

OAPPO General Meeting

Saturday October 26, 2019 9:45 am – 11:45 am

Otto Bock Healthcare Canada Head Office

5470 Harvester Road

Burlington, Ontario

Members Present: Jim Amesbury, Eric Bapty, Greg Belbin, RJ Clements, Jesse Cornell, Francine Coxon, Melanie Freedman, Evelyn Heung, Krista Holdsworth, Bryn Jones, Rajiv Kalsi, Derek Kozar, Kylee Kuchta, Judy Langford, Matthew Leblanc, Cheryl Lewis, Andrew Lok, Jim Low, Michael Lue-Kim, Naomi Matsui, April Merson, Marlu Moolenburgh, Alan Moore, Emily Northcote, Paul Osborne, Aditi Rajendra, Patrick Reilly, Marty Robertson, James Roland, Ralph Roloff, Jennifer Russell-Smyth, Kristin Schafer, Mary Catherine Thiessen, William Truppe, AJ Venter, Bill Weick, Melissa Yelle

1) CALL MEETING TO ORDER

Andrew Lok called the meeting to order at 9:45 am

Thank you to Otto Bock for hosting us and sponsoring today's meeting. Please make sure you sign in and fill out your information for educational credits for OPC. Volunteers are working hard to increase OAPPO's value to its membership. We will be taking nominations for Board positions today.

Motion #1: To accept any non members to be present for this meeting including Otto Bock people put forth by Eric Bapty, seconded by Jim Lowe. Motion carried.

2) CALL FOR NEW BUSINESS

Eric Bapty will discuss the Wound Prevention Conference. Paul Osborne would like to discuss the OPC conference.

3) ACCEPTANCE OF THE AGENDA

Motion #2: To accept the agenda for this meeting with the above additions to New Business put forth by Ralph Roloff, seconded by Eric Bapty. Motion carried.

4) ACCEPTANCE OF THE SPRING MINUTES, APRIL 27, 2019 OAPPO MEETING

Motion #3: To accept the minutes from the biannual meeting on April 27, 2019 put forth by Ralph Roloff, seconded by Judy Langford. Motion carried.

5) TREASURER'S REPORT

This report is based on the 2018 year end. OAPPO currently has 4 funds in the bank that rotate and max out each year. Our revenue is largely the same every year driven by

the membership fees. The money earned from the investments is also roughly the same. Membership is down from years past. In 2017 it was 127 and in 2018 it was 114. Bigger facilities and hospitals account for the drop off. Facility membership has been about the same at 48 members since 2017, 49 in 2018 and 49 in 2019. What percentage of membership is the total number of practitioners in the province? This is hard to identify because technicians are now considered full members. There are approximately 250 clinicians in Ontario. OAPO membership has always been around 50% of this. In 2017 there were 14 technical members and in 2018 there were 6. This is because their membership fee increased significantly with them becoming full members but they were offered a 50% discount.

Motion #4: To accept the Treasurer's report put forth by Al Moore, seconded by Emily Northcote. Motion carried.

6) COMMITTEE UPDATES

a. ODSP/OW-Kristin Schafer

This Committee includes Kristin Schafer(chair), Evelyn Heung and Aditi Rajendra. They put out a survey to try to figure out their directive. They had 24 respondents, mostly from Southern Ontario. Concerns included administrative delays, lost paperwork, inconsistencies between different offices and workers, education/knowledge of the case workers, denial of foot orthotics, shoe modifications and footwear estimates and concerns about same day emergency service approvals. Among members there was a lack of knowledge about ODSP coverage versus OW coverage. We will put the directives on the website. Problem areas include lack of funding for Diabetic offloading, foot orthotics and footwear. Other issues identified include post consumer portion funding, limits on off the shelf items like foot orthotics and knee braces. We need to enact changes at the policy level. It would be ideal to have more robust funding at high risk level, increased funding for prosthetic socks and liners, funding for plagiocephaly helmets and centrally fabricated knee braces. They should not have one brace store in one region that is responsible for bracing. The Committee will focus on several things: foot orthotic provision, approaching the ODSP analyst to discuss the survey results/ practitioner concerns and draft a letter with examples. There will be a specific focus on foot orthotics and diabetic offloading. We need to explain how educated we are. It would be helpful to get OPC involved. Look at local directives, refer to policy and go to local offices. In some regions they have had success where OW approves 50% to 80% of funding when patients go to their case worker and ask for the other portion. Sometimes a patient will receive a direct deposit into their account for an item that an estimate was provided for and the practitioner is not aware. Consider talking to local offices about this as it is very inconsistent. Funding is different for different reasons. It depends on what the municipalities are willing to fund. Andrew, RJ and Kristin had a meeting with policy makers and they were told that the funds are discretionary from region to region and worker to worker.

b. EDUCATION COMMITTEE

Technical Workshop-A technical workshop is coming up on Tuesday December 10, 2019. Myrdal Orthopedic Technologies (MOT) will host this at Ron Joyce. A questionnaire was sent out on to the technicians on what they would like OAPO to do for them. The majority wanted a hands on workshop. We are still finalizing the details of the upcoming course with MOT. It is open to all technicians and clinicians. There is the capacity to host 80 to 100 participants. Suggested topics include carvings for P and O, limb wrap and buffing metal. It will be free to all OAPO members. The price for non-members is still being determined. Last year the technical workshop capped at 40 people and it was full. We actually had to turn people away. December is a challenging month as businesses close over Christmas. We recognized this and we were hoping for November and/or a weekend but MOT could not accommodate.

ADP FAQ-Evelyn is chairing this activity and there are a couple of members working on it. Key questions include how to code for frequently dispensed devices. This is an opportunity for experienced practitioners to share their knowledge. If you have questions please submit them and if you want to volunteer please do so. It is a growing and changing document. Currently there is an orthotics document but there is no prosthetic document. We are looking for a prosthetic volunteer.

c. COMMUNICATIONS COMMITTEE

The Association is in the process of having the name changed from the Ontario Association of Prosthetists and Orthotists to the Ontario Association of Prosthetics and Orthotics. The logo has already been changed to reflect this. It will be posted on the website and can be downloaded as a Jpeg for you to add to your website once the name change is official. New pamphlets were created by OAPO and they are available here today, it is a tri-fold style that is meant to compliment the pamphlet that OPC did. There is also the facilities listing They were first used at the recent Wound Prevention Convention. If you would like copies please contact OAPO through the website.

Osseo integration-Health Quality Ontario released their report on osseo integration then asked stakeholders/the public for an opinion. It was their opinion that the technology is not ready and that it should not be funded. OAPO sent a response to this. Health Quality Ontario recently changed its recommendation to state that in fact it should be funded. The report is still listed as draft on their website. Health Quality Ontario accepts applications for technologies for consideration of their investigation. Every 6 months they look at the applications and decide which ones they will investigate. An application to investigate stance control knee joints was submitted and it is currently listed as deferred on the website. This is a 3 page summary of what it was and it included microprocessor knees. OAPO will look at this and add an addendum. We should also find out who submitted it.

Archiving-OAPO recently hired someone local to Mary Catherine to scan and save all our documents. This is now complete. If anyone has other documents out there that should be at the Association please contact Melanie or Mary Catherine.

Lifetime/Honorary Membership-We have changed these definitions. It will be put up on the website once approved by the Board.

NIHB-This has been quiet lately, the last thing that we heard about was regarding K levels. NIHB is looking at a national pricing list. This was discussed at the Regional Council meeting in November. A couple of cases were presented. The first was Push

medical soft cervical collar: the practitioner applied a 2.25% markup plus shipping, received approval, billed the device and 2 weeks later the amount billed for was decreased to only 50% of the manufacturer cost. ESI just did this and did not let anyone know. Another case was an OTS knee brace had a 50% mark up applied to it. The case worker asked for more information and told the clinician they can bill for clinical time. Another case involved bilateral devices where the right side was paid for but the left side was audited. If a new prosthetics patient with NIHB funding wants to go through ADP do they have to have a prescription? A letter was sent to Heather Larson about this and she said it may be a challenging issue. ESI said that their formula in Ontario is a 50% markup and then you add the tax. It is unclear if NIHB agrees with this. This is not anywhere in writing. The Regional Council is dealing with this. There are also codes for things that take extra time. NIHB is actively seeking a national price list. Quebec has the lowest pricing. In Manitoba, when they started having issues with NIHB every clinic stopped seeing any NIHB clients until they changed their policy. We need to be firm with them. Does anyone want to join the NIHB committee? NIHB started requesting K levels for prosthetics. This may also be a training issue as Kristin had approvals without codes. NIHB posted that they were hiring a consultant from P and O, you may have seen this in the OPC newsletter. A few practitioners applied.

Website- This has been up and running for 1 year. It is occasionally updated with documents in the member's portal. If you want to advertise an event there is a form in the member's portal that can be filled out and submitted. It has not been used to date. If you have an event please use it. You will also receive emails in the New Year to renew your membership, please try to do this online. The ODSP/OW extended health benefits document is there, it is under the advocacy link.

7) REGIONAL COUNCIL AND OPC UPDATES

The Regional Council is a leadership group made up of all the Provincial Associations. There is no association from Saskatchewan and the Maritimes. Both regions sent one representative. Quebec sends someone from their Association. Other technical groups are involved as well. Mary Catherine attended with Andrew. Dana Cooper laid out the OPC strategic plan which includes improving stakeholder relations, addressing the supply of professionals, standards of practice and clinical guidelines with the World Health Organization, the WHO standards document. OPC will draft an introduction letter to use to highlight important points. OPC mailed 50 brochures to all facilities. The term they are pushing is 'the gold standard'. At provincial conferences/OAPO conferences use the OAPO brochure. For the OPC brochure you can get your logo put on it at no additional cost. A new landing page is in the works for the OPC website. The strategy is for stakeholder relations improvement. It is geared to other professionals and specifically geared to our members and the field. The face to face was in Calgary on November 22 and 23. A national funding schedule was presented. A survey was sent to all members of the Regional Council that was general overall and then specific to ADP. Marc Tessier was responsible for it in Ontario. The goal was to find out what each province has in place for P and O funding. The idea is to work together and not undercut each other. Regarding the

supply of professionals, next year GBC will be accepting 10 students instead of 8. Number 9 and 10 in the ranking will go to HSC in Winnipeg and do distance education attending courses online. They will do the practical component in Winnipeg and they will fluctuate between different clinics. It is a pilot project that will be evaluated after the first year. OPC is reviewing the current contract with AMCES. They are doing their due diligence on how they are spending our money. AN RFP will be issued across Canada.

8) NOMINATIONS

Thank you to Eric Bapty who served 2 years as Vice President, 2 years as President and 1 year as Past President. We would like to personally thank Eric for his contributions. His last piece of business is to coordinate the Prevention Convention. Nominations for the following positions will be accepted: Vice President which is a 4 year term-1 year as VP, 2 years as President and 1 year as Past President. There is a position as a director available. How much time you commit is up to you. This is a 2 year term that involves attending 2 meetings a year, attending conference calls every 6 to 8 weeks and an additional face to face meeting once a year that we try to tie into the bi-annual meetings. We also request that you be active on 1 OAPO Committee. You would be joining a very active Board and helping the profession. If someone from the Board steps into the Vice President role then there will be 2 director positions available. Jim's term is up as Treasurer, however he will stay on.

Nominations: Jim Amesbury would like to nominate Mary Catherine Thiessen for Vice President. She accepts.

Motion #5: To accept Mary Catherine Thiessen as Vice President put forth by Andrew Lok, seconded by Eric Bapty. Motion carried.

Motion #6: To accept RJ Clements as Communications Officer put forth by Andrew Lok, seconded by Al Moore. Motion carried.

There are 2 director positions available, please let us know if you are interested.

9) ADP UPDATE

A patient found out from their MPP Paul Calendra that ADP is actively looking at the program. We also heard from a mom of a patient that she was asked by her MPP if she would be opposed to getting funding similar to the way they have funded Autism. This is when the user is given funds to do whatever they want to for Orthotic care. There would no longer be an ADP price list, practitioners provide what they feel is necessary and they can charge what they want. She indicated she felt that it would be a better model. There would be less accountability to the taxpayers for how the money is spent. We will reach out to the CNIB's Kat Clarke to see if she has heard anything. In the 2018 Auditor General Report ADP was the first thing discussed. They said that the programs have a positive impact and they are reviewing them. OAPO contributed greatly to this report. There was a note on the report saying that some vendors have agreed to provide devices prior to device approval. We need to tell ADP that we do this often. ADP has audited other groups and has not done us yet. There are practitioners who do not understand how to bill in our group. If there is an audit Orthotics would not look as good. The 1.33% markup does not exist, Mary

Catherine's group confirmed this. We can charge whatever we want for components as long as we do not charge over the maximum. This figure does exist in historical documents but has been taken out of more recent manuals.

Ongoing Trends-Delays in payments continue across the province. They are not handing out anymore vendor licenses at this time. ADP continues to be understaffed and they are not hiring anyone new. There is an increasing number of applications getting rejected and ADP is requesting more information specifically for replacement devices, spinal devices and TLSOs. They are looking at the diagnosis. Scoliosis works as a diagnosis sometimes. Has anyone noticed any other trends? In prosthetics they have noticed approvals are taking approximately 5 months for repeat patients. If you have a question or send an amended application they say it will be reviewed in 8 to 12 weeks. November 6 the government is coming out with new funding. ADP is not legislated and what this means is that they can make decisions which will be implemented without being reviewed.

OAPO's Stance on ADP Review- Change is necessary. We need to make sure we are consulted about this. We cannot take the human element out of this. We need to protect the clients, protect jobs and protect our profession. With the allowance model patients can go to anyone, including non certified practitioners. The ADP Committee was formed after the spring meeting. There has been a brainstorming session between the ADP Committee and the Board. Ideas include:

1. Proposal to align ADP orthotics policy with the prosthetics model using IC codes which would allow Orthotists to bill above the 25%.
2. Review and critique the present limb prostheses manual (including the externally powered manual).
3. Proposal to ADP to review and critique prosthetics and orthotics.

Points of consideration include angle of negotiation, human rights-discrimination i.e. certain weight classes require with certain componentry. The ADP Committee plans on "playing nice". They will analyze different past strategies to determine what has and has not worked. Lots of seasoned practitioners were instrumental in working with ADP in the past. Some OAPO Boards have had no relationship with ADP and some Boards have damaged that relationship. We need the correct people to work with ADP. We are looking at creating a Memorandum of Understanding between OAPO and the vendors, facility versus public versus private. ADP has said in the past that they cannot talk to us because we do not represent all the members. We need to hire an executive or lobbyist to help us. We are amateur in terms of lobbying. The previous goals of the ADP Committee are tabled due to ADP being under review. If ADP is being reviewed we need to make sure we have a seat at the table. Evelyn and Andrew met with the CFIB legislative team. ADP is regulation not legislation. Legislation has a process that it has to go through. Regulation can be decided behind closed doors. Stick to the Auditor General report this is our best leverage. We need to raise this to a political level not a bureaucratic level. We should be prepared to campaign, petition the media, and take this issue to the public. The ADP Committee submitted letters to the Ministers of Health and Long Term care and Paul Calendra who is the house leader. We are also meeting with other ADP industries. The current ADP plan of action is 1. To prepare and plan for a potential meeting. We are not ready and we need to do this 2. Create a Memorandum of

Understanding. This is pending, Al Ridgy is working tirelessly on this. The idea of it is that P and O facilities join. Is there a mandatory fee? Money is an issue. We may require a one time injection of funds from the facilities. The contract is between the vendor and ADP. Forming a union is the only thing that would work. We need to get the hospitals involved. We may also be “dependent contractors” which means that we are defacto employees of the government. If we go to the Ministry of Labour they would force ADP to deal with us. The fee may be mandatory or voluntary-you can still join the MOU and not pay. CFIB informed us that there is an ADP stakeholders' member meeting on November 15. This is the Canadian Assistive Devices Association. Their goals align with our complaints.

Discussion: Members could not get an answer from ADP when requested information. Several members have contacted their local MPP. Please keep OAPO involved. What are the talking points? The fee schedule has not changed since 2007/ 2008. Patients are leaving with balances of \$3000 vs. ½ that years ago. Kristin took a letter to her hospital manager and the manager is trying to escalate it. Patient advocacy-can we get a postcard that this is how to escalate something/ this is how you are funded? Something with information for patients about ADP. Eric Bapty's MPP is Andrea Horvath. It is his understanding that ODSP patients call her often but she never hears from the vendors. There is a threshold for getting an issue addressed. The ADP Committee has a letter template. Patients can populate the letter, give them a postcard. Get patients to send the letter in and keep track of this. We could create a fact sheet about ADP for offices. War Amps is a great advocate for the prosthetics program. They are ramping up advocacy lately and recently won a legal case in Quebec.

10)VOTES

Facility Membership Dues-Currently facility membership dues are only \$25.

Motion #7: To discuss increasing membership dues put forth by Andrew Lok. Motion tabled.

Discussion: These need to increase. Is there a recommended amount? In Quebec the facility pays to be a member and that includes all its employees. It may not make sense to arbitrarily do small increases. Can we vote to give permission to the Board to look into increasing membership dues with a proposal of how the increased revenue is going to be used? OAPO needs to figure out the most effective way to increase dues, to the individual or to the facility.

Continuing with CFIB-In 2019 there was a pilot to provide OAPO facility members with free CFIB membership.

Motion #8: To continue with CFIB membership for one more year put forth by Ralph Roloff, seconded by Aditi Rajendra. Motion carried.

Discussion: What is the annual cost? They gave us a price based on the number of facilities we had. The group discount worked out to be \$190 per facility.

Grand and Toy: Aditi contacted Grand and Toy to see if we could get a professional discount.

Motion #9: To go forth with Grand and Toy's request to cold call each facility put forth by Jennifer Russell-Smyth, seconded by Bill Weick. Motion denied.

Discussion: Can we get a similar deal with Staples? Cold calling may not be the most effective strategy to contact facilities.

11)NEW BUSINESS

Prevention Convention-Eric Bapty was contacted by a wound care nurse he works with about the Prevention Convention. OAPO sponsored a booth and a speaker. John Rahim was the sponsored speaker who spoke to the group about offloading and he was well received. The group consisted of Pedorthists, nurses and other allied health. Aditi represented OAPO and we had a good response. We gave out both OPC and OAPO brochures.

OPC Convention: The OPC Convention will be held August 5 to 8 2020 in Fredericton. It is the 50th anniversary of the National Association. The first national convention was in Fredericton. The Committee is accepting submission for 15/30 minute free papers, 1/1.5 hour workshops. There is a suggested list of topics from delegate surveys that highlight the topics they want to see covered. They are looking for short presentations “quick tips” on technical or clinical things. Any presentation that is 30 minutes or more qualifies for a 15% discount on registration. There will be a preliminary program in place by the time registration opens. Abstracts are due by December 30.

12)ADJOURN MEETING

MOTION #9: To adjourn the meeting put forth by Andrew Lok, seconded by Eric Bapty.
Motion carried.

Date Approved: _____

Dictated By: _____
Melanie Freedman CO(c), OAPO Secretary