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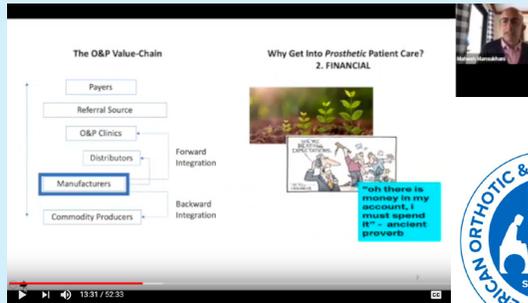
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Since COVID-19 entered our lives, our industry has been subjected to unprecedented change including the very “terms and conditions” of our businesses. New terms such as PPP, PPE, CARES Act, Accelerated & Advance Payment Programs and new conditions such as essential care workforce, face masks, social distancing and telehealth. While this is somewhat “tongue-in-cheek,” these and many other terms and conditions have changed the way we will work for the foreseeable future.



What hasn't changed are patients' needs for our products and services and clinicians' focus on providing them with appropriate care. Doing so requires the appropriate reimbursement environment as well. That's why COPA has focused its advocacy activities on educating our state legislators about the benefits orthotists and prosthetists provide patients and the need for Medi-Cal fee schedule reform to ensure the 13 million patients on Medi-Cal have access to the appropriate O&P care. COPA's board members are currently scheduling meetings with legislators and their staff to address these issues.

While the state budget is frozen and operating at a \$50 billion deficit due to additional expenses related to the coronavirus, COPA needs to be in a position to advocate for Medi-Cal fee increases at the very beginning of the next budget cycle. This is not a small task and one that we need to do together. O&P is a relatively small industry and our voices are

louder when we speak as one. You can financially support this initiative through your dues as an COPA member, or if you are already a COPA member, by joining a COPA committee or by making advocacy visits to your local legislators.

Last year we implemented a series of webinars to provide member education on key trends transforming our industry. This year's webinars included Joe McTernan, AOPA Director of Reimbursement Services, Education & Programming, on “Federal Policy & Regulatory Issues” and Mahesh Mansukhani, COPA board member and CEO of WillowWood, on the subject of “Manufacturers Entering Patient Care.” This was one of our highest attendance webinars and received many

accolades from attendees. Our next webinar on July 29 will be a presentation entitled “Preparing Your Practice for Sale” by Barry Smith, CEO, and Jeremy

Smith, Esq. and Transactional Law Specialist, from Lloyd's Capital. Stay tuned for announcements of future informative webinars.

We hope you enjoy this inaugural issue of the COPA Connection and we look forward to hearing your thoughts regarding topics you would like explored in the newsletter.

Remember, COPA is your organization. Our primary mission is to learn and advocate together to ensure an appropriate reimbursement environment and access to appropriate care for patients.

Maynard Carkhuff
Freedom Innovations
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WHY DO HEALTHCARE ASSOCIATIONS EXIST?



The California Orthotic and Prosthetic Association, like other healthcare associations, exists to support its members and the patients they serve. While COPA's mission and programs are intended to benefit its members, in reality COPA's activities routinely create residual benefits for all O&P providers and suppliers in California—including businesses that were never members and never paid dues.

COPA has a very committed board, a paid lobbyist, and an efficient and effective association management company. The board works for free, contributing hundreds of volunteer hours each year. Their efforts are supported by external resources that are not free. COPA conducts education events, advocates to state legislators, interfaces with payers about reimbursement issues on behalf of members, and works with AOPA to support national initiatives. All of this happens thanks to financial support from COPA members.

So why should an O&P provider or O&P supplier, in the midst of a pandemic, choose this moment in time to consider becoming a dues-paying member of COPA? Why support the association when there is a small group of members willing to pay for your residual benefits?

The decision to support state (and national) O&P associations comes down to your commitment to help this industry continue to differentiate from DME, to fight for legislation and reimbursement that supports patient care and O&P business viability, to encourage the advancement of technology and promote its life-enhancing benefits to payers, to organize education programs to increase knowledge, and to support and bring attention to research about clinical efficacy and outcomes.

COPA is committed to furthering the interests of patients and our industry, with primary focus on legislative advocacy and member education. You can choose to let others carry the ball—by accepting residual benefits with no costs—or you can demonstrate your support by becoming a dues-paying member and getting involved in COPA's advocacy and education efforts.

For membership information, visit www.californiaoandp.com.

MEET COPA'S MANAGEMENT TEAM

While we are all working on our own businesses, Huntington Association Management is working on COPA. Industry associations like COPA are non-profit corporations. There are legal and financial matters that must be handled for us to be compliant with federal and state laws. We are fortunate because our management team of the last four years also provides marketing, membership and education events as benefits for our members.



Patricia Rosengren
COPA Executive Director

Did you know that any of our members may hold meetings at Huntington Association Management's office? Our management firm offers an array of administrative and marketing service that we enjoy including offices to meet—when we are able to get back to doing so.

COPA has access to an executive director, accountant, event manager meeting planner, a publicist, graphic designer, and webmaster. All for one low retainer. It's a business model owner Patricia Rosengren has offered for over 35 years. Pat welcomes your call for any COPA matter, and you may visit her company's website at www.associationmanagement.biz

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Thank you to COPA members for supporting our education and advocacy efforts!



IMPACTS OF COVID-19

The financial costs of COVID-19 will likely impact funding for health, education and many tax payer funded programs for several years.



Many O&P providers in California were caught somewhat flat-footed in March when the Governor shut down most of the state's economy as a preemptive move to reduce COVID-19 infections. At the time, few of us knew anyone who had actually contracted the illness, been hospitalized or died.

Fast forward five months and everyone can talk about the disruption to their daily lives, the loss of life in virtually every community in our state, and how each business and each person has had to make modifications to their activities and behaviors to protect themselves and others.

When speaking to O&P providers and O&P suppliers (manufacturers), there was relief that O&P industry businesses were considered essential. While being allowed to operate, providers experienced a sharp downturn in patient visits and revenues. There is some consensus that the "O" revenues were more impacted than the "P" revenues. Some patients delayed seeking treatment due to stay-at-home orders or out of fear of going to any type of medical facility. But the bigger impact came from the shutdown of schools, sports, gyms, and other recreational activities. There were also layoffs or furloughs of people in occupations prone to worker injuries and

massive reductions in car and truck traffic which reduced injuries from accidents. Further, to preserve limited supplies of PPE, nearly all elective surgeries were suspended.

The costs and complexities of providing O&P care have also increased. Most providers and manufacturers have come to the realization that some changes (and added costs) could be permanent. Efforts to keep clinics safe for employees and patients, as well as the necessity to perform some services remotely, has changed what we consider acceptable and/or normal.

"Similar to the actions of our colleagues throughout California, we've introduced elaborate training modules and extensive changes within our clinics," said Glen Ellis, CPO and founder of Capstone Orthopedic. "All of our clinics have been required to implement new safety and cleaning procedures. Keeping employees and patients safe is our highest priority."

Sharing information and resources is one way COPA is trying to support its members during this crisis. If you want to speak to our board members about your experiences and challenges in adapting your workplace, please reach out to our association.



COPA INTERCEDES FOR MEMBERS

As a statewide association, COPA can be a resource to members who experience unique challenges with a payer or other types of business issues in their local market.

Earlier this year, a COPA member reached out to our board regarding a payment policy they felt wasn't fair. A large managed-care entity was contractually obligating O&P providers to accept payment for services to Medi-Cal beneficiaries that were below the Medi-Cal allowable rate. The member was concerned about potential repercussions to the totality of their business, and asked our association to make an inquiry on behalf of all O&P providers operating within the market served by this managed-care entity.

Since Medi-Cal rates are already among the lowest Medicaid reimbursements in the country, COPA reached out to the plan administrators, providing data and perspectives. From our investigation, we were able to point out the potential that this organization was the only entity (managing care for a Medi-Cal population) that is paying O&P providers less than the Medi-Cal allowed rates. We indicated our willingness



to have board members attend their public meetings to voice our concerns and to reach out to county officials.

After several calls and emails from COPA's president and the association's lobbyist, COPA was able to influence the organization leadership to recommend the rates be raised to the Medi-Cal allowable.



UNDER THE DOME

COVID-19 Quarantined Capitol ... Sort Of

by Bryce Docherty, COPA Lobbyist

Mid-March amid the COVID-19 scare the Legislature abruptly adjourned under duress for the first time in over 150 years. The last time was during the "Great Flood" of 1861-62 when Sacramento was completely under water. In fact, then Governor-Elect Leland Stanford had to rowboat his way to the Capitol for his inauguration in January 1862.

The Legislature returned in May donning masks, trying to adhere to social distancing requirements and a strict order that only one essential staffer may be allowed in a legislative office at a time. Watching committee hearings and floor sessions via livestream has become commonplace as has phone-in testimony as lobbyists have by in large been barred from the Capitol.

Gaveling down for a brief legislative Summer Recess at the end of June ... beginning of July ... COVID-19 has struck the Capitol with at least two legislators having tested positive, as well as several staff members. The final return for the Legislature is currently scheduled for Monday, July 27th. However, one thing is for certain ... nothing is certain anymore.

The only remaining constitutional deadline for the Legislature is the "sine die" adjournment motion of this current two-year session on Monday, August 31st. They have already met the other constitutional deadline of passing a state budget by Monday, June 15th. This "shelter-in-place," or commonly referred to as a baseline budget, simply continues the 2019-2020 budget structure but borrows heavily from the \$20 billion "Rainy Day Fund" to maintain current funding levels for health and human services. Outward budgets will need to significantly cut healthcare spending if the U.S. Congress fails to act on a multi-billion-dollar bailout for California.

So, what does all this mean for you? COPA will need to pivot away from our initial 2020 campaign to increase O&P Medi-Cal provider rates and focus on staving off eminent reimbursement rate cuts and possible elimination of O&P Medi-Cal benefits altogether. This will start by deploying an assertive grassroots campaign with key state legislators. Please stay tuned for how you can help these efforts.

If you miss a day "Under the Dome" — you miss a lot!



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Heidi Truman, CPO
UCSF Residency Director

THE PANDEMIC'S IMPACT ON O&P RESIDENTS

As O&P professionals in California continue to experience significant impacts from the COVID-19

Q: How significantly did COVID-19 impact the UCSF practice and residency program?

A: Starting in March, all practices went to one practitioner per office per day, no scheduled patients, only emergency cases. The residents were in the final quarter of their program and were able to cover their respective offices at least one day per week. Residents had weekly individual zoom sessions with their mentors as well as groups to work through case scenarios, discuss pathologies and analyze gait. We also created biweekly zoom Expert Sessions to further encourage learning outside of direct clinical care.

Q: Was there anything implemented during the initial wave of the COVID-19 lockdown that you plan on keeping once we return to normal?

A: We are working together with other hospital- and university-based residency programs to continue the Expert Sessions. It was a great way to network, gain understanding of varying approaches throughout the country, and to get to know practitioners and educators from other programs.

pandemic, we reached out to **Heidi Truman, CPO and Residency Director** at University of California San Francisco, about how they adapted their program during this very complicated and unique situation.

While NCOPE did not change their requirements for what constitutes a full-time resident position, which is 37.5 hours per week, NCOPE did add a non-clinical category to help residents fulfill their requirements. Here are Heidi's responses to COPA's questions.

Q: Did this impact the residents' ability to get a second residency or a job?

A: Thankfully, the shutdown came after they had all accepted positions.

Q: Did the residents have concerns about how program changes would impact their learning?

A: Yes, they were concerned about meeting the NCOPE requirements and being prepared to sit for their board exams. However, time away from the clinic did allow them to dedicate more time on their research projects and to connect with clinicians and residents from across the country through virtual platforms.

Note: The Expert Sessions were recorded and available to those who are interested by emailing Heidi Truman at Heidi.truman@ucsf.edu.



COPA FORCED TO PIVOT

After months of preparation, the plan was coming together

perfectly—with more than a dozen face-to-face meetings scheduled with state legislators in Sacramento. Unfortunately, COPA's designated "Legislative Day" was the same week the Governor issued his first stay-at-home orders that resulted in a shutdown of the state capitol.

COPA board members Spencer Greene (Hanger) and Alex Shimkus (UCSF) had worked throughout the second half of 2019 with COPA's lobbyist, Bryce Docherty, to complete research that demonstrated how concentrated populations of Medi-Cal patients in various California counties were experiencing reduced access to O&P care. They had prepared "heat maps" that interfaced Medi-Cal patient population data with the locations of O&P clinics, graphically

representing clusters of vulnerable low income patients living in areas with limited nearby access to O&P facilities.

COPA was planning to correlate this data with the realities that Medi-Cal reimbursements for O&P are among the lowest Medicaid in the country. We wanted to remind elected representatives there has been no increase to these rates in decades, which has likely contributed to a reduction in the number of O&P clinics that treat Medi-Cal patients and also fewer clinics located in low income neighborhoods. We felt COPA had a legitimate shot at getting California state legislators to consider incremental increases to the Medi-Cal rates.

"The data that we have compiled is still very useful. However, due to the pandemic and state budget crisis, now is not the time to ask state legislators to consider increases to Medi-Cal O&P reimbursement. Therefore, we have pivoted our focus, and over the next 12-18 months we are going to work to raise awareness to the issues specific to the O&P field by developing deeper relationships with legislators," said Greene, who chairs COPA's Government Affairs Committee. "We are

launching a grassroots campaign, starting with legislators who represent the districts where our board members live. COPA is preparing education packets that help tell our story, and our board members will be able to utilize their personal experiences to mentor our members about how to conduct effective meetings with their legislators."

COPA's efforts to raise awareness about the O&P profession includes differentiating the education requirements and expertise of COs, CPs and CPOs compared to DME providers. This is consistent with national legislation currently being introduced in Washington by the American Orthotic and Prosthetic Association (AOPA).

"Some of our state issues are unique to California, but there are other issues that impact O&P providers throughout the country. It is essential for COPA members to develop relationships with elected officials in the state Assembly and Senate, as well as our elected representatives in Washington," Greene added.