

OAPO Biannual General Meeting

Saturday April 27, 2019, 9:45am – 11:45 am

West Park Healthcare Centre

82 Buttonwood Avenue, Main Auditorium

Toronto, Ontario

Members Present: Jim Amesbury, Ronda Badger, Kieran Bliss, RJ Clements, Jesse Cornell, Melanie Freedman, Eric Graham, Evelyn Heung, Lesley Hutchison, Linda Laakso, Elvy Lee, Andrew Lok, Michael Lue-Kim, April Merson, Allan Moore, Aditi Rajendra, Ralph Roloff, Jennifer Russell-Smyth, Kristin Schafer, Mary Catherine Thiessen, Brad vanLenthe, Anne Whitney

Non-Members Present: Simon Beals, Sarah Moore, Jason Smith, Jessica Sosa Campos, Jan van Niekirk

1) CALL MEETING TO ORDER

Andrew Lok called the meeting to order at 9:00 am

Motion #1: To allow the non-members present, including persons from Ortoped and students, to attend the meeting today put forth by Mary Catherine Thiessen, seconded by Ralph Roloff. Motion Carried.

2) CALL FOR NEW BUSINESS

Melanie Freedman will speak about the OntWIG (Ontario Wound Care Interest Group) meeting she attended yesterday.

3) ACCEPTANCE OF THE AGENDA

Motion #2: To accept the agenda for this meeting with the above addition to New Business put forth by Jennifer Russell-Smyth, seconded by Al Moore. Motion carried.

4) ACCEPTANCE OF THE MINUTES, NOVEMBER 3, 2018 OAPO MEETING

Motion #3: To accept the minutes from the biannual meeting on November 3, 2018 put forth by Brad vanLenthe, seconded by Michael Lue-Kim. Motion carried.

5) AUDITOR GENERAL REPORT

In the last quarter of 2018 OAPO was approached by the Auditor General with a three page questionnaire about ADP. With these questions as the basis a 10 page report was generated that included appendices regarding our experience with ADP. The final report was released to the public in December 2018. Overall the report paints Prosthetics and Orthotics in a positive light. Mary Catherine wrote a summary that appeared in the last newsletter OAPO published. With regards to funding, Prosthetics payouts are roughly \$15 million and Orthotics payouts are approximately

\$18 million. This represents less than 7% of their total \$500 million expenditure. The following recommendations were made based on the information the Auditor General collected. It was recommended that ADP increase their monitoring of vendors and authorizers, specifically regarding their compliance of policies and procedures in order to identify ineligible claims. This will help them identify non-compliance issues and prevent reoccurrence. To improve claim processing times it was recommended that the MOHLT review programs. ADP reports that they perform reviews every three years. This has been pointed out in past Auditor General reports. On page 91 of the report, section 4.2, the Auditor General states that the device prices have not appropriately been monitored and updated. It would be ideal if they reviewed and updated every year. Things that are included in the pricing of devices are manufacturing costs, market analysis, costs in other provinces and a fair rate of return. ADP is not effectively monitoring this. The Auditor General noted that “the supporting documents on the cost of some devices were missing for some pricing reviews. For example we found a pricing review on orthotics that made reference to retail costs but did not provide supporting documentation.” Overall the Auditor General made 10 recommendations, not all of them were applicable to our profession. A link to the report was provided in the last newsletter. If you would like the link please email communications@OAPO.org. The sentiment is that once ADP gets e-billing in place by 2020 they will be able to monitor vendor and authorizer activity more closely. This will also allow them to more effectively review the program. Based on this information we need to get our proposal for changes done by 2020 when their initiatives may be complete and they may be more open to hearing ours.

6) NOMINATIONS/ELECTIONS

OAPO has a very active Board of Directors right now. There is a lot of communication and a lot of things are going on. Currently the Vice President/ President elect position is open and there are 2 director positions available. Is anyone interested? Bryn Jones, who could not be here today, has volunteered to come onto the Board. He is a CPO(c) from Niagara. This is a good time to come onto the Board because the previous things we were working on are coming to an end and new things are starting. If you are interested in joining please speak to a Board member.

7) ADP UPDATE

Katherine Arcari replaces Nelia Consiglio. She is the person to deal with if you are having any issues. Currently there are delays in processing applications and approvals. She has confirmed that this is in fact the case and it is occurring province wide. Can we get her phone number and email address to give to the membership? Andrew approached ADP about the delays after a member had approached him because they thought they were being specifically targeted. Investigations into applications for spinal orthoses continue. This has nothing to do with the Auditor General report because this was going on before the report was released. The investigation started because ADP was advised of the Rigo Cheneau brace and they thought it was an off the shelf back brace. They did not reach out to any practitioners to inquire about this

they just put a hold on approvals and then asked for more information. This occurred under Anne Talampos. As there is change over in personnel at ADP the reaction is to a lack of knowledge as opposed to a willingness to call and get clarification. Can OAPO lobby to amend the list Physician Specialists eligible to sign ADP forms to include internal medicine and infectious disease, among others. The Board will put this on the agenda to discuss at the next teleconference. Melanie Freedman had to write a letter to ADP explaining early replacement of a device even though it was at the 2 year mark. The prosthetic and orthotic labour rates are different with the orthotic rate being lower. These rates were set at different times, one was set at 2005 and one was set in 2007. Outside of ADP funding it is advised for clinicians to use the prosthetic rate for billing, refer to the Uniform Pricing Document. RJ Clements is chairing a Committee that is currently reviewing this document.

8) FACILITY MEMBER UPDATE

2019 facility memberships include a free CFIB membership (Canadian Federation of Independent Business). The cost to OAPO is \$195 per facility. Hospitals and public facilities are not eligible for CFIB membership. Does it make sense for OAPO to gift this membership in the future? Financially it makes sense however it does not if we do not use it. OAPO will review this initiative the year end. Consideration may have to give to increasing the cost of facility dues.

9) COMMITTEE UPDATES

ADP: This Committee is still in its infancy and to date they have only have 1 meeting. At present, they are focusing on recruiting members and organizing goals. The basis of this Committee is from the information gathered at the last AGM where there was an open forum on ADP. The take home message was that our approach with ADP in the past generally has had no direction, no goals and ,overall, it was very disorganized. There is an agreement that we need to increase the funding but we need to have more clarity as to the what and the how. At the first meeting we decided to re-engage formal discussions between OAPO and ADP. There is a need to gather statistics and information. There is a proposal to change the ADP orthotic policy to follow the prosthetic model of IC codes. There is also a recommendation to propose to ADP to simplify ADP codes. This Committee has no action plan yet. This needs to be approved at the Board of Directors face to face meeting. There is also proposal to look into prosthetic codes pertaining to EPULP. Another proposal has been put forth to add a third prosthetic manual other than the conventional and externally powered pricelists to provide a list of codes for components and procedures for osteointegration. The final proposal is to hire an executive director or lobbyist to help out the Committee. This needs to be done methodically without rushing into things. This Committee needs to make recommendations that represent OAPO members. The next steps are that the Board needs to approve the ADP Committee goals. A strategic pan of the ADP Committee needs to be created. Who are we going to meet with? Are we after a policy change? Are we meeting with the right people? This needs to be a collaboration. We cannot go to the table with ADP and we cannot continue taking our frustrations on Joan Stevens. CFIB can help us with questions. Ultimately it is not in our best interest to infuriate the people who are

paying us and we do not want to risk the possibility of an audit. Creating a plan of action with ADP is a better way to approach the situation. In the past when we have approached ADP they have informed OAPO that we do not represent all the members and therefore they will not negotiate with us. We need a plan to address this. Can we make it mandatory for all facilities to be members of OAPO? Can we create memorandum of understanding? Create a union? Not everyone wants to be an OAPO member but we can work on their behalf. Do we need to get OPC involved? The contracts are with each individual facility so this part of issue. We should develop relationships with patient advocacy groups that can advocate for themselves and our profession. The Toronto Coalition of Amputees is growing and amputees are great advocates for themselves.

This government has a tendency to flip flop when pressure is applied. Have we reached out to other provinces? What do they know? Andrew and Mary Catherine are on the Regional Council, they will bring this up and ask for help.

COMMUNICATIONS COMMITTEE: OAPO is moving away from using our hotmail account and bringing in MailChimp for emails. The website will also generate automated emails ,for example, it will remind you about your membership dues. The website generated an email recently informing persons who had already paid their memberships that they had not. This was a glitch. Overall the transition has been relatively smooth but please bear with us while we iron out the wrinkles. The online payment for memberships is going well. Additional things that fall under the umbrella of the Communications Committee include:

WEBSITE: There are a few items that need to be added to the membership portal. To pay membership dues there is an option to log in on-line and then pay by mailing a cheque. Once Jim has received your payment and processed it you should have access to the member portal. If someone else paid for you ,for example, your employer you will need to go online and register with your own email address. Please sign up to receive the newsletter.

NIHB: The NIHB proposal was sent out 6 weeks ago. A follow-up email was sent out 2 weeks ago but they have not heard anything yet. Mary Catherine sent an email to Dana Cooper last night to update him and ask him to look into this. The proposal had to do with all issues that we are currently experiencing with NIHB including: funding being approved and then rescinded at the time of reimbursement, funding for off the shelf items and expensive prosthetic items. Partial payment of items, the fact that it is a paper heavy system and an explanation the benefits of moving to an electronic system were also outlined. This document also included outcome measures and there was supporting documentation for all the issues outlined including 3 to 4 pages of references. It is not available on the website as of yet because it has not been approved to be put online but it will be eventually. It is a good resource for evidence for other areas.

PRICING COMMITTEE: OAPO was approached by NIHB to provide consistency among clinics across the province with regards to pricing. We have the Uniform Pricing Document that was originally put out by Marc Tessier and Al Moore. The current Committee includes RJ Clements (chair), Andrew Litner, Mary Catherine Thiessen, Bryn Jones, Dawn McGee, Kerry Calder. They are updating and making changes to the most recent version of this document. The recommended changes will be

brought to the Board for approval and then made available to the membership. This includes updates to the labour costs-both the technical and clinical rates. This was last done in 2015. Device categories will be updated and all sample codes will be updated to include more current devices. The language will be altered to fall in line with the nomenclature from the CPOT. Pricing will be suggested for things like billing and shipping. It is not available on the website as of yet but once it is complete it will be.

ODSP COMMITTEE: Once patients receiving ODPS/OW turn 65 they are no longer eligible to receive benefits. 6 months before their 65th birthday they will get a letter and there are 3 options for them if they qualify: extended health benefits, employee health benefits and transitional health benefits. Before they turn 65 they must contact their case worker to look into their eligibility. If they are able to receive these benefits we will still tick off the box on the ADP form that they are covered by ODSP/OW. This is a province wide policy, it is not retroactive and there cannot be a gap between when they come off ODSP and when these start. Do we need to keep anything on file? Maybe just their last ODSP statement? The client will get a letter stating that they are on extended health benefits. Do they need to reapply every year? Sometimes they need a yearly estimate to their worker outlining the cost for their needs for the year. There is a summary of this policy available today and it will be made available on the website. We need to consider what is the role of this Committee going forward? The Ministry of Community and Social Services is getting a billion dollar cut that will ultimately trickle down to us. We need more grass roots initiatives and we need to educate our membership. This is who we are, this what we do. Everything will go on the website as to what is going on. There is also a 10 question survey that will go on the website. If you cannot adequately answer the questions please forward it to the person at your office who is responsible for billing. Additionally, there is a link on the OPC website to the CPOT. When you are writing letters to third party organizations please provide a link to this document because it provides the breadth of what we do. Please do this to help educate the public about what we do. The individual jurisdictions need to be mapped out and we need to figure out what is covered in each individual region. Do we know how the individual regions are allocated funding? No. Please do not individually approach ODSP/ OW. Kristin will act as the liaison for the OAPO membership. They do not want to deal with all the members. Please post the extended health benefits form in your offices. Do not forget to distribute this information to persons in group homes.

FINANCE COMMITTEE: This is a financial status update not a Treasurer's report that will be available in the fall. At present the number of full members is 87 which down from 97 last year. There are 4 registered technician members and 4 associate members. We have 42 facility members and last year we had 44. We are aware that we are still waiting for 2 facilities fees to come in. We currently have \$41, 000 in the bank and \$209, 000 in investments. This is our usual financial state. We are on a 4 year GIC cycle. Jim is looking for 3 people to populate the Financial Committee. This Committee will mainly deal with OAPO fees, investments and general issues related to how we handle our finances. We decreased the rate for technical members but that did not increase this membership There needs to be value to the technical members and they need to think that the \$165 is money well spent. There was a

technical symposium in the fall and we would like more technical representation on the Board. The wording in the present Bylaws prevents non-registered technicians from becoming members. This is the process of being reviewed by the Governance Committee. What responsibility does OAPO have to different groups of people? Quality versus quantity.

EDUCATION COMMITTEE: This helps with adding value to members. Offering technical workshops only for members-clinical or technical. The technical symposium in the fall was sold out within the first 3 weeks it was close to full. There was a lot of interest. We should leverage our vendors, it is part of their value added service. The goals of the Education Committee are to have more events. They are planning an ADP orthotics 101 course that will include information on good business practices, for example, keeping ODSF statements, the use of codes in the ADP manual and technical terminology. 2 technical workshops are being planned for the fall.

10) NEW BUSINESS

ONT Wig: Melanie attended a ONTWig (the Ontario Woundcare Interest Group) meeting yesterday. This organization has 225 members from different disciplines and they were the ones who were instrumental in getting the government funding for total contact casting, removable cast walkers and offloading shoes. They will be changing their name to Wound Policy Ontario (WPO) wpontario.ca. shortly. They had a representative from ADP at the meeting, Amy Olmstead, the director of home and community care at the Ministry of Health and Long Term Care. She was not very informative but did allude to changes that are happening at the government level. It was unclear if these are going to be good or bad. Representatives from several of the LHINs were present which are in the process of being dissolved/ altered under the new government. Overall there was an air of uncertainty. Most recently this group submitted a proposal to Health Quality Ontario which helped to get a recommendation for funding of compression socks to prevent the recurrence of venous ulcers. They have several projects on the go that they will be submitting to Health Quality Ontario for review. They are a very influential and motivated group. The cost of membership is \$40 and Melanie encourages anyone with an interest in wound care to join this group.

Osteointegration (OI) White Paper: Mary Catherine: OAPO drafted a response to the Health Quality Ontario's recommendation on OI with help from the province's Prosthetists. Did anyone else submit a response? ISPO? OPC?

Thank you to Ortoped for sponsoring today. There will be 3 lectures this afternoon. Thank you to Melanie and Aditi for helping to organize this meeting. Please spend time at the Ortoped table. There are education points available for today's lectures. It is great to be able to get MCEs locally and for free. Technicians can come to these sessions and get credit. Ortoped set out a survey to clinicians and they want more technical workshops to help technicians get MCEs.

Thank you to the students who came out today. Reminder: if anyone wants to be an OAPO Board member please contact us. We also need volunteers to join Committees and we are constantly looking for new people so please volunteer. Please spread the word, there are benefits of joining OAPO.

MOTION #4: to accept Bryn Jones to the OAPO Board put forth by RJ Clements, seconded by Linda Laakso. Motion Carried

11) **ADJOURN MEETING**

MOTION #5: To adjourn the meeting put forth by Jennifer Russell-Smyth, seconded by Linda Laakso. Motion carried.

ISPO rehabilitation week is June 24 to 28 in Toronto it is multi-disciplinary and the ISPO symposium will be embedded within it. The OPC AGM will also be held during this time. For more information visit the website at www.rehabweek.org. OPAO members are eligible to get the ISPO member rate.

Date Approved: _____

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