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YOUR CONNECTION TO **EVERYTHING O&P**



Contingency Planning During the COVID Pandemic

COVID-19 teaches us that emergency preparedness goes beyond regulatory requirements



CE CREDITS *Editor's Note:* Readers of *Compliance Corner* are now eligible to earn two CE credits. After reading this column, simply scan the QR code or use the link on page 40 to take the *Compliance Corner* quiz. Receive a score of at least 80 percent, and AOPA will transmit the information to the certifying boards.



THE WORLD IS QUITE a different place now than it was a year ago. COVID-19 has impacted lives and workplaces in ways that were once unimaginable and, without a doubt, has tested the preparedness plans we built and intended to rely on during times of crisis. As we continue to navigate uncharted territory, the need to be flexible and innovative—while maintaining compliance to regulatory standards—has underscored the importance of contingency plans that allow us to continue caring for patients who rely on us every day, pandemic or not.

Like many other healthcare professionals, orthotists and prosthetists have made some critically important decisions and adjusted to “the new normal” since the onset of COVID-19. Fortunately, every accredited O&P practice has a contingency plan on file, as required by Section 1 of the CMS Quality Standards. Ideally, the plan helped provide much needed guidance and direction as the COVID-19 virus rapidly spread. More likely, the plan lacked the level of detailed guidance needed during a global pandemic, and instead served as an outline for important discussions and decisions.

During the plan’s initial implementation phase, many O&P practitioners recognized the need to expand contingency plans, adding details and outlining new and revised procedures to guide operations during the pandemic. Now is the time to reassess what we put (or didn’t put) on paper, as well as what we’ve learned from COVID-19. Preparing now for future coronavirus surges, or any other crises, can help safeguard the health and safety of our employees, patients, and businesses.

Challenges Presented by COVID-19

Without a doubt, COVID-19 changed the way we think about crisis management and the steps that healthcare providers must take to be prepared. Prior to 2020, most contingency plans were designed in anticipation of things like tornados, hurricanes, workplace violence, or security breaches—specific events, each with an identifiable beginning and end, followed by a period of recovery.

Most practitioners never considered the possibility of a global health pandemic that would impact operations for weeks, months, or even years.

Contingency plans written before COVID-19 certainly did not provide clarity and direction on delivering patient care with universal masking policies in place or how to maintain social distancing in the office.

The magnitude of challenges presented during the pandemic has been eye-opening in many ways and reveals that much more time and thought must be devoted to thorough, action-oriented contingency planning as we think ahead to the future. The pandemic has forced all of us to quickly adapt to new ways of operating. It has forced healthcare providers to put systems in place to sustain services in the midst of the crisis, while strategically planning for recovery. It has affirmed that “checking the box” on the regulatory side (e.g., creating and filing a contingency document because it is required) cannot sufficiently prepare anyone when the world shuts down and the health and safety of employees and patients are on the line.



Create an Actionable Contingency Plan

As you rethink your facility's contingency plan, leveraging key takeaways and lessons learned from the COVID-19 public health emergency is critical. Your experience should guide you in developing an updated version of your contingency plan that is relevant and actionable. Building your plan for the future, however, is a process that requires time, thought, and energy. It's important to be as detailed as possible because unexpected events can be disorienting and chaotic. This is the document you will retrieve, reference, and live by every day.

Some important things to consider:

- 1. Put yourself in the shoes of a patient who relies on you.** Consider the patient journey under normal circumstances, when there is no crisis in play. Think about the experience your patient has, and all the processes they go through, from the time they schedule their first appointment to the time they are released from your care. Start by identifying standard processes and procedures—such as the physical exchange of clipboards, paperwork, and insurance cards—and consider a digital exchange of information that can be completed prior to the office visit.
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- 2. Build a process map that identifies potential changes to the patient journey.** With that list of standard processes and procedures in hand, consider how each step could change when typical daily operations are impacted by a crisis. For example, with limitations on the number of individuals who can be in a waiting room, what directions do you want patients to follow when they arrive for an appointment? What kind of signage should be posted? What adjustments do you need to make to optimize your practice's functionality? Can technology be used for nonbillable, nonacute patient interaction, such as confirming if a brace is being worn correctly? What procedures would you need to put in place to maximize both patient experience and outcomes, both short and long term?

- 3. Consider how COVID-19 has impacted patient and provider interactions.** What questions and concerns do your patients typically have? Are they delaying

care due to fear of potential virus exposure? What steps have you taken to provide continuity of care in a new or different way?

- 4. Use your process map and scenario planning to document improvements to your actionable contingency plan.** Based on your answers to the questions above, start writing. Document any new or revised processes. Include scenario-based sections to address the specifics, such as appointment check-in and check-out procedures. Will you establish a reception desk outside the facility door to collect paperwork and perform patient temperature checks? Incorporate as much detail as possible, whether you are creating a brand new contingency plan or improving an existing version.
- 5. Account for timing.** Create a detailed timeline, noting milestones that will be important on day one, day two, and through the 30-, 60-, and 90-day timeframes. Planning should account for a full 12-month period as well as adjustments that may be required if dynamics change or another crisis strikes.
- 6. Identify the turning point.** Monitoring local, state, and federal mandates is important as you make decisions on how to pivot your practice from “management of the crisis” to “recovery from the crisis.” Stay informed about what's happening in the world, in your community, and within your patient population. This will help you determine when to implement gradual changes and allow you to resume to “business as usual” over time.

Assemble an Implementation Team You Can Trust

It's one thing to put a great plan on paper. It's another to have the right people in place, informed and ready to act immediately when a crisis occurs. It is a good idea to proactively identify members of your team who remain level-headed when times get tough.

Assembling an implementation team you can trust is critically important and should be completed long before your practice operates in crisis mode.

The people you will rely on in the midst of a crisis are likely the same people who offer valuable perspectives as you consider scenarios that could occur. Ask them to be involved in the process of creating your contingency plan. Encourage open, honest dialogue about what should be included in the plan and alternative approaches to consider, based on their valuable experience and knowledge. Also, bear in mind that those who hold various roles within your organization will have different perspectives to offer. Your receptionist will contribute differently from an administrative manager, who will contribute differently from clinical staff members. This level of inclusion will create an open environment that demonstrates all opinions are valued.

Along those same lines, put some thought into who will lead your practice

through the crisis. Is it you? Or is the job best suited for a trusted colleague who has demonstrated an aptitude for success when the pressure is on? Think about the roles and responsibilities your designated leader will take on, and the system of support that needs to be built around that person. Who else from your practice should be assigned key roles? Who will be responsible for training? Who will oversee communication? Be sure to account for skill sets, capacity, and ability to adapt under stressful circumstances.

These planning processes and conversations not only will help you build and improve your plan; they also will ensure everyone understands process changes that go into effect during critical incidents and is prepared to respond quickly, when necessary.

The Time to Plan Is Now

Living through COVID-19 has emphasized the importance of emergency preparedness and the

need for a solid contingency plan, packed with actionable details.

The time to plan and anticipate the next crisis is now. 

Matthew Gruskin, MBA, BOCO, BOCPD, CDME, leads the direction, strategy, policies, and day-to-day operations of the business accreditation and professional certification programs at the Board of Certification/Accreditation. With a focus on credentialing program standards and the delivery of excellent customer service, he also shares his experience and expertise with audiences as both a speaker and an author.

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NEW! The FF5 has a female pyramid receiver on both male and female portions of the coupler for easy connection to male pyramids.

Model P5



The Ferrier Coupler with an inverted pyramid built in. The male portion of the pyramid is built into the male portion of the coupler. Female portion bolts to any 4-bolt pattern component.

Model FP5



NEW! The FP5 Coupler is for use in all lower limb prostheses. Male portion of coupler has a pyramid. The Female portion of coupler accepts a pyramid.

Model T5



The Trowbridge Terra-Round foot mounts directly inside a standard 30mm pylon. The center stem flexes in any direction allowing the unit to conform to uneven terrain. It is also useful in the lab when fitting the prototype limb. The unit is waterproof and has a traction base pad.