthetics.

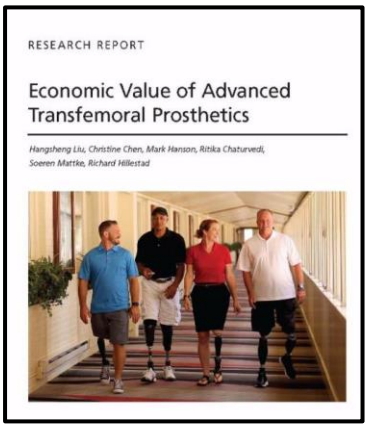
Dr. Soren Mattke from RAND presented the findings of this recently published research that concluded that microprocessor knees are associated with improvements in physical function and reductions in falls and osteoarthritis, and that the economic benefits are in line with commonly accepted criteria for good value for money by U.S. payers.



Dr. Ken Kaufman, PhD of the Mayo Clinic, shared his research on health outcomes for those living with limb loss, including the cost of care broken down by K-level, and the costs of falls, and the large number of amputees who never receive a prescription for a prosthesis. Prosthetic users Christopher Allen and Peggy Chenoweth discussed how they have benefited from advanced technology in their everyday lives.

The video was livestreamed on Facebook and is now available to view. The Power Point presentations used are available upon request.

About the RAND Corporation study



Due to recent advances in technologies, prosthetic knees allow for more-dynamic movements and improve user quality of life, but payers question their value for money. To explore this issue, RAND simulated the differential clinical outcomes and costs of microprocessor-controlled knees (MPKs) compared with non-MPKs (NMPKs). They conducted a literature review of the clinical and economic impacts of prosthetic knees, convened technical expert panel meetings, and implemented a simulation model over a ten-year time period for unilateral transfemoral Medicare amputees with Medicare Functional Classification Levels of 3 and 4.

They found that compared with NMPKs, MPKs are associated with sizeable improvements in physical function and reductions in incidences of falls and osteoarthritis. The simulation results show that over a ten-year time period, compared with NMPKs, MPKs are associated with an incremental cost of $10,604 per person and an increase of 0.91 quality-adjusted life years per person, resulting in an incremental cost of $11,606 per quality-adjusted life year gained. The results suggest that the economic benefits of MPKs are in line with commonly accepted criteria for good value for money and with those of other medical devices that are currently covered by U.S. payers.
Read the RAND Study.

This study is just part of AOPA's commitment to advancing O&P research. See all of AOPA's Research Initiatives.

Press about the Event so far:
O&P Edge– RAND Study: Far Fewer Falls With MPKS
Medscape– Modern Prosthetic Knees Cut Falls, Morbidity, Mortality in Amputees (login required)
Rehab Management – Amputees Are Being Denied Access to Higher-Tech Prostheses, Resulting in Preventable Injury and Death, Per RAND Study

U.S. Congressman Steve Stivers Visits WillowWood

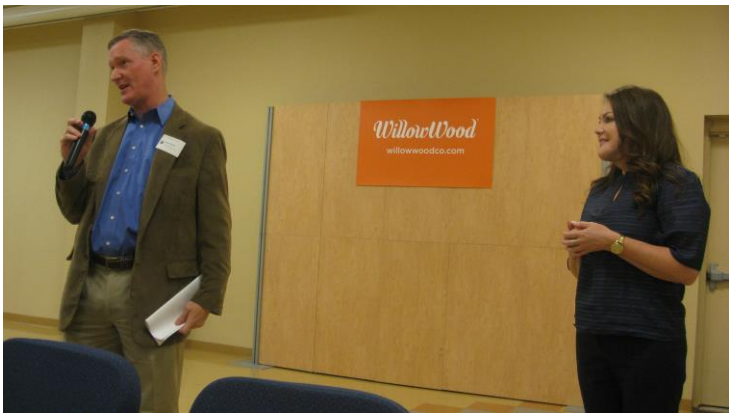
U.S. Congressman Steve Stivers received a first-hand look at new prosthetic technology Monday during a visit to Ohio-based WillowWood, a fourth-generation, family-owned prosthetic manufacturing company.

With the healthcare policy of recent years and the current efforts for reform, industry trade associations such as the American Orthotic and Prosthetic Association (AOPA) have been keeping a close eye on how orthotics and prosthetics would be impacted. WillowWood attended AOPA's Policy Forum this spring in Washington D.C. along with other prosthetic manufacturers, clinicians, and patient care facility owners. Congressman Stivers was invited to visit WillowWood by the company's co-owner and Director of Government Affairs, Lisa Arbogast, following the late May industry advocacy event. This was the congressman's third visit to WillowWood in the past four years.

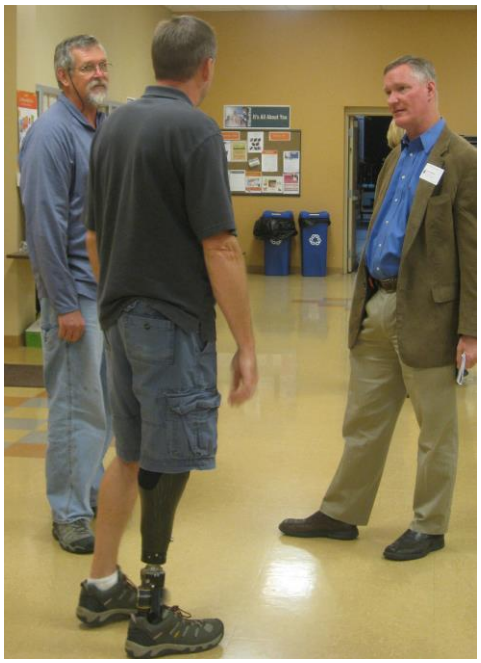
As part of his visit to WillowWood Congressman Stivers hosted a question and answer session for the company's employees and invited industry associates. Welcoming all topics, Congressman Stivers discussed and fielded questions ranging from tax reform, investments to the nation's

infrastructure, healthcare reform efforts, polarization within Congress, and his evaluation of Ohio ballot Issue 2.

"It was a great pleasure to host Congressman Stivers at WillowWood, as his time spent with our employees was invaluable," said Lisa Arbogast. "Congressman Stivers remains a great supporter of the orthotic and prosthetic industry. We look forward to working together in order to continuously initiate positive change that will improve overall quality care, assist small businesses, and address specific areas within the Medicare program."



Rep. Stivers and Lisa Arbogast



Constituents Mark Groves and Lonnie Nolt with Rep. Stivers

Short-Term Health Insurance, End of Subsidies Paid to Health Insurers—What Does It Mean to You and Your Patients?

On October 12, President Trump undertook a non-legislative overhaul of the country's healthcare insurance program, and some significant administrative 'repeal' of the Affordable Care Act. Two major executive actions comprise this effort:

(1) clearing the path for sale of "short-term" insurance plans that do not have full ACA essential health benefits and other rules, at lower rates for healthy individuals, as well as clearing the path for sale of insurance through 'association plans' that will include sale of insurance across rate lines without meeting state license laws (parity laws from one state may not apply to plans sold by an out-of-state carrier who operates in a state that does not have parity rules). At peak, there were only about 100,000 Americans enrolled in these short-term plans, so immediate effect will probably not be dramatic. That said, this does initiate a segmenting of the market, incentivizing some healthy persons not to participate in the state-level insurance exchanges under ACA, but to gravitate to these cheaper, less robust short-term plans. If this snowballed to having much larger number of people in short-term plans it would tend to shift the risk pool in the exchanges in the direction of the unhealthier Americans, likely de facto giving them some characteristics of higher risk pools. Indirectly, persons with pre-existing conditions could find themselves relegated to the

exchanges and their insurance rates would probably increase across the board without the balance of exchange participation by healthier individuals.

(2) The administration will stop providing the $7 billion in annual, so-called CSR subsidies to health insurers to help cover the co-pays and deductibles of lower income individuals. This is facilitated because of legal challenges where one federal district court deemed these subsidies illegal. Ending the subsidies creates some hard decisions for insurers. They may: (1) continue the credits for co-pays/deductibles without collecting any off-setting subsidy payments which would result in little change in policyholder experience in the short run (some insurers already issued major hikes in 2018 rates, likely anticipating that the subsidy payments would end); (2) thirty-two states will allow insurers to levy a surcharge to offset the loss of subsidies and thereby increasing the premiums (low cost insureds will be eligible for larger tax credits essentially offsetting these larger premiums so they won't have too much pressing them to drop coverage), or (3) with subsidies unavailable, insurers are permitted to withdraw from the 2018 ACA insurance exchanges in each state over the next few weeks before annual enrollment in the ACA plans begins.

There is a timing disconnect. It will take a substantial amount of time for folks at HHS and CMS to write and implement the many new rules that will be needed to effectuate the short-term plans and association plans. So, these short-term plans will probably not be available for months or perhaps up to a year, even as the subsidy situation could push many folks from their current plans. Providers will want to take more special care that patients are enrolled and paid in their plans before delivering care. It's important to recognize that, at least in the near term, these changes will impact only a portion of the health insurance market. In the short term; employer-based plans, Medicare, Medicaid, and VA, will remain unaffected—though in the longer term the premiums for these plans may change.

There are likely to be lawsuits challenging both of these steps. Both hospitals and health insurers will oppose these steps—hospitals because it will shift many more uninsured folks into emergency rooms, and increase uncompensated care (the expense of which falls on the hospitals), and insurers because, obviously, they want the subsidies. Look for attempts at legislation to stabilize insurance premiums.

Clearly, a time of change has been initiated that will impact providers over coming months. Depending on how health insurers respond, the results could have our health care looking more like it did before the ACA was enacted: more lower income people uninsured; sicker people potentially paying higher premiums, no assured universal essential health benefits, more people seeking care in hospital emergency rooms listed as uncompensated care, but actually with the cost of their coverage subsidized by higher costs for paying patients and cost-shifting. Can the President do this on his own? We will need to wait through a few years and watch the results on a likely bevy of litigation that will begin to unfold. One enduring fact will be that so long as the Affordable Care Act remains the law, any executive actions taken and regulations enacted by one President will be subject to the prospect of complete reversal by another President. We'll continue to keep AOPA members informed of significant developments.

Veteran's Administration Proposed Rule Includes Troubling Provision Restricting Veterans' Ability to Receive Care from Their Chosen Provider

The October 16, 2017 *Federal Register* included a proposed rule published by the Department of Veterans Affairs (VA) that intends to "reorganize and update the current regulations related to

prosthetic and rehabilitative items, primarily to clarify eligibility for prosthetic and other rehabilitative items and services, and to define the types of items and services available to eligible veterans. While the 48 page proposed rule will require some time to be reviewed completely, there is a provision in the proposed rule that is of immediate concern to AOPA. Page 29 of the proposed rule includes a provision regarding how prosthetic, orthotic, and other rehabilitative services will be delivered to veterans. The proposed language states the following:

"VA will determine whether VA or a VA-authorized vendor will furnish authorized items and services under § 17.3230 to eligible veterans. When VA has the capacity or inventory, VA directly provides items and services to veterans. However, VA also may use, on a case-by case basis, VA authorized vendors to provide greater access, lower cost, and/or a wider range of items and services. We would clarify in regulation that this administrative business decision is made solely by VA to eliminate any possible confusion as to whether a veteran has a right to request items or services generally, or to request specific items or services from a provider other than VA, and to clarify for the benefit of VA-authorized vendors that VA retains this discretion as part of our duty to administer this program in a legally sufficient, fiscally responsible manner."

This language, if finalized, will significantly restrict the ability of a veteran to see the VA contracted provider of their choice for prosthetic and orthotic care and must be addressed immediately. AOPA, its Board of Directors, and its VA Committee are reviewing this proposed change in VA policy, which appears to be almost completely contrary to longstanding VA policy regarding veteran provider choice and the intent of the Veteran's Access, Choice, and Accountability Act of 2014 which empowered Veterans to take a more active role in assuring their ability to receive convenient and timely care, whether through the VA directly or through the private sector.

Anticipating an AOPA position in opposition to this proposal, look for instructions as to how AOPA members can engage and mobilize patients on this important new proposed direction for prosthetic and orthotic care for Veterans. Read the full text of the proposed rule.

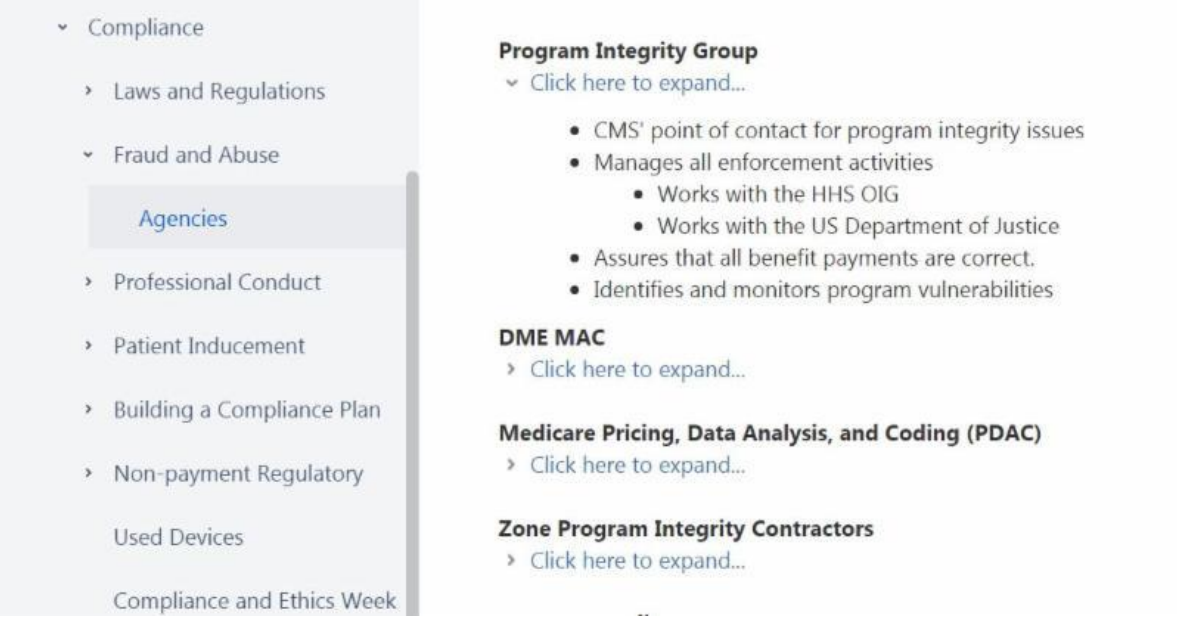
The AOPA Co-OP and Compliance

What compliance resources are in the AOPA Co-OP?

- Laws and Regulations
- Medicare Program Integrity Manual
- Medicare Claims Processing Manual
- Gifts to Patient

- Building a Compliance Plan
- Medical Device Excise Tax
- Much more, plus billing, state, and other resources

Like a Wikipedia of all things Compliance (and reimbursement, coding and policy), the Co-OP is your one stop shop! Take advantage of this new AOPA member benefit now. Sign up for the Co-OP.

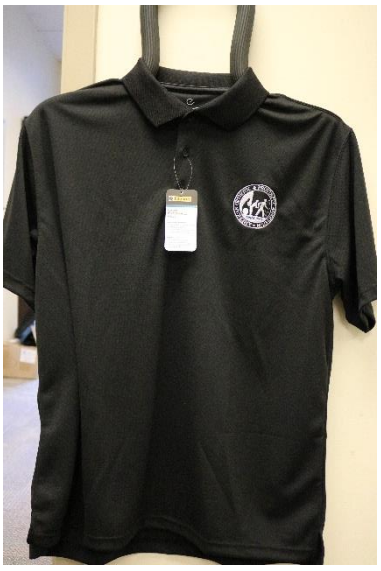


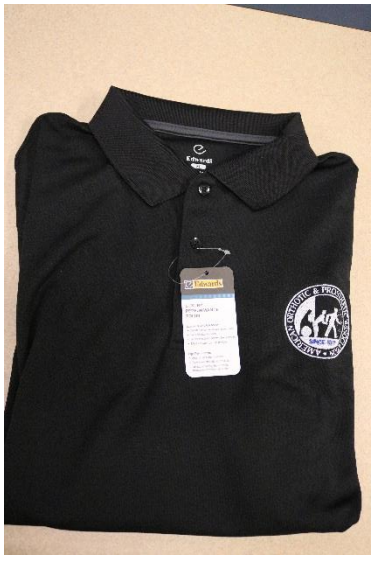
Use the Co-Op for all things Compliance and find more resources on AOPA's Healthcare Compliance & Ethics Week page.

Celebrate Healthcare Compliance & Ethics Week Nov 5-11, 2017 Access more resources on www.AOPAnet.org.

AOPA Polo Shirts – Now for Sale

Celebrate AOPA's Centennial with us by ordering AOPA polo shirts for your office! The shirts are black with a white AOPA logo. Moisture wick, 100% polyester. Rib knit collar, hemmed sleeves and side vents. The polos are unisex but the sizes are men's M-2XXL. $25 plus shipping. Order in the bookstore.





Promote your Brand with AOPA's new Apparel Program

AOPA is partnering with Encompass Group, a leading provider of health care apparel to offer members special prices on customized polos, scrub tops and lab coats. Customized embroidery is available.

For more information on products and available colors, go to www.iconscrubs.com. Enter access code: ICON-AOPA. Then enter your AOPA member id, and create your user profile.

Contact bleppin@AOPAnet.org for additional information or call 571-431-0810.

Upcoming AOPA Events

November 6-7, 2017	*Coding & Billing Seminar* Phoenix, AZ Learn more and register here
November 8, 2017	*Gift Giving: Show Your Thanks & Remain Compliant* AOPA Webinar Learn more and register here
Save the date: January 5-7, 2018	AOPA Leadership Conference (Invitation Only) Palm Beach, FL