



**American Orthotic &
Prosthetic Association**

AOPA 3rd Quarter 2011 Staff Report

To: AOPA Membership

From: Thomas F. Fise, Executive Director

Date: October 15, 2011

Subject: Unscathed – For Now!

An audible sigh of relief spread through the O&P community when CMS announced on August 19, 2011 that Round II of competitive bidding would not include off-the-shelf orthotics. AOPA and the O&P Alliance had pressed CMS officials to acknowledge that their own 2002 demonstration projects proved that only negligible savings resulted from including orthotics, and the savings were hardly worth the cost of administration. O&P was particularly pleased to have been excluded from Round II since CMS staff had circulated to Congressional staffers a memo that suggested CMS was considering a much expanded off-the-shelf orthotic list with as many as 200 devices being considered as candidates for the competitive bidding process. This expansive approach had appeared to remain on the table for CMS through two advocacy meetings/conversations AOPA with the O&P Alliance had with top CMS staffers as late as August 15.

In July and August meetings and conference calls with CMS's Laurence Wilson, Director of the Chronic Care and Policy Group and Jonathan Blum, Deputy Administrator and Director of the Center for Medicare, AOPA in tandem with the O&P Alliance made it clear that any final list which included orthotics would be carefully scrutinized to make sure the orthotic devices conformed to the statutory definition. The law says that only devices needing "minimal self adjustment" by the patient qualified for competitive bidding. Had any inappropriate orthotic devices been included, AOPA had already developed a preliminary game plan to challenge inclusion of any devices not meeting the statutory definition.

The collective sigh of relief can only be temporary because CMS always has the authority to revise their bidding lists at any time so the reprieve should only be considered as temporary. AOPA and the O&P Alliance will continue to closely monitor the situation.

"The Place to Be" Really Was!

More than 2,200 members of the O&P community attending the 94th Annual National

Assembly at the Mirage Resort and Casino in Las Vegas broke all kinds of records. The record breaking attendance gathered more O&P people in one place than any previous National Assembly, or for that matter any other U. S. O&P event in history.

The Wine Auction exceeded its \$30,000 fundraising goals for the O&P Political Action Committee and the Capital Connection, bringing in more than \$32,000.

Harry Layton, CPO, LPO, Lawton Limb and Brace, Lawton, OK won the spectacular \$10,000 Hawaiian get-away vacation, only proving perseverance pays. Harry was one of the finalists last year and was visibly shocked when his winning ticket made him a finalist this year and then subsequently the big winner.

More on the National Assembly later in this report but for now a real hats off to the two recipients of the Lifetime Achievement Awards, Rudolph B. Becker, III of Becker Orthopedic Appliances and Robert E. Arbogast of WillowWood – two pillars of the O&P community. A third pillar, Clint Snell, Snell’s Limb & Braces in Shreveport, Louisiana received the so richly deserved Legislative Advocacy Award. Truly, three class acts our entire community should take great pride in honoring!

Advocacy Really Pays Off!

Things like not being included in Round II of Competitive Bidding don’t just happen because we wish it so. There was an incredible behind the scenes ongoing effort involving the AOPA lobbying team, our partners in the O&P Alliance and perhaps most importantly, the face-to-face meetings AOPA members had with Senate and House members and their staff during the May AOPA Policy Forum. These visits from AOPA members also stimulated letters from members of Congress to appropriate officials on a variety of top issues recapped below.

Another example of being on top of the game was the collaborative effort by AOPA with several state O&P communities to forestall cuts to O&P services for Medicaid patients. Hard hitting editorial copy, paid advertising, billboards, sample legislator letters for practitioners and patients to send and other persuasive tools paid off as efforts in at least five states during the 2011 legislative year were either turned back or significantly curtailed when they tried to single out a denial of O&P services to Medicaid beneficiaries or double digit Medicaid fee reductions.

AOPA’s first television Public Service Announcement making the case against Medicaid cuts to O&P has been a super big hit and by mid-October had registered 79,537,144 impressions in 3,618 airings in 32 different markets. The value of these PSA airing if purchased as advertising was \$1,005,679. The term “impressions” is defined in the world of television advertising as the number of viewers with their television on at the specific time, in the specific market when the spot was aired. The spot referred viewers to www.limbsareessential.com, which offered a “take action” option in which members of Congress, state governors and local media could receive a clear message urging them to oppose Medicaid cuts. The PSA was also part of the overall public relations strategy to build awareness and a case for O&P being included in the definition of “essential benefits”

Legislative Advocacy Recap

Keeping our eye on the ball involves an almost daily pulse taking of the issues AOPA occupies a front line in pursuing. Here's a current run down on the key legislative issues directly affecting O&P providers:

The O&P Medicare Improvements Act (H.R. 1958). This vital piece of legislation would do three things. First, it prohibits Medicare from reimbursing unlicensed providers in licensure states. Its target is to improve quality patient care and prevent fraud and abuse. It also mandates that Medicare only pay qualified providers, again relying on earlier Congressional mandate of credentialing standards which CMS has not implemented. Another important provision is revising eligibility to receive payment from the Medicare system to match the level of practitioner qualifications with the complexity of the O&P care provided to the patient under guidelines, most of which are already provided in existing laws and regulations. And finally, H.R. 1958 would limit accrediting bodies to those with experience in O&P and which meet BIPA 427 criteria. Three years ago CMS threw the process open to new/sometimes inexperienced entities with minimal standards and without any assurance that they employ knowledgeable staff familiar with O&P.

The most powerful argument is that H. R. 1958 is estimated to save \$250 million and possibly more over five years in reducing fraud and abuse by controlling who gets paid.

Look for a companion Senate bill introduction over the next few months.

The Insurance Fairness for Amputees Act (S. 773). This is truly a patient's protection act. And what's good for the patient will ultimately be good for the care providers. It doesn't create any new mandates but only requires that those insurers who provide O&P coverage must offer it on a par with their other medical and surgical benefits. That means no separate caps, arbitrary exclusions, or lifetime limits. Think of the benefit to young people whose growth demands new orthotics or prosthetics as they age. Of course timely treatment can avoid those costly co-morbidities, including orthopedic problems, obesity, diabetes, peripheral vascular disease and mental health problems – all of which are more expensive to treat than providing the right orthoses or prostheses at the right time. Nineteen states have enacted insurance fairness for amputees type legislation and several other states are pushing similar legislation.

Look for a companion House bill over the next few months.

The Injured and Amputee Veterans Bill of Rights (H.R. 805). This bill clears up confusion by requiring that VA patients be informed through posted lists in every VA facility of their rights. Those rights grant veterans the ability to obtain O&P technology that meets their needs, select a practitioner of their choice and obtain a second opinion for treatment decisions. The bill would require that this list must be also posted on the VA web site and the VA is directed to create a complaint system so these rights have "teeth."

All of these legislative goals are fodder for each AOPA member to write a letter to their two Senators and Representatives explaining the common sense and fairness approach these bills take to correct problems in O&P care – all three are geared to patient benefits. They are truly everybody wins type of solutions.

Regulatory Advocacy Recap

Some of the biggest threats to O&P come from the regulatory side and never before has O&P been so vulnerable, mostly as a result of the Affordable Care Act. Here's a quick summary of the regulatory issues on which AOPA is actively engaged on your behalf.

Essential Benefits. This issue is the number one concern for the entire O&P community. The Secretary of Health and Human Services is directed by the Affordable Care Act (ACA) to define what services should be included in the "essential benefits" package. The ACA language is vague, only referencing "habilitative and rehabilitative" services. AOPA and the Amputee Coalition (AC) have met with HHS officials with one meeting largely devoted to debunking a flawed Department of Labor (DOL) Study. DOL was mandated by law to provide the Secretary with information on the frequency with which certain types of services were included in private employer health plans. The DOL, relying on outdated, not fresh data, voluntarily provided by some employers, not insurance companies, cited a 46 percent prevalence of O&P coverage in employer health plans. AOPA commissioned and funded a study conducted by the independent Society of Human Resource Management (SHRM) that found a 75 percent prevalence of O&P coverage. A separate study conducted by AOPA in eight major metropolitan areas found large employers were also in the 75 percent range.

This is a vital statistic because "prevalence" is one of the criteria that will be used by the HHS Secretary to determine whether a service should be or should not be included in the definition of "essential benefits."

AOPA's criticism of the DOL study was initially raised in a letter to Secretary Sebelius and then in a face-to-face meeting with HHS officials. As a result, Secretary Sebelius wrote AOPA President Thomas V. DiBello, CO, FAAOP noting that the DOL study "was intended to inform HHS' definition of essential benefits, but it is only one part of HHS' multi-pronged research and stakeholder engagement effort. For example, HHS has contracted with the Institute of Medicine (IOM) to conduct a study and make recommendations on the criteria and methods for determining and updating the essential health benefits. This study is scheduled to be completed in September 2011. In addition, this fall, HHS will launch an effort to collect input from the public, including groups such as the American Orthotic & Prosthetic Association, regarding how to define the essential health benefits."

The IOM recommendations were released October 7. HHS retained IOM not to recommend what gets into essential health benefits and what doesn't, but rather to suggest information and methods HHS could use to tackle making this critical decision. AOPA had participated in IOM's fact gathering process. The final IOM Report, while not indicative of the result was perceived as relatively favorable news for prosthetics. Prosthetics were specifically mentioned in the report citing a study by Mercer showing an 86 percent prevalence rate in plans offered by some of the largest insurers such as United and Aetna. Comparable data for orthotic prevalence were not cited in the report which indicates AOPA and the O&P community cannot rest on already huge efforts expended but rather needs to keep up the initiative with more educating to make sure those at HHS

writing the new regulations and the definition of essential benefits understand the critical nature of both prosthetics and orthotics with emphasis not on shoe inserts, but on true mobility-sustaining, customized orthopedic bracing for patients with chronic limb-impairing conditions.

There will be a proposed rule sometime in early 2012 as the effective date is at the end of 2013. It is hoped the Secretary will provide an opportunity for AOPA to consult with HHS officials in advance of publishing the proposed rule. But additionally, AOPA and the O&P Alliance partners will supply extensive comments, depending on the definition proposed by the rule. AOPA members and their patients also will be encouraged to submit comments at that time.

Outcomes Research Funding. The O&P community needs to play catch up in a game where we are way behind in producing outcomes research. However, being such a small piece of the pie with less than one half of a percent in the Medicare/Medicaid pie, makes it difficult to fund specific outcomes research to deliver solid O&P cost effectiveness data. Congress has done a wonderful job in providing resources to restore the maximum possible function to wounded warriors and veterans. That's commendable. But the Veterans Administration (VA), the National Institutes of Health (NIH) and the Department of Defense (DoD), many believe, have not focused research they have funded on outcomes for the average patient as much as in other allied health professions. These agencies of government are in the best position to help find answers to questions such as: What interventions can prevent amputation? Or subsequent surgeries? At what point in the course of patient treatment is orthotic and prosthetic intervention most effective? Which patients benefit most from which technologies? What O&P practices facilitate successful aging, and how does the aging process affect the use of prosthetics, including increased skin breakdown, loss of balance, falls and other issues, such as promoting return to work? What conclusions could longitudinal data provide relating to amputees, their treatment and the possibility that there may be a natural history in recovery and potential complications relating to amputees that would improve quality and cost effectiveness of their care? What should be the timing of O&P intervention to best prevent lost of activity, mobility and ability to work and carry out activities of daily living? Such elements of a coherent O&P research agenda are vitally important to reducing future health care costs as well as ensuring that patients receive appropriate, necessary care. These and other key questions being asked by the field remain unanswered.

To try and secure funding for research that would get answers, AOPA has retained Linchpin LLC, a firm specializing in uncovering and advancing research opportunities that can be funded by VA, NIH, DoD other government entities. Significant progress has been made in the past year as Linchpin president, Catriona Macdonald, has conducted more than 200 one-on-one visits with those key persons known to have influence over research funding decisions. The Senate Labor, Health and Human Services Subcommittee recently released a report that is one of the first signs that this issue is gaining traction and getting closer to adequate funding. Here's an excerpt from the report:

“Prosthetics Research- The Committee is aware that increasing numbers of Americans are undergoing amputation as a result of the growing prevalence of diabetes, cardiovascular disease and other reasons. The Committee also understands that, to date, little research has been done to examine prosthetic outcomes and to link prosthetic and orthotic treatments, devices and supports to patient outcomes. In order to support evidence-based healthcare practice in prosthetics and orthotics, and establish which approaches work best for which patients, the Committee encourages NICHD (National Institute of Child Health & Human Development) to work with the National Institute on Disability and Rehabilitation Research (NIDRR) and experts in the field of prosthetic research to develop a prosthetics outcomes research agenda and implement needed research.”

AOPA members need to be aware of this effort and when the opportunity presents itself, tell your member of Congress and Senators about the importance of outcomes research in the O&P field. The strong argument about timely O&P treatment returning people to active lives and the avoidance of costly co-morbid conditions is a message that must be repeated over and over again.

O&P Needs Short Term Competitive Grants to Support O&P Education. As our population ages, and rates of diabetes and cardiovascular disease increase, more and more Americans need the services of highly skilled prosthetists and orthotists. New technologies are improving the quality of life for amputees, but are also more complex and require more training and experience to fit and maintain. More and more experienced practitioners are getting ready to retire from the field which increases the need for more qualified prosthetists and orthotists. Entry level qualifications have changed to require a master’s degree which means more masters degree programs must be offered in our nation’s universities. Short term grants are needed to launch programs that will turn out the needed practitioners to provide care for the patients of tomorrow.

AOPA members can support this initiative by letting AOPA know if a university in your state has a prosthetic education program that might be positioned to compete for funds to build a masters degree program and perhaps be considered for inclusion in these efforts coordinated through Linchpin. Then a letter to your Congressman and Senators can bolster their chances to compete for the grants.

OIG August Report on Lower Limb Prosthetics Prompts Coordinated Response Across Four Levels in CMS/OIG, From AOPA, AC and the O&P Alliance

As many AOPA members know, the Office of Inspector General issued a report in late August on Lower Limb Prosthetics. Many of you are most likely to have seen this mentioned in the form of a letter from the DME MAC Medical Directors to physicians.

AOPA and others in the O&P field have significant concern that the OIG report reflects a lack of understanding of how O&P care is really delivered, and if its recommendations were implemented (CMS has rejected one of the OIG’s 6 areas of recommendations) it would significantly increase the hassle factor for practitioners and their patients alike. A coordinated response was planned first with the Amputee Coalition, and then with our partners in the O&P Alliance. These coordinated efforts of AOPA and the members of

the O&P Alliance resulted in generating communications at four different levels in government raising very significant questions about the OIG report.

This report was referenced, particularly with respect to the subsequent "Dear Physician" letter from the DME MAC Medical Directors. AOPA explained in the August 23 edition of AOPA In Advance (AIA), our bi-weekly electronic newsletter, that AOPA had several concerns, particularly that the "Dear Physician" letter seemed to minimize the value and importance of documentation recorded by the prosthetist for claim payment purposes. You will see below a more detailed summary of this DME MAC interaction.

The AOPA Coding and Reimbursement Committee prepared a letter sent to the DME MAC Medical Directors, and they responded, in essence, justifying their extensive instructions to physicians and maintaining that the physician notes are the "gold standard" of documentation in support of O&P care, greatly surpassing the observations and patient care insights of trained O&P professionals who most frequently interact with the patients as their O&P needs progress.

Communications raising concerns and seeking clarification were sent by the O&P Alliance to Daniel Levinson, Inspector General of HHS, and CMS Administrator Donald Berwick.

Additionally, AOPA sent a letter to Peter Budetti, MD, JD, Deputy Administrator of the Center for Program Integrity at CMS requesting a meeting with Dr. Budetti to discuss this issue.

This is very much a high priority "work-in-progress," and AOPA will keep members apprised of the feedback to these communications from CMS.

DME MACs "Clarify" Documentation Requirements for Lower Limb Prostheses

On August 11, 2011, the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) released a letter addressed to Physicians reminding them of their responsibility to adequately document the medical need for artificial limbs that they prescribe. While on the surface, the letter appeared to be just another in a series of "Dear Physician" letters, closer examination of the letter indicated that the DME MACs would be using the physician's documentation as the primary source of medical necessity documentation and that documentation recorded by the prosthetist would have minimal value to the DME MACs when determining medical necessity for coverage of a prosthesis. AOPA believes that physicians rely on prosthetists to provide valuable knowledge and expertise in the selection, fabrication and delivery of the prosthesis that best meets the individual needs of the amputee, and expressed its concern in a September 7, 2011 letter to the DME MAC Medical Directors. The response from the DME MAC Medical Directors stated that the DME MACs have never relied on supplier documentation as the primary resource when establishing medical necessity for any service as the supplier has a vested financial interest in payment of the claim. The letter continued to state that while proper documentation by the prosthetist is important, the physician documentation, including detailed information on the patient's functional level assessment, remains the primary source of medical necessity documentation.

AOPA is scheduling a meeting with high ranking CMS officials to discuss the unreasonable physician documentation expectations relating to orthotic and prosthetic services and is hopeful that a compromise will be reached that will address CMS concerns regarding improper payments for O&P items without creating an undue burden on physicians and O&P practitioners.

PDAC Labeling Requirement for Items That Have Undergone Coding Verification

The Pricing, Data Analysis and Coding contractor (PDAC) has announced that effective February 1, 2012, any device that has undergone Coding Verification by the PDAC must have a permanent label attached to it prior to the delivery of the product to the patient. The label must contain the manufacturer's name, product name, and model number. Labels on the sample submitted to the PDAC must be identical to those affixed to products delivered to patients. AOPA has communicated several questions and concerns about this requirement and is awaiting a response. AOPA also sent a notice of this requirement to all of its supplier members asking for their input and any concerns regarding the new requirement. AOPA will present the concerns of its members regarding the labeling requirement and continue to work on ensuring that the impact of the labeling requirement is minimal.

FDA Considering Potential Changes to the 510(k) Clearance Process

Currently, many O&P devices are exempt from the FDA 510(k) clearance process, also known as Premarket Notification. Nonetheless, in light of recent developments within the FDA, which is considering potential changes to the 510(k) clearance process, these exemptions may be subject to change either through (1) internal agency rule changes or modifications to the current 510(k) clearance process or alternatively, (2) by legislative changes, e.g. mandating the creation of an integrated premarket and postmarket regulatory framework that serves to replace the current 510(k) clearance process.

FDA requested that the Institute of Medicine (IOM) conduct a report on the process. The IOM report was issued on July 29, 2011. On August 1, 2011, FDA released a request for comments titled, "The Center for Devices and Radiological Health 510(k) Clearance Process; Institutes of Medicine Report: 'Medical Devices and the Public's Health, The FDA 510(k) Clearance Process at 35 Years.'" FDA specifically requested comments on the IOM Report. The IOM report found that the 510(k) process is "flawed based on its legislative foundation."

Bundled Payment for Care Improvement Initiative

On August 23, CMS announced that it is implementing the Bundled Payments for Care Improvement initiative. CMS' goals under this initiative are to incentivize care coordination across provider types and care settings by providing bundled payment for services provided during a particular episode of care. Any attempt to bundle payments in the rehabilitation sector poses real threats to O&P as it would intersperse a "paymaster" in place of O&P providers receiving direct reimbursement from government/insurers.

Overall, this Demonstration is designed to operate as a discount program, which means that savings generated beyond the negotiated discount payment amount of the agreement with CMS will go back to the providers. AOPA will monitor these initiatives to protect the vital interests of our member care providers.

Don't Risk Losing Your Medicare Billing Privileges

The National Supplier Clearing House (NSC) is sending out notices through March 23, 2013 to individual providers and suppliers to begin the revalidation process for those that require it. You must wait to submit your revalidation until being asked by NSC to do so. Once you receive a request from NSC you have sixty (60) days from the date of the notice to complete and submit the enrollment forms. The revalidation process requires institutional providers to pay an application fee set at \$505 for calendar year 2011. If you do not submit the enrollment forms as requested, your Medicare billing privileges may be deactivated. When CMS proposed these changes, AOPA strongly opposed the three-level assignment of risk, as well as the application fee structure, but CMS ignored opposition from AOPA and others.

For Manufacturer Members – How to Get the Right L Code

In the continuing effort to deliver greater membership value to manufacturer and supplier members, AOPA responded to often heard complaints regarding the complexity of applying for an L Code. Getting the correct code is crucial to the reimbursement and could dramatically affect the sale of a product.

To help close the knowledge gap and eliminate some of the confusion, AOPA staged its first ever seminar designed especially for manufacturers that spelled out in detail the various steps and challenges in getting the correct code.

Thirty-nine AOPA members attended the one day session July 21 that focused on working with CMS when new technology comes to market; when is a code application appropriate; how to go about it; why are applications denied; and what concerns continue to linger about the future of coding.

The success of the program indicated there will likely be another seminar in 2012 as several manufacturers and suppliers expressed strong interest but were unable to attend.

DiBello and Kaiser to Lead AOPA for One More Year

In an unusual turn of events the AOPA membership elected Thomas V. DiBello, CO, LO, FAAOP and James A. Kaiser, CPO, LP to serve one more year in their respective offices. Traditionally, Tom DiBello as the current President would move up to Immediate Past President and the Immediate Past President, Jim Kaiser, would retire from the Board and Executive Committee on December 1, 2011.

The resignation of Bert Harman as President-Elect in early August in order to accept a position outside the O&P field triggered the second call to duty for Tom DiBello and Jim Kaiser which was an elegant solution for what could have been a troubling situation.

AOPA is fortunate to have two seasoned officers continue their responsibilities in this challenging environment. It assures the membership that their top leadership is well versed in all of the current issues and ready to hit the ground running.

Anita Liberman-Lampear, MA was elected Vice-President to take office December 1 along with new Board Members Michael Oros, CPO, FAAOP of Scheck and Siress in Oakbrook Terrace, Illinois and Ron Manganiello of New England Orthotic and Prosthetic Systems, LLC of Branford, Connecticut. Frank Vero, CPO of Mid Florida Prosthetics & Orthotics in Ocala, Florida was re-elected to the remaining one year of Anita Liberman-Lampear's three year term on the Board.

Your AOPA Leadership's Recent Decisions of High Impact

Since the last AOPA Staff Report, the AOPA Board has met twice – once in mid-July and then again at the AOPA National Assembly in Las Vegas in September.

In addition to approving the nearly \$5.3 million 2012 operating budget for the Association and a myriad of other housekeeping responsibilities, the Board at their September meeting signed off on the final prioritization of the five most important initiatives and ranked in priority order another 14 key activities in which AOPA remains engaged. Three activities from the previous group of initiatives were omitted because their mission was accomplished or circumstances changed sufficiently to not require the allocation of more resources in the 2012 budget.

The Board also approved AOPA's application to become a Standards Development Organization (SDO) under the American National Standards Institute (ANSI) should there be further opportunities to standardize terminology or other processes in the O&P field. An example cited was the extensive work done on the Manufacturers' Foot Project where round robin testing developed a standardized approach to assess the descriptions for prosthetic feet and recommend with more assurance and verifiability of specific terms with respect to a specific L Code assignment.

The Report was submitted to CMS in December 2010 but to date there has been no specific response indicating whether CMS has or will accept the recommendations. AOPA's becoming an SDO will permit the AOPA Prosthetic Foot Project Report to utilize a canvassing option ANSI allows for a possible acceptance of the Report as an ANSI Standard. As an ANSI Standard, the Report has significantly stronger credibility and achieving that status could help facilitate CMS acceptance of the Report.

Much of the July Board meeting was devoted to the serious policy considerations surrounding the changing world of health care in which more and more care decisions will be patient driven. This will place greater emphasis on the need for solid cost effectiveness evidence for care decision making. It also led to a further review of the 2010 Member Survey and the issues members cited in their survey responses. This review formed the basis for the initial prioritization of the Promote, Provide and Protect Initiatives and the allocation of resources which was finalized at the September meeting of the Board.

Here's how the Board ranked and allocated your resources for the coming year:

The top five priorities are as follows:

1. Tying quality to financial outcomes (develop more data along lines of cost effectiveness study)
2. Ensuring O&P is included as essential health benefit
3. PAC and GrassTops
4. Competitive Bidding
5. Educating members on new delivery models (ACOs, consumer-driven healthcare)
- 5b. AOPA Revenue Enhancement
 - a. National Meeting Revenue +20%/3yrs
 - b. Pre/Post Sessions with Manufacturers
 - c. Outside Organization Business

Additional Priorities

In addition to the five most important priorities the Board also ranked the remaining initiatives that warrant continued effort. These priorities were also ranked by the Board in order of their importance to members as reflected by the 2010 member survey:

6. Outcomes/Evidence-based research
7. Linking service/quality/provider payment/develop protocols, prove effectiveness, communicate
8. Address threats to Medicaid coverage on state-by-state basis/mobilize, educate w/ facts
9. Elimination of the medical device excise tax/lobby Treasury
10. Public relations & communication/Develop the message
11. Physician encroachment/Stark-self referral issues/utilization, quantify
12. Marketing & membership/competition for dollars.
13. Could we coordinate/partner better with allied healthcare to strengthen our position? PT, OT, etc.
14. Define delivery model to ensure access to care by consumer/Mobile
15. Licensure/Quality of Care
16. FDA-related educational/Seminars Communications, reports
17. Improve practitioner skills/clinical/business
18. Different business models
19. Research

During the National Assembly in Las Vegas, a listing of these priorities was given to members at the Annual Business meeting asking them to indicate their interest in being involved with any of these priorities. The same invitation holds for those reading this 3rd Quarter Staff Report. We would welcome your interest and participation which you can make known by emailing Steve Custer (scuster@AOPAnet.org)

More On the Las Vegas National Assembly – A Winner for All!

As noted earlier in this report, more than 2,200 O&P professionals attended the 94th Annual AOPA National Assembly September 19-22 in Las Vegas and broke all previous

attendance records. Not only was attendance a real winner, evaluations show that the Las Vegas Assembly was the best Assembly yet! Attendees gave high marks to the education program, location, speakers and fun networking events.

If you were not one of the lucky participants, here is a sampling of what you missed:

- One of AOPA's strongest education programs yet, featuring progressive speakers such as Melissa Stockwell, CP; Homayoon Kazerooni, Ph.D; Hugh Herr, Ph.D.; Michael Goldfarb, Ph.D.; Roy D. Bloebaum, Ph.D; Beverly Cusick, PT, MS, COF; Rickard Branemark, MSc, MD, Ph.D; Mel Cohen, Ph.D; Lt. Col. Paul F. Pasquina, MD; Don Katz, CO, FAAOP; Jonathan Moore, DPM, MS; Edward Neumann Ph.D., PE, CP, FAAOP;
- Innovative topics such as Veterinary Healthcare; Robotics; Materials Science; Advances in Osseointegration; New Paradigms in Equinus Deformity Management; Accelerated Rehabilitation with Powered Prosthetics; Different Revenue Generating Business Models; Management of the Diabetic Foot; Intense two-day advanced post mastectomy training; Business Certificate Program—Using Cost Accounting to Maximize Your Practice's Profitability; Award Winning Thranhardt Lectures; Health Care Changes and Your Bottom Line; Management of Spinal Deformities and Fractures; and so much more.
- A whopping 37.25 CE Credits were approved for the 2011 show—more than any other national meeting to date;
- A sold-out exhibit hall featuring over 180 companies;
- Round Table discussions on different business models was a winning success;
- A giant slot machine in the exhibit hall distributed over 1,500 prizes to attendees ranging from \$10 gift cards to \$25 Casino Chips to iPads. The prizes were donated by more than 30 exhibitors;
- The first program unveiling AOPA's new business certificate program was presented by Mel Cohen, Ph.D. who not only provided attendees with valuable financial advice, but those who scanned in also received a complimentary electronic copy of AOPA's Cost Accounting Manual—A \$159 value;
- The inaugural student poster awards, one for the best orthotic poster and the other for the best prosthetic poster, were unveiled thanks to the two generous \$30,000 endowments from the Becker and Arbogast families;
- Snell family 100th Anniversary Celebration was the highlight of Thursday night's happy hour reception;
- Information promoting product launches and exhibitor giveaways was highlighted in the registration area—more than 20 new products were unveiled at the Las Vegas show;
- Lifetime Achievement Awards were presented to Robert E. Arbogast and Rudolf B. Becker III—two individuals with a long history of serving the profession;
- Representative Shelley Berkley answered questions and met with attendees during a campaign fundraiser for her Senate bid;
- Industry Insights conducted one-on one consulting at no charge to AOPA member companies who participated in the member survey;
- AOPA's new state representative program was unveiled;

- Past presidents from AOPA, ABC, the Academy, NCOPE and NAAOP held a luncheon meeting to further promote collaboration among the organizations.

Even if you did not attend the Assembly, you can be a winner too! AOPA members will be able to view some of the presentations soon at www.AOPAnetonline.org/education. Many of the recordings will also feature accompanying quizzes that allow you to earn continuing education (CE) credits at no charge.

We look forward to seeing you next year at the 2012 show in Boston. The 2012 meeting will be combined with the New England Chapter meeting. Volunteers from both organizations are already hard at work to make next year's show even better.

A New Professional Certificate in O&P Business Management

The AOPAversity O&P Business Management Certificate is a comprehensive certificate program that will offer a series of business management seminars to provide business owners, managers and practitioners of O&P patient care facilities, O&P manufacturers and distributors an opportunity to explore crucial business challenges—from finance, sales and marketing to business operations, reimbursement policies and management.

Enrollees in the program will receive a distinguished certificate of completion once they have completed eight of the business management modules and passed a module specific quiz. A variety of modules will be offered of which four core required and four core elective courses must be completed.

This is a much needed education initiative for a field that has lacked any cohesive opportunity to pursue growing your management skills. Clinical skill growth abounds so this business certificate program responds to a very basic need. For more information, contact Tina Moran at tmoran@AOPAnet.org or (571) 431-0808.

More on the O&P Community's Advocacy Lifeline

The O&P PAC advocates for legislative and political interests at the federal level which have an impact on the orthotic and prosthetic community. The O&P PAC achieves this goal by working closely with members of the House and Senate to educate them about the issues and help elect those individuals who share our concerns and support our issues.

As of October 10, 2011* the O&P PAC has raised \$90,296 from the following AOPA members:

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AOPA would like to thank the following individuals who have generously contributed* directly to a political candidate's fundraiser, and/or have donated to an O&P PAC sponsored event:

Ryan Arbogast; **Rudolf B. Becker, III; Kel Bergmann, CPO;** Stephen Blackwell, CPO, FAAOP; **Frank Bostock, CO;** Maynard Carkhuff; **Dennis Clark, CPO; Doyle Collier, CP; Jeff Collins, CPA;** Fred Crawford; Glenn Crumpton, CPO, C.Ped.; **Charles Dankmeyer, Jr., CPO; Don DeBolt; Thomas DiBello, CO, FAAOP; Kathy Dodson;** Deane Doty, CPO; Robert Easterbrooks, CPO; **Dave Edwards, CPO, FAAOP ; Kathy Edwards, CFm; Thomas F. Fise, JD; Rick Fleetwood, MPA; Richard Gingras, CPO, BOCOP; Catherine Graf, JD; Michael Hamontree; Hanger Orthopedic Group PAC; Don Hardin; Bert Harman; Russell Hornfisher; James Kaiser, CP ; Marc Karn, CP; Mark Kirchner, CPO; Thomas Kirk, PhD.; Michelle Koehler, CO; Al Kritter, Jr., CPO, FAAOP; Jon Leimkuehler, CPO, FAAOP; Eileen Levis; Anita Liberman-Lamppear, MA; Mahesh Mansukhani, MBA; Tina Moran; Robert Morgan; Ralph Nobbe, CPO ; Michael Oros, CPO, LPO ; Jeff Parsons, LO, CO; Powers Pyles Sutter & Verville PAC; Frederic Desprez; John Reynolds, CPO; Scott Schneider; Lisa Schoonmaker, CPO, FAAOP; Chris Snell; Clint Snell, CP; Rick Stapleton, CPO; Brian Steinberg, CO; Frank Vero, CPO; Jim Weber, MBA; Tom Wessel; Steve Whiteside, CO; James Young, CP, FAAOP; Claudia Zacharias, MBA, CAE**

The O&P PAC has made donations* to the following members of Congress:

- **Representative Shelley Berkley (D-NV, 1st District),** Member of the Committee on Ways and Means
- Representative Bill Cassidy (R-LA, 6th District), Member of the Energy & Commerce Committee and its subcommittees on Health; Commerce, Manufacturing, and Trade; and Environment and the Economy
- Representative Brett Guthrie (R- KY, 2nd District), Member of the Energy and Commerce Subcommittee on Health

- Representative Wally Herger (R-CA, 2nd District), Chair of the Health Subcommittee of the House Ways and Means Committee
- Representative Joseph Pitts (R-PA, 16th District), Member of the House Energy and Commerce Committee, Chairman: Subcommittee on Health
- Representative Hal Rogers (R- KY, 5th District), Chair of the House Appropriations Committee
- Representative Dutch Ruppersberger (D-MD, 2nd District), Ranking Member of the House Select Committee on Intelligence
- Representative Glenn Thompson (R-PA, 5th District), Co-Chairman of the Congressional Healthcare Caucus
- Representative Fred Upton (R-MI, 6th District), Chairman: House Energy and Commerce Committee
- Representative Ed Whitfield (R- KY, 1st District), Member of the Energy and Commerce Subcommittee on Health
- Senator Orrin Hatch (R-UT), Senior Member of Senate Committee on Finance; Member of Health, Education, Labor and Pensions (HELP) Committee, Committee on the Judiciary, the Joint Committee on Taxation; Member of the Special Committee on Aging
- Senator Mitch McConnell (R-KY) Senate Republican Leader
- Senator Ben Nelson (D-NB), Member: Agriculture, Nutrition & Forestry; Appropriations; Armed Services; Rules & Administration Committees
- Senator Olympia Snowe (R-ME), Ranking Member of the Committee on Small Business & Entrepreneurship, Member of the Committee on Finance
- Senator Debbie Stabenow (D-MI), Chairwoman: Committee on Agriculture, Nutrition & Forestry; Member of the Budget Committee, the Energy & Natural Resources Committee, and the Finance Committee

*All contributions and donations were made/received between January 1, 2011 and October 10, 2011. Any contribution and or donation received/made after October 10, 2011 will be included in the next quarterly staff report. Names in **bold** indicate contributions and donations made/received between July 6, 2011 and October 10, 2011.

In order to participate in and receive information about the O&P PAC, federal law mandates that you must first sign an authorization form. To review and sign a PAC authorization form visit www.AOPAnet.org.

And In Conclusion

In a way, it's fortuitous that the final item in this Report is recognizing all the folks who clearly are helping AOPA and the O&P community make a difference. Without these generous donors to the O&P Political Action Committee, our advocacy efforts would be like a plant without water. Next time we'll recognize the folks who give to Capitol Connection – also very important to our efforts. Thank you for all your support in every possible way.

Sincerely,



Thomas F. Fise, JD
Executive Director

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