



## California Orthotic & Prosthetic Association

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# STRATEGIC PLANNING MEETING

February 25, 2015

The California Orthotic & Prosthetic Association (COPA) held its Strategic Planning Meeting on February 25, 2015 in Sacramento, California. Present were past and/or present members of the COPA Board of Directors:

Jeff Collins, CPA, President; Matthew Garibaldi, CPO, Vice President; Carlo Luetto, Secretary/Treasurer; Kel Bergmann, CPO, Director; JR Brandt, CO, Director; Linda Collins, Director; Brandon Dale, CPO, Director; Michael Dodd, CO, BOCOPO, Director; Robert Jensen, CPO, Director; Michael Plafker, CPO; Bryce Docherty, Executive Director and Lobbyist; Mark Alcorn, consultant.

Mr. Docherty welcomed the attendees, and introductions were made. Mark Alcorn provided a brief review of the objectives for the meeting, provided an overview of the planning process, and presented the attached agenda (Attachment 1). Mark guided the Board of Directors through handouts pertaining to the role of the board; a summary of the distinctions between strategic, tactical and operational activities; and a review of the most recent COPA planning meeting report.

External Environmental Scan and Assessment: The Board of Directors scanned its external environment, and noted the following significant changes:

- Downward pressure relating to reimbursements
- Additional providers; new entrants
  - o Physical therapists
  - o Physicians
  - o Pharmacists
  - o Anyone with a 3D printer...
- Recovery audit contractor attacks
  - o Faulty OIG report; not going away
- Payors increasing documentation requirements
- Reduction in financial growth for profession
  - o Revenues growing, profits shrinking
  - o Fewer amputees, more implants
  - o Changing market; more care options
  - o Limb salvage

- Payor coverage limits or elimination
  - o No O&P coverage
  - o Disparities between CMS and HHS coverage
    - Is “essential” service, but  
Very, very limited O&P  
Kaiser Small Group Bronze plan sets standard
  - o Possible shift to patient paid model

Internal Environmental Scan and Assessment: The Board of Directors scanned its internal environment, and noted the following significant changes:

- Professional credibility; not viewed as providers
  - o Our documentation not respected
  - o No licensure in CA, adds to this lack of authority
- Public does not understand the profession
- Payors don't understand the profession
  - o Not certain it matters...
  - o Insurance coverage is not understood
  - o Need to understand how O&P affects health
- Potential members don't understand the benefit of COPA
  - o Our members are mainly entities, not individuals
- COPA holds only a fraction of market
- Our value proposition is not well known in the community
  - o Not well defined
- Hanger is 70% of membership and revenue
  - o Potential weakness
- We tend to be Northern CA focused
- Some industry disapproval or distrust of AOPA
  - o Possible guilt by association
- Need to get more engagement of members

Review of Survey Input: The Board briefly reviewed input received from Board members prior to the meeting.

Identification of Top Three Current “Key Issues” for COPA: The Board discussed the top current “Key Issues” facing COPA. The following issues were discussed:

- Ensuring access to/coverage for O&P care
- Increasing reimbursement
- Protection of O&P from encroachment by other professions
  - Collaborate with or distinguish O&P from other profs
  - How O&P interacts with ACOs. (Accountable Care Org)
  - Need to sell the concept of accredited/qualified O&P care
  
- O&P not known and understood
  - Patients and payors don't understand what we

can do for them  
Consequently, access limited  
Consequently, reimbursements inadequate  
Consequently, O&P practitioners may not join COPA  
Consequently, we lack political clout and relationships

The Board did not reach consensus on three “Key Issues.” However, the purpose of this exercise, which was to review the most pressing issues facing COPA was fully achieved.

Strategic Planning: The Board brainstormed for ideas of outcomes that it might achieve over the coming year, or longer if desired. The following outcome ideas were identified:

#### MEMBER SERVICES

Member research, find wants and need. Possibly a survey or Appreciative Inquiry.

Upgrade member communications. Consider dropping newsletter, adding bulletins

Upgrade website. What’s happening today. Members may have better access.

By June 2015, we will have a free clearing house service to deal with practice billing issues with VA, MediCal, California Care, etc.

Set up Google group. Care must be taken to avoid antitrust problem.  
Serve as an information resource, not representation. Educate re: rules, procedures, contacts, not negotiating fees. Publish lessons learned and resource.

By December 2015, we will have the premier educational industry event in CA. Complete revamp. Already underway.

By November 2015, we will have a marketing/informational piece available for purchase about O&P for our members that can be personalized.

Already have membership marketing materials. AOPA has this, sales decreasing.

#### BUILD DATA RESOURCES: COST AND OUTCOMES

By November 2016, we will have arranged/coordinated a study of claims data of a large California payors for the purpose of establishing the value of O&P services. Goal to get CA data from at least one insurance company.

#### INDUSTRY ADVOCACY

By September 2015, we will have convinced Kaiser to change the benchmark plan to include O&P services.

#### INDUSTRY RELATIONSHIPS

By March 2016, we will have established a strong alliance with three health care related organizations facing similar issues (stroke foundation, physical therapy, orthopedic surgery, vascular surgery?). Advocacy lift, so we don't go into political arenas alone. To build stronger relationships with allies as integration continues.

By December 2015, we will have established professional working relationships with all major payors in the state of California. (opens lines of communication, not price fixing, not negotiation)

By November 2015, we will have a plan to proactively seek members to support an outlined initiative(s) in order to build capacity and resources to apply to a key problem.

As a result of these discussions, the following four Outcomes (or Strategic Goals) were agreed upon as goals to be achieved during 2015 - 2016:

(Continued on next page)

Outcome to be Achieved	Action	Due Date	Oversight
<p><i>Outcome #1:</i>  <b>MEMBERSHIP WANTS AND NEEDS RESEARCH</b></p>	<p>Select method of research (survey, Appreciative Inquiry research)</p> <p>Allocate resources (Each Board member may be asked to conduct several interviews)</p> <p>Conduct research</p> <p>Compile report</p> <p>Present report</p> <p>Updates at every Board meeting</p>	<p>3/15/15</p> <p>3/31/15</p> <p>April 2015</p> <p>May 2015</p> <p>May 2015</p> <p>Ongoing</p>	<p>Brandon Dale to lead.</p> <p>All Board members to assist as requested.</p>
<p><i>Outcome #2:</i>  <b>BUILD DATA RESOURCES: COST AND OUTCOMES</b></p>	<p>Contact and engage at least one large payor/insurance company to study claims data relating to the value of O&amp;P services. Coordinate with Linda Collins and Matt Garibaldi with respect to payor and affiliate relationships</p> <p>Coordinate with AOPA, where some research has already been conducted.</p> <p>Raise funds, if needed, to conduct further research and analysis.</p> <p>Participate in conduct of further research and analysis</p> <p>Present findings</p> <p>Updates at every Board meeting</p>	<p>3/31/15</p> <p>3/31/15</p> <p>5/1/15</p> <p>6/1/15</p> <p>November 2015</p> <p>Ongoing</p>	<p>Jeff Collins will lead.</p> <p>Board members to assist as requested.</p>

<p><i>Outcome #3:</i> <b>ADVOCATE FOR INCLUSION OF O&amp;P SERVICES IN KAISER BENCHMARK PLAN</b></p>	<p>Identify optimal approach to Kaiser.  Approach Kaiser, discuss.  Keep Board informed of progress; updates at every Board meeting.</p>	<p>3/15/15  5/1/15  Ongoing</p>	<p>Linda Collins to lead; Bryce to assist. Board members to support as requested.</p>
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<p><i>Outcome #4:</i> <b>BUILD STRONG ALLIANCES WITH RELATED ORGANIZATIONS FACING SIMILAR ISSUES</b></p> <p><b>Advocacy lift, so we don't go into political arenas alone</b></p>	<p>Established a strong alliance with three health care related organizations facing similar issues. Consider stroke foundation, physical therapy, orthopedic surgery, vascular surgery, podiatric medical, chiropractors, CMA, orthopedic surgeons, vascular surgeons, CA Assn of Physician Groups, CA Medical Equipment Suppliers, consumer groups</p> <p>Established professional working relationships with all major payors in the state of California. Open lines of communication, not price fixing or negotiating</p>	<p>Begin ASAP  Complete March 2016  Begin ASAP  Complete December 2015</p>	<p>Matt to lead, Bob to assist, monthly reports.</p> <p>Linda to lead.</p>
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Other Actions:

By December 2015, we will have the premier educational industry event in CA. Complete revamp. Already underway. Matt to keep Board informed.

Adjournment: The meeting concluded at 2:00 p.m.

ATTACHMENT 1

# California Orthotic & Prosthetic Association

## PLANNING MEETING

Sacramento, California  
Wednesday, February 25, 2015

- I. **WELCOME AND INTRODUCTIONS** Jeff Collins, President
- II. **INTRODUCTION**
  - A. Review Objectives for this Meeting (Mark Alcorn; 5 minutes)
  - B. Review Role of the Board
  - C. Overview of Strategic Activities and Change
    1. Organizational Vision
    2. Strategic Planning
    3. Strategic, Tactical and Operational Activities
- III. **REVIEW OF PRIOR PLANNING RESULTS** (10 minutes)
- IV. **ENVIRONMENTAL SCANS AND PREPARATORY ACTIVITIES**
  - A. Internal Environmental Scan and Discussion (5 minutes)
  - B. External Environmental Scan and Discussion (5 minutes)
  - C. Review of Survey Input
  - D. Identification of Top Three Current “Key Issues” for COPA (15 minutes)
- V. **STRATEGIC PLANNING**
  - A. Brainstorm Possible Target Outcomes by Key Issue Area (1, 2-3 year time frames)
  - B. Discuss Target Outcomes (1, 2-3 year time frames)
  - C. Agree on Target Outcomes for this Planning Cycle

1. Formulate Action Steps to Achieve Desired Outcomes
2. Identify Any Action/Intermediate Steps
3. Assign Responsibility for Each Action Step
4. Set Due Dates and Milestones
5. Provide Necessary Resources

VI. **OPEN COMMENT/COMMUNICATION**

- A. Feedback

VII. **ADJOURN**