

Health Economics Strategy

HECON STRATEGY

HECONNO STRATEGY

- There are many methods for O&P Providers to track and report meaningful clinical and economic value of their services, but the key is in learning how to communicate the value effectively combining health economics and improved health outcomes to the O&P industry's payers consistently across our industry.
- The Health Economics Strategy, when one exists, of O&P Providers is as diverse as the multitude of various methods to measure outcomes



Rand Study Implications

- This initial attempt to quantify the health and economic impact of MPK shows **promising results**
 - Improvements in health and QoL
 - Incremental cost in line with other covered technologies
- Evidence for **effect beyond biomechanics** remains limited
 - Payers will demand direct and robust evidence for effect on health and cost
- Findings underscore the **relevance of the Prosthetics 2020 agenda** and serve as a **call to the profession** to collaborate on evidence generation



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- Methods for assessing clinical and economic value of O&P Services are varied across the industry of O&P Providers
- AHRQ Systematic review:
 - 61 ambulatory and functional outcomes, and other measures, have been evaluated, of which 19 have been validated and found reliable in studies applicable to the Medicare population.
- Some examples:



AMPUTEE MOBILITY PREDICTOR AMPPRO AMPnoPro

- Amputee Mobility Predictor (AMP) instrument designed to measure ambulatory potential of lower-limb amputees with (AMPPRO) and without (AMPnoPRO) the use of a prosthesis, and to test its reliability and validity.





About PLUS-M™

The Prosthetic Limb Users Survey of Mobility™ is a self-report instrument for measuring mobility of adults with lower limb amputation. It has been rigorously developed using modern psychometric methodology and is intended for use in clinical practice and research. PLUS-M™ instruments are based on a set of 44 calibrated questions called an item bank. Two fixed-length instruments and a computerized adaptive test (CAT) are available for use in clinics and research settings.





PROMIS[®] (Patient-Reported Outcomes Measurement Information System)

A set of person-centered measures that evaluates and monitors physical, mental, and social health in adults and children. It can be used with the general population and with individuals living with chronic conditions.



The Activities-Specific Balance Confidence Scale (ABC)

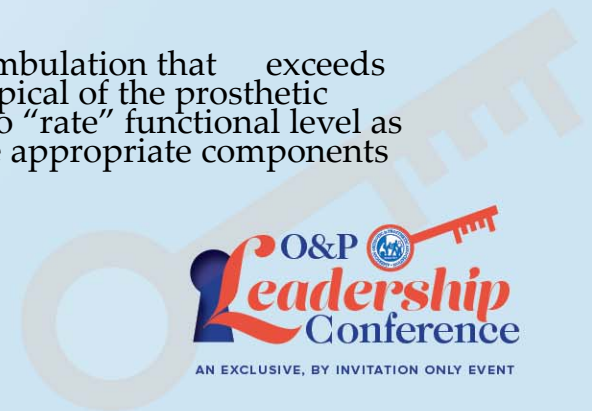
The Activities-Specific Balance Confidence Scale (ABC) For each of the following, please indicate your level of confidence in doing the following activities without losing your balance or becoming unsteady by choosing one of the percentage points on the scale from 0% to 100%. If you do not currently do the activity in question, try and imagine how confident you would be if you had to do the activity. If you normally use walking aid to do the activity or hold onto someone, rate your confidence as if you were using these supports. If you have any questions about answering any of the following, please ask the administrator.

Rating Scale 0% 10 20 30 40 50 60 70 80 90 100% No confidence
Completely confident



K level Assessment

- This information is relevant only to Medicare patients. Your physician, in consultation with your prosthetist, will decide on the type of prosthetic components (socket design, foot type, etc.) to be used in your prosthesis. During this process we will try to predict the activity (functional) level you're most likely to achieve in order to choose the most appropriate components for your prosthesis.
- **Functional level 0:** The patient does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance his/her quality of life or mobility.
- **Functional level 1:** The patient has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
- **Functional level 2:** The patient has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs, or uneven surfaces. Typical of the limited community ambulator.
- **Functional level 3:** The patient has the ability or potential for ambulation with variable cadence. Typical of the community ambulatory who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
- **Functional level 4:** The patient has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete. A system has been devised to "rate" functional level as they relate to component selection. Medicare created this system to ensure appropriate components are used.



Must focus on Outcomes, Quality of Life, and Socioeconomic Benefits



Push or Pull ?

- Collaboration of methods
- External forces will drive change – Payors will demand Outcomes – demand Value
- Audit response – Industry Push example?



ADDITIONAL CMS PROVIDER INFORMATION REQUESTED FOR LOWER LIMB PROSTHETICS

1. A physician's detailed written order (PIM 5.2.3) containing a detailed description of the item(s) ordered.
2. Dispensing order if the detailed written order is signed and dated by the treating physician after the date of service on the claim.
3. Any medical records from the place of service rendered, physician history and progress notes, diagnoses/condition, physicals, diagnostic testing, face to face evaluations, lab test and any other pertinent information. Provided information to allow the nurse reviewer to understand the functional level determination made by the physician and prosthetist.
4. Please make sure all medical records are signed and dated by the physician. Non-physician clinician assessments for the progress notes from nurse, physical therapists, occupational therapists, and from ancillary services.
5. Proof of delivery as per policy criteria.
6. Manufacturer's name and model name/number of items provided include information about the fabrication of any item submitted if it is considered custom.
7. Any Advanced Beneficiary Notice (ABN) issued to the beneficiary for each date of service and each specific service an ABN was issued.
8. If this is a repair, provide documentation regarding what was specifically repaired and why the repair was needed.
9. Current manufacturing catalog page and source, which includes MSRP date and MSRP amount. This information is only required for miscellaneous or NOC codes.

Push



Pull



Health Economics in Orthotics & Prosthetics

*"improving care, improving outcomes and
reducing costs..... with data and analytics"*

James H Campbell PhD
Chief Clinical Officer
Hanger Clinic

AOPA Leadership Meeting
January, 2018



"in God we trust, all others must bring data"

W

Edwards Deming

- Deming had the fundamental philosophy that data measurement and analysis were essential to attaining superior performance in every facet of business.
- Value-based health care puts high demands on the ability to record and monitor data regarding specific conditions and symptoms, procedures and resulting quality.
- Ultimately, the goal of using data is to guide quality improvement efforts.
- The challenge is getting enough data to direct improvement activities, but not so much to burden the effort.
- We must recognize that the push toward a **value-based emphasis** will require new systems for managing and analyzing health care data, including new efforts for standardization, **measuring outcomes** and understanding quality measures in orthotic and prosthetic care provision.



Mitigating the continued rise of healthcare costs is now a public priority **and O&P is not immune**

The changing healthcare landscape

	From:	To:
Economic model	Production-based	Value-based
Payment	For service rendered	For health outcomes
Brand	Brand defines quality	Quality defines brand
Patient Acquisition	Doctors deliver patients	Patients choose care provider
Competition	From other providers	AND new entrants
Payers	Pay the claims	Compete to own patient relationship
Scale benefits	For contract negotiations	For capability development
Technology	EMR and legacy systems focus	Data integration focus



Re: PAYMENT	FROM: FOR SERVICES RENDERED	To: FOR HEALTH OUTCOMES
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Understanding and Implementing Outcomes Programs in Orthotics and Prosthetics

- Achieving good patient health outcomes is the fundamental purpose of healthcare.
- **Measuring, reporting, and comparing outcomes** is perhaps the most important step toward unlocking rapid outcome improvement and making good choices about reducing costs.
- Understanding the outcomes achieved is also critical to ensuring that cost reduction is value enhancing.

Outcomes are the results of care in terms of patients' health over time.

- They are distinct from care processes or interventions designed to achieve the results.
- **Patient satisfaction with care is a process measure, not an outcome.**
- **Patient satisfaction with health is an outcome measure.**
- In any field, quality should be measured from the customer's perspective, not the supplier's.
- In health care, outcomes should be centered on the patient, not the individual units or specialties involved in care.



Hanger, Department of Clinical & Scientific Affairs

- Key Activity: Establish outcomes tracking and analysis capabilities by adopting and implementing comprehensive Outcomes programs across Hanger Clinic, as a basic standard of care.
- Longitudinal Data Collection, allows us to assess the immediate and long term impact of O&P care.
- Trend outcome scores over time, both during and across episodes of care.
- Continuously monitor patient's mobility, satisfaction, quality of life allowing early, proactive intervention when needed.
- Dissemination and Reporting, MAAT Series



Restoration of mobility is considered a primary objective of rehabilitation following lower limb amputation.

- Prosthetic rehabilitation has historically demonstrated an appropriate focus on the restoration of mobility.
- This emphasis on mobility restoration has been driven in part by the underlying belief that this goal positively impacts the more holistic rehabilitation goals of increased satisfaction and quality of life.
- However, studies investigating the relationship between mobility and both satisfaction and quality of life have been limited.
- The purpose of our initial study (MAAT 1) was to examine the direct relationship between lower limb prosthesis users' mobility and both satisfaction and quality of life.



Wurdeman, Stevens and Campbell. Mobility Analysis of Amputees (MAAT I): Quality of life and satisfaction are strongly related to mobility for patients with a lower limb prosthesis.

- **Background:** While rehabilitation professionals are historically trained to place emphasis on the restoration of mobility following lower limb amputation, changes in healthcare dynamics are placing an increased emphasis on the limb loss patient's quality of life and general satisfaction. Thus, the relationship between these constructs and mobility in the patient with lower limb loss warrants further investigation.
- **Objectives:** To determine the relationship between mobility of the patient with lower limb loss, and 1) general satisfaction and 2) quality of life.
- **Methods:** A retrospective chart review of the Prosthetic Limb Users Survey of Mobility (PLUS-M) and the Prosthesis Evaluation Questionnaire – Well-Being subsection (PEQ-32 WB). Pearson correlations were used to test relationships.
- **Results:** Data from 509 patients with a lower limb prosthesis were included. Mobility was found to be positively correlated to quality of life and general satisfaction, as well as their arithmetic mean
- **Conclusions:** This study provides evidence of a strong positive correlation between mobility and both quality of life and general satisfaction. Thus, in the holistic care of a patient with lower limb loss, maximizing mobility would correlate with greater quality of life and general satisfaction.

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Mobility Analysis of Amputees II (MAAT II): The Presence of Comorbidities does not Preclude Meaningful Mobility for Patients with Lower Limb Amputation

- Purpose: To determine the impact of comorbidities on mobility in patients with lower limb prostheses.
- Materials and Methods: Retrospective database chart review ($n=596$) examining mobility (PLUS-M®) in patients with lower limb prostheses. Comorbidities were quantified with the Functional Comorbidity Index (FCI).
- Conclusion: The presence of comorbidities cannot inform on a patient's ability to utilize a lower limb prosthesis. Even patients with numerous comorbidities (i.e. ≥ 7) report use of their lower limb prosthesis to varying degrees.
- Similarly, many notable comorbidities do not inform on a patient's mobility.
- The impact of comorbidities on prosthetic limb user mobility has been greatly overestimated
- Decreased mobility is not synonymous with lack of mobility.

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Summary

- Achieving good patient health outcomes is the fundamental purpose of healthcare.
- Measuring, reporting, and comparing outcomes is perhaps the most important step toward unlocking rapid outcome improvement and making good choices about reducing costs.
- Outcomes are the true measures of quality in health care.
- Understanding the outcomes achieved is also critical to ensuring that cost reduction is value enhancing



Focus on outcomes that are meaningful to the patients.

