



## A TOPIC AOPA IS WORKING ON THAT IS IMPORTANT TO THE FUTURE OF YOUR BUSINESS

# O&P Research and Education Bills Introduced in 113th Congress to Advance Patient Care Outcomes and Ensure Sufficient Providers

### The Core of the Issue

Insufficient research to measure outcomes of various treatment regimens and the fear there won't be enough O&P practitioners in the years ahead to deliver needed care prompted AOPA to launch an all out effort to find solutions. Sen. Dick Durbin (D-IL) shared these concerns and introduced S. 521 titled the Wounded Warrior Research Enhancement Act and S. 522 titled the Wounded Warrior Workforce Enhancement Act.



Sen. Dick Durbin  
(D-IL)



“**Senator Durbin's S. 521 would provide \$30 million in research funds based on an agenda developed with O&P industry input by the Department of Defense and the Department of Veterans Affairs.**”

### Why Is It Important To You?

The Affordable Care Act's mandate for millions more people being insured is paid for by eliminating more than \$750 billion in Medicare outlays over the next ten years—getting paid is going to be like pulling teeth. And we've already seen the pain. That's why comparative effectiveness and cost effectiveness research is the only salvation for the O&P provider community. It won't be so much about the “notes” anymore, but more about what research backs up the outcomes for specific treatment regimens and which are working better and in a more cost effective manner than alternative approaches. Equally important is the question of who will be qualified to deliver this care? The master's program upgrades the academic qualifications but there are serious concerns as to whether the existing NCOPE accredited O&P teaching institutions are sufficient in numbers to assure a flow of new practitioner talent. Thus, AOPA, at the request of NCOPE, launched this program nearly three years ago to gain Federal funding for new programs and additional support for the existing master's education components which can also serve to complement the research proposals.

### What Is AOPA Doing About This?

When the conversation started more than three years ago, AOPA's Executive Committee focused on how AOPA could support the higher education standards for certification and at the same time seek funding for expanded O&P research. The two issues had some common ground and both required significant funding. The first step was to retain an expert in what were then “earmark” funding solutions which was viewed as the most expedient way to secure the needed money. It wasn't too long after AOPA made its commitment to consultant Catriona Macdonald and her firm Linchpin Strategies, LLC—that the political climate changed and “bridge to nowhere” earmark funding mechanisms went the way of the Model T. Not to be thwarted, Linchpin quickly adjusted and used their expertise to pursue legislation that would deliver appropriated funds, funds that undergo the scrutiny of a transparent legislative process. Senator Durbin's S. 521 would provide \$30 million in research funds based on an agenda developed with O&P industry input by the Department of Defense and the Department of Veterans Affairs. S. 522 would allocate \$15 million in competitive grant

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funds to NCOPE accredited academic institutions who may want to expand their O&P programs or encourage institutions currently not offering O&P curriculums to seek funding to launch a new O&P program.

S. 521's purpose is "to advance orthotic and prosthetic clinical care for members of the Armed Forces, veterans, and civilians who have undergone amputation, traumatic brain injury, and other serious physical injury as a result of combat or military experience."

Grants would be awarded by the Secretary of Defense that would carry out research on actions that can be taken to prevent amputation; the point at which orthotic and prosthetic intervention is most effective; orthotic interventions that are most effective in treating the physical effects of traumatic brain injury; which patients benefit most for particular O&P technologies; O&P services that best facilitate the return to active duty of members of the Armed Forces; and the effect of the aging process on the use of prosthetics. Grants would only be awarded for research that is peer-reviewed.

The bill requires the Secretary of Defense in consultation with the Secretary of Veterans Affairs, veterans, community-based clinicians, and expert researchers in the field of orthotics and prosthetics to develop an agenda for O&P research that identifies and prioritizes the most significant unanswered questions pertinent to the provision of evidence-base clinical care.

S. 522's purpose is "to require the Secretary of Veterans Affairs to award grants to establish or expand upon, master's degree or doctoral degree programs in orthotics and prosthetics, and for other purposes." The grants would enable eligible institutions to establish a master's degree or doctoral degree program in orthotics and prosthetics; or to expand upon an existing master's degree program in O&P, including by admitting more students, further training faculty, expanding facilities, or increasing cooperation with the Department of Veterans Affairs and the Department of Defense. Priority would be given to institutions that have entered into a partnership with a medical center or clinic administered by the Department of Veterans Affairs or

a facility administered by the Department of Defense. Grant amounts would range from no less than \$1,000,000 and not more than \$1,500,000.

The bill provides a separate \$5,000,000 grant that shall be awarded by the Secretary of Veterans Affairs to an eligible institution to establish the Center of Excellence in Orthotic and Prosthetic Education. The "Center" would improve O&P outcomes by conducting evidence-based research on the knowledge, skills, and training most needed by clinical professionals in O&P and how to most effectively prepare clinical professionals to provide effective high-quality orthotic and prosthetic care.

### **The Bottom Line**

Both of these pieces of legislation zero in on what could be the serious and pressing problem of ensuring a future of properly trained clinicians equipped with evidence-based practice knowledge that will indeed contribute toward improved patient outcomes.

AOPA has taken the lead on this legislation because it truly is the "right thing to do."

Do we really need more outcomes research support? Think about this: suppose when the HHS OIG observed in its August, 2011 Report that the cost of O&P care had trended toward more advanced technologies prompting Medicare prosthetic expenditures to increase about 30 percent, with the same number of beneficiaries—that there had been an outcomes study which demonstrated that these patients had fewer falls, were less likely to have obesity, diabetes, depression and that they lived longer and returned to work generating more tax revenues. Do you think we'd be fighting about RAC audits and physician documentation for prosthetics?

Sincerely,



Thomas F. Fise, JD  
AOPA Executive Director