



COPA

Quarterly Newsletter
California O&P Association

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JUNE 2023

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LETTER FROM THE PRESIDENT

Dear COPA Members & Colleagues,

The field of orthotics and prosthetics is a small, yet important piece of the overall healthcare landscape. Because we are a relatively small field, many people don't know about us until they need us. This includes patients, referral sources, and prospective employees. I believe that it is incumbent upon us to proactively engage the community to educate them on what we do and why it is important. High school students, college students, legislators, and allied health professionals are all good targets to educate and inspire. Raising awareness to our field will help improve clinical and administrative recruiting, will help to update the state's O&P policies, and will establish more collaborative relationships for patient care.

In the upcoming months, COPA will reignite our grassroots education campaign by targeting key legislators. We plan to tour them through an O&P facility in their district, have them meet the staff, and talk with a patient that can illustrate the impact of O&P care. If you would like to be involved, please contact us at admin@californiaoandp.com. Legislator tours we have conducted in the past have been very well received.

Our unified voice gets louder as we collaborate as an industry and demonstrate our value. I encourage you to get involved in your local community. Tell others about the value of our field and be a part of the solution. When we work collaboratively across businesses, our impact on the future of California O&P is much greater than the sum of our individual efforts.

In service,

Spencer Greene

Spencer Greene, MS, CPO
sgreene@hanger.com
209-573-1806

UPCOMING EVENT

COPA Happy Hour

COPA invites you to a happy hour!

WEDNESDAY, JULY 12 AT 5:30 PM

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MCO TAX COULD MEAN INCREASED O&P MEDI-CAL RATES:

On the heels of COPA seeking and obtaining a 10% Medi-Cal rate restoration for O&P providers in the 2022-2023 Budget Act, COPA continues to push Governor Gavin Newsom and the Legislature to further increase O&P Medi-Cal rates that more equitably track at least 80% of the prevailing Medicare rate.

As a reminder, COPA also sponsored legislation last year via AB 1892, authored by Assembly Member Heath Flora (R-Ripon), to set O&P Medi-Cal rates to at least 80% of prevailing Medicare. This bipartisan legislative effort stalled at the last minute in the Senate Appropriations Committee due to \$14 million in additional state costs. Last year, COPA also sponsored a bipartisan **State Budget stakeholder proposal** jointly authored by Assembly Budget Vice Chair Vince Fong (R-Bakersfield), Assembly Member Carlos Villapudua (D-Stockton), and Assembly Member Flora to also increase O&P Medi-Cal provider rates to at least 80% of prevailing Medicare. This proposal did not make it into the final 2022-2023 Budget Act.

However, COPA is optimistic that a newly proposed Managed Care Organization Tax (MCO Tax) will generate enough funds to increase O&P Medi-Cal provider rates. This Medi-Cal proposal by Governor Newsom will generate \$19.4 billion over the next 3.5 years to support increases in provider rates.

Specifically, the 2023-2024 Budget Act is slated to increase Medi-Cal rates for primary care providers (including nurse practitioners and physician assistants), labor and delivery services (including doulas), and behavioral health services to 87.5% of prevailing Medicare. Starting in the 2024-2025 Budget Act, Governor Newsom and the Legislature will focus on increasing Medi-Cal rates for physician specialty care, acute care services, and other "outpatient" services. It's in this batch of funding that COPA will seek an increase in O&P Medi-Cal provider rates.

[Click here](#) for a summary of the Newsom Administration MCO Tax proposal. [Click here](#) to review Governor Newsom's proposed budget language on the MCO Tax. [Click here](#) to review the Senate Budget Subcommittee #3 on Health analysis of the MCO Tax and related funding (starting on page 46).

COPA GRASSROOTS CALL TO ACTION:

Please stay tuned for updates from COPA on how to engage your local State Assembly Member and Senator. Building off advocacy and grassroots successes the last two years, COPA will be embarking on an assertive grassroots site visit program. These facility visit tours with strategically important Assembly Members and Senators are critical in demonstrating the role O&P providers play in the larger healthcare delivery system and punctuate the need for increased Medi-Cal rates to continue providing equitable care to California's most vulnerable patient population.



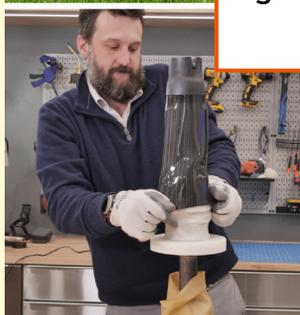
Board Member Trevor Townsend, CPO (L) toured Assembly Member Vince Fong (R) through VIPO's facility in Bakersfield in 2021.



Assembly Member Carlos Villapudua (2nd from L) at Pacific Medical in Tracy in 2021.



Assembly Member Heath Flora (2nd from R) with COPA President Spencer Greene (2nd from L) at the Modesto Hanger Clinic in 2021.




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COPA HAPPY HOUR EVENT – A TREMENDOUS SUCCESS!

COPA Happy Hours are back! Held on June 15 at the Green Cheek Beer Company in the city of Orange, it was attended by over 30 COPA members and non-members.

A huge thank you to our event sponsor, SPS, for the beers and snacks. It was an informal social event to meet colleagues and discuss anything and everything O&P in California.

We had an absolute blast meeting Kurt Yaeger (Sons of Anarchy, NCIS Franchise, Another Life, The Beanie Bubble) who is a producer, writer, and performer with disability (amputee). Kurt is a Ruderman Foundation Board Member, SAG/AFTRA Performers with Disability Committee Member, Writers Guild of America - Writers with Disabilities Member, and Producers Guild Diversity Workshop Member. He is also a former professional athlete and an active world motorcycle traveler.

This event not only helped us achieve our goal of raising awareness with O & P industry members, it helped us generate new memberships.

Special thanks to board members Maynard Carkhuff and Mahesh Mansukhani, and Kurt Yaeger for being such strong industry voices!

Join us for our next COPA Happy Hour event on Wednesday, July 12, 5:30 pm at Sac City Brews, 3940 60th St., Sacramento, CA. Held specifically for Northern California industry members, our COPA President Spencer Greene, board members, and sponsor will be there to greet you. Snacks and the first round of beer will be sponsored by Össur. The event is free for all but you must RSVP: <https://buff.ly/3oNv6QK>. See you there!



It was a full house!



Special guest, Kurt Yaeger (L) attended our Happy Hour!



Attendees (L-R) Sarah Nakamoto, Jane Ligeros, and Kari Rich enjoying their beers!



Board member Brendan Erickson (L) having so much fun with member Dino LaCapria.



Board member Maynard Carkhuff (L) and Loma Linda University student Daniel Bostadijan.



Board member Brendan Erickson (R) with Evan Glenn, Lindhe Xtend (L).



(L-R) Attendees Mark Schaal, Michael Marin, Kylee James, Travis Gage, and Dino LaCapria.



CLINICAL EDUCATION DAYS

up to **9.5** available credit hours

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- Up to 9.5 available credit hours (Scientific)
- Complimentary breakfast and lunch
- Networking with SPS Sales Account Managers and fellow O&P professionals
- Opportunity to deepen your knowledge on a wide range of devices and techniques

UPCOMING EVENTS

September 28, 2023	Anaheim, California
December 7, 2023	Alpharetta, Georgia

Visit click.spsco.com/23EduDays for agenda and free registration!



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Bulldog Tools, Inc.



Tres Wright, CP
Xtremity



Sam Brouillette,
CP, CFo
SPS



Liz Hillen,
M.Ed., CPO, LPO
SPS

AN INTERVIEW WITH AILEEN KINGSLEY, CREATOR & PROGRAM DIRECTOR OF LOMA LINDA UNIVERSITY'S HYBRID MSOP PROGRAM

by COPA Board Member Michel Davis, Orthotics & Prosthetics Program Manager, Loma Linda University SAHP

COPA has partnered with Loma Linda University to offer students free membership and to raise awareness and advocate for our O&P industry. The Hybrid MSOP program is a blended-learning track offered at Loma Linda University. This track uses a spiral learning format: the first year in theory and online; and the second year in-practice and in-person, concentrating on clinical, technical, and patient management skills. Students who complete this track will graduate with an MSOP degree. To learn more, Board Member Michel Davis interviewed Aileen Kingsley, Creator and Program Director of this program. Aileen is a CPO, has a master's degree in Orthotics and Prosthetics as well as nine years in patient care and over 10 years of teaching experience.



What makes your hybrid program unique?

Since the beginning, we offered a BS/MSOP track that was entirely in-person. We have now transitioned to a blended learning, fully graduate-level hybrid track. The first year is online and the second year is in-person. We use a spiral learning model. The idea was to have built-in repetition for O&P concepts and skills. We designed the program for the students to be able to repeat the core topics in different ways: through theoretical learning in the online setting, practical patient interaction, technical application, and documentation.

This unique delivery method allows greater access to O&P education for a variety of students in different life stages across the country and globe. The 30% cost reduction in comparison to our previous track also makes it accessible to more students when finances are a barrier.

Why has LLU MSOP partnered with COPA?

We have partnered with COPA because we feel we can support their mission of unifying the voices of O&P through our ability to provide education to students, patients, and clinicians.

We envision our campus as a center for education. We support and educate our students to become clinicians. We support our patient models through education and community involvement.

Currently, we offer quarterly in-person CEUs to support O&P professionals and businesses. This aligns with COPA's mission, while offering our students valuable networking opportunities through collaboration with COPA's experienced clinicians and business owners.

AILEEN KINGSLEY, LOMA LINDA UNIVERSITY

Education:

MSOP, Loma Linda University

Certificate in Orthotics, University of Hartford-Newington

Certificate in Prosthetics, CSU Dominguez Hills

BS-Exercise Science, California Lutheran University

Professional Certificate:

Certified Prosthetist-Orthotist (ABCOP)

What is important to you as a program director?

It is important to me that our students have success beyond Loma Linda, specifically ensuring that our students can secure high quality residency positions upon graduation. Residency is the second half of a student's education, and it happens outside of our program here at LLU. My aim is to support our students in the second half of their education through offering them connections to clinics and mentors who also place a high value on educating the future generations of orthotists and prosthetists.

A partnership with COPA helps us to identify clinical sites and clinicians who are committed to teaching and sharing their knowledge through residency.

How can COPA members be involved in the lives of students?

We all know the awareness of O&P as a profession is not widespread. COPA members can help students by sharing their knowledge and success with people showing an interest in O&P. Entry into the O&P profession can be challenging. COPA members can help students enter the profession by opening their doors to prospective students for observation hours, current students for clinical rotations, and graduates for residencies.

We are also looking for working clinicians to bring full and robust case studies to our second-year students. This gives greater exposure to our students for a wide variety of patient presentations, and a picture of the start to finish spectrum of treatment. Clinicians can earn CEUs for presenting to our students, and case studies can be done virtually. We are interested in hosting CEUs for manufacturers and businesses who wish to keep students and clinicians up to date on the latest technologies and techniques.

For more information about LLU's MSOP program:
<https://alliedhealth.llu.edu/academics/orthotics-and-prosthetics>

For more information on presenting a case study or a CEU course, please contact Michel Davis at mdavis2@llu.edu.



LOMA LINDA UNIVERSITY
School of Allied Health Professions
Orthotics & Prosthetics

COPA, in partnership with Loma Linda University, welcomes Loma Linda University students with FREE membership. Sign up now at californiaoandp.com.

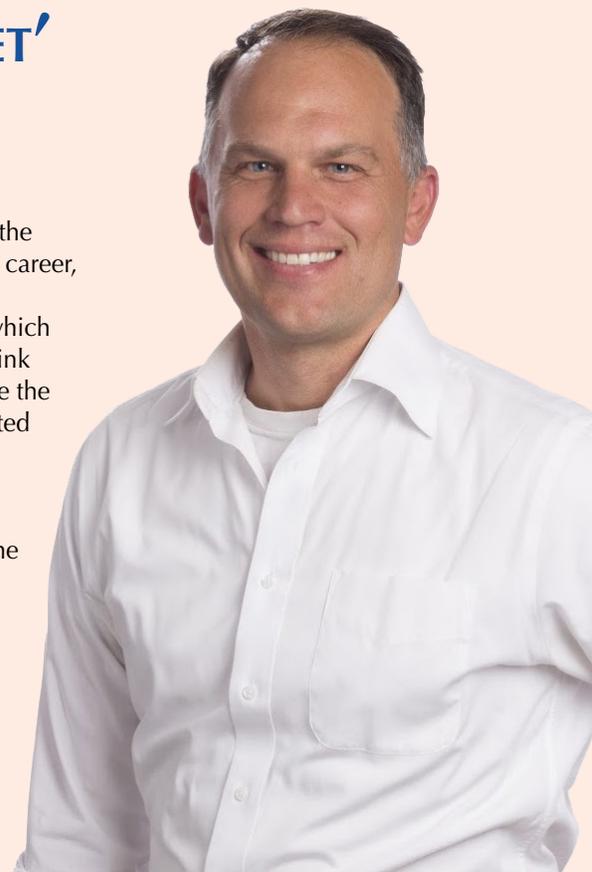
USING AN 'INNOVATION MINDSET' TO PROBLEM SOLVE IN O&P

COPA's webinar on June 21 presented by Jimmy Capra

When faced with challenges, Jimmy Capra, Click Medical's co-founder and CEO, employs the "Innovation Mindset" into his creative and decision making processes. Through his 40-year career, Capra has learned how to step out of his comfort zone, letting go of fear of failure, to solve problems in truly new and innovative ways. "To succeed in selling a component product, which needs to be incorporated into a design, you need to invite and inspire your customers to think innovatively about how to build your product into theirs," says Capra. How to enter and use the "Innovation Mindset" process to problem-solve in O&P was the topic of the session he hosted on June 21, as a part of COPA's 2023 free webinars.

In 2014, Click Medical was inspired by incorporating the Boa® lacing system from a snowboard boot into an adjustable panel on a prosthesis so an amputee could self-adjust the fit of their own device. Previously amputees had only once choice...grin and bear the fit of their rigid socket. The residual limbs of amputees come in endless shapes and sizes and change in shape throughout the day. And amputees have diverse requirements for their prostheses from sitting to walking to cycling or even skiing. A solution was needed where a user could adjust the fit and function of their socket, by themselves, as needed. With Click Medical's adjustable socket componentry, a prosthesis can be quickly and easily adjusted to meet the needs of the user with a simple turn of a dial.

Innate curiosity helps people to enter the "Innovative Mindset," but Capra realizes this can be difficult, especially when there are multiple levels involved in the design and build process. At a prosthetic clinic, the clinic owner, the prosthetist, the technician, and the patient all need to be involved. Capra finds the greatest challenge may be the simple human fear that comes along with change. To overcome these



Jimmy Capra
Co-founder and CEO, Click Medical

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individual composite lay-up to optimize dynamic response,

especially of the important footplate. (Both build height and footplate length can also be adjusted, 1-1.5 cm).

individual



challenges, a clinic owner must be dedicated to trusting the "Innovation Mindset" and invite their colleagues to do the same. This allows for creativity to emerge, reframes failure into a learning process, and provides the opportunity to bring forth new solutions.

The "Innovative Mindset" can be beneficial in other areas of a clinic's business as well. It can help practices and clinicians move beyond entrenched business processes, which can lead to better culture, better business outcomes, and better referrals. Using the "Innovation Mindset" can help clinic owners think beyond the norm to elevate their business, ultimately positioning their practice to help amputees in new ways.

About Click Medical: Click Medical brings life-changing adjustability technology to the O&P industry. In 2014 the Boa® lacing system from a snowboard boot inspired the idea of adjustability in prosthetic devices, which would become Click Medical. Our mission is to empower users to overcome limitations, regain mobility and reclaim dignity. Click Medical is known for the RevoFit® Kits and the RevoLock® Kits.

Find more information at ClickMedical.com and @ClickMedical on Facebook, Instagram, LinkedIn.

AOPA AND COPA MEMBERS ADVOCATE FOR O&P AT POLICY FORUM

By Rick Riley, Founder & CEO, O&P Boost

The American Orthotic and Prosthetic Association held its annual Policy Forum May 11-12 in Washington, D.C., where attendees from California and other states had meetings with elected officials and their staff members about the O&P professional and the beneficial care provided to patients.

Initiated about 15 years ago, the Policy Forum brings together between 100 to 125 O&P providers, suppliers, educators, and patients. The attendees participate in training sessions the first day in preparation for spending the next day on Capitol Hill where delegates lobby Congressional Representatives and Senators from their home state. Each year the intention is to inform elected officials and their staff about issues impacting Medicare beneficiaries, Veterans, adults and children enrolled in various health insurance plans.

Most years, AOPA is seeking sponsors and supporters for bills that have been introduced by AOPA's legislative champions in the House of Representatives and Senate. Often a Senator and/or Congressional Representative (who have introduced bills on behalf of AOPA and the O&P industry) are invited to come meet with Policy Forum attendees, and contributions are provided by AOPA's PAC and individual attendees to the elected official's re-election campaign.

This year's focus was on The Medicare Orthotics and Prosthetics Patient-Centered Care Act, a modified version of similar bills that were introduced last year in the House of Representatives and Senate but didn't get passed. The new bills for this year have a streamlined focus on:

- 1) Protecting Medicare patients from fraud and abuse through the prohibition of "drop shipping" custom-fitted and custom-fabricated orthoses and all prostheses
- 2) Exempting O&P providers from having to submit bids or earn competitive bidding contracts to dispense Competitive Bidding Program OTS orthoses (Note: If O&P providers get exempted, like currently exempted MDs and PTs, they will have to accept the competitive bid single payment amount for OTS braces)
- 3) Ensure that Medicare beneficiaries have access to custom-fitted and custom-fabricated orthoses when a replacement is necessary due to a change in their condition or medical needs or in circumstances where an existing orthosis can't be repaired. Currently, Medicare restricts the replacement of orthoses during the "reasonable useful lifetime" of the device.

AOPA organized morning and afternoon appointments for attendees, including delegates who are employees of O&P providers and suppliers in California. Two students from Loma Linda University's O&P program also participated. Meetings were held with staff members of California's two state Senators (Dianne Feinstein and Alex Padilla), House Speaker Kevin McCarthy, and Representatives Salud Carbajal, Eric Swalwell, Doug LaMalfa, and Raul Ruiz, MD.

"Our California delegation and AOPA's Executive Director Eve Lee had the opportunity to meet with two staff members for House Speaker Kevin McCarthy, who was not available due to the ongoing budget negotiations," said Rick Riley, a current board member for AOPA and former board member for COPA who lives in Congressman McCarthy's district. "The Congressman has met in-person with us



numerous times during previous Policy Forums. His staff members spent nearly an hour with us understanding the issues addressed by the legislation we hope to get passed this year."

Similar to the efforts made by COPA members to advocate in Sacramento for California O&P providers and their patients, the work of achieving new national legislation is an ongoing effort.

"We also took the opportunity to talk about legislation that is gaining traction or has already passed in several states related to So Kids Can Move," said Riley. "The movement started with legislation that passed in Maine and has spread to Colorado, New Mexico, Indiana, Arkansas, New Hampshire, and Illinois. Hopefully similar efforts can be considered in California and other states regarding increased access for kids, and adults to prosthetic devices for running, swimming, and other activities."

A MATTER OF SPEAKING

By Michael Coleman, contributing writer to O&P Almanac. Article from AOPA's O&P Almanac, May 2023

The O&P profession is constantly evolving and improving, but some of the key words and phrases used to describe it aren't keeping up—prompting a push to update O&P's vocabulary in a way that will boost respect and compensation for certified professionals.

Some O&P experts and associated healthcare professionals say outdated ways of speaking about O&P often don't reflect the high levels of education and expertise that prosthetists and orthotists are now attaining. This inconsistency leads to the undervaluing of their work by some payors, referral sources, and the public.

Alan Davis, MD, an orthopedic surgeon at the Cleveland Clinic, specializes in foot and ankle procedures and works closely with O&P clinicians to help his patients obtain the best outcomes. Davis says that, historically, these professionals have not been given credit for providing clinical care to patients. "That's really what they do, so the perception is wrong," Davis says. "Their value to patient care is misperceived, and it needs to be reframed, and the value of this clinical care needs to be changed. Providing clinical care to other human beings is a big responsibility and should be looked at as such."

Changing the Perception

O&P has "a bit of an identity crisis," says Joe McTernan, director of health policy and advocacy at AOPA, which stems from its proud history of craftsmanship compared to the modern reality of O&P: Individuals now entering the field are generally much more highly educated, due to the O&P master's degree requirement, than practitioners were just 20 years ago.

"Over time, we've evolved through advances in education and advances in clinical training, and we've really become part of the broad allied health community," McTernan says. "But there's been a delay in getting that acceptance as true allied health professionals, whether it's from the insurance companies or referral sources. I

also think it's also created a bit of a bad taste in people's mouth because they feel that they're not respected."

Shane Wurdeman, PhD, CP, FAAOP(D), is director of clinical research at Hanger and a former O&P technician who has co-authored more than 40 peer-reviewed manuscripts and 100 conference abstracts on O&P rehabilitation, giving him deep familiarity with the industry's lexicon. Wurdeman says changing perceptions of O&P starts with "changing the language." A lack of precision in the way O&P providers describe their work diminishes the perception of its importance, leaving some insurers, and even the public, with the impression that they are simply "device dispensers," as opposed to highly skilled healthcare providers.

"We repeatedly use language that is very device-centric as opposed to patient-centric," Wurdeman says, "and because our language is so old, I don't even know if we're aware of how device-centric a lot of things we say really are."

At the 2023 AOPA Policy Forum, Peter Thomas, JD, managing partner at Powers Pyles Sutter & Verville, who has nearly 30 years of experience providing counsel and advocacy services to the O&P profession, explained that O&P is referred to as a supplier in payor circles. "Under the Medicare statute, the word 'provider' actually defines hospitals. It defines institutions," he explained. The word "supplier" means "a physician or other practitioner, a facility, or other entity other than a provider of services that furnishes items of service under this title. Physicians, PTs and OTs, prosthetists and orthotists, [and] durable medical equipment suppliers are all suppliers under the Medicare program.

"The answer to me is to continue to define our services as professional services, as clinical services, the way PTs, OTs, and physicians do."

Making Intentional Word Choices

Clinicians should be more thoughtful in the words they choose, Wurdeman suggests. For example, rather than saying they provided a patient with a C-leg or other device, clinicians could say they provided them with orthotic or prosthetic care, or helped rehabilitate them through use of a prosthesis.

"Otherwise, all you've done is basically reaffirm that you've only dispensed a device," Wurdeman says. "Do we want the emphasis on the patient or on the technology? Our devices and technology are the instruments for what we do, not what we do. If we keep going down this road, we're not going to be recognized as healthcare providers; we're going to become [viewed as] a commodity."

Some language used to describe devices themselves also is antiquated, Wurdeman says, and at odds with the goal of securing approvals and appropriate payments from insurers and payors. O&P practitioners frequently describe a device provided to patients as representing the "latest and greatest" technology, including devices containing microprocessor technology. But Ottobock's

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game-changing and now widely used C-leg microprocessor-controlled knee (MPK) was first introduced into O&P in 1999—nearly a quarter-century ago. “You never see someone talk about a vehicle from 1999 and describe it as ‘advanced,’” Wurdeman says.

Such characterizations of long-existing technology can clog pathways to truly groundbreaking innovation and stifle payor acceptance of newer, and potentially more effective, modern technologies. “We’ve fallen into the trap of thinking the way we get these [devices] to be more available is by creating this awareness that this is the latest and greatest, which conflicts, however, with those in the payor community that aren’t willing to give the option,” Wurdeman says. Healthcare payors will often resist shelling out money for “cutting-edge” technology because it doesn’t have a demonstrable history of long-term efficacy and effectiveness.

Determining Appropriateness

Wurdeman and other O&P professionals say that simple words that are part of O&P foundational vocabulary are falling out of favor in the 21st century.

For example, some O&P professionals discourage use of the word “stump” in reference to the remaining legs or arms of “amputees”—another word that some believe has outlived its usefulness (and should be replaced by the term “individuals with limb loss,” which is person-first language). Instead, they suggest the term “residual limb.” If patients want to refer to their own residual limb as a “stump,” that’s their preference and there is no compelling reason to discourage them from doing so. But many O&P experts now advise against the word’s use in clinical settings despite its longstanding acceptance in the profession. “We have to get away from the word ‘stump’ because the connotation there is it’s not functional; it doesn’t do anything—and a limb is very functional,” Wurdeman says. “It can do a lot; it just needs to be equipped with the right tool.”

Similarly, the words “brace” and “splint” commonly used to describe orthoses—and used interchangeably within other areas of healthcare—somehow imply less dynamism than an “orthosis.” “A brace is something that is not moving and is stabilizing, whereas an orthosis is allowing and promoting healthy movement,” Wurdeman says.

Seeking Clinician—and Payor—Buy-In

Effecting change in O&P starts with the basics, says McTernan, and that means using appropriate clinical terminology with patients, payors, and referral sources. McTernan often sees O&P professionals who should know better referring to an “orthosis,” which is a noun, as an “orthotic,” which is an adjective. The same is true for a “prosthesis” (noun) and “prosthetic” (adjective).

“I hear it all the time,” McTernan says. “You can have a prosthetic leg. You can have a prosthetic device. You could have a prosthetic arm. But it’s a prosthesis when you’re referring to it as a noun,” he explains. “If we can encourage our own folks—our clinicians, our administrators who are working in the profession—to use the right terminology, I think it will be beneficial.”

A nuanced, careful lexicon also is important when it comes to billing. The disconnect between the payors’ perceptions of O&P and the high-level, sophisticated care that O&P professionals provide serves to depress reimbursement rates. “The payors have gotten away with not compensating this profession for what their value is to patient care,” Davis says. “Historically, the payors have gotten away with under-paying, underestimating, and under-respecting this profession. And if you’re a payor, why would you want to change that?”

They’re running a business, too. So, the bottom line is that they’re going to try to stick to their historical mindset because that is what allows them to pay less money.”

But the reality is that O&P providers can help patients avoid surgical procedures, and help them heal and avoid pain, which is an exceptional service not only to the healthcare industry, but to humanity. And it should be rewarded as such. “They really should be considered part of the team of healthcare providers, rather than mere technicians,” Davis says.

McTernan says administrators, billers, and even clinicians should avoid talking about their patient care in terms of providing comfort or convenience. “If you’re providing something, it has to have a critical value in order for it to be reimbursed,” he says. “And it’s not about comfort. It’s not about convenience. It’s not about feeling better. It’s about: How is it helping to restore function? It’s all about showing why something is medically necessary. You’ll want to talk about how you’re going to restore function or perhaps even reduce cost down the road.”

With respect to billing, it’s also important to maintain records that contain wording consistent with the verbiage in the records of prescribing physicians for each patient. McTernan says it raises red flags when—to use a rather extreme example—a physician’s records describe a patient as elderly, frail, and wheelchair-bound, and the prosthetist’s records characterize the patient as living an active lifestyle that requires an advanced, expensive prosthesis.

“The insurance company will ... ask questions about those inconsistencies, so you want to identify those and address them beforehand,” McTernan explains. “Once you have inconsistency, the insurance company is going to look to the physician’s record, not the [O&P] provider’s. You want to make sure there is corroboration and consistency between the prescribing physician and the orthotist or prosthetist.”

Embracing Real Change

David McGill, vice president of legal affairs and reimbursement at Össur and immediate past-president of AOPA, has extensive experience dealing with coding, regulatory, and reimbursement issues affecting the O&P industry, and he says O&P professionals have been trying to fine-tune the industry’s lexicon for decades. Some even wrestle with whether to refer to O&P as an industry or a profession. (It’s both, of course.)

“It’s very common, especially if you work at a larger company that isn’t directly involved in patient care, to sort of orient yourself around the language of corporate America, or just the corporate world. And corporations talk about industries, and they talk about end users of products,” McGill says. “Patient-care organizations tend to talk about the profession that they’re a part of, and the patients that they serve. It’s not necessarily an intentional effort to somehow undercut the work that’s being done; it just reflects the unique perspectives that different players in this space bring to the table.”

A widespread lack of understanding about holistic O&P, even among some in the healthcare industry, is a barrier to broader respect and better billing returns. “The entire reimbursement system is built around only being able to bill for the delivery of a device, and there is little understanding that payments for the device include all the necessary follow-up care and treatment for some period until the patient’s condition clinically changes down the road,” McGill says. “The system that we operate in, in some ways reinforces the kinds of conclusions that we don’t want reinforced, but there’s not a lot you can do about that easily.”

Perhaps the most efficient path to change is insisting that O&P professionals respect themselves and their work and speak about it in terms that ascribe value appropriate for the profound difference they make in their patients’ lives, McTernan says.

“Our biggest responsibility as professionals is making sure that we are our own proponents,” he says, “and making sure that folks are aware that this profession exists and are aware of all of the training, education, and clinical expertise that goes into making sure patients have the best outcomes.”